

Staffordshire Drug Action Team
Treatment Plan 2003/04

PLANNING GRID ONE: Tier One – Non-drug treatment specific services

Box 1: Gap Analysis

- ✘ No common referral system to access IDAS and partner agencies in the south of the county and community nursing teams in Newcastle and Staffordshire Moorlands PCT areas, for all healthcare, social care, probation, GP's and other professionals peripherally in contact with substance misuse.
- ✘ No common screening tool available for use by tier one professionals should they come into contact with a person using substances.
- ✘ Substance misuse training for generic staff is limited.
- ✘ Limited services for homeless substance misusers re achieving and sustaining tenancies and accessing specialist treatment services.
- ✘ Limited protocols and training available for staff in A & E services.
- ✘ Limited availability of substance misuse resources/materials in primary care settings
- ✘ Limited health improvement provision in south Staffordshire.

Box 2: Objectives for 2003/04

1. Revise, collate and circulate specialist service information and develop and implement common screening/assessment framework and referral protocols. (See also Grid 9)
2. To maintain and expand the drug awareness training programme developed in 2002 for all professionals working within tier one and tier 2 services (See also Grid 5).
3. Establish mechanisms to provide support and assistance to homeless clients to identify, secure and sustain appropriate accommodation. Establish referral protocols between specialist and non-specialist services.
4. Develop and implement substance misuse protocols for A & E services
5. To explore current levels of availability of substance misuse resource/materials in primary care settings.

Box 3: Planned Spend 2002/03
 £30,000

Box 4: Likely spend 2002/03
 £30,000

Box 5: Planned spend 2003/04
 £58,000

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	<p>Revise, collate and circulate specialist service information and develop and implement common screening/assessment framework and referral protocols.</p> <p>1.1 Establish Models of Care Sub group of the existing Treatment Theme Group and Joint Commissioning Group etc and identify MoC Lead Officer.</p> <p>1.2 Development and implementation of common screening/assessment framework and referral protocols required (Models of Care implementation)</p> <p>1.3 Circulate evidence, guidance, documentation and protocols from ETOs</p>	<p>May 2003</p> <p>Oct 2003</p> <p>May 2003</p>	<p>Jo Marsh Models of Care Sub Group</p>	
2	<p>To maintain and expand the drug awareness training programme developed in 2002 for all professionals working within tier one and tier 2 services.</p> <p>2.1 Collate information gathered from training needs assessment carried out in December 2002.</p> <p>2.2 Develop training programme for 2003/4 in light of 2.1</p> <p>2.3 Ensure that all services within the county are given the opportunity to receive appropriate training in line with DANOS.</p> <p>2.4 Deliver 480 training places, 6 monthly programme as follows:</p> <ul style="list-style-type: none"> Drug Awareness x 3 Advanced Awareness x 2 Drugs and the Law x 1 Motivational Interviewing x 1 Working with Young People x 1 Crack Cocaine x 1 CBT x 1 Safer Injecting x 1 Reducing Overdose Deaths x 1 	<p>Apr 2003</p> <p>Apr 2003</p> <p>Sept 2003 and March 2004</p> <p>Sept 2003 and March 2004</p>	<p>Diana Lee Val Legg Training Sub Group</p>	<p>£43,000</p>

3	<p>Establish mechanisms to provide support and assistance to homeless clients to identify, secure and sustain appropriate accommodation. Establish referral protocols between specialist and non-specialist services.</p> <p>3.1 To work with existing accommodation providers for homeless substance misusers, Supporting People and social landlords to develop protocols and referral pathways in accordance with local strategies.</p> <p>3.2 To develop information sharing protocols/support policies between drug and alcohol services and landlords.</p> <p>3.3 Draft protocols as in 3.1 and 3.2 to be available for consultation.</p> <p>3.3 To provide training opportunities as in 2.4</p> <p>3.4 To explore the development a tailored training programme for housing staff.</p>	<p>Apr 2003</p> <p>Apr 2003- Dec 2003</p> <p>Sep 2003 and Mar 2004</p> <p>Sep 2003</p>	<p>Accom- modation Group</p> <p>Training/ Accom Group</p> <p>Training Group</p>	<p>£10,000</p>
4	<p>Develop and implement substance misuse protocols for A & E services</p> <p>4.1 Identify lead officers from Staffordshire group of hospitals/A&E services.</p> <p>4.2 Establish appropriate representation for SCMG/Treatment Group.</p> <p>4.3 Identify priorities and targets for local development.</p> <p>4.4 Co-ordinate with regional training strategy</p> <p>4.5 Explore viability of employing substance misuse workers/designated workers within each A&E setting</p>	<p>May 2003</p> <p>May 2003</p> <p>Aug 2003</p> <p>Oct 2003</p> <p>Aug 2003</p>	<p>SCMG/ Treat Group (TMG)</p> <p>Training Gp</p> <p>SCMG/JCG/ TMG</p>	<p>£3,000</p>
5	<p>To explore current levels of availability of substance misuse resource/materials in primary care settings.</p> <p>5.1 To contact all GP practices and PCTs by letter to ascertain the current range of information available re substance misuse.</p> <p>5.2 To work in conjunction with PCTs to ensure that all GP practices carry a wide range of current substance misuse information.</p>	<p>Apr 2003</p> <p>Mar 2004</p>	<p>Diana Lee</p> <p>Diana Lee</p>	<p>£2,000</p>

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID TWO: Tier Two – Open access drug treatment services

Box 1: Gap Analysis

- ✗ A need to consolidate and improve the range of services involved in reducing all blood borne infections.
- ✗ Need for a broad range of services working to reduce drug related risk behaviour and drug related deaths.
- ✗ Need for more audit across services.
- ✗ Dominance of psychiatric nursing staff in community teams limits accessibility and range of interventions provided (also see Grid 5).
- ✗ Need to improve referral and screening systems into treatment services.
- ✗ Need to address inequity of provision in assessment and care management staff.

Box 2: Objectives for 2003/04

1. To maintain and improve services and equip staff with the skills to deliver interventions (ie Hepatitis vaccinations)
2. Maintain current level of needle exchange, explore additional provision via outreach sites and establish resuscitation training for substance misusers, concerned others and staff. To improve services to short term prisoners to reduce drug related deaths.
3. Establish and monitor new service specifications and contracts in line with Models of Care (see also Grid 9).
4. To consider existing staffing levels of community nursing teams in the north of the county with a view to service redesign in line with Models of Care.
5. Establish, agree and implement multi agency care pathways, assessment tools and protocols in line with Models of Care (See also Grid 9).
6. To address inequity of provision of assessment and care management staff across the county.
7. To maintain existing level of tier 2 service provision across the county.
8. To maintain existing supervised consumption schemes.

*** Funding that commissions alcohol aspects of drug services has been accounted for and taken from the above figures.**

	Box 3: Planned Spend 2002/03	Box 4: Likely spend 2002/03	Box 5: Planned spend 2003/04
Advice & Information	379,710	379,710	391,850
Harm Reduction	172,538	172,538	254,150
Assessment/Care Management	150,804	160,804	251,000
Other Tier 2	185,200 (includes reference to objective 4)	105,000	311,200
TOTAL	888,252	818,052	1,208,200

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	<p>To maintain and improve services and equip staff with the skills to deliver interventions (ie Hepatitis vaccinations)</p> <p>1.1 To recruit and train wte E Grade nurse for Hepatitis B clinics across South Staffordshire.</p> <p>1.2 To explore additional staffing requirements for the north of the county.</p> <p>1.3 Offer Hep B screening/vaccination clinics across the 4 IDAS teams and 3 outreach sites in the south of the county and work closely with the 15 needle exchange pharmacists.</p> <p>1.4 To monitor the uptake of the service and report to JCG on a quarterly basis.</p> <p>1.5 Ensure information is disseminated to all primary care settings (see also Planning Grid 1 point 5).</p>	<p>May 2003</p> <p>Apr 2003</p> <p>Jun 2003</p> <p>Mar 2004</p> <p>Mar 2004</p>	<p>M Thornley</p> <p>H Parker</p> <p>E Grade nurse</p> <p>M Thornley</p> <p>Diana Lee</p>	<p>£30,000</p> <p>£21,800</p>
2	<p>Maintain current level of needle exchange, explore additional provision via outreach and establish resuscitation training for substance misusers, concerned others and staff. To improve services to short term prisoners to reduce drug related deaths.</p> <p>2.1 To maintain current level of needle exchange across the county and to ascertain the need for provision via outreach sites</p> <p>2.2 To identify training organisation to deliver resuscitation training.</p> <p>2.3 To deliver up to 12 training sessions (2 per PCT area)</p> <p>2.4 To purchase 2 'Over Dose' and 'First Aid' videos for use in the 6 Staffordshire prisons</p> <p>2.5 To establish, agree and implement care pathways between local services and Staffordshire prisons.</p> <p>2.6 To recruit two prison link workers to cover 6 Staffordshire prisons.</p> <p>2.7 To maintain the existing Prison Health Improvement Worker for Substance Misuse post (See also Grid 5).</p>	<p>Mar 2004</p> <p>Apr 2003</p> <p>Mar 2004</p> <p>Apr 2003</p> <p>Oct 2003</p> <p>May 2003</p> <p>Apr 2003</p>	<p>V Legg</p> <p>M Thornley</p> <p>User Gp</p> <p>User Gp</p> <p>D Matthews</p> <p>DAT</p> <p>DAT</p>	<p>£137,750</p> <p>£ 4,400</p> <p>£60,000</p> <p>£36,000</p>

3	<p>Establish and monitor new service specifications and contracts in line with Models of Care (See also Grid 9).</p> <p>3.1 To finalise service specifications and contracts and to implement and monitor these contracts with service providers.</p>	Oct 2003	JCG/Contract Officer	
4	<p>To consider existing staffing levels of community nursing teams in the north of the county with a view to service redesign in line with Models of Care.</p> <p>4.1 To review gaps in service provision, skills mix of current staff.</p> <p>4.2 To identify additional/alternative staffing requirements as per 4.1.</p> <p>4.3 To recruit additional/alternative staff.</p>	Jun 2003 Jun 2003 Sep 2003	Serv Re – design Mgr/JCG	£215,200
5	<p>Establish, agree and implement multi agency care pathways, assessment tools and protocols in line with Models of Care (See also Grid 9).</p> <p>5.1 To continue development of care pathways, assessment tools and procedures in line with Models of Care.</p> <p>5.2 To engage in multi agency consultation of 5.1 in order to seek agreement and implement</p> <p>5.3 To brief/train all relevant staff re agreed care pathways, assessment tools and protocols.</p>	Jun 2003 Jul 2003 Oct 2003	Serv Re-design Mgr/ IDAS Group	£2,500
6	<p>To address inequity of provision of assessment and care management (ACM) staff across the county.</p> <p>6.1 To recruit 1 wte Social Worker to the Tamworth/Lichfield IDAS team. Post funded for 4 months from underspend (2002/3) 33 referrals taken in first 4 weeks.</p> <p>6.2 To reconfigure existing provision and review capacity for ACM in Newcastle and Staffordshire Moorlands (an additional 50 complex assessments have been generated in 10 months since O'Connor Centre established).</p> <p>6.3 To recruit 2 wte Social Workers for Newcastle and Staffordshire Moorlands.</p>	May 2003 Jul 2003 Sep 2003	Soc Services Social Services/JCG	£35,000 £70,000
7	<p>To maintain existing level of tier 2 service provision across the county.</p> <p>7.1 To ensure the existing level of tier 2 service provision across the county is maintained.</p>	Mar 2004	JCG/Contract Monitoring	£315,450

8	To maintain existing supervised consumption schemes. 8.1 Maintain and expand where possible supervised consumption schemes in south and north Staffordshire. Current 55 pharmacies on schemes.	Mar 2004	V Legg/ LPCs	£60,000
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Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID THREE: Tier three – Structured community based drug treatment services

Box 1: Gap Analysis

- ✗ Limited community detox provision.
- ✗ No dedicated services for stimulant users (see Grid 6)
- ✗ Limited follow up on clients who drop out of services.
- ✗ Limited provision of Shared care scheme.
- ✗ No Care Planned Counselling.
- ✗ No agreed model of care co-ordination within substance misuse services.
- ✗ No agreed care pathway for clients with co-existing mental health/substance misuse problems (see also Grid 6).
- ✗ Need for more audit across services.
- ✗ Under provision of structured day care places.
- ✗ Limited services for pregnant substance misusers (see also Grid 6)
- ✗ Limited aftercare services.
- ✗ Clinical activity not audited in line with clinical governance.

Box 2: Objectives for 2003/04

1. To address service development through service specifications/contracts in line with Models of Care (See Grid 9).
2. To expand the existing shared care scheme across the county.
3. Establish a pilot care planned counselling service.
4. Formalise model of Care Co-ordination within substance misuse services
5. To work towards an agreed care pathway for clients with co-existing mental health/substance misuse problems
6. Establish uniformity across the county re data collection.
7. To maintain current level and expand provision of structured day care.
8. To determine number of pregnant substance misusers accessing treatment and review models of service delivery.
9. To maintain current provision for Drug Testing and Treatment Orders.

	Box 3: Planned Spend 2002/03	Box 4: Likely spend 2002/03	Box 5: Planned spend 2003/04
Specialist Prescribing	880,122	880,122 (25,400 of this money is non-recurring).	889,224
GP Prescribing	90,000	20,000	90,000
Structured Counselling	0	0	58,000
Structured Day Care	284,324	284,324	309,324
Aftercare	NIL	NIL	See Grid 6
Other Tier 3	168,104 (includes: two rehab units in the prisons 40,000 non-rec; 110,000 for IDAS premises rec; 18,104 non-rec towards arrest referral)	111,104	113,850 (IDAS Premises) 252,200 (Level 3 Young Persons Treatment)
TOTAL	1,422,550	1,295,550	1,712,598

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To address service development through existing and new service specifications/ contracts in line with Models of Care (See Grid 9)			
2	To expand the existing shared care scheme across the county. 2.1 To have the existing shared care scheme accepted by the PECs of Newcastle, Staffordshire Moorlands and South Western Staffordshire PCTs 2.2 To offer 40 further places for substance misuse training for GPs and primary care staff. 2.3 To recruit additional GPs to the shared care scheme – currently 15 GPs. 127 GPs needed to achieve 30% target. Action for 2003/4 to achieve 15% involvement = additional 48 GPs.	May 2003 Sep 2003 Mar 2004	Shared Care Monitoring Group	£10,000 £90,000

3	<p>Establish a pilot care planned counselling service in line with Models of Care.</p> <p>3.1 To develop service specification and job description for care planned counsellors .</p> <p>3.2 To recruit 2 counsellors to cover North Staffordshire/Cannock/Tamworth/ Lichfield.</p> <p>3.3 To monitor and evaluate pilot to inform JCG.</p>	<p>May 2003</p> <p>Jun 2003</p> <p>Mar 2004</p>	JCG/BAC	£58,000
4	<p>Formalise model of Care Co-ordination within substance misuse services</p> <p>7.2 Agree model of care co-ordination within substance misuse services.</p> <p>4.2 Implement 4.1 and brief staff as appropriate</p>	<p>Sep 2003</p> <p>Oct 2003</p>	S Redesign Mgr/ IDAS Op Group	
5	<p>To work towards an agreed care pathway for clients with co-existing mental health/substance misuse problems (See also Grid 6).</p> <p>5.1 Establish 'Dual Diagnosis' Project Group reporting to LIT.</p> <p>5.2 Undertake mapping exercise to ascertain current service provision/gaps.</p> <p>5.3 Agree definition of client group and develop care pathways and action plan.</p> <p>5.4 Organise consultation event with all stakeholders.</p> <p>5.5 Implementation of action plan to be taken forward by LIT in conjunction with the DAT.</p>	<p>Apr 2003</p> <p>Jun 2003</p> <p>Jan 2004</p> <p>Feb 2004</p> <p>Mar 2004</p>	'Dual Diagnosis' Project Group	

6	<p>Establish uniformity across the county re data collection.</p> <p>6.1 To ensure that data requirements are made explicit within the service specifications/contracts and reported to the Contract Monitoring Group quarterly.</p> <p>6.2 Expand Altrix Data system currently in use in south of the county to north of the county (See Grid 7).</p> <p>6.3 Work with Edward Myers Unit to ensure consistency of data collection.</p>	<p>Mar 2004</p> <p>Sep 2003 Sep 2003</p>	<p>JCG/ Contract Monitoring</p> <p>Contract Officer</p>	<p>(See Grid 7)</p>
7	<p>To maintain current level and expand provision of structured day care.</p> <p>7.1 To maintain the current level of structured day care – ie 48 places per annum at O'Connor Centre – 64 places per annum at BAC.</p> <p>7.2 To increase to 56 places per annum at O'Connor Centre to reflect demand for service as identified through Contract Monitoring (52 clients into service in 10 months since O'Connor Centre established).</p>	<p>Apr 2003</p> <p>Apr 2003</p>	<p>JCG/ Social Services</p>	<p>£284,324</p> <p>£ 25,000</p>
8	<p>To determine number of pregnant substance misusers accessing treatment and review models of service delivery.</p> <p>8.1 To collect activity data from community/inpatient treatment services and maternity units within Staffordshire hospitals to establish number of pregnant substance misusers per annum within the county.</p> <p>8.2 To establish a time limited working group to review existing models of service delivery and to develop proposal for JCG.</p> <p>8.3 8.1 and 8.2 to inform future commissioning decisions.</p>	<p>Jun2003</p> <p>Sep 2003 Sep 2003</p>	<p>D Lee</p> <p>Working Gp JCG</p>	
9	<p>To maintain current provision for Drug Testing and Treatment Orders</p> <p>9.1 Maintain and expand by 50% current service in line with Government targets.</p> <p>9.2 To increase the number of DTTOs from 110 to 171 for 2003/4.</p>	<p>Apr 2003</p>	<p>JCG/ Probation</p>	<p>£369,601</p>

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID FOUR: Tier Four – Residential drug treatment specific services

Box 1: Gap Analysis

- ✗ No residential rehabilitation within the County DAT area.
- ✗ Need for more audit of inpatient services (also see Grid 9).
- ✗ Limited capacity to fund residential rehabilitation for family groups.
- ✗ No supported housing for O'Connor Centre.

Box 2: Objectives for 2003/04

1. To support the development of residential rehabilitation within the County DAT area.
2. To audit inpatient services against Models of Care.
3. To maintain the current level of inpatient services across the county.

	Box 3: Planned Spend 2002/03	Box 4: Likely spend 2002/03	Box 5: Planned spend 2003/04
In Patient Detoxification	245,000 (Coton House only) EMU figures included in	301,000 (Coton House only)	372,050 (inc to 6 beds at Coton House)
Residential rehabilitation	66,500	84,513 (includes £15,000 from JCG for family placement)	66,500
Other Tier 4	0 supporting people unable to provide information	0	0 supporting people unable to provide information.
TOTAL	311,500		

***Funding that commissions alcohol aspects of drug services has been accounted for and taken from the above figures.**

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To support the development of residential rehabilitation within the County DAT area. 1.1 To work with Burton Addiction Centre re relocating current day centre and supported housing to one base to provide additional countywide residential/ supported accommodation for clients undertaking rehab programme.	Mar 2004	BAC/ Soc Services	
2	To audit inpatient services against Models of Care. 2.1 To obtain clarity of existing service specifications and contracts with the Edward Myers Unit (EMU) in North Staffordshire in conjunction with Stoke DAT. 2.2 To obtain regular and accurate activity data from the EMU (in conjunction with Stoke DAT) and Coton House. 2.3 To establish regular performance/contract monitoring for the EMU.	Jun 2003 Apr 2003 Jun 2003	Redes Mgr/ Contracts Officer Contracts Officer	
3	3.1 To ensure continuation of current level of inpatient services across the county.	Apr 2003	JCG	£372,050

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID FIVE: Workforce Activities

Box 1: Gap Analysis

- ✗ Substance misuse training for generic staff is limited (See Grid 1).
- ✗ Insufficient training available for DAT Board members and Commissioners.
- ✗ Principals and practices re Models of Care not fully embedded within drug and alcohol service provision.
- ✗ Dominance of psychiatric nursing staff in community teams limits accessibility and range of interventions provided (also see Grid 2).
- ✗ Limited numbers of appropriately qualified staff applying for vacant positions within treatment services and retention of same.
- ✗ No Regional Drugs Training Strategy.
- ✗ Current vacancy for Commissioning/Contracts Officer (see Grid 7).

Box 2: Objectives for 2003/04

1. To address training/information needs for DAT Board members and Commissioners.
2. To develop and implement short term plan for treatment staff to understand their role and responsibilities re Models of Care delivery.
3. To review selection and training criteria for positions within treatment services.
4. To explore proposals from the Regional Drugs Training Development Officer with regards to financial support in implementing the Regional Drugs Training Strategy.
5. To maintain the current level of staffing in all services (see Grid 2 and 3).
6. To recruit to Commissioning/Contracts Officer post .

Box 3: Planned Spend 2002/03

£36,000

Box 4: Likely spend 2002/03

£36,000

Box 5: Planned spend 2003/04

£44,500

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To address training/information needs for DAT Board Members and Commissioners. 1.1 To deliver 1 training/information session re Models of Care for DAT Board Members and Commissioners. 1.2 To deliver 1 training/information session re treatment services.	Jun 2003 Sep 2003	DAT Secretariat	£1,000 £ 500
2	To develop and implement plan for treatment staff to understand their role and responsibilities re Models of Care delivery. 2.1 To deliver 3 training sessions to approximately 50 tier 3 and 4 staff. 2.2 Tier 3 and 4 service providers to provide evidence of induction/training plans for Models of Care.	Oct 2003 Oct 2003	DAT Secretariat MoC Officer/ Contracts Officer	£3,000
3	To review selection and training criteria for positions within treatment services. 3.1 Service providers to provide evidence of recruitment/selection criteria and induction/training plans for new/potential staff. 3.2 To share examples of good practice.	Jun 2003 Mar 2004	Contracts Officer	
4	To explore proposals from the Regional Drugs Training Development Officer with regards to financial support in implementing the Regional Drugs Training Strategy. 4.1 To present proposal from the Regional Drugs Training Development Officer to the JCG to ascertain if funding is available for implementation of the Regional Drugs Training Strategy.	Apr 2003	JCG	Awaiting JCG decision

5	To maintain the current level of staffing in all services. 5.1 To maintain the current level of staffing in all services.	Apr 2003	JCG	See Grid 2 and 3
6	To recruit to Commissioning/Contracts Officer post . 6.1 To recruit Commissioning/Contracts Officer and maintain adequate admin support.	Apr 2003	JCG	£40,000

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID SIX: Underserved groups

Box 1: Gap Analysis

- ✗ Limited services for homeless drug users (see Grid 1).
- ✗ Limited services for rural communities
- ✗ Relatively small BME population of Staffordshire under represented within treatment services.
- ✗ Limited specific provision for women substance misusers
- ✗ Limited services for pregnant substance misusers (see Grid 3)
- ✗ No dedicated stimulant service or workers (see also Grid 3)
- ✗ Limited specific support for clients with co existing mental health and substance misuse issues (see Grid 3).

Box 2: Objectives for 2003/04

1. To improve accessibility and provision of substance misuse treatment services for rural areas in Staffordshire.
2. Treatment services need to become more relevant to people from BME groups.
3. Existing treatment services need to be more attractive and relevant to women drug users.
4. To develop treatment interventions that are appropriate and relevant for people who use stimulants especially crack cocaine.

Box 3: Planned Spend 2002/03

Box 4: Likely spend 2002/03

Box 5: Planned spend 2003/04

£3,500

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To improve accessibility and provision of substance misuse treatment services for rural areas in Staffordshire. See Grid 2 objectives 1,2 and 4 and Grid 3 objective 2.			
2	Treatment services need to become more relevant to people from BME groups. 2.1 JCG to review BME needs assessment/recommendations. 2.2 To deliver 3 cultural awareness training programmes for treatment service staff. 2.3 To ensure BME needs are included within all services specifications, contracts and contract monitoring arrangements.	May 2003 Mar 2004 Sep 2003	JCG Training Gp Contracts Officer	£3,000
3	Existing treatment services need to be more attractive and relevant to women drug users. 3.1 Questionnaire to be given to women using the treatment services to elicit their views re existing services. 3.2 To ensure women's needs are included within all services specifications, contracts and contract monitoring arrangements.	Jun 2003 Sep 2003	User Gp Contracts Officer	£ 500
4	To develop treatment interventions that are appropriate and relevant for people who use stimulants especially crack cocaine. 4.1 JCG to consider the Staffordshire county Crack Assessment undertaken by Staffordshire Police/DAT and continue to monitor situation (See also Grid 3 - Objective 1).	May 2003	JCG	

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Action Point	Progress to date	Further Action

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PLANNING GRID SEVEN: 'Systems' Investments

Box 1: Gap Analysis

- ✗ No common countywide IT system.
- ✗ Insufficient administrative/technological support to collect and collate data required on a countywide basis.
- ✗ No robust information sharing protocols in place between agencies.
- ✗ Limited returns of NDTMS forms resulting in under reporting of referral rates and activity.
- ✗ No comprehensive tracking mechanisms in place between agencies to assist care co-ordination, outcome management and integrated care pathways.
- ✗ Current vacancy for commissioning/contracts officer (see Grid 5)

Box 2: Objectives for 2003/04

1. To develop a countywide IT system (See also Grid 3).
2. To address deficit in admin/technological support to collect and collate data required on a countywide basis.
3. To agree common dataset to be used by all treatment providers in relation of data to be collected for DAT Commissioners.
 Develop Information Sharing Protocols for use by all treatment providers.
4. Improve compliance with completing the NDTMS forms.
5. To maintain Service Redesign Manager post.

Box 3: Planned Spend 2002/03

35,719

Box 4: Likely spend 2002/03

35,719

Box 5: Planned spend 2003/04

£40,700

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To develop a countywide IT system (See also Grid 3 – objective 6) 1.1 To expand the Altrix data collection system to 2 community teams in Newcastle and Moorlands . 1.2 To deliver 1 training session per team in the use of the data collection system.	Jul 2003	JCG/ISB Group	
2	To address deficit in admin/technological support to collect and collate data required on a countywide basis. 2.1 To appoint a wte data processing clerk to work within the DAT Secretariat.	Jun 2003	JCG/DAT	£13,000
3	Develop Information Sharing Protocols for use by all treatment providers. 3.1 First draft to be completed for consultation. 3.2 Final protocol to be disseminated and implemented. 3.3 To deliver 1 briefing sessions to service managers across the county for dissemination to staff.	May 2003 Sep 2003 Sep 2003	DAT DAT DAT	£ 500
4	Improve compliance with completing the NDTMS forms. 4.1 To ensure NDTMS requirements are included in all service specifications, contracts and contract monitoring arrangements with community teams and GPs participating in the Shared Care Scheme.	Sep 2003	Contract Officer	
5	To maintain Service Redesign Manager Post 5.1 Maintain Service Redesign Manager Post	Apr 2003	JCG	£27,200

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

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PLANNING GRID EIGHT: User or Carer involvement

Box 1: Gap Analysis

- ✗ No county wide service user /carer forums.
- ✗ No formal service user/carers involvement on DAT theme groups.
- ✗ Limited methadone advocacy workers to cover the whole of the County.

Box 2: Objectives for 2003/04

1. To establish a service user forum.
2. To ensure that service users and carers are appropriately represented on DAT theme groups,.
3. To maintain existing family / significant other support services provided by Burton Addiction / O'Connor Centre, ADSIS and other community groups.
4. To complete a mapping exercise of user groups across the County.

Box 3: Planned Spend 2002/03

5,000

Box 4: Likely spend 2002/03

5,000

Box 5: Planned spend 2003/04

8,500

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	To establish a service user forum. 1.1 To identify lead for service user forum. 1.2 Purchase IT/office equipment for service lead. 1.3 To develop materials to promote forum and disseminate to: Community Teams, GPs, Library, Council Offices, Community Centres etc 1.4 Organise service user consultation event 1.5 Establish independent service user forum	Apr 2003 Apr 2003 Jun 2003 Apr 2003 Mar 2004	User Gp DAT User Lead BAC User Lead	£8,000
2	To ensure that service users and carers are appropriately represented on DAT theme groups, 2.1 To identify service user representatives from the service user forum (once established) to participate in relevant DAT theme groups.	Mar 2004	User Lead	
3	To maintain existing family / significant other support services provided by Burton Addiction / O'Connor Centre, ADSIS and other community groups. 3.1 To ensure service user consultation is included in all service specifications, contracts and contract monitoring arrangements.	Apr 2003	Contracts Officer	
4	To complete a mapping exercise of user groups across the County. 4.1 Questionnaire to be sent to treatment services to establish level of service user consultation currently undertaken. 4.2 To undertake a mapping exercise to ascertain the number and location of user groups across the county.	May 2003 May 2003	User Gp D Lee	£ 500

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action

Staffordshire County Drug Action Team
Treatment Plan 2003/04

PLANNING GRID NINE: Models of Care implementation

Box 1: Gap Analysis

⚡ No arrangement, by which the delivery of Models of Care can be planned, delivered and monitored.

Box 2: Objectives for 2003/04

1. Agree arrangements to enable Models of Care to be planned, delivered and monitored across the county.

Box 3: Planned Spend 2002/03

0

Box 4: Likely spend 2002/03

0

Box 5: Planned spend 2003/04

£15,000

Box 6 Objective number and action number	Box 7: Actions/Milestones	Box 8: By When	Box 9: By Whom	Box 10: Costs
1	<p>Agree arrangements to enable Models of Care to be planned, delivered and monitored across the county.</p> <p>1.1 Establish Models of Care Implementation Group (See Grid 1 – Objective 1).</p> <p>1.2 To explore the possibility of seconding a MoC Lead Officer from Social Services.</p> <p>1.3 To undertake an audit of services in relation to MoC.</p> <p>1.4 To implement common assessment tool across service providers (See Grid 1 – Objective 1)</p> <p>1.5 Agree and implement multi agency care pathways and protocols (See Grid 2 – Objective 5)</p> <p>1.6 Undertake contract monitoring to ensure compliance with Models of Care (See Grid 2 – Objective 3 and Grid 3 – Objective 1,3 and 4)</p> <p>1.7 Agree and implement Model of Care co-ordination. (See Grid 3 – Objective 4)</p>	<p>Apr 2003</p> <p>Apr 2003</p> <p>Oct 2003</p>	<p>DAT</p> <p>Secretariat</p> <p>MoC Gp</p>	<p>£15,000</p>

Quarterly Progress Report to DAT: Quarter		
Action Point	Progress to date	Further Action