

Partnership name: Croydon

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:

Overall Aim:

“To ensure Croydon have an effective drug and alcohol treatment system to reduce the harm caused by drug and alcohol misuse to Croydon substance misusers, their families and the community in which they live”.

The DAAT Commissioning function will build on and strengthen the established formal strategic partnerships with key stakeholders to provide an effective treatment system and achieve the new KPI (PSA25) which is included in the Local Area Agreement and the PCT's Vital Signs VSB14. Commissioning mechanisms will be fit for purpose and involve senior officials, especially those criminal justice partners i.e. police, probation, courts and prisons, as well as health and the LA.

Commissioning mechanisms will prioritise access to treatment, improved care pathways, retention and planned discharges for service users, especially those identified as Problematic Drug Users (PDUs), to reduce drug related offending and improve outcomes for users which will contribute to future funding for drug services.

Commissioning mechanisms will ensure that services are commissioned and performance monitored in line with Models of Care and that services are compliant with Clinical Guidance (Orange Book).

Commissioning and re-provision of services will be key to ensuring Croydon have an effective treatment system which demonstrates best practice in handling public money, best value etc. The views of service users, carers, treatment providers etc will be instrumental in this planning, reconfiguration and commissioning of services.

Gaps identified in the annual Local Needs Assessment around issues of diversity, harm reduction, hidden harm etc will be addressed.

Information systems and data to support the new national KPI s (i.e. NDTMS and DIR web data) will be prioritised ensuring that systems are robust and data submissions are accurate and timely. Key areas for improvement to data is on retention, planned discharges, Outcomes (TOP) and harm reduction.

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

Croydon Commissioning mechanisms will continue to work in partnership with key stakeholders to achieve the new Government KPI - a shared goal between the DAAT, the Local Strategic Partnership and Health.

Delivery Plan:

Actions and milestones	By when	By whom
The new KPI (PSA 25) will be a priority in the Local Area Agreement and in the PCT's Operating Plan 'Vital Signs' for 08-09	Qtr 1	DAAT Commissioner and DAAT Co-ordinator
The performance against this indicator will be monitored quarterly by the DAAT, the Croydon Local Partnership and Croydon PCT.	Quarterly	Croydon DAAT Partnership
The DAAT's performance against this KPI will be part of the quarterly monitoring by the National Treatment Agency (NTA)	Quarterly	National Treatment Agency DRM and London Reg. Mgr.
Providers performance will be monitored as part of their SLA and in Contract Meetings	Quarterly	DAAT Commissioners

Objective 2

Croydon Commissioning mechanisms will continue to prioritise action to reduce drug related offending by providing clear care pathways for those in the criminal justice system who require drug treatment

Delivery Plan:

Actions and milestones	By when	By whom
Continued funding for the Criminal Justice Manager to oversee the Drug Interventions programme, ROB, DRRs, PPOs and maintain links to Integrated Drug Treatment services in Prisons, i.e. care pathways for offenders. (DIP funded post – Grid 1)	Ongoing	DAAT/JCM

Provision of funding for the Restriction on Bail Co-ordinator to co-ordinate ROB's and a contribution to the Courts for administration time (DIP funded – Grid 1)	Ongoing	DAAT/JCM
NB (See Grids 2,3,4) for further planning and actions re. Criminal Justice clients		

Objective 3

Ensure commissioning is delivered in accordance with Models of Care National and Local guidance / policy and in line with the new Clinical Guidance (Orange Book)

Delivery Plan:

Actions and milestones	By when	By whom
Service Level Agreements to include requirement to implement Local Models of Care Guidance Policy and updated national clinical guidance (Orange book requirements)	Qtr 1	DAAT Commissioners
Undertake a scoping exercise to establish a baseline of Treatment Providers knowledge and ability around clinical governance and compliance with new Guidelines	Qtr1	DAAT JCM
Recruitment/Secondment of a Models of Care/Quality Co-ordinator (PTB Comm Budget)	Qtr 1	DAAT Commissioner
Clinical audit of services to be undertaken plus related literature (PTB)	By Qtr 3	DAAT Commissions/ Mof C lead
Continued funding of DAAT Co-ordination Unit – i.e. Staff, Accommodation, etc (PTB Comm.Budget)	Ongoing	DAAT Partnership/JCG

Objective 4

The commissioning and the re-provision of an effective drug treatment system will demonstrated by best practice in commissioning, best value and cost efficiencies and will be based upon the Service Users experience and client journey.

Delivery Plan:

Actions and milestones	By when	By whom
Receive and evaluate the external consultant's review of Croydon's Treatment System	Qtr 1	JCG/DAAT
Identify cost efficiencies and priorities and consult with Providers, Service Users and Carers and the DAAT	Qtr 1	JCM
Following the consultation, plan a phased approach to future commissioning taking account of the risks and the projected reduced drugs budget	Qtr 2	JCM/JCG/DAAT
Implement the proposed changes and start the re-commissioning process	Qtr 3	JCM/DAAT Commissioners

Objective 5

Ensure any gaps identified in the Local Needs Assessment are addressed including any needs of the 'treatment naïve' population in terms of diversity, harm reduction and hidden harm in order to provide a more effective treatment system.

Delivery Plan:

Actions and milestones	By when	By whom
Re-convene the Local Needs Assessment Expert Group to review progress on 2007 LNA and to plan progress for 2008 LNA	Qtr 2	JCM
Analyse information and data received from the new Outreach Service which is targeted to engage with 'hard to reach' populations, to inform services provision, especially around diversity, effective harm reduction and hidden harm caused to children and YP (See Grid 2 and Grid 6 HR)	Qtr 3	Data Team, Commissioners and Provider

Ensure Harm Reduction Strategy Group is aware of and updates the action plan/strategy to address any unmet need around harm reduction i.e. need for overdose training, management of Hep C in IDU resulting from new prevalence data etc.	Qtr 1	JCM/Harm Reduction SG
Services to explore 'negative impact' i.e. any trends in terms of diversity for those dropping out of treatment/services. To consult with local partnership groups (i.e. BME forums) to 'test' theories and raise with JCG if appropriate	Qtr 1 and 2	DAAT Project Mgr/Diversity Steering Group
Ensure Croydon's drug treatment workforce is fully skilled and culturally competent and responsive to meet the changing needs of Croydon's population (Links with Workforce Strategy and Workforce Budget)	Ongoing	JCM/DAAT Project Mgr/ Workforce Strategy Group

Objective 6

Information systems and data submissions to support the new KPI need to be robust and will be prioritised by the DAAT, especially around retention, planned discharges, and the Treatment Outcome Profile monitoring. NDTMS and DIR web submissions will be timely and reflect activity locally.

Delivery Plan:

Actions and milestones	By when	By whom
Continued funding of the DAAT Data Manager and Information Analyst (PTB Comm Budget)	Ongoing	DAAT JCG
Implementation of the DAAT analytical tool/information system and future support (PTB)	Ongoing	DAAT JCG
Continued advice, support and, as and when necessary, training for Providers	Qtr 1	DAAT Data team
SLA's to contain explicit requirement for accurate and timely submissions to NDTMS, with clear messages about non compliance. Focus will be on Tier 4 commissioned services i.e RR	Qtr1	JCM and Commissioning Team

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:

Improved provision of Tier 2 services for the 'hard to reach' groups, i.e. homeless, sex workers, asylum seekers, as well as those from the criminal justice system (police custody, courts, prisons)

Better care pathways for people, especially those leaving prison and residential rehabilitation.

Review of the Implementation of the screening, assessment and referral processes in accordance with the recent roll out Local Models of Care Policy and Single Assessment Process (SAP) to ensure a 'seamless' treatment journey for service users.

Improved access to structured treatment for service users i.e. ensuring that waiting times better or at least comply with national waiting times guidance.

Support around service users housing needs to increase the numbers in and retention of clients in treatment.

Harm reduction advice, information and support is delivered by Tier 1 and Tier 2 services including primary care, community pharmacies, and open access clinics.

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

To improve the client journey for those 'hard to reach' individuals by providing Tier 2 services (advice and information, referral and harm reduction) which will ultimately increase the numbers in effective treatment as measured by retention in structured treatment and successful outcomes.

Delivery Plan:

Actions and milestones	By when	By whom
Provision of an enhanced Outreach Service for the Borough by joint funding from the PTB and Safer Croydon Partnership (7 workers in total). To target those hard to reach clients who are treatment naïve or who drop out of treatment. (PTB) and (SCP)	Feb 2008	JCG/WDP
Continued provision of Open access clinics at Crosfield House and Drop in Clinics at CDA to facilitate entry into Structured Treatment (See Planning Grid 3)	Ongoing	JCG/SLAM/CDA
Continued provision of the CDA Crack-specific service on a Saturday morning for crack specific interventions. In addition, the provision of an out of hours 'drop in' service for particular clients who are working out of borough. Planning Grid 3)	Ongoing	JCG/CDA
Explore the possibility of extra capacity or expansion of Crack Service to maximise the engagement of Crack using DIP clients who are reluctant to acknowledge their problem and engage in treatment.	Qtr 1	JCG/Commissioners and Providers
Extension of Pilot at Crosfield to provide a rapid prescribing service to Core Service clients not from the CJ system for part year. This will phase out when GPwSI are established	Ongoing	JCG/SLAM

Objective 2

To improve the client journey of those from the criminal justice system by providing (Tier 2) advice and information, referral, and harm reduction and aftercare which will ultimately increase the numbers in effective treatment (structured) measured by retention and successful outcomes

Delivery Plan:

Actions and milestones	By when	By whom
Provision of the Drug Intervention Core Team to provide arrest referral, through care and after care and occasionally case management of clients who will access structured treatment. (DIP funded)	Ongoing	JCG/WDP

Links with the Courts via the ROB Co-ordinator (See Grid 1)		
Provision of the Prison Link Worker as a priority for DIP to ensure that work with Local Prisons i.e. CARATs teams are aware of process of referring back to Croydon (DIP protocol) (DIP funded as in Action 1)	Ongoing	JCG/WDP
Agreement and distribution of the Criminal Justice Protocols developed between, Police, Probation, Courts and DIP during 07-08	Qtr 1	CJ Mgr
Review access to treatment to ensure an effective transition from Tier 1/2 to Tier 3/4 services (by processing mapping or other means) and to ensure than any resulting protocol is agreed and implemented by all partners.	Qtr 1 and 2	JCM/CJ Mgr/ Providers
Provision of rapid access low threshold prescribing for DIP clients to facilitate engagement with services (DIP funded)	Ongoing	JCG/SLAM
Provision of rapid access into drug treatment for DRRs by providing testing, prescribing and other treatment interventions for all PDUs (PTB funded)	Ongoing	JCG/SLAM/CDA/ Probation
Alternative prescribing provision (at Kaleidoscope) for clients who are working in London and are unable to use the statutory prescribing service in Croydon or to provide client choice i.e. out of borough Provider	Ongoing	JCG/Kaleidoscope

Objective 3

To improve the client journey by ensuring Croydon Treatment Services implement the Single Assessment Process and Models of Care guidance around triage, comprehensive assessments, care co-ordination and care planning including multi-agency care plans for all clients..

Delivery Plan:

Actions and milestones	By when	By whom
Continuation of the Models of Care working group to oversee process and progress on SAP and TOP	Qtr 1	JCM /MofC co-ord.

Appointment of the dedicated post (See grid 1)		
Audit of implementation of MofCare and the SAP in services by DAAT Mof C Co-ordinator	Qtr 2	JCM/MofC Co-ord.

Objective 4

To provide better access and engagement in treatment services by reducing or eliminating waiting times for structured treatment thus improving the client journey. Waiting times should be better or comply with national waiting times guidance

Delivery Plan:

Actions and milestones	By when	By whom
All SLA's to continue to include waiting times guidance and compliance	Ongoing	JCM/commissioners
Quarterly monitoring of waiting times based on NDTMS 'green' reports to continue	Ongoing	JCM/commissioners
Audits / Service User secret shopper exercise to ensure waiting times are within guidance	Qtr 3	MofC Co-ord./SU Reps

Objective 5

To improve access and engagement in the treatment system by ensuring service users have their basic needs met , i.e. around housing advice/ shelter / benefits etc to enhance retention in treatment and achieve better outcomes.

Delivery Plan:

Actions and milestones	By when	By whom
Housing advice and information satellites to be set up in main treatment services by the Outreach provider, as well as the Croydon Resource centre and other venues to be identified to target PDUs	Qtr 1	Commissioners/ WDP
Quarterly monitoring of Outreach Contract against targets negotiated with service	Ongoing	JCM/commissioners
Support housing initiatives to fund B&B temporary accommodation, RIA or assisted housing places in conjunction with the Local Authority and other voluntary sector providers (PTB funded)	Ongoing	DAAT Project Mgr

Work with Supported People to sustain existing housing aid schemes	Ongoing	DAAT Project Mgr
Continued funding for clients in crisis around their housing and substance misuse need: <ul style="list-style-type: none"> • City Road (stabilisation/detox and housing) approx stay 28 days • Equinox Friends Road (stabilisation /detox and housing) approx stay 6 weeks 	Ongoing`	JCG/ City Rds and Equinox

Objective 6

To provide comprehensive harm reduction and relapse prevention interventions to increase access and engagement in treatment for service users.

Delivery Plan:

Actions and milestones	By when	By whom
Continued provision of the Community Pharmacy Needle Exchange scheme, increasing access i.e. out of hrs and geographical coverage (increased to 11 in 2008). (PTB HR)	Ongoing	JCG and PCT
Ongoing funding for dedicated Needle Exchange Coordinator (PTB HR)	Ongoing	JCG/DAAT
Ongoing funding of paraphernalia for IDUs via Community Pharmacists and fixed site exchange at CDA (PTB HR)	Ongoing	JCG/NE Coordinator
Ongoing funding of Health Advice Worker within the voluntary Community Drug Agency (See Grid 3) (PTB HR)	Ongoing	JCG
Ongoing funding for Hepatitis B nurse for screening and vaccinations at Crosfield for all clients (See Grid 3) (PTB HR)	Ongoing	JCG
Implement weekly testing and vaccination sessions at voluntary provider Community Drug Agency to improve uptake of HR interventions with SLAM (PTB HR)	Qtr 1	JCM/SLAM/CDA
Delivery of peer-led overdose training courses following roll out of training for trainers in this area. Ongoing Drug Awareness training for workers, public and targeted populations in Croydon	Qtr 2	SU Co-ordinator/ Workforce lead

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:

Improved retention in treatment of 12 weeks or more (in line with the London average), to be achieved by Structured Treatment Services (Tier 3 and 4) for all clients including those from the criminal justice system

Improved effectiveness of treatment (in line with the London average) to be achieved, as measured by

- a) retention for longer than 12 weeks and or,
- b) planned discharges i.e. completions or referrals on and
- c) improvements in the health and social well-being of clients as documented in a care plan and multi agency care plans if interventions are provided by more than one services.

Provision of a full range of treatment interventions as per Models of Care, that meets the needs of individuals especially targeting crack and or opiate users.

The identification of children of substance misusing parents and the associated risk, i.e. hidden harm. Improved links between children's services, Croydon Safeguarding Children's Board and Drug and Alcohol treatment 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

To improve retention in treatment of 12 weeks or more, preferably with a care planned ending as a measure of evidencing 'effective treatment'

Delivery Plan:

Actions and milestones	By when	By whom
SLA's to include requirement for NDTMS reporting and the National KPI and DAATs expectations	Qtr 1	JCM/Commissioners

around achievement – focus on Tier 4 residential rehabs etc.		
Review of retention and effectiveness Improvement action plan and milestones	Qtr 1	JCG
Support services to refer appropriately, record data accurately and signpost or if necessary deliver training on NDTMS entry	Qtr 1	Data Manager
Audit services on clinical practice against Models of Care guidance	Qtr 3	M of Care Co-ord
Engagement of Service Users on Welcome/Induction Groups to reduce drop out/ improve retention	Qtr1	SU Inv. Co-ord.
Outreach Service to re-engage clients who may have dropped out of structured treatment	Ongoing	Providers

Objective 2

To improve treatment effectiveness as measured by a) planned discharges and b) implementation of the TOP profile across the Treatment System

Delivery Plan:

Actions and milestones	By when	By whom
SLA's to include requirement to report to NDTMS including TOP reporting, the National KPI and DAATs expectations around achievement	Qtr 1	JCM/Commissioners
Support services to refer appropriately, record data accurately and deliver training if necessary (see objective 1.)		
Audit services on clinical practice against Models of Care guidance	Qtr 3	Models of Care Co-ordinator
Models of Care Group to review process of the Multi – agency care plan and co-ordination	Qtr 2	Models of Care Co.

Objective 3

To provide a full range of treatment interventions as per Models of Care that meets the needs of individuals, especially targeting crack and opiate users.

Delivery Plan:

Actions and milestones	By when	By whom
<p>Continued funding of the Tier 2/3 Open Access and Structured Treatment provision at the voluntary community drug treatment agency – Croydon CDA. To include: Advice and Information, Harm reduction, other structured interventions, structured day programme, group work, structured counselling, and aftercare programme.</p> <p>Other interventions include Carers, friends and family group, Counselling for Carers (PTB)</p>	Ongoing	JCG
<p>Continued funding of the Tier 2/3 structured service at Crosfield House (SLAM) providing advice and information, harm reduction, community prescribing, structured counselling and rapid prescribing services for core service. In addition, the service provides Shared Care with GPs, service for pregnant drug users at Mayday and A& E Liaison Service.</p> <p>Continued funding for interventions for CJ clients i.e. management and testing of DRR clients (PTB) and rapid prescribing and management of DIP clients.(DIP)</p>	Ongoing	JCG
<p>Continued funding of the SSD Care Management team delivering other structured interventions (Tier 3) and care packages for residential rehab, structured counselling out of area etc. (PTB)</p>	Ongoing	JCG
<p>Develop work in primary care, including existing Shared Care Scheme (see above) as well as the appointment of the 2 GPwSP (continuing last year's Plan). This will increase client choice and the retention and effectiveness agenda</p>	Ongoing	JCG/JCM
<p>Continued funding for DNA – Young Person's Counselling Service for 1 year subject to new SLA around targets</p>	Ongoing	JCM/YP Co-ord.

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:

To achieve an increase in the number of clients having a planned discharge, as measured by NDTMS and supported by the implementation of the DAAT local Planned Discharge Policy.

To facilitate the transition through treatment for those young people over 18 into services that are appropriate to their needs.

The provision of aftercare services or links to aftercare with other partners are established to facilitate transition from structured treatment back into the community

The continuation of the self-help group –Peer Led User Group (PLUG) to support those who have left structured drug treatment. To establish stronger links with self support networks such as AA, NA, CA etc.

To provide pathways to employment and training opportunities for service users i.e. build on links with local colleges, businesses, job centres and partners in the local authority to signpost or promote opportunities to training and employment.

To provide housing and benefits advice and information and floating support to people in and exiting the drug treatment system (See Grid 2)

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

To increase the number of clients who leave treatment in a care planned way.

Delivery Plan:

Actions and milestones	By when	By whom
SLA's will clearly state expectations around care plans, planned discharges and referral to aftercare and monitored quarterly at contract meetings	Quarterly	JCM
Providers will implement models of care local policy around planned discharges and ensure it is correctly recorded on NDTMS	Ongoing	M of Care lead/Data Mgr

Care Pathways and planned exits to be reviewed by Commissioners as part of clinical audit of services	Qtr 2	Commissioners
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Objective 2

To provide a smooth transitional process for young people leaving drug treatment at 18 and transferring to adult services.

Delivery Plan:

Actions and milestones	By when	By whom
SLA's will clearly state expectations around transitional arrangements for young people and compliance with local models of care policy.	Quarterly	JCM/YP Co-ord.
Audit of clinical practise to be carried out through Models of Care Working Group.	Qtr 3	M of Care lead/
Encourage a link person to attend Virtual Team Mtgs and link with YP Services	Qtr 1	JCM/YPCO/VTC

Objective 3

To provide aftercare services or links into aftercare provision with partners agencies

Delivery Plan:

Actions and milestones	By when	By whom
CDA 12 week aftercare programme to commence and be open to all Croydon people eligible to 'move on' (See Grids 2 and 3)	Qtr1	CDA
SSD to continue to provide aftercare interventions for clients leaving residential rehab to support their re-integration back into the community	Qtr 2	SSD
To support the programme for the Peer Led Service User Group and its activities to engage more people into supported peer led aftercare.	Ongoing	DAAT/ SU Co-ordinator
Develop further links with other self help groups, ensuring information is publicised on notice boards and via key workers, etc	Ongoing	DAAT/ SU Co-ordinator

Produce a guide to aftercare services so information is accessible i.e. via website etc.	Qtr 2	SU Inv. Co-ord.
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Objective 4

Services to have clear pathways to enable service users to integrate into the community, during and following completion of treatment, including access to education and training and housing and benefit support.

Delivery Plan:

Actions and milestones	By when	By whom
Continue to Implement workforce strategy and develop work with local partners to establish links with colleges, local business and training scheme and distribute information to providers (Link to Grid 1)	Qtr 1	DAAT/Workforce Strategy group
Develop a housing strategy with local partners i.e. Supporting People etc to agree a protocol for Services to follow regarding access into housing support, housing benefits etc. (Link to Grid 2/3)	Qtr 2	DAAT/ Project Mgr
Continue to fund the Housing Advice and Support Service, and floating support for service users during and after treatment (Link to Grid 2)	Ongoing	JCG/ DAAT Project Mgr

Planning grid 5: Service User and Carer Involvement

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 service user and carer involvement:

Service user and carer involvement is integral in developing and sustaining an effective treatment system and a key priority is to ensure this happens at all levels, i.e. individual, service and strategic involvement.

Service user and carer involvement is essential for improving the patient's journey through treatment and therefore is a cross cutting issue in the Treatment Plan from commissioning, to improving access and engagement, retention and achieving better outcomes and thus deserves its own section in the Plan.

Service user and carer groups need to be adequately funded, sustainable and preferably peer led.

Service user and carer involvement work needs to be developed further to include the development of a forum for all users as well as the continuation of the Service User Representation Group which now exists.

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

Service users and carers will be supported to become involved in the treatment of an individual, in service delivery and at strategic level.

Delivery Plan:

Actions and milestones	By when	By whom
Continuation of funding for the Service User Involvement Co-ordinator's post (PTB SU)	Ongoing	DAAT/JCG
Services users and carers will be reimbursed for expenses incurred and will be paid for their	Ongoing	SU Involvement Co-ord.

time on strategic DAAT work in line with the protocols in the SU Toolkit (PTB SU)		
The Service User Representation Group will set out a work programme for 2008/09 to meet its needs and this will be reviewed quarterly	Qtr 1	SURG
The SURG will evaluate the need for and if appropriate be encouraged to launch an event for current service users as well as those substance misusers not in treatment to gather views on establishing a Croydon Services User Forum for all clients	Qtr 2	SURG/SU Inv. Co-ord.
Service User Representatives will be invited and supported to participate in the different sub-groups and strategic groups whenever possible	Ongoing	Commissioners and SU Co-Ord.

Objective 2

Service users and carers are key partners in driving up the treatment effectiveness agenda and in supporting Croydon to achieve the new KPI around retention and effective treatment

Delivery Plan:

Actions and milestones	By when	By whom
SLA's will continue to contain the requirement for Service User and Carer involvement in service delivery	Ongoing	DAAT JCM & commissioners
Providers to ensure Service User and Carer feedback is heard, reviewed and decisions are relayed back	Ongoing	SU Inv. Co-ord. and Providers
Where possible, Service User Reps and Carer Reps will be invited to attend welcome /induction groups and can act as 'role' models to encourage new service users to stay in treatment.	Qtr 1	SU Inv. Co-ord. and Providers

Objective 3

Service users will be integral to sustaining the DAAT's aftercare strategy, thus ensuring that service users are supported in the transition from structured treatment to aftercare provision and afterwards

Delivery Plan:

Actions and milestones	By when	By whom
Continued funding for the Peer Led User Group (PLUG) (See Grid 4 PTB SU)	Ongoing	JCG and SU In.Co-ord
Continued support for the needs of the individuals in PLUG and promotion of the group to services	Ongoing	S U Co-ord.
Ongoing training for Service Users to participate in Peer Led training such as Overdose Training (PTB Comm)	Ongoing	S U Co-Ord
Development of buddying system / mentoring system to support new users	Ongoing	S U Co-Ord

Objective 4

Carers are key partners in assisting service users, providers and commissioners in delivering the treatment effectiveness agenda and will continue to be supported and involved in an individuals journey (where appropriate), service delivery and commissioning of services.

Delivery Plan:

Actions and milestones	By when	By whom
Carers work at CDA will continue to be supported and funded (see Grid 3).	Ongoing	JCG and Commissioners
Carers work at CDA and generally will be promoted by campaign to raise awareness of services on offer	Qtr 1	JCM & CDA
Respite for carers will continue to be supported by the Carers Grant	Ongoing	Local Authority Carers Grant
Carers will be invited to be involved at strategic level by meeting with commissioners on a	Qtr 1	JCM & CDA

regular basis		
Carers will continue to receive support from the Younger Adults Social Services in line with current practice and legislation, i.e. eligibility and accessibility for Carers Assessments etc.	Ongoing	JCG & SSD (New Dept?)

Planning grid 6: Harm Reduction

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 Harm Reduction.

Harm reduction is another cross-cutting issue and is essential for improving the patient's journey through treatment from initial access (Tiers 1 and 2, for retention in structured treatment (Tier 3 and 4) and for achieving better outcomes. Thus it runs through the previous grids. However it is worth re-emphasising the main priorities and actions.

To reduce the harm caused by blood born viruses and others diseaseing particularly prevalent in the client group, such as TB.

To reduce drug related deaths caused by the above

To reduce the hidden harm that can be caused to children and young people by substance misusing parents and carers.

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

To reduce the harm caused by blood born viruses and other diseases that affect vulnerable people such as TB

Delivery Plan:

Actions and milestones	By when	By whom
To commission an effective drug treatment system and to implement the Harm Reduction Strategy and review its actions quarterly	Quarterly	JCG and Harm Reduction Gp
See actions in Grids 1,2,3 around screening, testing and vaccination		
Raise awareness with PCT partners, providers and service users around the increasing prevalence of Hep C and TB in London by the dissemination of literature and information i.e. The Find and Treat TB project funded by the Dof H. One route being Outreach Services.	Qtr 1	Commissioners/providers and Service Users

Objective 2
To reduce drug related deaths

Delivery Plan:

Actions and milestones	By when	By whom
To commission an effective drug treatment system and to implement overdose training for service users using peer led groups (see previous grids)	Ongoing	SU Involvement Co-ord
To continue to review critical incidents and confidential enquiries procedures, linking into the PCT Suicide Audits mechanisms	Ongoing	Commissioners/Providers and PH
To further investigate information produced by St Georges around drug-related deaths and apply any appropriate good practice to Croydon	Qtr 4 (07-08)	Commissioners /ICDP

Objective 3
To reduce the hidden harm that is sometimes caused to children and young people by substance misusing parents or significant others (See link to Grid 1 – Comm. Strategy)

Delivery Plan:

Actions and milestones	By when	By whom
To work with the DAAT YP Commissioner to raise the profile of hidden harm with Croydon's Safeguarding Children's Board, thus providing links between commissioners, adult treatment services and Children's Services.	Ongoing	Commissioners (YP &Adult)
To review Models of Care Policy and practice to ensure this is being action and carried out by Adult Providers as well as being explicit in the SLA	Qtr 1	Commissioners and Mof C Co.
To ensure issues of diversity/culture are recognised when dealing with this hidden harm agenda and to endeavour to ensure staff are competent when dealing with this issue and culture. (Links with Diversity and Workforce Strategies in previous grids)	Ongoing	Commissioners and DAAT Project Mgr