

Norfolk Drug & Alcohol Partnership Harm Reduction Strategy: Partnership Self Audit Tool

The titles under 'Lead agencies/individuals' are examples only. Each partnership may have developed job titles more specific or appropriate to their current job specifications for example: Treatment Effectiveness Manager instead of MoC lead or Drugs Strategy Manager instead of DA(A)T Coordinator. It is the responsibility of the partnership to update the template to match the current workforce allowing the document to become relevant to their local partnership. The abbreviated term DA(A)T is used in this document. This will also need to be replaced with the relevant partnership term.

RED	Not in place or not at standard required and significant needs/improvements identified
AMBER	Progress being made but further work/investment required to meet identified need/standard
GREEN	Provision in place and/or good progress being made against assessed need and required standards

1. Strategic management	Lead agencies / individuals	Current (RAG) status	Issues / comments / actions
Partnership has a multi-agency strategy for harm reduction agreed across all partner agencies, <i>including the local Health Protection Unit</i> , which addresses sections 1 – 8 of this tool.	DA(A)T Coordinator (or equivalent), and or Joint Commissioning Manager (JCM)	AMBER	Harm Reduction Strategy in draft. Intention is to incorporate drug related deaths and suicide prevention in a substance misuse context. Multi-agency working group scheduled for March to consider draft strategy ahead of Partnership-wide consultation.
Partnership has Chief Officer lead/champion for harm reduction/harm minimisation strategy	DA(A)T Chair to agree with membership	RED	
Partnership receives quarterly harm reduction progress report against treatment plan targets	DA(A)T Chair / CG lead	GREEN	NTA Partnership Quarterly Performance report (green report) details progress towards treatment plan targets and is distributed to TIG, ISSG and JCG. Agency quarterly reports detail the contribution that each agency is making to our achievement of these targets and are distributed to agency managers. Need to consider whether a steering group would be appropriate, to provide guidance on practice.

Partnership has identified clinical governance (CG) / quality assurance (QA) lead for all services / access to clinical risk management advice / formal links to PCT CG lead	Lead Clinician / PCT / service provider lead/CG lead / QA lead	RED	As above, a steering group may be appropriate.
Partnership receives and discusses quarterly CG / QA reports from specialist services.	DA(A)T CG Lead/JCM	GREEN	The Needle Exchange & Supervised Consumption Steering Group feeds issues and reports back to both the Treatment Implementation Group and Adult Joint Commissioning Group.
Partnership has communication strategy for harm reduction	DA(A)T coordinator (or equivalent). Communications dept. of DA(A)T host agency	AMBER	Will form part of action plan for Harm Reduction Strategy. A pre-existing mechanism, which will be a key element of the communication strategy, is the e-mail based purity/contamination alert system. This enables verified information on illegal drug supplies of excessive purity and/or dangerous contaminants to be disseminated to key providers of health, social care and criminal justice services to substance misusers in Norfolk.

<p>Agreed source of information re: contamination/purity issues/acute risks and communication protocol across all agencies</p>	<p>Public health / Police</p>	<p>GREEN</p>	<p>The pre-existing, e-mail based alert system is strictly managed by Norfolk Constabulary and Norfolk DAAT to ensure that only verified, locally relevant and pertinent information is disseminated. In the past 12 months no more than 10 alerts have been issued and the majority of these have referred to a specific sub-area of the county. A high risk threshold is set to ensure that the alerts are taken seriously and so they prompt immediate action by the recipients.</p> <p>Need to consider:</p> <ul style="list-style-type: none"> • Threshold for alerts, i.e. would a problem experienced by two users in Northumberland warrant an alert in Norfolk? • Mechanism to remove alerts once the danger has passed • Service user involvement.
<p>2. Confidential Inquiries (CI)</p>	<p>Lead agencies / individuals</p>	<p>RAG status</p>	<p>Issues / comments / actions</p>
<p>Identified CI lead in DA(A)T / multi DA(A)T area</p>	<p>DA(A)T coordinator (or equivalent) / Strategic Health Authority (SHA)</p>	<p>RED</p>	<p>DH Guidance for Drug Action teams on developing local confidential inquiries into drug related deaths states that the DAT Co-ordinator's role should include responsibility for confidential inquiries into DRDs.</p>

Multi-agency multi-disciplinary drug related death (DRD) review group established for confidential inquiries	CI lead / SHA	RED	<p>The suicide and drug related death steering group for included:</p> <p>To gather established information and make recommendations about audits across all agencies.</p> <p>To work with Norfolk County Coroners to assess methods of improving data collection and the speed of information relating to suicides and drug-related deaths received by the SP / DRD steering group.</p> <p>However the group did not have the remit or structure for full confidential inquiries. This group has not met since April 06.</p>
Coroner involvement	Coroners office / CI lead	RED	<p>William Armstrong (Coroner – Norfolk exc. Great Yarmouth) was engaged with the suicide and drug related death steering group; had agreed to fill out a monitoring form post inquest, on drug related deaths. Letter was sent to other coroners but no record of whether this was responded to. No process for CI has been agreed. DAAT officers met with William Armstrong 19.12.07 and have begun process of establishing information sharing protocol.</p>
Agreed remit / terms of reference	CI lead	RED	See above.

Agreed definition of drug related death (e.g. Advisory Council on the Misuse of Drugs definition)	CI lead	RED	A definition has not been agreed. It may be necessary to have different definitions for deaths that will be covered by the harm reduction strategy, deaths that will be monitored on a regular basis and deaths that will result in a confidential inquiry.
Agreed minimum data set	CI lead / Partnership Data Manager	RED	A monitoring form was developed by the suicide and drug related death steering group but this did not include all fields recommended for a minimum dataset in the guidance for drug action teams on developing local confidential inquiries into drug related deaths.
Dedicated staff time to collate and analyse data and report	CI lead / Partnership Data Manager	RED	This has not been agreed but would be a DAAT function. Experience in Brighton and Hove suggests that one researcher working 2 days/week is required to investigate 30-40 deaths per year!
Dissemination of recommendations of review group	CI lead	RED	The guidance for drug action teams on developing local confidential inquiries into drug related deaths recommends that an annual summary of recommendations made from the inquiry process should be produced; that the DAAT should then develop an implementation plan for the recommendations it agrees with; and that these reports should be cascaded to drug reference groups and all interested groups.

Annual report	CI lead	RED	<p>The guidance for drug action teams on developing local confidential inquiries into drug related deaths recommends that an annual report summarising surveillance data on deaths should be produced.</p> <p>The confidential inquiries are only one aspect of the work that needs to be undertaken to reduce drug related deaths. Another key element will be the analysis of a range of data sources to determine whether there are any patterns and so whether there are any strategic and operational responses. These responses, once determined, would best be taken forward through the DAAT joint commissioning groups, as opposed to the (CDRP based) Drug and Alcohol Reference Groups.</p>
3. All services	Lead agencies / individuals	RAG status	Issues / comments / actions
Implementation of <i>Models of Care</i> (MoC) in DA(A)T	MoC lead (or equivalent)	GREEN	<p>Implemented referral, triage, assessment and comprehensive care plan proformas. Care coordination and planning between agencies for multi agency working part of this.</p> <p>Query the implementation of Models of Care for Alcohol Misusers? The expectation is that this will be done by the PCT but it is reasonable to suggest that the DAAT may be invited to take a lead role, as with Models of Care for drug misusers. There will be , however, a capacity issue as there is nobody currently available within the DAAT to complete this work.</p>

<p>Risk assessments for all service users, appropriate to tier, and specific to the needs of substance misusers and inherent risks of specific drugs and methods of use</p>	<p>MoC lead / CG / service provider leads</p>	<p>GREEN</p>	<p>Risk assessment part of both the referral/ triage and assessment proformas and the comprehensive care plan. If risk identified – agency’s own risk procedure then kicks in.</p> <p>Included in contract specifications, where appropriate.</p>
<p>Provision of basic life-saving information appropriate to service users, including special groups such as black and minority ethnic (BME), and including use of DH / NTA materials</p>	<p>Service user consultation / service provider leads</p>	<p>GREEN</p>	<p>Referral/triage and assessment proformas have emphasis on harm minimisation and prompts for this. Training for MoC emphasised this as a key priority.</p> <p>Included in contract specifications, where appropriate.</p>
<p>Provision of advice and information on the immediate and long-term risks of specific drugs and methods of use appropriate to service users including special groups such as stimulant users, including targeted campaigns on specific issues (e.g. hepatitis B/C virus and managing drugs overdose)</p>	<p>Service user consultation / service provider leads</p>	<p>GREEN</p>	<p>Referral/triage and assessment proformas have emphasis on harm minimisation and prompts for this. Training for MoC emphasised this as a key priority.</p> <p>Included in contract specifications.</p>

<p>Provision of injecting equipment to injecting drug users</p>	<p>Service user consultation / service provider leads</p>	<p>GREEN</p>	<p>Needle exchange is the best evidenced intervention to reduce the harm associated with injecting drug use and should be the cornerstone of any harm reduction strategy. Norfolk has a mature and well distributed network of outlets combining two different mechanisms for delivery through specialist agencies and community pharmacies. NEX has a number of advantages in that it offers access to ivdu's not engaged with treatment services and has a positive image amongst users. NEX services in Norfolk are fairly basic in terms of equipment provided and whilst the geographical coverage is good it could be improved upon by the recruitment of more pharmacy outlets, the expansion of equipment to incorporate harm reduction materials for crack smokers and materials to promote alternative methods of drug use, e.g. foil, as well as other harm reduction supplies for injectors i.e. water for injection and the expansion of the number of outlets is dependent on additional funding being identified. The goal of NEX is, in the first instance, to reduce the incidence of the sharing of equipment, we are some significant way from achieving this and the key to getting closer is a combination of increasing outlets and increasing hours of access.</p> <p>Included in contract specifications, where appropriate.</p>
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Alcohol interventions for drug misusers	CG lead / service provider leads	GREEN	<p>All contract specifications refer to alcohol as well as drugs therefore interventions will be for both.</p> <p>DAAT Alcohol Strategy Officer commenced work 19 November 2007. His role over the next 18 months will be to develop: an alcohol harm reduction strategy for Norfolk; a toolkit or action plan for its implementation; and a performance management framework for the evaluation of the toolkit. The strategy will cover the health, social care and criminal justice aspects of alcohol related harms.</p> <p>The Norfolk Alcohol Harm Reduction Strategy will embrace the Norwich Safer Drinking City Programme that has been financed by local NRF funding in 2007/08.</p>
4. Tier 1 services	Lead agencies / individuals	RAG status	Issues / comments / actions
Local protocols re: police involvement in overdose (OD) incidents requiring ambulance response	Police / Ambulance	AMBER	The protocols have been in place for two years – but not consistently known/trusted by service users. In excess of 50 ambulance attended ods, police have not attended.
Ambulance crews carry and trained to use naloxone in opiate overdose incidents	Ambulance	GREEN	Believed that 100% of ambulance crew carry kit – rolling programme of training means that not all may be trained at any one time.

Liaison between A&E and drug services, referral systems, care pathways, injecting equipment	A&E / service leads / MoC lead or equivalent	AMBER	
Prevention and management of overdose in custody	Police	GREEN	Constabularies are obliged to follow guidance set out in <i>Substance Misuse Detainees in Police Custody – Guidelines for Clinical Management</i> published in May 2006.
Benzodiazepine prescribing policy	PCT pharmacy lead / CG lead / GPs	AMBER	Prescribing policy was in place in Norwich PCT. Norfolk PCT working towards having agreed policy in place.
Care pathways for secondary care of individuals who are blood borne virus positive (BBV+) from testing in primary care	Director of public health	AMBER	
Item of service payments for GPs not in locally / nationally enhanced services (LES / NES) shared care who provide hepatitis B immunisation to drug users and their families	PCT director of primary care / planning	RED	Currently there are no service payments to GPs outside the LES for the provision of hepatitis B Immunisation.

<p>Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems</p>	<p>Mental health / dual diagnosis lead / MoC and service provider leads</p>	<p>AMBER</p>	<p>Norfolk Dual Diagnosis Model in place since 2005 advocating integrated working across agencies complemented by specific dual diagnosis training. Amber status due to the fact it is hard to monitor whether or not this is in fact happening as it often depends on the people involved and information received is often anecdotal and retrospective.</p> <p>NWMHP has recently developed an in-house dual diagnosis forum and protocols are in place to formalise the interface with substance misuse agencies and one particular homelessness charity.</p>
<p>5. Tier 2 services</p>	<p>Lead agencies / individuals</p>	<p>RAG status</p>	<p>Issues / comments / actions</p>
<p>Training in overdose prevention and management for service users and carers</p>	<p>Service user consultation / service provider leads</p>	<p>GREEN</p>	<p>Included in contract specifications.</p>
<p>Injecting equipment and paraphernalia relevant to needs, widely and easily available from a range of outlets: centre based, pharmacy based, outreach to priority groups</p>	<p>Service user consultation / PCT / service provider leads</p>	<p>GREEN</p>	<p>Included in contract specifications.</p> <p>Whilst we meet these criteria we do not provide all the available options.</p>

<p>Strategy to minimise inappropriate disposal of used injecting equipment by providing widespread access to secure disposal</p>	<p>Service provider leads / local authority / service user consultation</p>	<p>GREEN</p>	<p>The current strategy involves ensuring that for every needle exchange that takes place across the county an appropriate sized sharps container is provided sufficient to contain all of the sharps dispensed. Every outlet where NEX takes place has a mechanism in place to collect returned equipment and have that disposed of via a registered waste management company. Information is provided in all packs reminding users of how to appropriately dispose of equipment. The scheme actively promotes the use of community sharps bins as a method of targeting collections at more chaotic service users. We do not believe that limiting access to clean equipment by making that conditional upon the return of used equipment is desirable or practical. We believe that the principal of anonymous, easy access needle exchange is the best method of increasing the usage of the service and therefore the reduction of the sharing of equipment and associated reduction in BBV acquisition. We have estimated that 0.2% of all distributed equipment is subsequently discarded inappropriately, although the unavailability of reliable figures from local councils limits the accuracy of this estimate. In other areas incentives are paid to either the outlet or to service users to encourage returns, these appear to offer increased return rates in the short term but overall return rates are maximised by committed, well trained staff who use each needle exchange as an opportunity to encourage returns. The use of public sharps bins was successfully piloted in Breckland District in 2006/07. The intention had been to use this pilot to promote a county roll out of the scheme.</p>
	<p>Page 12 of 19</p>		

Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner / JCM	AMBER	No consistent mechanism for referral across system.
Sexual health promotion, screening and materials available in drug-specialist services, in liaison with specialist GUM services	Service provider leads / MoC leads/ PCT / Public health	GREEN	Tier 2 alcohol and drug services can access training, condoms and lubricant, gonorrhoea and chlamydia screening 'DIY packs' available via the HIV/STI and Sexual Health Unit. Sexual health information leaflets available via Heron (www.heron.nhs.uk). Referral processes in place for those identified as HIV positive to the GUM clinics.
Access to healthcare advice, support and screening, with referrals to specialist services as appropriate	Service provider leads / MoC leads/ PCT	GREEN	Included in contract specifications.
Information campaigns coordinated and targeted on specific drug related deaths issues	Service provider leads / DA(A)T	AMBER	Needle exchange has the ability to place information leaflets in exchange packs and could be used as a method of distributing materials, however the timescales involved in the ordering and distribution of packs from some outlets means that the information will take some time to be universally available and may continue to be available for some time after the campaign has ended.
Access to BBV testing and hepatitis B immunisation 1) on site: protocols and monitoring 2) off site: care pathways, referral and monitoring	Service provider leads / MoC leads (or equivalent) PCT / Public health	GREEN	
BBV+ service users and / or liver disease have access to secondary specialist services (referral, care pathways, monitoring uptake and outcomes)	MoC lead (or equivalent) / PCT / service provider leads	GREEN	

6. Tier 3 services	Lead agencies / individuals	RAG status	Issues / comments / actions
Service users are made aware of the dangers to children of take home medication, need for safe storage, child proof caps and lockable safes and containers	Service provider leads / practitioners in a prescribing role / CG lead / Community Pharmacists	GREEN	Included in contract specifications. Risks to children raised in referral/ assessment proformas. Also included in the supervised Consumption Scheme service leaflet and supported through community pharmacies own best practice guidance and in house leaflets.
Training in overdose prevention and management for service users and carers	Service user consultation / service provider leads	GREEN	Included in contract specifications.
Access to full range of DH / NTA overdose prevention materials	Service provider leads / DA(A)T coordinator (or equivalent), PCT Health Improvement / Health Promotion lead	GREEN	
Individual care plans provide on-going assessment of general / primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc	MoC lead (or equivalent) / service provider leads	GREEN	Initial care plan at end of MoC assessment and comprehensive care plan developed to include this. MoC training included this. Included in contract specifications.
Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner	AMBER	No consistent mechanism for referral across system.

Sexual health promotion, screening and materials available in liaison with specialist GUM services	Service leads / <i>MoC</i> leads / PCT / Public health / PCT Health Improvement / Health Promotion lead	GREEN	Tier 3 alcohol and drug services can access training, condoms and lubricant, gonorrhoea and chlamydia screening 'DIY packs' available via the HIV/STI and Sexual Health Unit. Sexual health information leaflets available via Heron (www.heron.nhs.uk). Referral processes in place for those identified as HIV positive to the GUM clinics.
Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems	<i>MoC</i> lead (or equivalent) / service provider leads / Dual Diagnosis lead	GREEN	
Rapid access to substitute prescribing for released prisoners and those prematurely leaving residential treatment	<i>MoC</i> lead (or equivalent) / service provider leads	GREEN	All prisoners coming out on DIP will have rapid access to substitute prescribing, when IDTS goes live on 3/12 within Norfolk these prisoners will also be DIP eligible. Rapid access to substitute prescribing for those leaving residential treatment prematurely is dependent on whether the exit is planned or not. If so the social worker will have time to ensure the individual has access to a community script; if not the individual is made aware that they are leaving without time for an appropriate care plan to be implemented.
Benzodiazepine prescribing policy including access to detoxification	CG / Practitioners in a prescribing role	GREEN	

Access to BBV testing and hepatitis B immunisation 1) on site: protocols, patient group direction for nursing staff, and monitoring 2) off site: care pathways, referral and monitoring	Public health directors / service provider leads / CG leads / MoC leads (or equivalent) / PCTs/PCT Pharmacy lead	GREEN	It may not be helpful in this instance to place all BBV's in the same category. HIV has a distinct set of protocols which are robust and mature, HBV is the subject of DoH guidance on target groups and subject to notifiable disease status, HCV lacks overall coordination and policies and strategies are arranged locally and piecemeal. NEX has a role to play in prevention, awareness raising and signposting but not in clinical services where testing and/or treatment are provided.
Service users who are BBV+ and or liver disease have access to secondary specialist services (referral, care pathways, co-working arrangements, monitoring of uptake and outcomes)	MoC leads (or equivalent) / GPs / PCT specialist Commissioners / service provider leads / JCM	GREEN	
7. Tier 4 services	Lead agencies / individuals	RAG status	Issues / comments / actions
Relapse prevention, BBV education integral part of programme	Service provider leads / CG lead	AMBER	Will form part of the care plan outlined by the social worker prior to a suitable placement being found. Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.

Hepatitis B immunisation available to residents / inpatients	Service leads provider / CG lead	AMBER	<p>If required will form part of the care plan outlined by the social worker prior to a suitable placement being found.</p> <p>Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.</p>
Discharge procedures include explicit warnings about the risks of overdose. Referral and care pathways into substitute prescribing are available	Service leads provider / CG lead	AMBER	<p>Referral and care pathways into substitute prescribing are available if necessary and will be identified as such by the social worker and client pre-discharge.</p> <p>Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.</p>
Individual care plans provide on-going assessment of general / primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc in all residential and in-patient settings used by the partnership	MoC lead (or equivalent) / service provider leads	AMBER	<p>Each client is dealt with on an individual basis but as and when need dictates will form part of the care plan outlined by the social worker prior and during placement.</p> <p>Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.</p>
Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner / JCM	AMBER	<p>If necessary will form part of the care plan and will dictate, in part, the placement chosen by social worker and client.</p> <p>Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.</p>

Sexual health promotion, screening and materials available in all residential rehabilitation settings used by the partnership	Service provider leads / MoC lead (or equivalent) PCT / Public health / Health Improvement / Health Promotion lead	AMBER	<p>Will be formally specified as part of PCT work to revise and update Tier 4 specifications/contracts.</p> <p>All residential rehabilitation settings can access training, condoms and lubricant, gonorrhoea and chlamydia screening 'DIY packs' available via the HIV/STI and Sexual Health Unit. Sexual health information leaflets available via Heron (www.heron.nhs.uk). Referral processes in place for those identified as HIV positive to the GUM clinics.</p>
8. Workforce	Lead agencies / individuals	RAG status	Issues / comments / actions
Personal / professional development plans or organisational training plans enable staff to develop the knowledge and skills to provide competent health risk assessments, harm reduction / health promotion advice and prevent drug related deaths (ref: DANOS)	Service provider leads / CG lead / Health Improvement / Health Promotion Lead	AMBER	<p>N-DAP provide three overdose prevention & awareness training courses a year - 36 places (a Red Cross CPR competence element is included on each).</p> <p>MOC training covered sexual health. This led to further sexual health training offered to D&A workers.</p> <p>N-DAP host the Service User Engagement Training Sub Group, from this group a funding bid has been put forward to the NTA to initiate; Buddying, Harm reduction /Overdose prevention and HCV appointment keeping initiatives.</p>
Training to incorporate feedback from drug related death review / local Confidential Inquiries	Service provider leads / CG lead	RED	

<p>Protocols in place for staff working with drug users to have access to Post Exposure Prophylaxis (PEP) for possible occupational HIV, HBV, HCV transmission and appropriate follow-up</p>	<p>Service provider leads / CG lead</p>	<p>AMBER</p>	<p>Protocols already exist with regard to needlestick injury with local A&E departments being the first point of contact for this service. PEP is available where the risk of infection is deemed sufficient to offer it. However details of this are not widely known and may benefit from being a mandatory training requirement, the current DoH guidance recommends that those who have experienced a needlestick injury should attend A&E within one hour, this suggests that all staff should be fully aware of the protocol at all times.</p>
<p>HBV immunisation available to all staff working with drug users</p>	<p>Service provider leads</p>	<p>GREEN</p>	<p>The needle exchange scheme offers immunisation to all pharmacy based staff at risk of infection by virtue of participation in either NEX or Supervised Consumption. Specialist agencies are directly commissioned by the DAAT to provide the service.</p>