

Partnership name: Gloucestershire Safer and Stronger  
Communities partnership (GSSCP)

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Adult drug treatment plan 2010/11  
Part 3: Planning grids

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## Planning grid 1: Commissioning a local drug treatment system

### Identification of key priorities following needs assessment relating to commissioning system: Separate grids for Harm reduction, workforce, and criminal justice are attached as grids 5, 6 and 7

The Current Commissioning System for the county is fundamentally healthy with a strong Joint Commissioning Group (ATJCG) and a new GSSCP drug and Alcohol working group (GDAWG). This year we have chosen to submit a separate Prison IDTS plan. In 2010/11 there will be renewed emphasis on commissioning a mixed economy of treatment with a menu of recovery oriented interventions aligned with harm reduction/Clinical substitute prescribing treatment.

**Partnership priority 1** The continued lack of implementation of Care Notes has impeded the full range and scope of data and intelligence during 2009/10. This will be rectified urgently in 2010/11

**Partnership priority 2** ATJCG remains key commissioning group with oversight of market management to achieve Recovery oriented system including those service users in Criminal Justice system

**Partnership priority 3** Improvement in TOP performance to ensure compliance with national standards and allow 4 domains improvement

### Objective 1 Full Implementation of Care Notes (CN) including full Information function

**Objective 2** ATJCG-remain key commissioning group and oversee commissioning competences contained in WCC and Commissioning for Recovery agenda

**Objective 3** Full compliance with TOP and 80% minimum return to allow baseline setting for 4 domains

### Delivery Plan: Care Notes has full project plan agreed for implementation

Actions and milestones	By when	By whom
Objective 1- Initial phased CN Implementation	April 2010	CN Project Manager/JCM
1a Current Data collection system commissioned to run in parallel until PHO/NTA 'sign off' on care Note data quality	April 2010	
1b Recruitment of Public health analyst/system administrator	March 2010	Public Health Information Team JCM
1c Current data system decommissioned and new data owner established	Nov 2010	
Objective 2 ATJCG meetings bi-monthly in 2010/11	April 2010	JCM

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2a Ensure Adult treatment Planning is central to other planning processes in County i.e JSNA,JSCP	April 2010	JCM/Public Health Lead Commissioner
2b Commissioning for recovery template completed	May 2010	JCG Chair
Template self assessed and competence RAG'd	July 2010	JCM/SP Lead Commissioner
2c Develop market testing exercise with Supporting people commissioners	April 2010	JCG
2d PCT Contracts decision on market management and tendering of tier 2 and 3 services	April 2010	JCM
2e Service providers informed and contracts managed accordingly in 2010/11	May 2010	JCM
2f Recruit temporary consultancy to assist if tendering action required	April 2010	JCM
Objective 3 Local TOP event to ensure all service providers and practitioners fully aware of benefits TOP brings	June 2010	JCM/DAAT Treatment lead
3a TOP Improvement plan Implemented below	Ongoing	
3b Learning from TOP service audit informs intra-agency/interagency TOP commencement. Review and exit processes will be adapted and continue to be audited with an emphasis on referrals.	February 2010	DAAT Treatment Lead, Service Leads
3c GDD will report back weekly to providers on anchor dates and earliest first review dates until the Care Notes case management system is fully embedded	July 2010	GDD
3d GDD submission schedule to ensure optimum TOP data capture for monthly NDTMS data extract will continue until Care Notes case management system is fully embedded	July 2010	Service Leads, GDD
3e TOP work-planning group to continue to meet monthly and make adjustments in process where necessary.	April 2010	DAAT Treatment lead & service leads
3f Performance management: For single service journeys failure to complete TOP at, at least 80% compliance will be a standing item performance review and reported to ATJCG. 80(+)% 1 <sup>st</sup> review compliance reflected in September 2010 TOP exceptions report 80(+)% Exit compliance reflected in June 2010 TOP exceptions report	April 2010	JCM/DAAT Treatment lead/Service leads
3g Set baselines for TOP domains improvement when outputs are achieved and use of TOP Green/Management report to inform system and service performance and commissioning	October 2010	JCG

Set Service variations for provider contracts when initial baselines are available	August 2010	JCM/Service leads
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**Expected outcomes:**

**Objective 1 Care Notes full implementation-Full electronic return signed off by NDTMS/PHO, embedded Information Function In PCT/Public Health Information Unit which provides DAAT/GSSCP with proactive performance data and intelligence**

**Objective 2 GSSCP Commissioning function via ATJCG is fit for purpose in line with World Class Commissioning and Recovery Agenda. Decisions made on tendering and new provider contracts**

**Objective 3 TOP compliance for start, review and exit of at minimum 80% to comply with national standard and provide base for outcome data to be provided**

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

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

**Partnership priority 5** Service providers to demonstrate increased consultation for service user involvement and evidence of service changes or redesign based on user feedback.

**Partnership Priority 6** Service providers ensure successful engagement, retention and effective treatment for Parents whilst ensuring Safeguarding protocols are completed and Safeguarding/Child protection requirements are met.

**Partnership Priority 7** Service providers ensuring successful engagement under 25's.

**Objective 5** Ensure service providers redesign service where service user feedback can improve access and engagement

**Objective 6** Parents continue to be priority group in all tier 3 interventions

**Objective 7** Improvement in Engagement for under 25's

### **Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
Objective 5 Continue service user monthly meeting at SU base	April 2010	SU Coordinator/Service leads
5a JCM and Service leads to attend on request of SU coordinator	April 2010	
5b Establish regular Monthly Cheltenham meetings	May 2010	
5c Service user survey timeline to start earlier in year	May 2010	
5d Ensure all Mutual Aid groups including Fellowship and all other local service user groups are signposted and promoted	April 2010	
5e Consult service users on out of hours service requirement for tier 2 including evenings and weekends. Develop services following consultation	Sept 2010  November 2010	Inde Trust Service Lead
5f Undertake full service user consultation in line with SU Coordinator and CSSMS. To ensure consistency across all commissioned providers and provide data for Yearly Needs Assessment	Sept 2010	Inde Trust Service Lead

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Survey inform next Needs Assessment	October 2010	
Objective 6 6a Pilot for prescribing clinic in Women's one stop shop (OSS) Evaluate effectiveness of clinic in OSS and success in effective treatment for parents, providing report on numbers of women seen, parental status and difference in outcome based on new environment 6b Assess need and potential cost for crèche facilities within OSS Evaluate usage of crèche by Drug using parents/PDU's in relation to engagement, retention and effectiveness	April 2010 Sept 2010  June 2010 October 2010	CSSMS Lead Clinician/Nelson Trust  JCM/Director Nelson Trust JCM/Director Nelson Trust
6c External evaluation of Family Focus service providing family interventions Continued joint commissioning between Adult and young peoples commissioners	April 2010 May 2010	JCM/YP Lead Commissioner/JCG 's
6d Final Agreed operational protocol on Hidden Harm and care pathway All services using common safeguarding Tool	May 2010 April 2010	Hidden Harm Forum Service leads
Objective 7 Evaluate accessibility and relevance for all Structure treatment and Psychosocial interventions to make sure offer is in line with the expectations of under 25s 7a Focus group for under 25s service users Analysis of how Gloucestershire's under 25's profile differs from regional and national data - consultation with other DAATs. 7b Recruit participants for focus groups/interviews (those currently accessing treatment and those who have left before 12 weeks) as well as 'older' people at YP specific services. 7c Service user feedback regarding changes to service - questionnaire/focus group (recruit, carry out and analyse)	April 2010 May 2010 April 2010 September 2010	Inde Trust Service lead GDD Researcher/Service user Coordinator GDD Researcher/Service user Coordinator/Service leads/ Service Leads

7d Analysis of retention data - 6 months post initial implementation (3 months testing plus 3 months time delay to allow for retention calculations)	November 2010	GDD Researcher/Service user Coordinator
7b Improve awareness of staff and communication materials to be more aligned to under 25s e.g. audit website use.	Sept 2010	IndeTrust Service Lead

**Expected outcomes: Objective 5 Service user feedback evidences responsive services**  
**Objective 6 Parents access and are engaged in treatment in line with national averages, children’s well being is improved, and service provision is seen as family friendly**  
**Objective 7 Service users under 25 are engaged in treatment in line with national average**

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

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

**Objectives 6 &7 in previous grid also apply to this grid , successful engagement will lead to more effective treatment for u/25's and Parents**

**Partnership priority 4** Developed Clinical Governance and Clinical Guidance Action Plan

**Partnership priority 8** Improvement of Effective Treatment of 85% via successful retention, Ensure all service users have rapid access to structured psychosocial intervention including Structured Daycare to maximise reintegration and recovery

**Objective 4 Clinical Governance and Guidance monitoring framework in place**

**Objective 8 Ensure improvement of Effective Treatment to 85% by end q1 2010/11**

**Delivery Plan:**

Actions and milestones	By when	By whom
<b>Objective 4</b>		
Objective 4 Clinical Governance Action plans agreed and monitored	April 2010	DAAT Treatment lead/Service
4a Clinical Guidelines Action Plan agreed based on all Amber issues and monitored	April 2010	Governance
4b Clinical Guidelines and /Service Governance monitoring to be included in Treatment planning meetings. Harm reduction Strategy group and Shared Care Monitoring Group	May 2010	leads/DAAT
Evaluate effectiveness of this arrangement	October 2010	Treatment lead/Service
		Governance leads
Established Peer audit process to monitor Clinical Governance(Ensuring no clash with Care Notes implementation)	October 2010	
4c Clinical /Service Governance issues refreshed in Contracts to include actions	April 2010	JCM/Service Leads
Objective 8-Establish County wide Care Coordination protocol including referral to improve referral to PSI and structured daycare	June 2010	TPMG/Service leads

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8a ITEP delivered as option for PDU's and all drug strategy priority groups; all IndeTrust practice staff to be competent to deliver; all ITEP performance management processes in place including referral source.	June 2010	IndeTrust L&D Dept
8b Care plans to include referral to PSI, Day care as soon as appropriate after Service user journey starts	April 2010	Service leads
8c With Service Users interpret 6 month ITEP performance data. Use data findings especially as it relates to parents, under 25s, crack users and BME clients to inform and make service changes.	October 2010	IndeTrust Performance Manager
Improvements to Parents retention and effective treatment via Childcare and Family focus arrangements	July 2010	Service leads
Improvements to Under 25's retention via focus group process in grid 2 and service redesigns based on information received from this	November 2010	Service leads
8d All CSSMS staff fully trained and using CRA Evaluate CRA effectiveness with groups above i.e u/25's, parents, BME and crack users	September 2010	CSSMS Service lead

**Expected outcomes:**

**Objective 4 Clinical Governance and Guidance Plans implemented and monitored**

**Objective 8 Improvement in Service user treatment journeys, increase in effective treatment**

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

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

**Partnership priority 8** Improvement of Care planned discharge and successful planned exit Ensure all service users have rapid access to tier 4 interventions to maximise reintegration and recovery.

**Partnership Priority 10** Service providers to work with statutory partners assisting service users with pathways into employment.

**Partnership Priority 11** Joint Planning and Commissioning with Supporting people of Housing related support pathways

### Objective 8 Continued improvements to planned discharge and system exit

### Objective 10 Continued focus on Employment and recovery issues together with Job Centre Plus

### Objective 11 Develop housing related pathways with Supporting people

#### Delivery Plan:

Actions and milestones	By when	By whom
8f Providers need to undertake an audit and analysis of the appropriate use of discharge codes, Develop action plan for System wide treatment exits	April 2010	Service leads
8g Review Discharge protocols in light of national NTA review	April 2010	Service leads
8h Service users discharged from services to be given opportunity to be seen by Locality/Outreach team Ensure outreach service publicised in all other tier 3/4 treatment providers Evaluate numbers seen and returning to service successfully	April 2010	Inde trust/CSSMS  CSSMS Service lead
8 i Revisit care pathway to Residential Rehab and ensure collective understanding for Service users, providers and care managers	March 2010	Care manager Lead/Service leads/JCM
8 j Continue payments scheme for service users needing assistance with recovery oriented issues (Employment, training education)	April 2010	JCM/Community care panel

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8k Continue Aftercare scheme based within Nelson Trust and promote for service users starting treatment journey starting in Gloucestershire	March 2010	JCM/Nelson Trust lead
Objective 10		
Continued provider liaison with Job Centre Plus and JCP attendance at Treatment Groups	April 2010	Service Leads
JCP advisers to meet gateway drug provider and service users, Service user coordinator	April 2010	JCP/Inde trust
JCP to make available to users and providers any local specialist schemes that can assist with recovery JCP to assist with baseline of numbers of drug users in training and education	May 2010	JCP Lead
Ensure capacity needed to develop employment as workstream for Partnership to include development of Employment strategy and protocols	April 2010	Public health Commissioning lead/JCM
Review the effectiveness of the pathway between JCP and the Central Point of Contact (Independence Trust) to highlight blockages and increase referral numbers. Provide training for JCP staff to enable them to identify referrals Obtain feedback from service users to confirm the effectiveness of the referral pathway and where necessary make improvements. Monitor referral and attendance numbers to review the effectiveness of the pathway with particular emphasis on those not currently in treatment or who is treatment naive. Employment outcomes developed in line with TOP objective I Part 1	June 2010     October 2010	Inde Trust gateway lead/JCP
Objective 11		
General Supporting people strategy published to indicate move to pathways for SP housing related support, including homeless populations Ensure service user feedback within Drug treatment NA and previous service user surveys is available to SP/Housing strategy group	May 2010  April 2010	SP Lead Commissioner  JCM/SP Lead

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With Supporting People assess need for development work on current housing outcomes and use of time limited work to take housing agenda forward Renew Drugs and Housing strategy Renew external consultancy contract for housing /drugs expertise	April 2010 May 2010  June 2010	JCM/SP Lead/JCG JCM/SP Lead/JCG
Continue Tier 2 service liaison with all county homeless provisions Assist with development of ' Places of Change' county approach to needs of homeless populations JCM to attend county strategic group on current homeless provision	April 2010 June 2010	Inde trust service lead JCM
Drug and Alcohol thematic group establish Supporting people pathway including needs of homeless drug users	May 2010	SP Lead Commissioner/JCM
Commissioning decision on future framework for housing related support and future SP Drug and Alcohol contracts in 2011/12	June 2010	JCG/ SP Board

**Expected outcomes:**

**Objective 8 Increase in planned exits by q2**

**Objective 10 Improved Employment recovery prospects for Service users**

**Availability of more employment options for servicer users**

**Objective 11 Housing related support pathway established**