

# Norfolk Drug & Alcohol Partnership

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## Adult drug treatment plan 2009/2010 Part 3: Planning grids

Submission date: 20th March 2009

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

Please see checklist at Appendix 1 of the 2009/10 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:

KP1 – Ensure funding for Matrix Project service is secure.

KP2 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (excluding community and specialist prescribing).

KP7 – Maintain DIP

KP8 – Further develop work with families and parents who are substance misusers.

KP9 – Improve Tier 4 inpatient treatment and residential rehabilitation where possible and/or appropriate

KP10 – Improve treatment service provision for offenders.

**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 - Continue to improve and further develop N-DAP Commissioning Processes and Functions. Linked to all identified KPs.

1.1 Ensure Adult Joint Commissioning Group working effectively and to good practice.

1.2 Further develop N-DAP contracts and commissioning processes, paying particular attention to clinical/service governance, diversity and Tier 4

1.3 Ensure new contracts for Matrix Project meet all commissioners' requirements and N-DAP's.

1.4 Finalise and publish Family and Friends Strategy.

1.5 Further develop service user engagement within N-DAP.

### Delivery Plan:

Actions and milestones	By when	By whom
1.1.1 Review AJCG Terms of Reference	April 2009	AJCG
1.1.2 Review progress made against Level 2 Commissioning Agreement	June 2009	Strategy Manager, AJCG
1.1.3 Review current IDTS governance, commissioning and performance management structures (shared action with HMP Wayland IDTS Plan, also relevant for HMP Norwich IDTS implementation)	June 2009	Chair of LMG and DAAT Strategy Manager

1.1.4 Revised governance, commissioning and management structures and responsibilities reviewed as part of actions 1.1.1 and formally agreed by all stakeholders	September 2009	Chair of LMG and DAAT Strategy Manager
1.1.5 JCO to attend relevant training in commissioning services for diverse populations. Learning to be shared with AJCG (see NTA/HCC 07/08 Improvement Review Plan C3, Q3)	Dependant on availability of training.	JCO
1.2.1 Review contract content and terms and conditions to ensure the following are appropriately contained: - <ul style="list-style-type: none"> <li>• Statutory requirements (see NTA/HCC 07/08 Improvement Review Plan C1, Q2)</li> <li>• Drug related deaths (see HR Strategy – Objective 1)</li> <li>• Participation in service governances and monitoring (see HR Strategy – Objective 1)</li> <li>• Current systems to address race, gender and disability equality, (see NTA/HCC 07/08 Improvement Review Plan C4, Q3)</li> </ul>	August 2009	Contracts Officer
1.2.2 All contracts to be reviewed renewed and signed – linked to Grid 1, Objective 2, Action 2.2.1	October 2009	JCO, Contracts Officer
1.2.3 Half yearly Tier 4 budget update presented to the AJCG, which will consist of information capture (see NTA/HCC 07/08 Improvement Plan C8, Q4) <ul style="list-style-type: none"> <li>• Actual and committed spend</li> <li>• On an annual basis the total spend and numbers through Tier 4 treatment</li> </ul>	September 2009, March 2010	Lead Commissioner for SM – Adult Social Services and NHS Norfolk
1.3.1 Convene meeting with all Matrix commissioning partners and gain agreement on future contractual processes	May 2009	JCO
1.4.1 Consult on, finalise and publish N-DAP Family and Friends Strategy	November 2009	YPJCO, Carers Group
1.4.2 Ensure action 1.4.1 includes the involvement of Family and Friends and Service Users	August 2009	YPJCO, Carers Group, Service User Group
1.5.1 Through the Service User Training Sub-group; encourage and support the development of an N-	January 2010	Training and

DAP Service User Engagement Group		Workforce Development Coordinator (T&WDC), DAAT Administrator
<p>1.5.2 Further development of service user engagement groups sub-regionally in Norfolk to support the development of:</p> <ul style="list-style-type: none"> <li>• Peer support (e.g. for 'treatment naïve', those undertaking Hep C vaccination programme etc.)</li> <li>• Advocacy work</li> <li>• Service development groups in provider agencies (focused on in-house service improvement)</li> <li>• Service user engagement in N-DAP commissioning and strategy development work</li> </ul>	Formal proposals to be developed by July 2009, with follow on implementation	T&WDC, Strategy Manager, Service User Training Sub group, Adult Joint Commissioning Group to formally agree proposals
1.5.3 Form a county wide service user forum via actions in 1.5.2, to provide the link between N-DAP service user engagement work, agencies engagement groups and involvement of service users in commissioning and strategy development	March 2010	T&WDC, Strategy Manager, Service User Training Subgroup

<p><b>Expected outcomes:</b></p> <p>1.1 AJCG fit for purpose and progressing in line with level 2 Commissioning Agreement.</p> <p>1.2 N-DAP contracts fully compliant with required needs and renewed.</p> <p>1.3 Future contractual process for delivery of the Matrix Project is agreed.</p> <p>1.4 Family and Friends Strategy published.</p> <p>1.5 Increased service user engagement in treatment service development and wider work of N-DAP.</p>
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**Objective 2 – Improve the quality and effectiveness of provision, specifically linked to KP 2, 8 and 10.**

2.1 Ensure that 2009/2010 needs assessment address drug treatment needs of Norfolk’s BME population.

2.2 Monitor contracts of substance misuse services – shared with Young People’s Plan Objective 1.11

2.3 Improve data completeness in order to aid monitoring of service provision and develop base line data for 2010/2011 Partnership targets.

2.4 Develop and begin implementation of Harm Reduction Governance Group work plan – in order to progress against objectives within N-DAP Harm Reduction Strategy.

2.5 Investigate opportunities for funding for family interventions pilot that support family members to manage the impact of a parent’s substance misuse, inviting tenders for this service if viable.

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1.1 BME Literature Review	June 2009	Research and Information Officer
2.1.2 Cultural competence self-assessment completed (shared action with HCC/NTA 0708 Improvement Review Plan C1 Q2)	November 2009	JCO, Contracts Officer, Provider agencies
2.1.3 Actions resulting from 2.1.1 and 2.1.2 identified for inclusion in 2010/2011 Adult Treatment Plan	January 2010	JCO
2.2.1 Carry out annual contract reviews – linked to Objective 1, Action, 1.2.2	July 2009	Contracts Officer, JCO
2.2.2 AJCG review contract report, making any recommendations for improvements to review processes (in line with Standards for Better Health)	September 2009	Contracts Officer, AJCG
2.2.3 Implement DAAT core data set - to ensure all contracts have clear output/outcome expectations inline partnership requirements	October 2009	Research and Information Officer
2.3.1 Support substance misuse services in returning data to the National Drug Treatment Monitoring System (NDTMS). Concentrating on the following fields, <ul style="list-style-type: none"> <li>• ethnicity,</li> <li>• parental status</li> </ul>	Ongoing	Research and Information Officer, Information Systems Strategy Group, Information Systems

<ul style="list-style-type: none"> <li>• full postcode</li> <li>• housing status</li> </ul>		Administration Group
2.3.2 Review NDTMS returns for data completeness (shared action with HCC/NTA 07/08 Improvement Review Plan C1, Q3)	Ongoing	Research and Information Officers
2.3.3 Hold quarterly performance meetings with providers to discuss progress against national and partnership targets, NDTMS and TOPs Returns	April 2009 July 2009 October 2009 January 2010	DAAT Strategy Manager
2.3.4 Implementation of agreed actions from 2.3.3	July 2009 October 2009 January 2010	Treatment Providers
2.4.1 Convene Harm Reduction Governance Group (HRGG)	May 2009	JCO
2.4.2 Build actions within Harm Reduction Strategy into 3 year HRGG work plan and begin implementation	July 2009	JCO and HRGG
2.4.3 Integrate continued actions from HRGG work plan into 2010/2011 Treatment Plan	February 2009	JCO and HRGG
2.5.1 Identify options for funding for family interventions pilot to deliver psychosocial interventions to support family members to manage the impact of a parent's substance misuse	April 2009	YPJCG
2.5.2 Assess viability of options identified at 2.5.1	April 2009	YPJCG
2.5.3 Invite tenders for family interventions pilot (this is dependent on actions 2.5.1 and 2.5.2)	April 2009	YPJCG

**Expected outcomes:**

2.1 AJCG and providers have improved understanding of the needs of Norfolk's BME population and this is reflected in the 2010/2011 Treatment Plan.

2.2 AJCG and providers have improved understanding of the performance of Norfolk's substance misuse services and this is reflected in 2010/11 Treatment Plan.

2.3 Improved data completeness will aid quality of NDTMS and TOP returns, provide the most complete picture to date of service delivery, aiding progress against national targets and providing baseline data for 2010/2011 partnership targets.

2.4 Harm Reduction Strategy work plan in place and fully integrated within 2010/2011 Treatment Plan.

2.5 N-DAP has a clear understanding of the resources available for the commissioning of a family interventions pilot that provides psychosocial interventions to support family members to manage the impact of a parent's substance misuse.

**Objective 3 - Complete a whole service cost review of DIP programme – specifically linked to KP7 and KP10.**

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
3.1.1 Capture expenditure of DIP programme through all funding streams	May 2009	JCO, DIP Strategy Manager, Finance & Admin Manager
3.1.2 Collate all expectations in contracts relating to delivery of DIP programme	May 2009	Contracts Officer
3.1.3 Current levels of service provision ascertained and scoping of actual demand for service delivery	July 2009	DIP Strategy Manager, Research and Information Officer
3.1.4 Present findings with recommendations to DIP Strategy Board and AJCG	September 2009	JCO, DIP Strategy Manager

**Expected outcomes –**

Commissioners to consider the most cost effective service model for DIP delivery.

**Objective 4 – Refresh and update DIP Strategy in line with findings of objective 2– linked to KP7, 8 and 10.**

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
4.1.1 Current DIP Strategy to be reviewed and refreshed as necessary and EIA completed	September 2009	DIP Strategy Manager, DIP Strategy Board and Operational Group.
4.1.2 Refreshed DIP Strategy to be consulted on, finalised, approved and published on N-DAP Website	January 2010	DIP Strategy Manager
4.1.3 Ensure the needs of family and friends (carers) are fully considered in line with Family and Friends Strategy Objective 1 within the above actions	January 2010	DIP Strategy Manager N-DAP Carers Group

**Expected outcomes**

DIP Strategy updated in line with all other N-DAP Strategies, taking into account new developments since original strategy produced, including IDTS and TOPS and providing framework to secure the DIP programme in future years.

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

Please see checklist at Appendix 1 of the 2009/10 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:

KP2 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (excluding community and specialist prescribing).

KP3 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (including community and specialist prescribing).

KP4 – Undertake a consultation on enabling transition to increased shared care arrangements.

KP6 – Evaluate the specialist homeless outreach team.

KP9 – Improve treatment service provision for offenders.

**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 - enable more seamless referrals and joint working between providers across all parts of the system including between (including between adult and young people's services and wider agencies i.e. housing and employment). Linked to KP's 2, 3, 4 and 9.

1.1 Ensure smooth transition from young people's substance misuse service into adult treatment services where appropriate (Shared with Young People's Treatment Plan Grid 4, Objective 4.1).

1.2 Develop dual diagnosis care-pathways.

1.3 Closer monitoring of Tier 4 service pathways.

1.4 All released prisoners who consent to do so successfully and safely referred and transferred to community-based providers (shared actions with HMP Wayland and HMP Norwich IDTS Treatment Plans).

1.5 Ensure provision of injecting equipment and paraphernalia to injecting drug users and the provision of supervised consumption for service users is widely and easily available.

### Delivery Plan:

Actions and milestones	By when	By whom
1.1.1 Agree on Transition Protocol between young people and adult substance misuse services	April 2009	JCO, YPJCO, Treatment Providers

1.1.2 Ensure transitional workers are in place in adult substance misuse treatment services	July 2009	JCO, AJCG
1.1.3 Ensure that young people and 18 and over are transferred from young people's substance misuse services to adult services seamlessly	October 2009	YPIG, YPJCO, YPJCG, TIG
1.2.1 Dual diagnosis care pathways within Norfolk and Waveney Mental Health Partnership Trust (NWMHPT) locality areas developed	July 2009	NWMHPT DD Lead
1.3.1 <ul style="list-style-type: none"> <li>Tier 4 waiting times and post discharge integration with community based services to be monitored by DAAT</li> <li>Concerns highlighted to Lead Commissioning Officer for Substance Misuse NCC Adult Social Services and NHS Norfolk and JCO as appropriate</li> </ul>	Ongoing	Research and Information Officers, Lead Commissioner for SM – Adult Social Services and NHS Norfolk, JCO.
1.3.2 Fair Access to Care Services (FACS) eligibility criteria and terms of reference for the Tier 4 allocation panel to be published on N-DAP website	April 2009	Lead Commissioner for SM – Adult Social Services and NHS Norfolk.
1.4.1 <ul style="list-style-type: none"> <li>IDTS HMP Wayland - DIP CJIT and community provider capacity in key areas that prisoners are released to be monitored</li> <li>Any capacity issues highlighted to be reported to JCO and discussed at AJCG and DIP Board as appropriate</li> </ul>	Any issues reported at monthly LMG meetings	CARATS Manager, JCO
14.2 IDTS HMP Wayland - Progress of HMP Wayland prisoners referred to DIP/CJIT/community services in Norfolk to be monitored	End of each quarter	CARATS Manager, DIP Strategy Manager.
1.4.3 IDTS HMP Norwich - continuity of care events held to develop robust model of care pathways between the Prison and community-based service providers	February 2009 July 2009 November 2009	DAAT Strategy Manager, DIP Strategy Manager, Establishment Drug Strategy Coordinator
1.4.4 IDTS HMP Norwich - transfer protocols reviewed in line with NTA guidance	June 2009	Establishment Drug Strategy Coordinator

1.4.5 IDTS HMP Norwich - progress of HMP Norwich IDTS-derived DIP client base to be monitored in areas that prisoners are released back to and reported on, in terms of success in tackling on-going drug issues, offending behaviour, harm reduction etc	End of each quarter, starting end of Quarter 3 (January 2010 first report)	CARAT Manager & DIP Strategy Manager reporting to Local Management Group
1.5.1 N-DAP to continue to commission and evaluate countywide needle exchange and supervised consumption scheme – shared action with Harm Reduction Strategy, Objective 2, Action 2.5	Ongoing	AJCG, Needle Exchange and Supervised Consumption Steering Group

<p><b>Expected outcomes:</b></p> <p>1.1 Increase in numbers of effective referrals to adult treatment services and therefore improved engagement.</p> <p>1.2 Dual Diagnosis Care-pathways are in place.</p> <p>1.3 Tier 4 waiting times continue to meet target timescales.</p> <p>1.4 Seamless referral of prisoners to community-based providers, on-going treatment provision, reduced drug use and associated offending, reduced incidences of drug-related deaths.</p> <p>1.5 Provision of injecting equipment and paraphernalia and the provision of supervised consumption for service users continues to be widely and easily available.</p>
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<p><b>Objective 2 – Seek pathways to enable increased engagement of PDUs who have not previously been in treatment. Linked to KPs 2, 3 and 9.</b></p> <p>2.1 Support Tier 1 workers in identifying, screening and referring people into treatment.</p> <p>2.2 To better identify Dual Diagnosis individuals and engage in treatment.</p> <p>2.3 Continue to develop N-DAP needs assessment processes to gather more evidence of PDUs not accessing treatment.</p>
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**Delivery Plan:**

Actions and milestones	By when	By whom
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2.1.1 Provide training and support for Tier 1 professionals, see Objective 1 in Grid 5	Ongoing	T&WDC
2.2.1 Ensure Dual Diagnosis Care-pathway (see Objective 1, Action 1.2.1) development takes into account the identification and engagement of PDUs who have not previously been in treatment – shared action with Harm Reduction Strategy Objective 4, Action 4.5	July 2010	NWMHFT Dual Diagnosis Forum
2.3.1 Develop ways for the Partnership to monitor hospital episode statistical data to investigate pathways into treatment for PDUs.	January 2010	Research and Information Officer, Lead Commissioner for SM Adult Social Services and NHS Norfolk, Lead Commissioner SM NHS Great Yarmouth and Waveney
2.3.2 Use GIS mapping data to visualise Norfolk treatment performance against estimated PDU population according to the University of Glasgow figures	July 2009	Research and Information Officer
2.3.3 Findings from actions 2.3.1 and 2.3.2 to be incorporated into 2010/2011 Treatment Plan	March 2010	JCO

**Expected outcomes:**

- 2.1 Tier 1 workers are fully competent to identify screen and refer people into treatment and appropriate referrals are made.
- 2.2 Individuals with Dual Diagnosis needs identified and engaged in treatment, within agreed care-pathways.
- 2.3 Hospital episode data is monitored (if possible and valid), findings are fed into 2010/2011 Treatment Plan.

**Objective 3 – Investigate current shared care arrangements in Norfolk and pathways between primary health care and treatment services – linked to KP4.**

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
3.1.1 Gather current information regarding shared care arrangements in Norfolk and evidence of work undertaken to improve these to date	October 2009	Lead Commissioner for SM Adult Social Services and NHS Norfolk, Lead Commissioner SM NHS Great Yarmouth and Waveney, JCO.
3.1.2 Outline and discuss findings from above at extended TIG to further inform on evidence gathered and identify potential recommendations for future developments for AJCG consideration.	December 2009	JCO, TIG

**Expected outcomes:**

AJCG and wider partnership are fully aware of current shared care arrangements and have considered potential ways forward to increase further engagement.

**Objective 4 – Review Tier 2 modalities making recommendations for future service delivery and ensuring service development in the West – relates to KP’s 2 and 6.**

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
4.1.1 Ensure actions outlined in Grid 3 fully consider routes in and out of tier 2 modalities as part of review	October 2009	JCO, AJCG

**Expected outcomes:**

Care pathways into and out of tier 2 modality provision within Norfolk reviewed.

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

Please see checklist at Appendix 1 of the 2009/10 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:

KP2 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (excluding community and specialist prescribing).  
 KP3 (i) – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (including community and specialist prescribing).  
 KP6 – Evaluate the specialist homeless outreach team.  
 KP8 - Further develop work with families and parents who are substance misusers.  
 KP10 – Improve treatment service provision for offenders.

**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 – Improve the quality and effectiveness of treatment. Linked to KPs 2, 3 (i) and 8.

- 1.1 Support services to improve retention rates and outcomes of treatment provided.
- 1.2 Further develop service user and family and friends (carer) engagement
- 1.3 Ensure the needs of children of substance misusers are fully considered in treatment delivery.

#### Delivery Plan:

Actions and milestones	By when	By whom
1.1. 1 Through Objectives 2.2 and 2.3 in Grid 1 continue to review and performance manage service delivery against effective treatment targets	Ongoing	Strategy Manager
1.1.2 Using the Performance Analysis: Norfolk DAAT Area (PANDA) report as standing TIG agenda item monitor individual agency performance and share good practice examples	Ongoing	TIG, Research and Information Officer
1.2 .1 Finalise Family and Friends Strategy and further develop Service User Engagement (see Grid 1, Objective 4.4)	See Grid 1	YPJCO, Carers Group
1.3.1 Hold extended Safeguarding TIG to outline and discuss Child Protection and wider working practices with parents in treatment services. Identify actions for development	June 2009	JCO

1.3.1 Actions from 1.3.1 implemented	Dependant on actions.	TIG members, as appropriate.
1.3.2 Improve the quality of parental status NDTMS returns (see Grid 1, Objective 2.3)	Ongoing	Research & Information Officers, Strategy Manager

**Expected outcomes:**

1.1 Meet partnership effective engagement treatment targets.

1.2 Work with Family and Friends and Service User Groups is further progressed and stronger links to treatment planning and commissioning are made.

1.3 Quality of parental status NDTMS returns improved, baseline data for 2010/2011-partnership target achieved.

**Objective 2 - enable more seamless referrals and joint working between providers across all parts of the system including between (including between adult and young people's services and wider agencies i.e. housing and employment). Linked to KPs 2, 3 (i) and 10.**

2.1 Ensure referral pathways for access to dental care are in place.

2.2 Ensure care planning and clinical governance arrangements within treatment services are fully developed.

2.3 TOP implementation and effective continuity of care arrangements to be in place.

**Delivery Plan:**

Actions and milestones	By when	By whom
2.1.1 Gather evidence of current referral pathways for dental care within treatment services and ensure they are fit for purpose. Harm Reduction Strategy, Objective 2, Action 2.6.	April 2009	TIG
2.2.1 Review care plans and clinical governance arrangements as part of contract review processes	July 2009	JCO, Contracts Officer
2.2.2 Compile a report for commissioners from action 1.2.1 and assess current arrangements	September 2009	JCO, YPJCO
2.3.1	Ongoing	JCO, Research &

<ul style="list-style-type: none"> <li>• Monitor TOP usage via exception reports – quarterly</li> <li>• Performance to be discussed at quarterly performance and at ISSG (linked with Grid 1, Objective 2.3)</li> </ul>		Information Officers, Strategy Manager.
2.3.2 Monitor implementation of N-DAP TOP Coordination Protocol, via ISSG and contract reviews.	Ongoing	JCO, Research & Information Officers

**Expected outcomes:**

- 2.1 Referral pathways for dental care in place.  
2.2 Care-planning and coordination arrangements reviewed, actions required for further improvements identified.  
2.3 Achieve 80% completion on review and discharge TOPs and continue 80% completion rates for start TOPs.

**Objective 3 - Review Tier 2 modalities making recommendations for future service delivery and ensuring service development in the West – relates to KP's 2 and 6.**

**Delivery Plan:**

Actions and milestones	By when	By whom
3.1.1 Develop project plan for Tier 2 modality review and gain approval from AJCG. To include: <ul style="list-style-type: none"> <li>• Review of national guidance and evidence base – what works</li> <li>• Develop ideal model of delivery</li> <li>• Mapping existing services against the above, via contract reviews and stakeholder interviews</li> </ul>	May 2009	JCO, Research and Information Officer
3.1.2 Implement Tier 2 modality review project plan	August 2009	JCO, Research and Information Officer
3.1.3 Ensure Tier 2 modality review fully involves and considers the needs of service users and family and friends	August 2009	Service User Group, Carers Group, JCO
3.1.4 Produce a Tier 2 modality review report outlining findings and making recommendations for future service delivery, including the development of Tier 2 services in the West	October 2009	JCO

**Expected outcomes:**

Clear commissioning intentions for the future development of Tier 2 services are agreed for implementation from Q4 2009/2010 and Q1 and Q2 2010/2011.

**Objective 4 – Support and monitor HMP Wayland and HMP Norwich in the development and Implementation of IDTS. Linked to KP10.****Delivery Plan:**

Actions and milestones	By when	By whom
4.1.1 Support HMP Wayland and HMP Norwich in the implementation of NDTMS and data collection as a whole	Ongoing	Research and Information Officer
4.1.2 IDTS implementation monitored and supported via quarterly progress reports	July 2009 October 2009 January 2010 April 2010	Strategy Manager, LIG/LMG Chairs.
4.1.3 Quarterly reports presented to AJCG, progress to date and areas for improvement highlighted	July 2009 October 2009 January 2010 April 2010	Strategy Manager

**Expected outcomes:**

HMP Wayland and HMP Norwich fully compliant with NDTMS with clear data collection systems in place.  
IDTS implementation in both Prisons monitored areas for development supported.

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

Please see checklist at Appendix 1 of the 2009/10 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:

KP2 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (excluding community and specialist prescribing).

KP3 (i) – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (including community and specialist prescribing).

KP10 – Improve treatment service provision for offenders.

**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 – enable more seamless referrals and joint working between providers across all parts of the system including between (including between adult and young people’s services and wider agencies i.e. housing and employment). Linked to KP 2, 3(i) and 10.

1.1 Implement actions from the Housing Strategy Work Plan (HSWP).

1.2 Develop strategic plan to increase access to education, employment and training.

### Delivery Plan:

Actions and milestones	By when	By whom
1.1.1 a) Review housing core messages pack, updating in line with recent needs assessment research outcomes	April 2009	Housing and Substance Misuse Pathways Officer
1.1.1 b) Key materials produced and ready for dissemination (shared action with HSWP CBW1)		
1.1.2 Develop and deliver a programme of meetings and events to disseminate core messages pack (shared action with HSWP CBW2)	Meetings from May 2009 – programme delivered by September 2009.	Housing and Substance Misuse Pathways Officer
1.1.3 Series of follow up meetings following on from action 1.1.2 to be offered to accommodation providers for further support if needed (shared actions with HSWP CBW3)	November 2009	Housing and Substance Misuse Pathways Officer

1.1.4 Draft, publish and disseminate additional guidance for in-reach/outreach support services, with training provided to support implementation (shared action with HSWP DAG1)	Guidance published August 2009 Training delivered December 2009	Julian Housing, NORCAS T&WDC
1.2 Develop a strategic plan, which includes the development of pathways to treatment with Job Centre Plus to increase access to education employment and training	June 2009	T&WDC, Strategy Manager, Job Centre+ Coordinator

**Expected outcomes:**  
 Actions from HSWP completed within expected timescales. Accommodation providers and key groups have access to further support through core messages pack, guidance and training.  
 Employment pathways between Job Centre Plus and treatment services in place and being used successfully.

**Objective 2 – Increase proportion of planned discharges to meet Partnership target (see Part 2). Actions shared with Young People’s Plan Grid 4, Objective 4.2/ Linked to KPs 2, 3(i) and 10.**

**Delivery Plan:**

Actions and milestones	By when	By whom
2.1.1 Implement NDTMS core data set F making accurate and appropriate use of discharge codes	Ongoing	Treatment Providers, Research and Information Officers
2.1.2 Implement N-DAP Care Coordination Protocol	April 2009	Research and Information Officer, TIG
2.1.3 Carry out quarterly agency performance reviews with particular focus on planned discharges – linked to Grid 1, Objective 1.3	Quarterly	Research and Information Officer,

		Strategy Manager.
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**Expected outcomes:**

Proportion of planned discharges increased – Partnership target met.

## Planning grid 5: Training and Workforce Development

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

KP2 – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (excluding community and specialist prescribing).

KP3 (i) – Secure countywide provision of Models of Care Tiers 1, 2 and 3 (including community and specialist prescribing).

KP8 – Further develop work with families and parents who are substance misusers.

KP9 – Improve treatment service provision for offenders.

**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 – Develop a competent, flexible and motivated workforce to improve the quality of treatment of care for people with substance misuse problems and their families. Linked to all outlined KPs.

1.1 Support Treatment Services Continuing Professional Development (CPD) practices.

1.2 Review current and re-procure current N-DAP training courses (not included accredited courses)

1.3 Provide key training courses to support staff at all tiers of delivery

### Delivery Plan:

Actions and milestones	By when	By whom
1.1.1 Ensure job descriptions are mapped to DANOS and/or NHS knowledge skills framework – where applicable harm reduction competencies to be identified –Harm Reduction Strategy Objective, 3, Action 3.3	Ongoing	Treatment Providers, Research and Information Officers
1.1.2 Via contract review processes ensure workforce development and CPD are included as an item for discussion – Harm Reduction Strategy, Objective 3, Action 3.4	August 2009	JCO, Contracts Officer
1.1.3 Continue to support CPD development through ongoing support and providing guidance through CPD pages of N-DAP website	Ongoing	T&WDC
1.1.4 Continue to provide CPD events based on identified needs for including yearly Drugs, Alcohol	Ongoing	T&WDC

and Reproductive Health Conference		
1.2.1 Run training calendar as planned until September 2009 (further information on N-DAP training courses can be obtained from <a href="http://www.nordat.org.uk">www.nordat.org.uk</a> )	September 2009	T&WDC
1.2.2 Review training courses ensuring any requirements for changes/updates are identified	June 2009	T&WDC
1.2.3 Consider and procure training courses with updated specifications from action 1.2.2 as necessary	September 2009	JCO, T&WDC
1.3.1 Run online training resource to enable professionals to access basis drug and alcohol awareness training. Version 2 currently under development	April 2009	T&WDC
1.3.2 Run the Certificate in Higher Education – Substance Misuse	Ongoing	T&WDC
1.3.3 Help GPs access development funding for the RCGP Substance Misuse Part 1 and 2	Ongoing	T&WDC
1.3.4 Further develop the new carer training course with the UEA School of Nursing and Midwifery, working towards having the course accredited	Ongoing	T&WDC

**Expected outcomes:**

- 1.1 Treatment agencies are support in the continued development of their workforce.
- 1.2 Updated training calendar in place and course being delivered from September 2009.
- 1.3 Relevant staff and volunteers trained and competent in working with Carers of Substance Misusers.

**Objective 2 - To promote the Drug and Alcohol Sector as a positive place to work. Linked to all outlined KPs.**

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1.1 Promote the sector through the provision of the 'Why be a drug and alcohol worker?' resource	Ongoing	T&WDC
2.1.2 Maintain links with Social Work students via the City College BA (Hons.) Social Work degree course	Ongoing	T&WDC

2.1.3 Attend student information fairs to provide information and advice re working in the Substance Misuse Sector and develop ongoing supportive links with students	Ongoing	T&WDC
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**Expected outcomes:**  
Drug and alcohol sector as a positive place to work promoted and students supported in learning more.

**Objective 3 – To build on workforce development partnership working in Norfolk. Linked to all outlined KPs.**

**Delivery Plan:**

Actions and milestones	By when	By whom
3.1.1 Working with the Norfolk Offender Accommodation Forum (NOAF) and housing providers run training to that supports the N-DAP housing work (links to Grid 4, Objective 1)		T&WDC
3.1.2 Continue to provide Level 2 Safeguarding Training on Substance Misuse within the Family with the Norfolk Local Safeguarding Children’s Board (LSCB)	Ongoing	T&WDC
3.1.3 Continue to work with and support all N-DAP partners in identifying and developing joint training and professional development opportunities	Ongoing	Training and Workforce Development Group

**Expected outcomes:**  
Key training and workforce development partnership projects continued, with relevant training delivered.