

Partnership name: **Bracknell Forest**

Adult drug treatment plan 2008/09
Part 3: Planning grids
Date published: 1 October 2007

Planning grid 1: Commissioning a local drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to commissioning system:

Services need to be tailored to meet the needs of the different client groups. The local Joint Commissioning Group will commission services in respect of both adults and young people and will undertake or commission regular needs assessments in order to inform this process. The group will also analyse performance data on a quarterly basis to identify any unmet need or emerging trends.

The Berkshire East Substance Misuse Joint Commissioning Group will over see the commissioning and monitoring of joint services and will report to the three local strategic partnerships in East Berkshire as well as the Joint Strategy and Commissioning group which is attended at Chief Executive level in terms of both local authorities and health services. The development of a section 75 agreement between the PCT and the local authority will be a key priority in 2008/09 in order to support the work of the Berkshire East group.

An East Berkshire Harm Reduction Group will be established and will ensure that the priorities identified in the Harm reduction strategy are achieved and will flag up any issues to the Berkshire East Substance Misuse Joint Commissioning Group as required. This Harm Reduction Group will be responsible for developing new systems to monitor harm reduction services. The Harm Reduction Group will also seek to influence the inclusion of harm reduction requirements in the enhanced service contracts developed by Berkshire East PCT.

Clear specifications will be developed for all services and these will reflect identified needs. All providers will be required to ensure that they are reporting accurately to the NDTMS in respect of all episodes of treatment.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

All substance misuse services are commissioned according to local need and achieve best value and economies of scale

Delivery Plan:

Actions and milestones	By when	By whom
Bracknell Forest DAAT will develop the process under taken in respect of the local commissioning and monitoring of substance misuse services within the recently established Commissioning Group. This	March 2009	Commissioning Group

group will oversee service development & delivery in respect of both adults and young people.		
Services that have been identified as being subject to joint commissioning arrangements will be developed and monitored via the Berkshire East Substance Misuse Commissioning Group. Recommendations will be made to the appropriate partnership boards in respect of best value.	March 2009	Commissioning Group

Objective 2
Annual needs assessments will be undertaken and will inform the commissioning of treatment services

Delivery Plan:

Actions and milestones	By when	By whom
The Bracknell Forest Substance Misuse Commissioning Group will undertake or commission needs assessments on a regular basis in order to inform the commissioning process.	March 2009	Commissioning Group
All services will be commissioned according to identified local needs.	March 2009	Commissioning Group
Quarterly monitoring will be undertaken to ensure that any gaps in service provision or unmet needs are identified and actions are taken to improve.	Quarterly	Commissioning Group

Objective 3
Harm reduction will underpin the local treatment systems

Delivery Plan:

Actions and milestones	By when	By whom
100% of service users will be referred for advice, information, vaccination and pre and post testing counselling in respect of blood borne viruses.	March 2009	Service Providers
High risk groups such as sex workers will be targeted and offered instant HIV testing with pre and post testing counselling.	March 2009	BBV service
Further work will be undertaken locally to identify the potential uptake of a non pharmacy needle	August 2008	Provider Group

exchange service. It is anticipated that this service will be provided alongside the drop in service. All relevant staff will be trained to deliver this service.		
The information available to service users will be regularly updated to include and new trends. Harm reduction interventions will include details of all substances that are misused and the risks associated with them. Age appropriate programmes will be developed to take into account any changes in trends.	March 2009	Service Providers
Clients will be in a position to access pharmacy based needle exchange services and the staff in pharmacies will signpost clients into services	March 2009	Pharmacists
Pharmacist will supervise clients' consumption of substitute medication and will provide harm reduction advice to these clients.	March 2009	Pharmacists
Two overdose prevention sessions will be provided each year and will be open to both service users and their carers. The number of sessions may be increased subject to identified need.	March 2009	Service Provider
Clients will be in a position to access sexual health advice and information during the weekly drop in sessions. Condoms will be provided in order to promote safe sex practices and clients will be referred to GUM services as required. We will work closely with the PCT and ensure that the information provided is up to date and that a range of materials are available in other languages.	March 2009	Service Providers/Public Health

Objective 4

Performance will be monitored strategically to ensure that partner agencies can seek to improve outcomes and achieve the joint targets in the Local Area Agreement and all other relevant plans/strategies.

Delivery Plan:

Actions and milestones	By when	By whom
Exception reports will be provided to the Crime and Disorder Reduction Partnership, Health and Social Care Partnership and Children & Young Peoples Strategic Partnership in order to identify areas that are not performing well. Members of these partnerships will be expected to offer practical advice or assistance to the DAAT to ensure that improvements are made. Equally the DAAT may report to the partnerships in respect of areas of significant performance.	March 2009	Jillian Hunt

Objective 5

Consultation will be undertaken with service providers, service users, carers and stakeholders and the outcome of these consultations will be taken into account in the development of plans and review of service provision.

Delivery Plan:

Actions and milestones	By when	By whom
Regular consultation will be undertaken with service users and the results will be incorporated into the planning of future services where possible.	March 2009	Service Providers
Random sample questionnaires will be sent out to current and former service users throughout the year asking them to comment on specific elements of service which will include the quality of interventions used, the perceived abilities of the staff, problems encountered during their care, suggestions for improvements and their expectations in respect of treatment.	March 2009	Service Providers
The findings of these questionnaires will be used to inform the strategic objectives in future years.	March 2009	Service Providers
All individuals entering treatment will be in a position to complete a confidential comments sheet. The information will be used by the Provider Group to inform the quarterly monitoring process	March 2009	Service Users/Provider Group
The Provider Group will participate in the development of all DAAT plans and will be consulted with regards to future service development. All services will be reviewed on an annual basis and the results of these reviews will be incorporated into future service specifications.	Annually	Provider Group/DAAT

Objective 6

Data will be collected and collated locally and will be submitted to the National Drug Treatment Monitoring Service on a monthly basis.

Delivery Plan:

Actions and milestones	By when	By whom
All service level agreements will include the requirement to provide the nationally required levels of data	May 2008	Jillian Hunt
The accuracy of data will be monitored monthly and service providers will be held to account if the data submitted fails to achieve the national targets	Monthly	Jillian Hunt
Particular attention will be made to data on waiting times, retention, planned discharges and TOPs to ensure that all targets are being met.	Quarterly	Jillian Hunt
Improvement plans will be developed in respect of targets that have not been achieved that service providers will be expected to work towards,	Quarterly	Jillian Hunt/Service Providers

Objective 7

The Bracknell Forest Commissioning Group will oversee the delivery and monitor the effectiveness of the DIP programme.

Delivery Plan:

Actions and milestones	By when	By whom
Bracknell Forest DAAT will ensure that a full range of criminal justice services are available locally. These will include linking closely with the PPO scheme to ensure that PPOs are in a position to access rapid entry into prescribing services.	March 2009	DAAT
The DIP programme provider will ensure that close links are developed with key partners including TVP, the police custody staff, the courts and prisons to ensure that clients have a seamless treatment journey.	March 2009	DIP Provider
The DIP programme staff will ensure that all performance data is completed and submitted to the relevant bodies.	March 2009	DIP Provider
The DIP programme staff will ensure that they achieve the targets as set in the DIP compact and will seek to improve the numbers of clients taken on to the caseload by offering a range a services which are suited to identified needs in respect of the anticipated caseload i.e. evening appointments for those in employment.	March 2009	DIP Provider

Objective 8

The DAAT will develop clear specifications in respect of the Tier 3 modalities for which contracts will be tendered for in 2008/09.

Actions and milestones	By when	By whom
The DAAT will work across Berkshire East to ensure that specifications are developed in respect of Specialist Prescribing, Structured Counselling and Shared Care to ensure best value and economies of scale.	May 2008	Jillian Hunt
The specifications will be agreed via the Berkshire East Joint Strategy & Commissioning Board and other relevant local partnerships.	May 2008	Jillian Hunt
A project plan will be developed with clear timescales for the tendering process in respect of the agreed specifications	May 2008	Jillian Hunt

Planning grid 2: Access and engagement with the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to access and engagement with the drug treatment system:

The development of specific interventions and programmes for stimulant users will be a priority. Providers will also be expected to consider the life styles of clients when planning their programmes in order to take into account the differing needs that exist.

The development of appropriate outreach services will continue to be a priority. Regular quarterly reviews will be undertaken to identify areas where activity levels are low. The DAAT will work in partnership via the Berkshire East Joint Commissioning Group to facilitate more joint working between the specialist drug services and primary care practitioners.

The DAAT will continue to raise the profile of the drug services available in the borough at all opportunities. The DAAT will continue to engage with community groups by way of the racial incidents forum and other meetings as appropriate. The DAAT will ensure that information is made available in other languages as appropriate.

The DAAT will continue to provide a range of tier 2 services from New Hope which will include sexual health advice and appointments with Berkshire Women's Aid. The DAAT will also work with service providers to develop a programme specifically aimed at women service users.

The DAAT will work with Children's services to ensure that the parents of children who are at risk can access the services that they need with the provision of child care as required in child protection plans and mutually agreed with Children's services.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

All residents of the borough will be able to access Tier 2 services with onward referral into Tier 3 services.

Delivery Plan:

Actions and milestones	By when	By whom
To monitor services and re-develop specifications in respect of Tier 2 & 3 substance misuse services	March 2009	DAAT

according to identified need and to ensure that these services can be accessed by all residents in the borough.		
To undertake regular reviews of service usage and ensure that those from hard to reach groups are accessing the services.	March 2009	DAAT
To use the findings of these reviews to direct the development of outreach services and to increase participation from primary care practitioners.	March 2009	DAAT
All clients entering Tier 2 services will develop an initial care plan with the appropriate key worker with identified goals, outcomes and plans for onward referral where appropriate. All service users will also complete a Treatment Outcomes profile with their key worker.	March 2009	Service User/Service Provider
Any client who remains at tier 2 for longer than 12 weeks will have their care plan reviewed and any positive outcomes will be clearly identified. This review should be timed to coincide with the reviews of the Treatment Outcomes Profile and should highlight reductions in offending behaviour, reductions in drug or alcohol consumption and improvements in health.	March 2009	Service User/Service Provider

Objective 2

Information will be shared via the local information sharing protocol.

Delivery Plan:

Actions and milestones	By when	By whom
All service providers will be required to sign up to local information sharing protocols.	March 2009	DAAT/Service Providers
Service Providers will share information with regard to those clients who are in the criminal justice system including PPO's. The information provider may and will be used in court reports or in the case of clients being breached for non compliance with orders. Liaison should also be undertaken between organisations if clients are continually providing positive drug tests especially if this will lead to the withdrawal of substitute medication.	March 2009	DAAT/PPO Group/Service Providers
Protocols will be established with the local safeguarding board to ensure that drug using parents are identified and supported at the earliest opportunity.		

All provider staff will be obliged to attend both Child Protection and Vulnerable Adult training as provide by Bracknell Forest Borough Council and will share information as appropriate.	March 2009	BFBC Training/Service Providers
--	------------	---------------------------------------

Objective 3

Women service users will be in position to access treatment services.

Delivery Plan:

Actions and milestones	By when	By whom
The DAAT will work with Children's Social Care to enable women service users who have children to access services more easily. They will work together to ensure that child care facilities are in place for those clients requiring intensive or specialist service as required to improve participation and outcomes that have a positive impact on families.	March 2009	DAAT/Children's Services
Plans will be developed to encourage women to enter treatment. These may include the development of women only groups with particular emphasis on improving parenting skills. Links will be developed with family centres and teenage pregnancy advisors to ensure that residents are correctly sign posted and referred.	March 2009	DAAT/Service Providers/Childrens Services
Young women who may be involved in prostitution will be targeted and will be in a position to rapidly access treatment services	March 2009	Service Providers

Objective 4

Clients within the criminal justice system will be in a position to access a full range of treatment services.

Delivery Plan:

Actions and milestones	By when	By whom
Residents of Bracknell Forest will be able to access services from point of arrest via the police custody suites to point of exit, either from prison or residential programmes. These services will include, but are not confined to, information, advice, harm reduction, relapse prevention, onward referral, prison liaison where appropriate.	March 2009	DIP Provider

The DIP provider will ensure that PPOs are targeted to increase their engagement in treatment services and will work in partnership with probation, TVP and other relevant agencies to reduce acquisitive crime locally and in particular reduce the re-offending rates of PPOs.	March 2009	DIP Provider
The DIP provider will ensure that all those residents of Bracknell Forest who have been arrested out of area are taken onto the caseload and can access local treatment services.	March 2009	DIP Provider
Clients who access services via the criminal justice route will be assessed in respect of their physical and mental health needs and following this assessment will be referred into health services as appropriate. If the assessment identifies complex issues the DIP service will work closely with the specialist CPN and undertake joint sessions in order to meet the needs of that client.	March 2009	DIP Provider/Specialist CPN

Objective 5

All clients will be seen within the limits of the national waiting time guidelines.

Delivery Plan:

Actions and milestones	By when	By whom
Clients will be seen, where possible within 3 weeks of their initial engagement.	March 2009	Service Providers
The DAAT will provide exception reports as required in respect of waiting times over 3 weeks as required.	March 2009	Jillian Hunt

Planning grid 3: Retention in and effectiveness of the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to retention in and effectiveness of the drug treatment system:

Retention rates in respect of clients have slowly increased during the last year. However they still need to improve. This needs to be tempered by recognising that we do not want a stagnant treatment system and so a priority this year will be to ensure that clients have a smooth journey through the different treatment modalities. This may include moving into more structured interventions following relapse.

Family support will be a priority this year. It is important that we improve their access to advice and information in order for them to be in a better position to support their family member. The family support group which was established in 2007/08 will continue to be a development priority and support will be provided via the DAAT as necessary.

In order to ensure that clients are not held in modalities for too long a priority will be to develop a service specification in respect of shared care and the involvement of the GP of Special Interest.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

Clients will be referred to a full range of services according to individual needs.

Delivery Plan:

Actions and milestones	By when	By whom
Referrals will continue to be made to generic services to improve outcomes for service users. In particular clients who do not have accommodation will be referred to either the Young Peoples Resources Panel or the Adults Resources Panel to be considered for nomination	March 2009	Key workers
Clients who have demonstrated compliance with treatment will be supported and referred into education, training and employment.	March 2009	Key workers
Each service user will have a care plan which will take into account improvements in their health, social circumstances and drug and alcohol consumption which will be reviewed every three months to	March 2009	Key workers

identify positive outcomes and changes.		
The DAAT will undertake an annual audit of clients care plans to identify what has worked well and what has not and will use the findings when looking at the development of new services.	March 2009	DAAT
100% of all clients will receive advice, information, testing and vaccination in respect of BBVs. Client will also be in a position to access advice and information with regards to sexual health and will be signposted to testing services for sexually transmitted diseases.	March 2009	Key workers
Closer links will be developed between the specialist drug services and pre and post natal services.	March 2009	Service Providers/Maternity Services
The DAAT will ensure that agreements are made between service providers, Jobcentres and housing support services with regard to multi agency support for drug users who receive benefits.	From April 2008	Service Providers/Housing Support Services/Jobcentre
The DAAT and service providers will work closely with the Job Centre to ensure that drug misusers claiming working age benefits can access services as required	March 2009	Service Providers/Job Centre

Objective 2

All criminal justice clients will be in a position to access a full range of Tier 3 services with onward referral into residential placements as required within existing financial constraints.

Delivery Plan:

Actions and milestones	By when	By whom
All those leaving custody will have an appointment made for their day of release and liaison will be undertaken with the prison healthcare teams in respect of those clients who are on a prescription to ensure that there is not a break in their medication.	March 2009	DIP Provider
DIP staff will carry out drug testing as a matter of routine for all those service users in the criminal justice system and to ensure that the results of these tests are shared with probation and the police in	March 2009	DIP Provider

order to ensure compliance with orders that have been made by the court.		
DIP staff will provide information to probation or TVP in respect of breaches of orders which will include reports to court.	March 2009	DIP Provider
DIP staff will assess clients in respect of residential placements as required	March 2009	DIP Provider

Objective 3

The further development of the family support group will continue this year.

Delivery Plan:

Actions and milestones	By when	By whom
A monthly support meeting will be held to provide advice and information to family members who may be impacted on directly or indirectly by substance misuse.	March 2009	Service Providers
Assessments in respect of service users will seek to identify any related issues within the family or wider group that may be impacted on by treatment interventions and those significant others will be supported via the monthly group or if required by one to one sessions	March 2009	Service Providers
Links will be made to the Bracknell Forest Parenting Support Strategy, with information about family support being disseminated to a wide network of practitioners working with children, young people and families in the Borough.	March 2009	Service Providers/Childrens Trust
The DAAT will develop a communications plan which will be published and this will include targeted campaigns in respect of available support services and national help lines. The DAAT will also use the neighbourhood policing process to improve communication within communities.	March 2009	DAAT

Objective 4

All service users will be in a position to access a full range of Tier 3 services with onward referral into residential placements as required within existing financial constraints.

Delivery Plan:

Actions and milestones	By when	By whom
All clients referred into Tier 3 services will have a comprehensive assessment which will identify the	March 2009	Key workers

level of intervention required. Referrals will be made accordingly and clients who require input from other specialist agencies such as CMHT will be referred and supported by their key worker.		
Staff will assess clients in respect of residential placements as required	March 2009	DIP Provider
All providers will be required to ensure that clients have discharge plan	March 2009	Service Providers

Objective 5

Clear processes are in place in respect of client referral back into primary care services

Delivery Plan:

Actions and milestones	By when	By whom
To work across Berkshire East to develop a specification in respect of the duties to be undertaken by the GP of Special Interest. To ensure that activity levels are monitored by developing an agreed process and the production of quarterly reports.	May 2008	Berkshire East PCT/Berkshire East DAATs
To agree levels of funding in respect of the GP prescribing service.	May 2008	Berkshire East PCT/Berkshire East DAATs

Objective 6

Clients dual substance misuse/mental health needs will be met.

Delivery Plan:

Actions and milestones	By when	By whom
The DAAT will jointly fund a post with the Community Mental Health Team to ensure that clients with identified complex needs can benefit from the joint input in respect of substance misuse and mental health specialists.	March 2009	DAAT/CMHT
The DAAT monitor the effectiveness of this post to ensure that we are obtaining value for money and that outcomes are improved for service users.	March 2009	DAAT

Planning grid 4: Outcomes, discharge and exit from the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the drug treatment system:

National research shows that 55% of males and 75% of females leave treatment and/or prison with no recognised qualification. One of our local priorities will be to improve outcomes for clients in respect of education, training and employment by way of providing a robust aftercare service.

Drug related offenders leaving custody are often homeless and this can cause issues and a priority is to ensure that help is available to assist them in accessing accommodation. Referrals will be made to supported accommodation providers via the Adult Resources Panel to ensure that vulnerable clients are fully supported.

The DAAT will work closely with the Jobcentre to improve outcomes for drug users who claim benefits. We need to ensure that PPOs receive a streamlined service in order to reduce the chances of them re-offending.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

All clients will have a care plan that is regularly reviewed.

Delivery Plan:

Actions and milestones	By when	By whom
100% of clients will develop a clear signed care plan with identified goals and outcomes with their key worker. All care plans will be reviewed every three months.	March 2009	Service Users/Key Workers
100% of client will complete a Treatment Outcomes Profile with their key worker on engaging with services and this profile will be reviewed every three months in order to identify improvements in respect of offending behaviour, drug taking and alcohol consumption.	March 2009	Service Users/Key Workers
Care plan reviews should be timed in order to take account any improvements identified via Treatment	March 2009	Service Users/Key

Outcomes Profile and should identify in a positive way these improvements.		Workers
Treatment Outcome Profiles will be used to measure the effectiveness of service provision in respect of improved access to employment, education and housing	March 2009	Service Providers/Service Users

Objective 2
Measures will be taken to re-engage with service users who leave treatment in an un-planned way.

Delivery Plan:

Actions and milestones	By when	By whom
All service providers will be required to have a policy with regards to both planned and unplanned discharges.	March 2009	Service Providers
Service providers will share information where a service user is in contact with one or more provider in order to increase and prolong engagement.	March 2009	Service Providers
All clients that fail to attend appointments will be sent a new appointment as a matter of course and will be offered the opportunity to comment on the reasons why they have disengaged.	March 2009	Service Providers

Objective 3
A full range of aftercare services are commissioned and all service users can access them.

Delivery Plan:

Actions and milestones	By when	By whom
Services are available to those clients who have successfully completed episodes of specialist treatment. These services will include relapse prevention, support to re-integrate into the community and mainstream services	March 2009	Aftercare provider
Key workers are in a position to refer clients for consideration to the resources panels that allocate	March 2009	Service providers

accommodation. Links are also in place with the providers of supported accommodation in the borough and regular information sessions are provided to both clients and staff members.		
Links will be developed with partners to ensure that clients can access education and training programmes. We will also seek to identify voluntary placements to provide clients with work experience to improve their future employment prospects.	March 2009	Aftercare provider

Objective 4
Service providers at all levels have access to the East Berkshire Models of Care documentation and DAAT training programme.

Delivery Plan:

Actions and milestones	By when	By whom
Models of Care for Substance Misuse in East Berkshire contains a full set of integrated care pathways and referral routes and is available to both generic and specialist services. All referrals will be made subject to these pathways and training will be provided to ensure that referrers understand the processes.	March 2009	DAAT
Models of Care will be revised to ensure that it takes into account any revisions to national guidelines or to local service provision.	June 2008	Berkshire East DAATs
The DAAT commissions a training programme which is available to identified groups which include workers at all levels. The training is appropriate to all levels of knowledge and allows staff to identify underlying issues and refer clients appropriately.	March 2009	DAAT
The DAAT will undertake regular reviews of the training being provided to ensure that the training is provided according to need and that Tier 1 workers are accessing the appropriate levels of training.	March 2009	DAAT

Objective 5
Clear links are made in both housing and supporting people plans in respect of the needs of drug users.

Delivery Plan:

Actions and milestones	By when	By whom
Supporting People have recently commissioned a generic floating support service which includes special emphasis on clients who have issues in respect of drugs, alcohol and mental health. Referral routes in to this service are open to drug workers and links will be established once the service is operational.		
The DAAT will attend the Adult Resources Panel, Homelessness Forum and will be involved in the development of strategies and plans in respect of provision of accommodation throughout the borough.		