

Oldham Drug and Alcohol Action Team

Adult drug treatment plan 2007/08

Part 3: Planning grids

Date published 2 October 2006

Planning grid 1: Commissioning a local drug treatment system

This planning grid should include objectives and action plans in relation to:

- Commissioning, financial, performance management and information activities to support delivery of the treatment plan
- Development of strategic local partnerships
- Information systems
- Delivery of support services – and in particular access to stable accommodation, education, employment and training
- Implementation of NTA Outcome monitoring tool (see supporting guidance “Information Systems”)

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The Joint Commissioning group functions well with senior level representation from across the partnership. We now have well established representation from our service providers and regular service user representation on the group. Service users have received training and capacity building in order that they may have the skills and confidence to fully contribute to the meeting. Service users contribute to the shaping and the commissioning of services throughout the year. We consult with service users regularly and the DAAT business manager attends the user forum regularly to discuss service developments and canvass the views of the service users. For the second year running the service users have run their own highly successful consultation day. This year the service users fed in the key findings from their event by co-facilitating the work shops of the full partnership treatment planning consultation event. In 07/08 we intend to develop carer consultation and involvement in the same way.

Half way through this financial year we developed a DAAT performance management group. The group consists of people who specialise in or have a particular interest in DAAT information systems who meet regularly to analyse data and information sources to assess needs and look at ways to drive up performance across the DAAT system. This ensures that any recording or data issues are corrected and any need for systemic change in practice is recommended to the DAAT or JCG.

This has enabled the DAAT to concentrate on its strategic function and the JCG to concentrate on its commissioning function without having to spend time on performance detail. The performance management group has led on the Needs Assessment process, which has followed the guidance set out in the Needs Assessment Manual.

The results of this assessment and service mapping and evaluation, together with the partnerships much more sophisticated ability to look at the geographical pattern of drug use, drug markets; drug related crime and related issues has given the partnership a clear understanding of the extent of fit between our treatment system and the needs of our diverse community.

We have a well established, robust and transparent commissioning system which is financially sound. The unit costing exercise in Oldham was a robust piece will inform commissioning and will be extended to cover the full treatment system. The budget is well managed and spent by the end of the year. The DAAT business manager has almost completed the NTA commissioned commissioning and purchasing training and the DAAT manager will do this training in February 07.

Our information sharing systems and the quality of information which we now have at our disposal within the partnership have revolutionised the way we can target resources and provide a flexible and balanced multi-agency response to drug related issues in the community in a way which would not have seemed possible a year ago.

The DAAT partnership is well established as a well respected key player within the Safer and Stronger Communities Block of the LAA. Our ability to demonstrate outcomes against unit costs and to map need is getting more robust and sophisticated and is helping us to demonstrate our cost effectiveness and contribution to achieving Oldham's strategic vision.

The case management and information management system which we have used for the Drugs Intervention Programme has made major improvements to case management, tracking and performance reporting. Theseus has given DIP so many advantages that we have decided to adopt it right across the treatment system, including the young peoples service. This will save a great deal of practitioner time and will enable the same detail and flexibility in the management of information, case management and tracking across the system that DIP has enjoyed.

We have created the post of Operations and Systems Co-ordinator This post holder is leading the Needs Assessment and the performance management group. The Operations and systems co-ordinator has been instrumental in the development of Theseus and the setting up of systems to manage information across the DAAT to aid needs assessment, manage and drive up performance and provide good quality performance management reports. Initially the work has focused on the DIP and PPO systems whereas the DAAT Business manager has monitored performance within the adult treatment system. We hope to adopt these systems and develop Theseus for use right across the treatment system, (including Young People's services).

We have made excellent progress this year with the implementation of Models of Care 2 with having a shared MOC Co-ordinator across the 5 Pennine Care DAATs. The current secondment will cease in February and Bury DAAT does not wish to continue with any future post. The four remaining DAATs are discussing the possibility of continuing to jointly fund a post, but it is envisaged that the work of that post holder will be extended and the title changed to reflect that – Effectus Co-ordinator. One of the current post holders last areas of work will be to re-design the comprehensive assessment form following the recommendations that came out of an extensive audit of all the MOC paper work and how well it was being used across the 5 DAAT systems. Audit results for Oldham found that comprehensive assessments were being done well, care plans were being completed and case management was working well. Treatment workers are looking forward to the revised paper work which should flow better and be easier to complete.

Work has been completed with ADS to ensure that they now comply with NDTMS data requirements. We work closely with staff from John Moore's University and they are members of our performance management group.

The comprehensive service model which was tendered out for ETE is now up and running in Oldham and the range of support and ETE provision will greatly enhance our day services. Our DAAT housing support schemes have access to some tenancies on short term license (the

tenancy is transferred back to FCH's once the tenant has successfully completed the license, so the service user stays in their accommodation and that housing unit is replaced on the scheme by another) We have 12 units in all. Service users who cannot use one of these tenancies are found suitable alternative accommodation where possible and are supported by floating support. However there are still difficulties in getting housing set up for clients. This often comes up at OJAG meetings. Many of the blockages need sorting out a strategic level and we plan to build on the excellent links we have with Supporting People and Registered Social Landlords and strengthen the links between the DAAT, housing strategy and homelessness strategy.

The 24 hour free-phone help line has been extended to all substance users, professionals and carers. In line with our marketing and communication strategy we will publicise the free phone number throughout the next year.

We will open up shop premises before April to use as a one stop information shop aimed at carers and potential volunteers to publicise DAAT services and advise where help is available. This is a town centre venue and has a prominent frontage which we will use to full advantage.

Grid 1

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
142,044	142,044	175,207

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

Share costs of Effectiveness Co-ordinator with Rochdale, Oldham, Stockport and Tameside

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Funding in place to cover the costs of shared Effectiveness Co-ordinator to continue to roll out models of care action plan across BROST DAATs	Ongoing	JCG	14,500 APB

Objective 2

Fund the cost of a Policy Officer to research national, regional and local level developments

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Funding in place to continue Policy Officer post.	Ongoing	JCG	44,500 APB

Objective 3 To fund costs of the DAAT Business Manager and contribute to Strategic Manager

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Fund costs of DAAT Business Manager, to ensure all DAAT Finance, Monitoring and Contracts are managed efficiently. (further 10k from DIP Grid 10)	Ongoing	JCG	43,283 APB
3b Contribution to Strategic Manager	Ongoing	JCG	5,013 APB

Objective 4 To fund costs of Operational Support Co-ordinator

Actions and milestones for objective	By when	By whom	Costs/budget
4a Fund costs of Operational Support Co-ordinator in order to develop effective needs assessment and performance monitoring across the partnership.	Ongoing	JCG	20,113 APB

Objective 5 Continue to Provide 24 hour telephone support, advice and signposting to all drug users, carers and professionals.

Actions and milestones for objective	By when	By whom	Costs/budget
5a Continue to train and support DIP staff in management of 24 hour phone line and extension of service to all users, carers and professionals. This will also ensure that all staff covering the phone will understand the differing types of caller that may use the system.	Ongoing	Work force dev manager DAAT trainer	From training budget grid 2

5b Review of on-line information re the view of the General Public, Users, Carers and Professionals in terms of accessibility, language, plain English etc.	Research req'd	Policy Officer	No direct
5c Development of monitoring and evaluating system to monitor use and evaluation system of telephone help-line.	May 07	Business Manager	No direct

Objective 6
Continue to support the work of the Performance Management Group to complete a programme of needs assessment and develop structures to manage performance across the DAAT system

Actions and milestones for objective	By when	By whom	Costs/budget
6a Find solutions to reporting and data compliance problems	April 07 ongoing	Op Support Co-ordinator	No Direct
6b Identify gaps in information and make suggestions about how these gaps may be filled, flagging up to the DAAT and SNMG where systemic changes need to be made to improve performance.	April 07 ongoing	Op Support Co-ordinator	No Direct

Objective 7
Continue to fund, review and evaluate Education, Employment and Training (ETE) system to deliver appropriate ETE provision for substance mis-users elements to include are:-

- Regularly reviewed individual learning and development plans
- Ongoing support for service users in achieving their plans (with possible use of learning mentor schemes)
- Accreditation of prior experience and learning
- Direct delivery of job seeking skills
- Making links with local employers and educational providers to encourage work placement and tailored educational packages
- Work closely with LLL partnership and other ETE stakeholders such as P2W to take up all available opportunities
- Provide or buy-in benefits advice
- Commission a range of bespoke education and training provision to be provided within the structured day programmes facility
- Ensure service user progression in take up of mainstream ETE provision

Actions and milestones for objective	By when	By whom	Costs/budget
7a Continue funding of one co-ordinator with provider.	Ongoing	DAAT team	47,798 APB
7b Monitor numbers and outcomes of service using pre-prepared spreadsheet - Target of 30 clients a quarter who move through education, training, employment, apprenticeships.	Ongoing	Business Manager/ Workforce Dev Manager	

Objective 8 Continue to support licensed accommodation project and roll out floating support
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Actions and milestones for objective	By when	By whom	Costs/budget
8a. Continue to fund 1.0 Housing advocacy worker <ul style="list-style-type: none"> i. The aim of this post is to support up to 12 homeless drug users as part of resettlement scheme to assist them to secure appropriate, sustained accommodation in order to adhere to treatment plan. Measure = less than 10% remain homeless after 3 months. ii. To work with up to 25 people in an existing 'vulnerable' tenancy to sustain that tenancy in order that they may adhere to their treatment plan. Measure = less than 10% evicted. iii. Hold a weekly drop in session in structured day programme premises to offer housing advice. 	Ongoing	Turning Point	See Grid 10 (7)
8b. Increase from the current 6 directly managed flats which are now within the scheme to 12 also continue to provide floating support to up to 25 clients.	April 07	Turning Point	No direct cost
8c. Support Womens refuge, Womens Housing And Move-on Service (WHAMS), this would include 5 accommodation units (2 suitable for women with babies or young children) and office space/group room to be occupied by members of the women's team during the day.	Ongoing	Turning Point/ DAAT/ supporting People	Capital spend from previous year to fund fixtures/fittings

Objective 9
To increase sustainable accommodation for substance misusers in the borough

Actions and milestones for objective	By when	By whom	Costs/budget
9a. The Homelessness strategy action plan is to review the needs of drug and alcohol clients next year. This will be done through a multi-agency steering group including Housing Strategy, DAAT, SP and Probation. Action plan with shared definitions, objectives and outcomes to be drawn up following this.	August 07	Strategic Manager	No direct
9b. Partnership needs assessment (done within Supporting People Strategy 18 months ago) will be refreshed (see review arrangements above)	July 07	Strategic Manager	No direct
9c. PPO's, DIP clients who repeatedly present in custody suite testing positive for Class A drugs prioritised for housing needs mapping.	June07	Op Support Co-ordinator	No direct
9d. Feasibility of collating supporting people statistics and homelessness presentations statistics explored.	June 07	Lynda Megram (Supporting People)	No direct
9e. Shelter training 'Safe as Houses' (Winter Comfort type issues – to build confidence in housing providers to be able to meet the needs of drug and alcohol) to be delivered to Supporting People staff.	Sept 07	Lynda Megram	No direct
9f. Specific operational protocols between the partnership, the LA, SP team and housing providers to be drawn up following training	Sept – Dec 07	Lynda Megram	No direct
9g. Feed issues re housing blockages (e.g. claiming benefits, opening bank accounts) into SP forum to see if there are common theme – if so flag up to LSP.	June 07	Strategic Manager	No direct

Objective 10

Monitor the efficacy of the Oldham Joint Agency Group in terms of its function to examine in detail the how the premium service is operating to engage and work with PPOs.

Actions and milestones for objective	By when	By whom	Costs/budget
10a. Review: <ul style="list-style-type: none"> • attendance, contributions and commitment by all partner agencies; • the groups ability to pull together information necessary to get a view of the progress and engagement of each individual; • the groups ability to find practical solutions to operational issues which need attending to; • the structures involved in flagging up when strategic level intervention is required to find solutions to problems impeding progress; • the recommendations of the meeting feed into the POMAN decision making. 	June 07	Op Support Co-ordinator/ Senior Probation Officer	No direct
10b. Report on the above to SNMG.	July 07	Op Support Co-ordinator/ Senior Probation Officer	No direct

Objective 11
 Monitor the efficacy of the Juvenile Oldham Joint Agency Group (JOJAG)

Actions and milestones for objective	By when	By whom	Costs/budget
11a. Ensure that a DAAT representative is present at JOJAG meetings and that mechanisms are in place to ensure information exchange takes place that facilitates the interface between JOJAG and adult services (particularly with regard to substance misusing parents and the drug related needs of juvenile PPOs)	May 07	DAAT Strategic Manager	No direct
11b. Report on progress of the above to SNMG	July 07	DAAT Strategic Manager	No direct

Objective 12
 The DAAT to fully enhance the needs assessment process in all future planning

Actions and milestones for objective	By when	By whom	Costs/budget
12a. Draw up a plan to extend the needs assessment	May 07	Op Support Co-ordinator	No Direct
12b. Present plan to the DAAT for ratification	June 07	DAAT Strategic Manager	No Direct
12c. Draw up a Plan to look at feasibility of extending unit cost exercise to cover full treatment system including DIP,SDP, ETE, housing advocacy, all treatment modules and young people's service, and present to JCG.	June 07	Op Support Co-ordinator/Business Manager	No Direct

<p>12d. Introduce Theseus across the whole treatment system covering:</p> <ul style="list-style-type: none"> ○ Young people's service ○ ADS ○ Adult SMS ○ Turning Point 	<p>May 07 June 07 July 07 Aug 07</p>	<p>Op Support Co-ordinator</p>	<p>No Direct</p>
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Objective 13
 Improve performance of planned and unplanned discharges from treatment

Actions and milestones for objective	By when	By whom	Costs/budget
<p>13a. Draw up a plan to identify current baseline and improve future performance</p>	<p>Aug 07</p>	<p>DAAT Strategic Manager/ Service Managers</p>	<p>No Direct</p>
<p>13b. Clearly stipulate planned discharge performance expectations with all service providers by incorporating into service level agreements</p>	<p>Oct 07</p>	<p>Business Manager</p>	<p>No Direct</p>

Planning grid 2: Workforce development

This planning grid should include objectives and action plans in relation to the required expansion and improvement of the treatment sector workforce, and recognise the step change in the training and professional development of these employees that is required to deliver the effectiveness agenda.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

Excellent progress has been made again this year in providing learning opportunities to the workforce. A Workforce Development strategy and training needs analysis has been carried out and written, and we have started its implementation.

The results of the strategy are being addressed in three ways. Firstly in commissioning a drug service training calendar that has been cross referenced with the DANOS competencies. Workers are then to attend on those courses where they have skills gaps, in order to provide them with recent underpinning knowledge of the particular DANOS competency.

Every worker is then being issued with an evidence portfolio and individual learning plan, in order for them to work towards professional Level 3 certification with the *Federation of Drug and Alcohol Professionals*.

In addition Open University Awards are being funded for staff that have been identified as having recognised skills gaps in order to work to FDAP certification. This applies to ALL staff members rather than those required to meet the NTA targets.

Feedback for Tier 1 training continues to be excellent. Courses continue to be developed, monitored and assessed for validity on subject matter. Computer based training is being evaluated to be integrated into existing programmes. Tier 1 training has been broken into modules in order to reach a wider audience with the message.

We have good retention of staff within the treatment system and have contributed positively to the national expansion of the pool of workers in the drug treatment field.

Our priorities for training are harm minimisation and abstinence based work. We have recently completed harm minimisation training for all staff.

We are aware of new guidance relating to the extended roll of pharmacists in substance misuse, we are already in discussion with the LPC and will be progressing developments vigorously. Pharmacy training needs are being addressed in the form of modular based learning in order to fit in with their working hours.

Our Widening Horizons scheme has been very successful and we continue to expand on the pool of volunteers that we are able to utilise within the services, and will actively recruit from the BME communities. We will also train a number of volunteers to deliver alternative therapies.

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
36,264	36,264	53,960

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.

Grid 2

Objective 1

Commission, produce, deliver and evaluate successful and appropriate workforce training programmes inclusive where appropriate of volunteers and service users, and promoting career opportunities within drug services to those not currently involved.

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Design and Manage a DANOS referenced Tier 2-4 training calendar that can be used as underpinning knowledge for awards and qualifications.	Ongoing	WFD Manager	£15,000 APB
1b. Manage the enrolment of workers on recognised Level 3 Awards addressing the skills gaps that were recognised within the training needs analysis conducted in 2006 by the DAAT.	Ongoing	WFD Manager	No direct cost – funded in 2006
1c. Agree standardisation of feedback and evaluation of programmes across service providers.	Ongoing	WFD Manager/Service Managers	No direct cost
1d. Conduct and evaluate risk assessments relating to the training environment, both within the DAAT, and at locations specified by Service Providers.	July 07	DAAT Training Officer/WFD Manager	No direct cost
1e. Identify volunteer resources within the Widening Horizons Project to deliver locally based Blood Borne Virus and Harm Reduction training to service users and volunteers, under the instruction, evaluation and guidance of the GMAS Training Manager.	July 07	WFD Manager/Volunteer Coordinator/NWAS Training Manager	£1,000 APB
1f. Examine the effectiveness use of computer based training in the field, starting with Tier 1 training and expanding the rollout throughout the year.	July 07	WFD Manager/Training Officer	No direct cost – product funded in 2006.
1g. Commission services to design specialist training packages relating to their roles, and share knowledge and expertise with partner agencies.	Ongoing	WFD Manager	No direct cost

1h. Support the effectiveness of new programme design by managing the accreditation of programmes against national occupational standards including DANOS, and national qualification frameworks.	Ongoing	WFD Manager	No direct cost
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Objective 2
 Monitor protocols for the retention of existing workers and volunteers and the approach towards the recruitment of new staff both paid and voluntary.

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Work with educational establishments and examining boards to make available and introduce modular based National Vocational Qualifications or Awards.	Ongoing	WFD Manager	No direct cost
2b. Identify Workers who are both suitable and willing to fill the roles of Assessor and/or Verifiers, and tutors to ensure services are able to be self sustainable in the future.	Ongoing	WFD Manager/Service Managers	No direct cost – forms part of the main training budget
2c. Manage the implementation of reciprocal agreements to deliver training input, so as to develop a system of skill sharing across services and between Workers.	Ongoing	WFD Manager/Service HR Departments	No direct cost
2d. Work with Service providers to formulate a strategic uniformity relating to the recruitment, retention and reward of Volunteer Workers.	Ongoing	WFD Manager/Service HR Departments	No direct cost
2e. Specify DAAT requirements with regard to workforce recruitment, retention, training and development and workforce monitoring arrangements in SLAs	Ongoing	WFD Manager/Business Manager	No direct cost

Objective 3

Work with service providers to ensure that monitoring processes are adhered to and complement DANOS standards.

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Evaluate the effectiveness of monitoring systems.	Ongoing	WFD Mgr/Business Manager	No direct cost
3b. Encourage Workers to re-evaluate their specific roles, against DANOS standards, so as to promote self development.	Ongoing	WFD Manager/Service Managers	No direct cost
3c. Provide reports to the NTA as and when requested.	Ongoing	WFD Mgr/Business Manager	No direct cost

Objective 4

Work with Business Manager's and Service Providers to formulate a process of effective marketing of Workforce Development to outside agencies.

Actions and milestones for objective	By when	By whom	Costs/budget
4a. Liaise with DAAT's throughout the Greater Manchester area to offer services by way of reciprocal agreement.	Ongoing	WFDC/Business Manager/Service HR Departments	No direct cost
4b. Design and rollout a worker support website providing specialist support to services in the form of information and training opportunities.	Initially by June 07	WFD Manager/IT Manager	No direct cost - funded in 2006
4c. Manage and produce a marketing plan specific to workforce development, in order to heighten awareness in Tier1 services.	Ongoing	WFD Manager	No direct cost
4d. Involve the DAAT in the Pennine Care Service Improvement Group (SIG) to share resources and promote staff development in all tiers.	Ongoing	WFD Manager	No direct cost

Objective 5			
Continue to share the cost of a Workforce Development Co-ordinator with Tameside DAAT			
Actions and milestones for objective	By when	By whom	Costs/budget
5a. 50% of WD Co-ordinator salary, on costs, corporate costs	Ongoing	Oldham/Tameside JCG	22,400 APB

Objective 6			
Continue to fund additional training capacity			
Actions and milestones for objective	By when	By whom	Costs/budget
7a: Continue to fund 1/3 Trainer Post – this post is shared with Tameside and Stockport. Targets are to deliver training related to DIP to treatment workers and other stakeholders across the three partnerships and to increase capacity to fulfil the wider training needs of the DIP team	April 07	JCG	15,560 APB

Planning grid 3: User involvement

This planning grid should include objectives and action plans in relation to the involvement of users in the design of the local treatment system and their involvement throughout the implementation, monitoring, review and evaluation processes and the development of advocacy services.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

We now have a full time service user/carer support officer. Service user forum membership has grown tremendously. Service users have received training and capacity building in order that they may have the skills and confidence to fully contribute to shaping and influencing services. Service users contribute to the commissioning of services throughout the year. We consult with service users regularly and the DAAT business manager attends the user forum regularly to discuss service developments and canvass the views of the service users. For the second year running the service users have run their own consultation day, which has been highly successful and useful in terms of service development. This year the service users co-facilitated the work shops of the full partnership treatment planning consultation with the DAAT support team. We have regular and consistent service user representation on the JCG, the Health & Social Care Group and the Structured Day Services Development Group. The service user group has good relationships with the DAAT team and feel that their views are valued. There are many examples of how service users views and contributions have influenced service development.

One of the main themes that came out of the consultation events referred to above was the need for service users who were caring for young children to have access to appropriate child care to enable them to attend treatment appointments and to participate in planning meetings and take up ETE opportunities. Although we have a budget for this, the practicalities often make it difficult for clients to make use of this provision. There is a need to explore a full range of options.

Following an initiative by service users we are opening a town centre advice shop aimed at carers and potential volunteers which will be staffed by volunteers and service users.

Service users produce a quarterly magazine which is widely distributed to other service user groups and provides an interesting and lively platform for service user views.

There is a full programme of activities for service users including use of the gym, 5 a side football tournaments and family outings. In the coming year we hope to promote more activities aimed at attracting women including netball, softball, short tennis, aerobics, basketball and family outings.

Apart from contributing to the shaping of services, the service user group has two other main aims. These are firstly to help their members to develop skills which will aid their recovery and re-integrate them and secondly to challenge public opinion around drug users and promote the view that drug users can be rehabilitated and can make a positive contribution to the community. This year so far, 6 service users have

received accredited training in substance misuse awareness and to equip them to train others. They delivered training to mental health nurses at Salford University which received excellent evaluations. 6 more service users are taking up the accredited training before the end of the financial year and they hope to offer their services to other Universities and colleges and participate in our tier 1 training.

8 of our service users were involved in a charity abseil for Children in Need. There were many more of the service users that wanted to participate. A number of service users have taken part this year in environmental clean ups with the Groundwork trust. The service users want to do more fundraising and charitable work and are keen to put something back into the community. They plan to extend their charitable work with a wide range of fundraising activities next year and will be exploring gaining charitable status.

The service user group are keen to use appropriate media opportunities to help to change and influence public opinion. They are working with our marketing manager to manage the publicity of some 'good news' stories.

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
8,000	8,000	8,000

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.

Grid 3

Objective 1
 Develop an action plan tied to the partnership drug treatment strategy which implements a wider users (and carer) involvement strategy.

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Implement action plan inclusive of objectives 2 in this grid	Ongoing	Service User/ Carer Support Officer	No direct cost

Objective 2

Increase capacity for service user support

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Continue to fund a full time service user support worker to work in Oldham	Ongoing	DAAT manager/ Business manager	DIP funded see grid 10
2b. Continue to develop training and development for service users who wish to be involved in DAAT and its subgroups, ensuring where possible, that training is accredited and reflected in service users portfolios	Ongoing	WFDC/ Service User Support Officer	No direct
2c. Provide Drug Awareness and Teaching Skills Training for another 6 service users – develop links with other universities for those trained to feed into the training of professionals –drug awareness and the needs of drug users.	May 07	Service User Support Officer/ Trainer	No direct
2d. Continue to support service user involvement in as many DAAT subgroups as possible ensuring that service user involvement is the 'norm': <ul style="list-style-type: none"> • Structured Day Programme Steering Group • JCG • Women's group • Harm minimisation strategy group • Health and Social Care group 	Ongoing (see milestone details)	Service User/ Carer Support Officer	No direct
2e. Map all available sources of child care for service users wanting to attend treatment, consultation and planning meetings and ETE provision.	June 07	ETE Coordinator	No direct

2f. Service users regularly updated of DAAT plans and priorities at Service User Groups	Ongoing	DAAT manager/ Service User/ Carer Support Officer	No direct
2g. Link service users into marketing and communication strategy. Collate good news stories of those whose lives have been changed and feed them into the press and other media outlets at appropriate times in line with Marketing and communications strategy and Home Office Media Campaign. (NB. at least 2 items per quarter).	April 07 ongoing	Marketing Officer	No direct
2h. Promote Service User Group and training to other potential users through the dissemination of the User Magazine, Use of the media, the Needle Exchange Strategy and 'word of mouth.'	Dec 07	Policy Officer/ Marketing Officer	No direct
2i. Disseminate 'The Rattle' service Users quarterly magazine to a wider audience to influence GPs, housing officers, Police officers etc. Dissemination plan to be drawn up.	May 07	Policy Officer/ Marketing Officer	No direct
2j. Work with service users group to provide a service users directory 'Rough guide to survival for drug and alcohol users', with the aim to produce a web based version with hyperlinks in 2008/9 Contents to include – rough guide to housing/ benefits, opening a bank account, eating on a budget, getting help with ETE etc.	April / Aug 07	ETE co- ordinator/ Service User/ Carer Support Officer	From within budget at 5a
2k. Organise public launch of above guide	Sept 07	Marketing Officer	No direct costs

Objective 3			
To involve users (and carers) in the planning and decision making infrastructure of the partnership			
Actions and milestones for objective	By when	By whom	Costs/budget
3a. Service users regularly updated of DAAT plans and priorities at Service User Groups	Ongoing	Strategies Team	No Direct

3b. Service user representation on JCG	Ongoing	Service User/ Carer Support Officer	No Direct
3c. Business Manager to attend UFO Group on a regular basis to provide feedback.	Ongoing	Business Mgr	

Objective 4
To promote involvement through adequate resources and investment

Actions and milestones for objective	By when	By whom	Costs/budget
4a. Continue to appropriately compensate service users for involvement in DAAT subgroups, consultation events and other appropriate DAAT related activities using identified budget from DAAT funds.	Ongoing	JCG/ Business Manager/ Service User/ Carer Support Officer	8,000 APB
4b. Explore optimal use of new 'In Control'* benefit for accessing activities to improve social inclusion of service users and potential service users. <i>*('In Control' is a new direct payment benefit which is intended to assist vulnerable adults in accessing services and facilities which will assist them to achieve social inclusion. – payments could be made for example for child care to allow clients to attend training or education, recreational activities, to attend treatment appointments which will enhance inclusion or to pay for extra treatments which will facilitate social inclusion e.g. counselling, benefits advice, housing advice etc. Oldham is a pilot site for this benefit and substance mis-users would qualify for payments.)</i>	Ongoing	DAAT and Vulnerable Adults Service Leads/ Service providers	No direct costs
4c. Set up protocols to provide brokerage for 'In control' benefit	Ongoing	As above	No direct costs
4d. Involve service users in the development of protocols and the administration of any brokerage system if appropriate	Ongoing	As above plus Service User/ Carer Support Officer	No direct costs

4e. Take up of services monitored and review of system	Quarterly	Service Providers/ DAAT	No direct costs
4f. Explore options for charity fund raising in aid of local COSMOs and Carers. E.g. Car boot sale.	April 07	Service User/ Carer Support Officer	No direct costs
4g. Explore options for sale of hand made greetings cards, calendars, sale of books of poetry, recipes (eating well on a budget) etc produced/ written by service users. Products to be produced through SDP/ETE service NB. Target - 1 product per quarter.	Start Sept 07	ETE Co-ordinator/ SDP co-ordinator)	Neutral cost, possible income generating.
4h. Repeat the charity abseil	Aug 07	Service User/ Carer Support Officer	No direct costs
4i. Fundraising event held in order to pay entry fee for 6 female users in 'Race for Life.'	April 07	Service User/ Carer Support Officer	No direct costs
4j. Enlist staff and volunteers to help with training leading up to the above event. April 07	April 07	Service User/ Carer Support Officer	No direct costs
4k. Explore options to link in to medial campaign and get positive press coverage on above event.	Aug 07	Marketing Officer	No direct costs
4l. Explore feasibility of gaining charitable status for UFO group	June 07	Service User/ Carer Support Officer	No direct costs

Objective 5

24 hour free phone helpline support available to all service users and user support mechanisms actively marketed

Objective 6

Support service users to access education, training and employment (Grid 1, objective 7)

Objective 7

Ensure that mainstream user (and carer) advocacy mechanisms such as NHS PALS and mainstream complaints procedures are able to respond to the specific needs of drug users

Actions and milestones for objective	By when	By whom	Costs/budget
7a: Alliances formed with NHS PALS scheme	May 07	DAAT manager/ Service User/ Carer Support Officer	No direct
7b. Work alongside social services review of advocacy services to vulnerable adults and form alliances	May 07	DAAT Manager/SS Lead for advocacy review	No Direct
7c. Training needs identified for PALS Advocates and Social Services advocacy services	May 07	WFD Co- ordinator	No direct
7d. Training delivered as appropriate	March 0 – June 07	WFD Co- rd/trainer	Training budget
7e. Support needs for PALS advocates Social Services advocates identified and appropriate mechanisms to deliver support put in place	March 07	DAAT Manager/WFD Co-ordinator	Existing resources
7f. Explore national and regional advocacy networks and make linkages	March 07	Policy Officer	Existing resources

7g: Ensure via Service Level Agreements and/or partnership agreement quarterly monitoring that appropriate complaints procedures, service users charters are in place within all provider agencies and are publicised through notices displayed within the service, patient leaflets and through the DAAT web site and users and carers are included in consultation and service reviews. Monitor services efforts to promote advocacy services.	April 07	Business Manager	No direct
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Objective 8
To roll out a programme of overdose training of overdose training supported by overdose training, supported by overdose agreements, for users, carers and emergency staff (see Grid 8: Harm Reduction)

Objective 9
Enhance access to child care for service users

Actions and milestones for objective	By when	By whom	Costs/budget
9a. Continue to fund budget to pay for child care.	Ongoing	Service Manager SMS	From Carers Grid 4
9b. Complete mapping exercise to identify child care options for service users.	April 07	ETE Co-ordinator /SDP Co-ordinator	No Direct
9c. Explore the possibility of using 'the Hollies' mental health service town centre based crèche.	April 07	ETE co-ordinator /SDP Co-ordinator	No Direct
9d. Following on from the mapping exercise, draw up an action plan to utilise a range of child care options for service users and carers to allow them to access treatment, SDP and ETE provision.	June 07	ETE Co-ordinator/ SDP Co-ordinator	No Direct
9e. Publish child care options in service users directory and services directory	July 07	Service User/ Carer Support Officer/ Policy Officer	No Direct

9f. Ensure awareness of these facilities by drug treatment workers (via news letter)	Sept 07	Policy Officer/ Marketing Officer	No Direct
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Objective 10
Launch advice shop run by volunteers and service users to sign post carers, drug users into appropriate help and advice services and show case volunteering.

Actions and milestones for objective	By when	By whom	Costs/budget
10a. Resolve building, H+S, internet access and other operational issues.	May 07	Business Manager/ Service User/ Carer Support Officer/	No direct
10b. Develop operational protocols	May 07	SMS Service Manager/ Service User/ Carer Support Officer/	No direct costs
10c. Develop and deliver training	June 07	Service User/ Carer Support Officer/ WFD Coordinator/ Trainer	From training budget
10d. Develop a staffing rota	June 07	Volunteer Mentoring Scheme Coordinator	No direct costs
10e. Organise a formal opening and press launch	Aug 07	Policy Officer/ Marketing Officer	No direct costs
10f. Provide internet access and enable it for use by service users and carers to look for internet based support and advice – using hyperlinks from DAAT website to service users page and links to support agencies and other service user group and carers page with hyperlinks to Adfam, PADA, STARS, POPs, Turning point 'families' (cross reference to Grid 4, objective 1o).	Aug 07	Operational Support Coordinator	No direct costs

Objective 11 Support service users in applying for the Worldwide Homelessness Football Project
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Actions and milestones for objective	By when	By whom	Costs/budget
11a. Football trainer identified to help interested service users to improve football skills and raise their chances of qualifying for World wide Homelessness football project.	May 07	Business Manager/ Service User/ Carer Support Officer	To be identified
11b. Training sessions held	May – July 07	Service User/ Carer Support Officer	To be identified
11c. Arrange for interested candidates to attend football trial centre	Jan 07	Service User/ Carer Support Officer	To be identified
11d. Provide ongoing support to selected candidates (date – ongoing) MW	Ongoing	Service User/ Carer Support Officer	To be identified
11e. Explore possibility of attracting sponsorship for any selected candidate(s)	Feb 07	Business Manager/ Service User/ Carer Support Officer	To be identified
11f. Explore publicity opportunities to fit in with Home Office media campaign.	May 07	Policy Officer/ Marketing Officer	To be identified

Planning grid 4: Carer involvement

This planning grid should include objectives and action plans in relation to the involvement of carers in the design of the local treatment system and their involvement throughout the implementation, monitoring, review and evaluation processes and the development of advocacy services.

Summary of self-assessment (Baseline position narrative with key gaps clearly set out)

The development of carer support will be a key priority for the DAAT this year. We will particularly target those carers who are grandparents and are involved in the care of children and young people affected by substance misuse. We shall also aim to attract carers from diverse groups reflecting the demographic make up of Oldham and our drug using population. We are particularly well placed to attract carers from the BME communities due to existing good links.

Since April last year we funded a full time worker to continue and consolidate service user support and to begin in the second half of the year to develop carer support. The worker has been mapping services and making good links with main stream carer support and advocacy networks. Consulting on the needs of carers has been a main theme of the service users conference and the full partnership consultation day.

We are making links through the Oldham Community Wellbeing team the Oldham Carers Strategy lead person to access advocacy and support. We are applying for a grant to support our local carers group and have made links with the team to provide advice on benefit entitlement and respite and other benefits for carers.

ADS, our structured day programme provider offers one to one support, structured counselling and group work for carers.

Our specialist young people's service is working in conjunction with the Young Carer's service in Oldham to provide one to one support, group work, recreational and diversional activities for the children of substance misusing others aged 7 to 19. This started as an exploratory pilot scheme which we are now ready to roll out. (see also the WHAMS initiative for services for families)
The WHAMS initiative works with grandparents and others who care for the children of substance misusing parents, helping with parenting advice and support, practical issues and financial and legal advice, listening and emotional support.

Our service user group in conjunction with the Widening Horizon's volunteer service are opening a town centre advice shop to inform carers and potential service users about drug treatment services in Oldham and sign post them to other support and advocacy services. This advice shop will also act to recruit more volunteers.

One of the main priorities for this year in our communication and marketing strategy is to publicise services for carers and enlist carers who are interested into training to build their capacity and confidence and give them the knowledge and resources to enable them to fully participate in consultation and service development. We will employ the same techniques that have proved so successful in engaging and building the capacity of service users and aim to have consistent attendance at the JCG by the end of this financial year.

Grid 4

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
8,000	8,000	5,000

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 an action plan tied to the partnership drug treatment strategy which implements a carer involvement strategy.

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Continue to fund full time service user/carers support officer.	Ongoing	JCG	Grid 10 DIP
1b. Implement recommendations for carer service development from service users consultation day and full partnership consultation day by developing an appropriate action plan.	April 07	DAAT Strategic Manager/ Service User/ Carer Support Officer/	No direct costs
1c. Publicise carers involvement and support strategy by press coverage of carers issues to: <ul style="list-style-type: none"> • heighten awareness of issues • access carers and invite them to a consultation event • compile an anonymous questionnaire for carers which can be filled in on line (publicised through media) or given to service users to give to their significant others.; and • d) enlist some carers who would wish to train to be involved in peer support and service development/attendance at JCG, H+SC group etc 	May 07	Marketing Officer/ Policy Officer/ Service User/ Carer Support Officer/	No direct costs
1d. Continue to strengthen links with Oldham Community Wellbeing Team and Oldham Community Wellbeing strategy lead.	April 07 ongoing	Service User/ Carer Support Officer	No direct costs

1e. Integrate the above into tier 1 training	June 07	OASIS Team Manager/ WFD Coordinator	No direct costs.
1f. Produce service information leaflet, presentation and set up marketing plan to roll out and disseminate information re WHAMS service to priority groups e.g. health visitors, midwives, children and families social workers, adult drug treatment workers, housing officers, probation officers.	June 07	Marketing Officer/ Policy Officer/ WHAMS Team Leader	£300 APB
1g. Integrate the above into tier 1 training	June 07	OASIS Team Manager/ WFD Coordinator	No Direct
1h. Extend role of WHAMS family worker to one to one and family focused work with grandparents who care for children affected by substance misuse of others.	April 07	WHAMS Team Leader	No Direct
1i. Recruit WHAMS children's worker (NNEB trained) to work on a practical level at the direction of the family worker to deliver elements of care plan such as routines, behaviour, diet and feeding, play, growth and development. Encouraging take up of mainstream services, harm minimisation (including safety).	April 07	WHAMS Team Leader	No Direct
1j. Enlist the support of 2 or more volunteers to work alongside WHAMS and COSMOs to offer practical support to families, including transport to baby clinic, crèche, nursery and school, helping with shopping and family routines, assisting and encouraging families with homework supervision, reading practice, social outings and general befriending and support.	May 07	Volunteer Mentoring Scheme Coordinator	No Direct
1k. Develop protocols for volunteer engagement	May 07	Volunteer Mentoring Scheme Coordinator/ WHAMS Team Leader	No Direct

1l. Design and deliver specific add-on accredited training for above volunteers.	May – Sept 07	Volunteer Mentoring Scheme Coordinator/ OASIS Team Manager/ WHAMS Team Leader	No Direct
1m. Integrate monitoring of the volunteer element into the WHAMS and COSMOs steering group.	May 07	DAAT Strategic Manager	No Direct
1n. Ensure carers advice shop and other services are registered on ADFAM and other appropriate local and national carers databases (cross reference to Grid 3, objective 11)	Aug 07	Operational Support Coordinator/ Service User/ Carer Support Officer	No Direct

Objective 2
Ensure carers are involved in the planning and decision making infrastructure of the partnership

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Utilise information from consultation exercise in objective 1 and feed back results to participants	April 07	Policy Officer	No direct
2b. Identify carers prepared to be involved in planning and decision making on a longer term basis	End April 07	Service User/ Carer Support Officer	No direct
2c. Assess developmental needs of identified individuals in order to build their capacity to be involved in appropriate sub groups of DAAT	End April 07	WFD Co-ordinator	No direct

2d. Deliver training	April 07 – July 07	WFD Co-ordinator/trainer	£4700 APB
2f. Where there is interest in volunteering, support carers to access and sustain involvement in the volunteering and mentoring scheme and subsequently access employment and/or training	Recruitment drive in Feb 07	Volunteer Co-ordinator	No Direct

Objective 3
Promote carer involvement through identifying adequate resources and investment to contribute to expenses

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Design training package for carers and carers who care for children affected by other substance misuse.	April 07	Oasis Team Manager/ OASIS Parenting Worker/ WHAMS Team Leader/ Service User/ Carer Support Officer/ WFD Co-ordinator	No Direct
3b. Begin delivery of training.	June 07	Service User/ Carer Support Officer/ OASIS Parenting Worker/ TPOTS Family Support Worker	No Direct

3c. Submit grant application to support carers group.	April 07	SDP Coordinator/ Service User/ Carer Support Officer/	No Direct
3d. Strengthen links with Young Carers to increase capacity to provide appropriate recreational and diversional activities for COSMO's.	April 07	OASIS Team Manager/ DAAT Strategic Manager	No Direct
3e. Meet with ADS representative to plan for best use of £10k charitable donation for work with COSMO's.	April 07	DAAT Strategic Manager/ OASIS Team Manager/ WHAMS Team Leader/ Substance Misuse Midwife	No Direct
3f. Consult with service users/JCG and Safeguarding and Preventing subgroup of CYPSP on suggested uses of funding.	June 07	DAAT Strategic Manager	No Direct
3g. Implement decision of JCG	July 07	DAAT Strategic Manager	No Direct

Objective 4

Ensure that mainstream carer mechanisms such as NHS PALS and mainstream complaints procedures are able to respond to the specific needs of those who care for drug users. (as Grid 3, objective 7)

Objective 5

Ensure that carer's who are representative of the diverse communities within the partnership area, are involved in needs assessment, setting partnership plan priorities and consulted at draft stage and throughout the process with evidence that the involvement has resulted in action at partnership and provider level

Actions and milestones for objective	By when	By whom	Costs/budget
5a. In conjunction with service users and volunteers produce a carers service directory 'A Rough Guide to living with someone who uses drugs or alcohol' which will include sections on carer services, services for families, services for children affected by others substance misuse, grandparents who care for children of substance misusing parents. Benefits, respite, grants and legal advice.	Aug 07	Service User/ Carer Support Officer/ ETE Co-ordinator	See grid 4
5b. Publish above guide on web with links to the DAAT web page and other appropriate links.	Sept 07	Policy Officer	No direct costs.
5c. Organise a public launch of the guide.	Oct 07	Marketing Officer	No direct costs

Objective 6:

24 hour help line extended to carers (as summary Grid 1)

Objective 7:

Extend drug related death prevention and explore resuscitation training

Actions and milestones for objective	By when	By whom	Costs/budget
7a. Identify carers willing to train	April 07	Service User/ Carer Support Officer	No direct

7b. Training delivered by GM Ambulance trainer	Ongoing	NW Ambulance Service Trainer	See Grid 3
7c. Top up training designed and delivered	Ongoing	WFD Co-ordinator/ Trainer	Carers support budget

Planning grid 5: Harm reduction strategy

This planning grid should include objectives and action plans in relation to the development of a comprehensive harm reduction strategy agreed across all partner organisations. Effective harm reduction initiatives will be delivered across all aspects of a comprehensive drug treatment system, often requiring pathways between primary and secondary care, may have workforce, infrastructure, and user and carer implications. This is a new grid and should bring together outstanding harm reduction objectives from the 2005/06 plan.

Summary of Self Assessment (Baseline position narrative with key gaps set out)

Oldham DAAT now has a comprehensive harm reduction strategy which has been agreed by all partners. For the second year running we have put significant increased investment into the low threshold team, our main delivery arm for the strategy. The work of this well trained and enthusiastic team has resulted in excellent progress against the strategy and we anticipate this being reflected in the current Health Care Commission results. The team have continued to build on the dramatic increase in numbers accessing the service last year and make major improvements in the range and quality of harm minimisation interventions offered. The service has built up a very good reputation with service users and take up of the full range of services is excellent.

Recently through joint work between the core prescribing service and the low threshold team, we have been able to attract women working in the sex industry in Oldham into treatment. They have chosen to access the treatment system via the low threshold service which is able to offer a more flexible drop in response at times which suits this client group. The team are able to offer prescribed interventions and an effective range of general and sexual health provision and harm minimisation advice and support. This is a major break through and this client group are actively promoting the service to their peers. From our consultation with this group they say that all their drug using peers are now accessing the service. One of the workers in the low threshold service is also a key worker in the women's service in the core prescribing service and is able to use those links to encourage take up of our general women's services.

Good progress made with HCV and Hep B vaccination has been maintained and patient group directives will enable us to do HAV vaccination in the New Year. As planned, once the efficacy of the core service was assured, work then began on accelerating work with pharmacists and to develop outreach and satellite services. We now have good quality pharmacy needle exchange cover 365 days a year, the number of pharmacists involved in needle exchange and harm minimisation services is steadily increasing and we also have needle exchange and harm minimisation services based in the DIP and the young people's service. We will soon have a service at our Structured Day Programme premises on a Saturdays.

The low threshold service team has also been instrumental in developing the system to ensure that harm minimisation forms an integral part of service delivery at all tiers of the treatment system and have worked across modalities to input into training design and delivery. There is a harm reduction group run on a rolling programme within the SDP. All tier 2 – 4 services deliver tailored and appropriate harm minimisation advice and general health assessment.

Grid 5

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
137,161.70	137,161.70	136,828

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

To continue to roll out work in line with the Harm Reduction Strategy.

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Ensure Harm Reduction Steering Group receives and discusses quarterly monitoring information and progress against action plan	April 07 – ongoing	Champion/ DAAT business manager	No direct
1b. Deliver communication strategy as part of action plan	April 07- ongoing	Champion	Marketing budget
1c. Formalise information cascade system and action to be taken re contamination/purity issues/acute risks.	April 07	Ass Dir Public Health	No direct
1d. Workforce implications considered in delivery of strategy	April 07	WFD Co-ordinator	No direct
1e. User and carer involvement considered and indicated within strategy	April 07	WFD Co-ordinator /Service User/ Carer Support Officer	No direct
1f. Agree multi-agency strategy for BBV control across all partner agencies and the local Health Protection Unit.	June 07	Associate Director – Public Health	No direct cost

Objective 2

Account for basic harm minimisation infrastructure within all service areas

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Continue to implement Models of Care throughout treatment system to incorporate harm minimisation approach	Ongoing	Effectiveness Co-ordinator	No direct
2b. Pathways developed for access to immediate health care	June 07	As above	No direct
2c. Pathways formalised for access to dental services	June 07	As above	No direct
2d. review risk assessment system for all service users, appropriate to tier, and the specific need of substance users including special groups such as BME , women, stimulant users etc	July 07	Effectiveness Co-ordinator/ Service Leads/ HRSG	No direct
2e. Explore provision of resuscitation training, advice and support to hard to reach groups and carers.	From April 07	GM Ambulance Service Trainer	Within 9a or training budget.
2f. Continue to provide advice and info on the immediate and long term risks of specific drugs and methods of drug use appropriate to service users in special groups e.g. stimulant users, including targeted campaigns on specific issues e.g. Hep B virus, managing overdose etc. through web site, 24 hour help-line, media campaigns and quarterly newsletter	From June 07 on going	DAAT Support Team/WFD Co-ordinator/ Needle Ex Manager	Marketing budget

Objective 3

Drug users accessing tiers 2 – 4 to have access to general health advice, sexual health advice and health screening with agreed protocols for referral to health care facilities.

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Develop system to audit compliance with health care screening on an annual basis.	July 07	Effectiveness Co-ordinator	No Direct
3b: Sexual health promotion, screening and information materials available in drug specialist services – training of appropriate staff	July - Sept 07	Phoenix Centre Trainer	Training budget
3c: Explore possibility of access to pregnancy testing and smear testing within specialist drug services (women's service)	June 07	Ass Dir Public Health	To be negotiated with PCT
3d: Details of the philosophies and services (facilities available) should be detailed for all Tier 4 services. Also see Grid 9 Objective 5	By Feb 07	Effectiveness Co-ordinator	No direct

Objective 4

To deliver training to support delivery of BBV prevention activities across all services

Actions and milestones for objective	By when	By whom	Costs/budget
4a: Training plan extended and agreed	June 07	WFD Co-ordinator	No direct
4b: Training plan rolled out across all services	June 07 – Dec 07	Trainer	No direct

Objective5

Tier 1 service response

Actions and milestones for objective	By when	By whom	Costs/budget
5a: Establish liaison between A+E and drug services, referral systems, care pathways and access to injecting equipment via HRSG	July 07	Effectiveness Co-ordinator/ A+E Manager/ Service Leads/HRSG	No direct
5b: Train custody staff re prevention and management of OD in custody, harm minimisation advice and signposting to harm minimisation services including needle exchange	June 07 ongoing	Drugs Liaison Sgt/ Trainer	Training budget
5c: evaluate needle exchange facilities for injecting drug users leaving police custody	Sept 07	Drug Liaison Sgt /Needle Exchange Manager	No direct
5e Consider action necessary from feedback from Autumn Assessment of Dual Diagnosis and draw up action plan	Aug 07	Dual Diagnosis Worker/Effectiveness Co-ordinator	No direct

Objective 6

To explore feasibility of providing routine vaccinations to drug users for HAV

Actions and milestones for objective	By when	By whom	Costs/budget
6a: Develop a Patient Group Directive to extend the range of vaccine and use of combined vaccine	June 07	Pennine Care via SMS Service Mgr	No direct
6b. Patient Group Directive to agree and commence HAV vaccination, training and roll out and extend the vaccine range.	Sept 07	Pennine Care via SMS Service Mgr	No direct

Objective 7

To agree a treatment care pathway for drug users with HIV

Actions and milestones for objective	By when	By whom	Costs/budget
7a. Treatment care pathway developed along similar lines to Hep C pathway	June 07	Effectiveness Co-ordinator/ Ass Dir Public Health	No direct
7b. Send to PCT, Harm minimisation steering group JCG and SCMG for consultation, ratification and implementation into	Aug 07	Ass Dir Public Health	No direct
7c. Integrate treatment pathway into training for appropriate professionals	Aug 07 onwards	WFD Co- ordinator/ SCMG	Training budget

Objective 8

To review the multi-agency strategy to reduce drug related deaths

Actions and milestones for objective	By when	By whom	Costs/budget
8a. Review DRD strategy in line with DH guidance and development of overarching harm minimisation strategy.	End March 07	Harm Reduction Steering Group	No direct

Objective 9

To continue to develop a programme of overdose training supported by overdose agreements, for users, carers and emergency staff

Actions and milestones for objective	By when	By whom	Costs/budget
9a. Continue to fund GM Ambulance service trainer as part of GM scheme	April 07	JCG	7,000 APB
9b. Continue to deliver programme of overdose training targeting injecting drug users and other priority groups (see below)	Ongoing	NW Ambulance trainer	Within above budget
9c. Feasibility of mainstreaming overdose training explored	Sept 07	ETE Coordinator	From ETE delivery budget
9d. Programme of overdose training extended for carers and housing officers	April 07	NW Ambulance trainer/WFD Co-ordinator	Within 7,000 APB budget

Objective 10

To continue to link into Greater Manchester plans to develop a PC confidential enquiry system.

Actions and milestones for objective	By when	By whom	Costs/budget
10a. Fully participate in the development of the Pennine Care Confidential enquiry system, which is now in a position to co-ordinate its first inquiry and disseminate any learning points.	April ongoing	DAAT Strategic Manager	No direct
10b. DAAT to continue to be an active member of GM DRD steering group	Ongoing	Business Manager	No direct
10c. Discuss results of Pennine Care retrospective study of untoward occurrences and disseminate lessons learned	June 07	Pennine Care Effectiveness Group (formally PC MOC group)	No direct

Objective 11

To develop interventions to minimise the risk of overdose and diversion of prescribed drugs in community pharmacists

Actions and milestones for objective	By when	By whom	Costs/budget
11a: Continue development of training package for pharmacy staff	July 07	WFD Co-ordinator/ SMS Service Manager	No direct
11b: Pharmacists attached to NES practices targeted for training	August 07	Trainer	Training budget
11c: LES model for pharmacists identified	August 07	Harm Reduction Steering Group/ LPC/PCT	No direct

Objective 12

Continue to provide motivational, brief interventions and harm minimisation and DRD prevention training for ODIP staff and outreach workers

Actions and milestones for objective	By when	By whom	Costs/budget
12a: Continue to roll out training to new ODIP staff	Bi annually	Trainer	Training budget
12b: Evaluate and update training as harm reduction strategy actions come into place – update those previously trained where possible by newsletter – integrate new additions into training programme for staff yet to train.	As required but at least bi annually June 07 and Dec 07	WFD Co-ordinator	No direct (small amount from training budget for newsletter)
12c: Extend training to low threshold and outreach staff and other appropriate staff	July 07 – Dec 07	Trainer	Training budget

Objective 13

To continue to develop specific harm reductions interventions in centre based, pharmacy and outreach services.

Actions and milestones for objective	By when	By whom	Costs/budget
13a. Extend number of pharmacies taking part in needle exchange scheme by 15% in 2007/8	half by Sept 07 half by March 08	Needle Exchange Service Manager	Injecting equipment budget
13b. Needle exchange/outreach staff to work alongside pharmacists to offer blood borne virus testing and vaccination and full harm minimisation advice to all pharmacy needle exchange users through advice offered within pharmacists (by suitably trained staff - see objective 8 above). Harm minimisation information leaflets with incentive 'voucher' enclosed for	June 07 ongoing	Needle Exchange Staff/ Pharmacists	No Direct Cost

attendance at low threshold service for 'harm minimisation and health check visit and take up of blood-borne virus screening and vaccination' to be 'cashed in' by client or given to a friend or associate'			
13c. Needle exchange facilities to be made available in other community outlets including Primary care walk-in clinic (as this has extended weekend and evening opening times) and DIP premises. 2 other outlets this year	DIP premises by June 07 Walk in centre by Dec 07	Needle Exchange Manager/ Dip Manager/ Walk-in Centre Manager	Injecting equipment budget
13d. Develop strategy to minimise inappropriate disposal of used injecting equipment by providing widespread access to secure disposal, clean up strategy and system for reporting discarded paraphernalia (map incidents on GMAC)	Aug 07	Environmental Services/Needle Ex Manager – via HRSG	Cost to environmental services

Objective 14

To continue to develop outreach services (detached, peripatetic and domiciliary) targeting high risk and priority groups specifically dwelling based sex workers

Actions and milestones for objective	By when	By whom	Costs/budget
14a. Continue to fund Pennine Care Low Threshold, Needle Exchange Service. Funding also available for Equipment Costs and Safe Works Packs	Ongoing	Pennine Care	88,828 APB 11,000 APB 30,000 APB
14b: Identify 2 or more volunteers to work alongside street outreach worker	June 07	Volunteer/Mentor Co-ordinator	Volunteer/mentor expenses budget
14c. Explore ways of extending capacity to provide detached, peripatetic and domiciliary services to high risk and priority groups through: <ul style="list-style-type: none"> the use of volunteers to do street outreach work alongside treatment workers continuing to do home visits to service users with young children extending the offer of home visits or visits to mutually acceptable 	June 07	SMS Service Manager/ DAAT Strategic Manager/ Needle Exchange Team Leader	No direct

<p>alternative venues for a range of clients, giving priority to hard to reach clients.</p> <ul style="list-style-type: none"> • exploring other venues for women and parents who use substances to get access to treatment e.g. sure start venues, WHAMS • accessing BME women via health visitors, practice nurses, midwives and through outreach to Oldham college and 6th form college. 			
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Planning grid 6: Drug-related information and advice, screening and referral by generic services

This planning grid should include objectives and action plans in relation to interventions that provide drug-related information and advice, screening, assessment, and referral to specialist drug treatment services. These will be delivered by services who work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse.

Summary of Self Assessment (Baseline position narrative with key gaps set out)

Tier one training has been enhanced by the co-ordination of a shared Work Force Development Co-ordinator. The training delivered by the training officer (shared with Tameside and Stockport) receives excellent evaluation. Some agencies have difficulty in releasing staff to train and we have been looking at the possibility of developing training around a more flexible modular basis and providing some computer based training so that parts of the training and accredited assessment can be done by distance learning at the workers office or at home at the convenience of the worker.

We have had the benefit of a Models of Care Coordinator (funded across the 5 Pennine Care DAATs) now for a full year and consequently work on information sharing protocols, integrated care pathways, referral mechanisms and case management systems is almost complete. The MOC co-ordinator has recently done an audit on the use of the Models of Care paperwork and systems across Pennine Care DAATs. The audit showed that the systems were working well in Oldham (ADS could not be reviewed at the time as there was no dedicated locality manager at the time. The treatment mapping which is part of the Needs Assessment will also flag up any areas for attention in the referral processes.

There are major service developments planned this year in terms of women's services, services to families, carers and the Children of substance misusing others. This is being developed in line with the roll out of the Common Assessment Framework. These developments are being made in consultation with partners, service users and carers. Once these service specifications are agreed, protocols, pathways and referral mechanisms will be mapped and the information added to the service directory, the website and service user and carer guides and the information integrated into training.

Through the needs assessment work we have been looking at referral sources throughout the treatment system and tracking the retention and through put of clients. This will allow us to look at any weaknesses and put in actions to address them. Although we still compare reasonably well to other DAATs in terms of retention in treatment, retention has been a concern over the last quarter.

When a close examination was made of retention within SMS it was discovered that a small number of clients skewed the figures by repeatedly accessing treatment but disengaging in the early stages. Careful profiling and investigation has revealed that these clients are not yet ready to engage in structured care planned treatment. We have put together an action plan for each of these clients to ensure that they get the most appropriate service, be it low threshold prescribing or just harm minimisation. Some of them will be encouraged to work with our low threshold service, but, rather than lose them, we will engage them within the treatment service wherever they feel most comfortable and their needs can

be met. This more flexible response has allowed us to attract street sex workers into low threshold prescribing within the low threshold service and has been a major breakthrough in access to this hard to reach group.

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
50,088	50,088	51,340

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.

Grid 6

Objective 1

Continue to support funding of joint trainer for Tameside, Oldham and Stockport DAATs

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Sustain funding for trainer	Ongoing	JCG	Funded by DIP grid 10
1b. Post-holder to carry out basic drug awareness and models of care training on referral and appropriate management of substance mis-users by a range of generic workers.	Ongoing rolling programme	Trainer	
1c. Prioritise groups for training	Ongoing	Trainer	
1d. Integrate new developments into training for specific groups	When appropriate	Trainer	

Objective 2

Work with Stockport, Rochdale and Tameside to reach agreement regarding the redesign of the Models of Care job description and person specification into a wider remit – an Effectiveness Co-ordinator

Actions and milestones for objective	By when	By whom	Costs/budget
2a. Sustain funding for Effectiveness Co-ordinator	Ongoing	JCG	Within grid One
2b. Develop JD and PS KF – April 07	April 07	DAAT Strategic Manager	No direct
2c. Gain sign up of other 3 DAATs and secure funding	May 07	DAAT Strategic Manager/ Business Manager	No cost
2d. Recruit post.	July 07	DAAT Strategic Manager	Within grid one
2e. Develop workplan	July 07	Pennine Care Effectiveness group (formally PC MOC group)	No direct cost

Objective 3

Continue to develop midwifery liaison post

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Sustain funding for midwifery post. 0.5 wte.	Ongoing	SMS	17,310 APB
3b. Post-holder to carry out: weekly drop in at structured day programme premises; Training for GP Liaison workers; Home visits; Target caseload 15 clients.	Ongoing	Substance Misuse Midwife	No direct costs
3c. Link with WHAMS and COSMOs and provide advice, liaison to mainstream midwifery services and assist with training as appropriate.	Ongoing	Substance Misuse Midwife	No direct costs

Objective 4

Continue to develop women's services and services for COSMOs in line with action plan informed by needs assessment work

Actions and milestones for objective	By when	By whom	Costs/budget
4a. Work with CYPSP and LSCB to develop WHAMS and COSMOs model and ensure best fit with CAF system.	April 07-Sept 07	DAAT Strategic Manager	No direct cost
4b. Continue to monitor and steer the WHAMS and COSMO services through the COSMO's task group	Ongoing	DAAT Strategic Manager	No direct cost
4c. Enhance access to child care (see grid 3)	See grid 3, objective 10	See grid 3, objective 10	See grid 3, objective 10

Objective 5

Fund half of Housing Advocacy post at Turning Point

Actions and milestones for objective	By when	By whom	Costs/budget
5a. Housing advocacy worker to aim for a caseload of 20, and may average a two month timeframe with each client. 120 clients per year.	Ongoing	Turning Point	Funded by DIP grid 10

Objective 6

Continue to fund a 1.0 wte Family Support Worker

Actions and milestones for objective	By when	By whom	Costs/budget
6a. To follow on from work started by the Midwifery Liaison Post, ensuring that clients with young children can receive targeted support to promote family functioning, this should help to improve referral rates and retention in treatment rates for women with children. This objective should also increase the well being for the children of substance misusing parents.	Ongoing	Turning Point	34,030 APB

Planning grid 7: Open access drug interventions

This planning grid should include objectives and action plans in relation to interventions which provide accessible services for a wide range of drug mis-users referred from a variety of sources, including self-referrals. The aim of these interventions is to help drug mis-users to engage in treatment without necessarily requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Interventions comprise drug-related information and advice, screening, assessment, referral to structured drug treatment, brief psycho-social interventions and harm reduction services including needle exchange and aftercare.

Summary of Self Assessment (Baseline position narrative with key gaps clearly set out)

Sustained increased investment in our low threshold service with a senior manager and well trained staff has paid dividends in terms of the quality and range of services on offer for those wishing to access treatment without requiring a high level of commitment to more structured programmes. One major break through this year has been this services ability to engage and retain a cohort of street sex workers. Harm minimisation work is of excellent quality and many of the service users of both the low threshold service and the DIP and stimulant services. (the three arms of our tier 2 interventions) are active in service user and consultation activities.

Last year we doubled capacity in our stimulant service which offers information, advice, screening and assessment, brief interventions and alternative therapies. The service will work as intensively as the client requires and is prepared to see clients for either one or two sessions but has also had a great deal of success in engaging clients in a 6 to 8 week CBT programme or for psychological counselling. The service also brokers access to other supportive and practical services such as benefits and specialist housing support and run a drop in at the Structured Day Programme premises and will help clients access structured treatment, ETE or other treatment interventions including abstinence based services where appropriate.

The DIP will provide tier 2 treatment including information, advice, screening and assessment, brief interventions and harm minimisation for clients who do not wish to access other treatment interventions and can help clients access structured counselling. The CJIT have good links with Narcotics Anonymous and we have increasing numbers of clients, particularly through the criminal justice system who access this service. We have a local group in Oldham and one in Rochdale which are well used. Workers from right across the treatment system are now actively promoting this service. We also have a range of abstinence based services in structured day programmes and access to SDPs is now much more flexible allowing people to try it out and use some of the facilities without having to sign up to a full care plan. We do endeavour however to increase motivation to access structured care planned treatment in the longer term.

Grid 7

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
88,995	88,995	91,478 MS

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

To improve and sustain the low threshold/ needle exchange service

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Continue funding for Low Threshold service in order to staff the needle exchange and give harm minimisation advice	Ongoing	JCG	See grid 5

Objective 2

Continue to improve service for stimulant users

Actions and milestones for objective	By when	By whom	Costs/budget
2a Identify funding to increase capacity for alternative therapies	April 07	JCG	No direct cost

Objective 3

Mainstream to continue to fund Harm Reduction and Assessment/Care Management

Actions and milestones for objective	By when	By whom	Costs/budget
3a: Mainstream to continue to fund Harm Reduction and Assessment/Care Management	Ongoing	Pennine Care	91,478 MS

Objective 4

Drug users to have access to general health advice, health screening and sexual health advice

Actions and milestones for objective	By when	By whom	Costs/budget
4a All actions shown in Grid 5 (3a – 3d)			

Objective 5

Fully utilise enhanced role of senior nurses in clinical care of service users

Actions and milestones for objective 7	By when	By whom	Costs/budget
5a. Take up opportunities for nurses within the treatment system to get prescribing qualifications	2 nurses trained by March 07 1 more nurse trained by Dec 07	Senior Nurse practitioner	Funded by SHA
5b. Keep abreast of developments to extend the nurses formulary and take full advantage of the developments	Ongoing	SNP and Pennine Care Lead / Shared Care Monitoring Group	

Objective 6

Continue to develop abstinence based services

Actions and milestones for objective 7	By when	By whom	Costs/budget
6a. Continue to offer an abstinence only drop in and group work on two week days and Sundays.	April 07	SDP Manager	No direct
6b. Continue pre-detox group and post detox group	April 07	Detox Nurse Lead	No direct
6c. Review community rehabilitation options	April 07	SDP Manager	No direct
6d. Include information re NA on DAAT web site	March 07	Policy Officer	No direct
6e. Explore possibility of monitoring retention and outcomes for DIP (or other) clients attending NA	March 07	Business Manager	No direct
6f. Evaluate services above (retention, outcomes, successful completion, long term abstinence, demographic make-up of clients) including service user input.	September 07	Business Manager/JCG	No direct
6g. Evaluate long term outcomes and demographic make-up of clients for tier 4 residential abstinence based rehab programmes commissioned	September 07	Business Manager/JCG	No direct
6h. Following evaluation – explore feasibility of using adapted 12 steps approach	October 07	JCG	No direct

Objective 7

Continue to develop work with Mosques

Actions and milestones for objective 7	By when	By whom	Costs/budget
7a. Continue to develop work with Mosques through community development team (aligned to young people's service) to promote drug awareness, look at issues of drug use amongst BME groups, improve access to treatment services and develop protective factors in the community.	April 07 – ongoing	Community Development Worker	No direct costs
7b. Continue to support the flexible outreach approach to access BME communities.	April 07 ongoing	Community Development Worker	
7c. Make links with health visitors, practice nurses and midwives and develop training to improve awareness of drug related needs and treatment options for BME women.	June 07	Community Development Worker	
7d. Make links with Oldham Collage and the 6 th Form Collage to explore possibility of accessing young BME women to raise drugs awareness, awareness of treatment options and improve access to BME women.	June 07	Service User/ Carer Support Officer	

Planning grid 8: Structured community based drug treatment interventions

This planning grid should include objectives and action plans in relation to interventions providing community based interventions (including those delivered within a prison setting) which will include comprehensive drug treatment assessment, care planning and review, community care assessment, care co-ordination for those with complex needs, integrated harm reduction activities, prescribing, structured psycho-therapeutic interventions and counselling, structured day programmes and liaison services with social care and acute medical and health services. This grid replaces grid 3 from 2005/06 and should continue with any outstanding objectives.

Summary of Self Assessment (Baseline position narrative with key gaps clearly set out)

Structured community based drug treatment services continue to meet or exceed almost all national and local targets. There is a full range of evidence based structured treatment options in line with Models of Care. The specialist community prescribing service has managed to keep pace with increasing numbers of clients going into treatment yet still provide excellent quality services as demonstrated by the client satisfaction survey.

We have now got a number of nurses with nurse prescribing qualifications and our Senior Nurse Practitioner is able to do medical reviews and organise prescribing using patient group directives. There is little reserve capacity within the prescribing service and although the numbers entering treatment now appear to have peaked increased numbers entering treatment will have to be balanced by the movement of clients through the treatment system into shared care, less intensive treatment options and through care and aftercare. The increased capacity of SDPs to offer a range of interesting services and the launch of the ETE services should assist in this.

The Structured Day Programme is now fully staffed and the ETE provision is in place. Following a great deal of work and consultation in line with last years action plan, the service will be re-launched before the end of the financial year with a wider range of services and a more flexible approach to day programme access. We hope to attract clients from shared care into the service, particularly to access ETE and will also have separate provision for those who choose to access abstinence services. Counselling services for service users and carers will be available as will benefits advice and the service will hold a budget to help service users to access child care.

We will drive up successful outcomes this year with the help of these services.

Retention has been an issue recently and a retention plan is in place.

Oldham DAAT was rated 16th in the country in the recent Health Care Commission review of prescribing, care planning and care co-ordination. Although we are acting on the recommendations of the review, we have good structures in place for care co-ordination and are ahead of the field in regard to this. The recent Models of Care audit across Pennine Care revealed good quality individually tailored care plans which are regularly reviewed. The audit also found that harm minimisation advice was delivered and that treatment workers were identifying and recording details of children that clients had access to, were completing parenting risk assessments and taking appropriate action. This is also checked

during supervision with the service manager.

The community detox team (see grid 9) ensures effective continuity of care arrangements between tier 3 and inpatient drug treatment and residential rehabilitation including aftercare and relapse prevention.

Over the last few years we have had great success in attracting BME men, particularly Bengali men into treatment. (see Needs Assessment) this has been partly to the improved cultural competence of the service and the use of more flexible treatment options (including the use of Subutex). This has skewed the gender balance and although there are increasing numbers of women the percentage rise masks this progress.

One of our major drives this year is to improve services for families and children affected by other's substance misuse and we will build into the WHAMS service an alternative treatment venue for women. The women's only afternoon at SMS is now attracting a large group of women users who are finding it more comfortable to access treatment this way and are also accessing a wide range of other services such as recreational facilities, well womens advice, harm minimisation advice, the midwifery service and family support.

A premium service is offered to PPOs and DIP clients which includes speedy access to treatment, comprehensive and robust case management. Communication and information sharing between treatment services, CJIT and the DRR/PPO probation team has been greatly enhanced recently on a worker to worker level, but the OJAG (see grid 1) has also greatly enhanced these processes at a partnership and strategic level. Our plans to co-locate the CJIT and the Probation DRR/PPO team will make communication and joint working much easier. The criminal justice treatment team spend time with the probation team and this will enable all three parties to regularly meet and share information. One of the CJIT team members specialises in prison aftercare and endeavours to attend pre release planning meetings for all those due to return to Oldham on release. Arrangements are made with the assistance of volunteers to pick up released prisoners who are discharged into the community and get them straight to their treatment appointment. Naloxone is available for those who require it. For those who want to go straight to residential rehab, this worker will work with the CARATs team to ensure that a care plan is set up, funding has been made available and a care co-ordinator is identified.

Grid 8

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
1,374,827.70	1,374,827.70	1,349,333

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.

Objective1

To improve and sustain the Community Drugs Team (SMS) by continuing to fund posts set up with previous years budgets

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Fund sufficient capacity to enable Pennine Care to perform against the agreed SLA (see grid 1 objective 1) Posts covered womens worker, dual diagnosis worker, 2 GP liaison workers, transitional worker, comm detox nurse & worker, Snr nurse practitioner, duty & assessment worker, supervised consumption nurse, criminal justice treatment worker, DTTO/DRR worker plus support workers and receptionists.	Ongoing	SMS	499,017 APB

Objective 2

To fund the treatment costs for DTTO clients, including oral fluid testing

Actions and milestones for objective	By when	By whom	Costs/budget
2a. To ensure that funding is available for the treatment of DTTO clients, including oral fluid testing costs	Ongoing	SMS/Probation	64,200 APB

Objective 3

Ensure mainstream spend is not reduced

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Ensure providers maintain contributions as follows: <ul style="list-style-type: none"> • Specialist Prescribing 339,782 • Methadone Costs 29,527 • G.P. Prescribing 120,722 • 111 Union Street 86174 	Ongoing	PCT Social Services	596,374 MS/SS (confirmed on the sign off of the treatment plan)

Objective 4
To continue to fund and increase Shared Care within 3 GP practices within the borough through the National Enhanced Service (NES)

Actions and milestones for objective	By when	By whom	Costs/budget
4a. Receive and review monitoring on a quarterly basis.	Ongoing	Royton HC	6,411 APB
	Ongoing	Hopwood House	6,411 APB
	Ongoing	St Marys	6,411 APB

Objective 5
Funding for GPwSI

Actions and milestones for objective	By when	By whom	Costs/budget
5a:Funding in place	Ongoing	JCG	37,767 APB

Objective 6
Improve cross agency working and improvements in systems approach to treatment

Actions and milestones for objective	By when	By whom	Costs/budget
6a. Relocate DRR/PPO team	See grid 10	See grid 10	See grid 10
6b. Review MOC triage and comprehensive assessment paperwork in line with audit recommendations.	Feb 07	Effectiveness Co-ordinator	No direct costs
6c. Review new paper work	Aug 07	Effectiveness Co-ordinator	No direct costs
6d. Repeat audit for SMS, ADS and DIP	Nov 07	Effectiveness Co-ordinator	No direct costs

Objective 7

Identify clients suitable to be moved into shared care and develop the best model of supporting their treatment needs

Actions and milestones for objective	By when	By whom	Costs/budget
7a identify clients suitable for shared care and map their location and employment profile	End Jan 07	SMS Data Manager	No direct
7b Identify most appropriate primary care locality and optimum timing of clinic taking into account needs of clients identified to continue to work or attend training or education programmes.	End Feb 07	Shared Care Monitoring Group	No direct
7c Develop ,negotiate and commission appropriate clinical and support cover for the clinic – possible models would be nurse led, salaried GP, or NES GP provision	End April 07	SCMG/ PCT Drugs Lead SMS Service Manager	
7d Consult with the service user group in question	May 07	Service User Support Officer / SMS Manager/DAAT Business Manager	Service user budget
7e Develop suitable service	Dec 07	SMS Manager/DAAT Manager/PCT Drugs Lead	To be agreed

Objective 8

Respond to any recommendations coming out of Health Care Commission Review

Actions and milestones for objective	By when	By whom	Costs/budget
8a. Commissioners to implement a Health Care Commission action plan highlighting areas of weakness that can be addressed. To include: <ul style="list-style-type: none"> • SLAs • Tier 4 waiting times • Formalising of Information sharing protocols • Tier One training • Care Plan reviews 	April 07 April 07 April 07 April 07 April 07	Business Mgr Business Mgr Business Mgr DAAT/Partnership WF Dev Co-ord SMS Manager	No direct costs
8b. Service Manager to Implement a Health Care Commission action plan highlighting areas of weakness that can be addressed. To include: <ul style="list-style-type: none"> • Offer extended range of prescribing • Service Users to develop an induction pack with information on the therapeutic dose range. • Review partnership need for pharmacy supervised methadone consumption against other priorities. 	October 07 October 07 October 07 October 07	DAAT/Service providers	Dependant on actions needed (may involve staff training budget)

Objective 9

Continue to fund structured day programme (SDP)

Actions and milestones for objective	By when	By whom	Costs/budget
9a. Re-launch SDP and launch of ETE service	Feb 07	ADS service Manager/ Marketing Officer	No direct costs
9b. Continue to work with SDP task group to 'fine tune' agreed model	Feb 07	SDP task group	No direct costs

9c. Continue to consult with service user group on agreed model	Ongoing	SDP Manager/DAAT Manager/Service User/ Carer Support Officer	Service user budget
9d. Continue to fund three workers for SDP with counselling and alternative therapy qualifications to ensure that all SDP clients have a negotiated care –plan which is regularly reviewed with client (and treatment worker where appropriate) and identifies the, general and mental health and social and economic needs of the client. This plan should link in with any other treatment plan and the learning and development plan.	Ongoing	JCG	99,607 APB
9e. Counselling budget to be administered by SDP manager to provide access to structured counselling either via Social services approved list or from ADS (budget likely to be topped up by clients 'In control' individual budgets)	Ongoing	SDP Manager	See Grid 10, objective 12a
9f. Explore opening times extended to allow sole use of premises on one week day day-time slot, two evenings and Sundays for abstinent clients and 2 women's only sessions a week	June 07	SDP Manager	Within agreed expansion of service
9g. ETE provider (see grid 1) to base co-ordination and delivery of ETE service within SDP building offering individual negotiation and review of learning and development plans, a range of tailored Education and Training provision and job seeking skills on the premises	June 07	ETE Provider/SDP Manager	See Grid 1
9h. Increase capacity for alternative therapies by purchasing more equipment e.g. black boxes, acupuncture needles etc and training up a pool of staff e.g. a number of volunteers, DIP workers to do 'black box' therapy with clients and some ex-service users.	April 07 Training by July 08	JCG WFD Co-ordinator /Trainer	Training budget
9i. explore provision of a minor ailment and health screening input from PCT	April 07	Asst Dir Public Health/DAAT Manager	No direct
9j. explore possible input from PCT staff including oral hygienist, health visitor, public health nurse for health promotion group work, baby massage group(if sufficient numbers).	April 07	As above	As above

9k. extend agreement with local NHS dentist 'fast-track' signposting of SDP clients into dental appointment slots.	April 07	As above	No direct
9l. review pre and post detox group work into SDP	April 07	Detox Nurse Lead	No direct
9m. review harm reduction group work into SDP	April 07	Low Threshold Service Manager	No direct
9n. Provide orientation to service at initial assessment with negotiation and review of induction phase where clients are allowed to attend 'drop ins' and try out the range of options' – this will require a good range of drop-in facilities.	April 07	SDP Worker	No direct

Objective 10
Plan to extend some of the above services (from objective 9 above) to women's satellite service, stimulants satellite services and shared care clinics

Actions and milestones for objective	By when	By whom	Costs/budget
10a. Draw up action plan to explore which provision can be replicated in women's satellite service	May 07	Sub group of Health and Social Care Group and Women's Group	No direct costs
10b. Add to action plan for provision which can be extended to satellite stimulant service	May 07	Sub group of Health and Social Care group and Stimulant workers	No direct costs

10c. Add to action plan provision which could be extended to shared care clients	May 07	Sub group of Health and Social Care group and Stimulant workers	No direct costs
10d. Add to action plan specific provision which could meet the needs of BME clients	May 07	Sub group of Health and Social Care group and Diversity group	No direct costs
10e. Consult with appropriate service users	June 07	Service User Support/ Policy Officer	Service user budget
10f: Deliver actions necessary	October 07	DAAT/Service providers	Dependant on actions needed
10g Fund one Stimulant Worker	Ongoing	A.D.S.	33,135 APB

Planning grid 9: Residential and inpatient drug treatment interventions

This planning grid should include objectives and action plans in relation to residential specialised drug treatment which is care planned and care co-ordinated. These interventions may be aimed at individuals with a high level of presenting need and usually will require a higher level of motivation and commitment from the service user. This grid replaces grid 4 from 2005/06 and should continue with any outstanding objectives

Summary of Self Assessment (Baseline position with key gaps clearly set out)

Access to tier 4 treatment in Oldham is well co-ordinated. Our community detox team are now well established and seamlessly assess, prepare and support clients into the most appropriate detoxification and rehabilitation package. These packages are care planned and care-co-ordinated. As a result, waiting times, retention and successful completions are very high. Management of the local inpatient detoxification facility is excellent and, although we acknowledge that the NTA discourage the use of drug detox beds which are in a general mental health setting we believe that the way this facility is managed as 'in-reach' by the community detox team negates any disadvantages. This facility is popular with the client group.

There is a range of detox options in Oldham. As well as the local inpatient facility, clients have access to Smithfield in Manchester on a spot purchase basis and also Prestwich hospital. Prestwich tends to be used for more complex cases and is managed on a co-operative commissioning basis between several of the North West DAATs. We have worked hard together with Prestwich to drive up efficiency and reduce waiting times and the situation has improved tremendously over the last year, however, occasionally we still have an isolated occasion when a client has an unacceptably long wait and that tends to skew the waiting times figures. One other advantage we have in Oldham with the close working between Prestwich and the community detox team is that staff from Prestwich will come out to Oldham to do a joint assessment and this speeds up the process, gives a better service to the client and enhances success.

The 5 DAATs who commission their community prescribing from Pennine Care have expressed a desire to work together to offer the sort of community detox team provision that we have in Oldham collaboratively across the 5 areas. This would enable us all to learn from and benefit from best practice, enjoy economies of scale and ensure holiday and sickness cover.

Increasingly we are seeing clients who entering treatment earlier, at a younger age and are less entrenched in their drug use. Particularly those who are detoxing from subutex could complete detoxification in 14 days and we are working with our providers to get more flexibility around this

Detox and rehab packages are always considered within the range of treatment options to people newly presenting to treatment. Staff are actively encouraged to discuss this with clients as it is included on the initial care plan forms as a direct question and is audited through clinical supervision.

Oldham SMS have access to a wide range of rehabilitation options, both residential and community. We have generous financial provision and

although we expect residential rehabilitation services to deliver quality services in line with best practice we do not restrict client choice. Clients who want residential rehabilitation can get it and do not have to wait. On occasions where there is a wait it is more often due to the clients own timing considerations and not the service. We have consulted widely with service users around the need to increase capacity and the feeling is that there is no need to do this. There is a view, however, that we need to continue to offer a wide choice of rehab styles and most people feel that 6 months is optimal.

In terms of the NTA's request that Oldham contributes to the target to make detoxification and rehabilitation packages available for 10% of drug users we (and our clients feel that, along with our community detox and rehabilitation options – which are very popular) have more than adequate capacity. We will undertake, however to make 12 more residential rehabilitations available and make funding available to increase our capacity to spot purchase detox beds at Smithfield. This will be paid for (in part) by a reduction in the duration of rehabilitation programmes and detox programmes for suitable clients. We suspect however that this extra capacity will not be utilised and will monitor uptake and redirect resources appropriately if they remain unused.

Grid 9

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
311,956	311,956	322,513

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

Mainstream spend to be increased in line with inflation

Actions and milestones for objective	By when	By whom	Costs/budget
1a. Increase Inpatient detox spend in line with inflation	Ongoing	JCG	174,689 MS
1b. Continue to support need for residential rehabilitation	Ongoing	Social Services	137,174 SS
1c. Continue to monitor and evaluate including long-term outcomes and comparison with community detox	Ongoing	JCG	No direct costs

Objective 2

Fund Spot purchase of Detox/Residential Rehab

Actions and milestones for objective	By when	By whom	Costs/budget
2a Fund CDT Service Manager to purchase 56 more bed nights in detox treatment in order to keep local waiting times within NTA targets	Ongoing	SMS	10,650 APB
2b: Continue to monitor and evaluate including long- term outcomes and comparison with community detox	Ongoing	Business manager /detox nurse lead	No direct
2c. Increase residential rehabilitation places to 24	April 07	JCG	No direct costs to DAAT
2d. Review spend against objectives 2c and 2d above on a quarterly basis and reallocate any underspend.	Quarterly	Business Manager/JCG	No direct costs
2e. Negotiate shorter in patient detox for suitable clients (ie less entrenched clients on subutex) with Smithfield and review and monitor outcomes.	June 07	Community detox team	Within contract price (2a)

Objective 3

Continue to develop and evaluate community detox

Actions and milestones for objective	By when	By whom	Costs/budget
3a: Support cost of community detox	Ongoing	JCG	Within funding for SMS
3b: Continue to monitor and evaluate including long- term outcomes and comparison with in-patient detox	Ongoing	Business manager /detox nurse lead	No direct

3c. Develop shorter in patient detox programmes for suitable clients in the local detoxification facility and review and monitor outcomes.	June 07	Community detox team	No direct
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Objective 4
Continue to develop and evaluate community rehab options

Actions and milestones for objective	By when	By whom	Costs/budget
4a: support cost of community rehabilitation	Ongoing	JCG	Within funding for SMS and SDP
4b: continue to monitor and evaluate including long- term outcomes and comparison with residential rehabilitation	Ongoing	SDP manager/ Detox Nurse Lead. Business Manager	No direct costs
4c. Work alongside Pennine Care and Rochdale, Stockport, Tameside and Bury DAAT to develop a co-operatively commissioned community detoxification team across Pennine Care.	June 07 – Sept 07	Effectiveness Co-ordinator	To be negotiated
4d. Negotiate with providers rehabilitation programmes designed to complete work within a more flexible timescale.	June 07	Community Detox Team/ SMS Service Manager/ WFD Coordinator	No direct costs

Objective 5

Provide a comprehensive database of all of the Residential Rehabilitation facilities in the country, with their philosophy and programmes/living environment detailed so that clients needs can be matched to the most effective placement. (Therefore having positive implications on successful completions along with best value for resources)

Actions and milestones for objective	By when	By whom	Costs/budget
5a. Create database from existing DDN directory with capability to enter client requirements and match these with a list of suitable residential rehabilitation options.	Feb 07	Operational Support Co-ordinator	No direct costs
5b. Complete the Residential Rehabilitation pathway, detailing how to use the database in the preparation phase for rehabilitation (for staff and clients to use).	March 07	Effectiveness Co-ordinator	No direct costs
5c. Ensure that SMS/treatment staff are aware of this resource and importantly understand how to use this to benefit the clients.	April 07	Service Managers and Effectiveness Co-ordinator	No direct costs
5d. Provide ongoing support to all team members through team meetings, review at pathway review date (12 months after launch)	Ongoing and reviewed April 08	WD Co-ordinator/Effectiveness Co-ordinator	No direct costs

Planning grid 10: Drug Interventions Programme

This planning grid should include objectives and action plans in relation to the delivery of the Drug Interventions Programme as outlined in Home Office guidance. This grid replaces grid 2b from 2005/06 and should continue with any outstanding objectives. The planning grid should cover those arrested, referred to and where appropriate, case managed via the CJIT (Criminal Justice Integrated Team) who are engaging offenders in interventions including rapid or dedicated prescribing, and referring into specialist treatment interventions as required (which may be delivered within the CJIT setting). The DIP Main Grant is intended to finance integrated community based drug interventions teams to undertake the case management of these offenders. This team will also seek to sustain treatment gains with the development and delivery of aftercare and holistic packages of support.

Summary of Self Assessment (Baseline position narrative with key gaps clearly set out)

The CJIT is now a well developed efficient team which has gained the respect of all providers within the treatment system, the partnership and service users alike. Performance against compact targets has been excellent this year and a recent audit of the Models of Care system shows that it is working well and our efforts last year to integrate the treatment system are paying off. A recent exercise across the North West looked at clients on the DIP caseload who repeatedly show up in the custody suite testing positive for class A drugs. Oldham identified a small number of clients in this category. We profiled each of these clients, scrutinized the DIP, police and treatment interventions and drew up an action plan to engage them successfully. This exercise was very useful, but also provided further evidence that Oldham's DIP is being effective at engaging clients and getting them established in treatment wherever possible.

One of the major strengths of the Oldham DIP is its ability to manage information, track clients, case manage and provide good quality performance reports via our

Theseus software system. This system is user friendly and adaptable in terms of information management. Theseus is NDTMS compliant and we hope to extend its use throughout our whole treatment system. This will allow the whole treatment system to 'talk to each other', extend the case management and information management facilities throughout the treatment system and free up treatment worker time.

Central to the performance of Oldham DIP is the coverage of the custody suite by test on arrest workers. Capacity to do this has been severely stretched in the third quarter of this year due to staff sickness and vacancies and this has been compounded by the need to relocate the custody suite during the refurbishment of the Oldham town centre custody suite. This is a real risk to Oldham's DIP performance and is currently being looked at by the Drugs and Criminal Justice Sub Group and the DIP manager.

Factors which worked against our original intentions to co-locate the probation DRR and PPO team with CJIT have now been resolved and in line with the wishes of the local partnership and national drivers we will be relocating the DRR/PPO probation team in the DIP premises and putting in place a number of initiatives to integrate the work of both teams. In September we launched the Oldham Joint Action Group, which is a multi agency review panel looking at PPOs, ensuring that all partners do everything possible to move them forward and flagging up any systemic issues that need to be dealt with at DAAT or partnership level. This work and the needs assessment work driven by our new DAAT

performance management group has made a step change in the way the partnership is working together and has demonstrated to every one the positive changes that can be made when we can manage and share information appropriately. Multi –agency participation at the OJAG has been extremely encouraging and is making a very positive contribution to client’s lives, improving services, community safety and crime reduction. This work will have a major positive impact on the resettlement and rehabilitation strand of the PPO strategy, but as this group also makes recommendations to the POMAN group, which promotes and demotes people on the PPO list, adding balance and rationale to decisions to promote PPO’s to be targeted for ‘Catch and Convict’

Increased investment in structured day programmes, ETE provision, the volunteering and mentoring scheme and housing support is now beginning to bear fruit and will enhance the ability to retain clients, achieve improvements in the quality of life for them, their families and reduce offending and the impact of drugs on the community as a whole.

Grid 10

Planned spend 2006/7	Likely spend 2006/7	Planned spend 2007/8
860,112	860,112	890,980

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 support ODIP team

Actions and milestones for objective	By when	By whom	Costs/budget
<p>1a: Ensure adequate capacity within ODIP & team to respond to 'Tough Choices' agenda and achieve compact targets - providing :</p> <ul style="list-style-type: none"> • cover from 8:00am – 11:00pm Monday- Friday and some weekend cover for custody suite • to perform an estimated 120 required assessments a month. DIP support to the active DIP case-load, • triage assessment and fast tracking into appropriate treatment provision • Management of DIP team • Administrative support, collation of data for 'Tough Choices' reporting and development and maintenance of systems to track clients and monitor and evaluate progress against compact targets. • The £432,415 covers DIP Mgr, 50% Data Mgr, 2 Tier 2 Team Leaders, 4 Tier 2 team members, 4 Test on Arrest Wkrs, 1 Admin Wkr. • The £58,306 covers a contribution to 2 Criminal Justice Treatment Workers (SMS) 	April 07 Ongoing	JCG	<p>432,415 DIP</p> <p>58,306 DIP</p>

Objective 2
Continue to fund exiting stimulant worker and fund an extra worker

Actions and milestones for objective	By when	By whom	Costs/budget
<p>2a. Continue to fund original post (other worker funded by APB (grid 7)). Work with crack users offering one to one advice and support. Offer support to other workers in the treatment system. begin to build the service in line with JCG direction following analysis of needs assessment. Provide an additional satellite service in identified crack 'hot spot' This is now One part time post and a contribution to the full time post.</p>	April 07 -ongoing	JCG/ADS	27,766 DIP

Objective 3
Continue to fund and increase funding for Structured Day Care

Actions and milestones for objective	By when	By whom	Costs/budget
3a. Contribution to overheads at 5 Greaves Street (Structured Day Programme)	Ongoing	ADS	30,289 DIP

Objective 4
24 hour telephone support, advice and signposting to all drug users, carers and professionals.

Actions and milestones for objective	By when	By whom	Costs/budget
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4a. training and support for DIP staff in management of 24 hour phone line and extension of service to all users, carers and professionals	April 07	Workforce Dev Manager DAAT trainer	From training budget
4b. development of on-line information system accessible to DIP team and the community to support the advice and signposting function of the help line.	March 07	Policy Officer	No direct
4c. explore ways of making help-line and on-line advice available to non-English or ESL people	March 07	Policy Officer	No direct
4d. development of monitoring and evaluating system to monitor use and efficacy of telephone help-line	April 07	Business Manager	No direct
4e. marketing campaign to publicise 24 hour help-line	April –June 07	CSU Marketing Manager	Marketing budget
4f. review up take and evaluate efficacy	Sept 07	Business /Marketing Officer	Marketing budget
4g. Cost of allowance for holding phone	Ongoing	DIP	7,500 APB

Objective 5 (as objective 12 grid 1)
Continue to support licensed accommodation project and roll out floating support

Actions and milestones for objective	By when	By whom	Costs/budget
5a Continue to fund a Housing advocacy worker <ul style="list-style-type: none"> The aim of this post is to support up to 12 homeless drug users as part of resettlement scheme to assist them to secure appropriate, sustained accommodation in order to adhere to treatment plan. Measure = less than 10% remain homeless after 3 months. To work with up to 25 people in an existing 'vulnerable' tenancy to sustain that tenancy in order that they may adhere to their treatment plan. Measure = less than 10% evicted. 	Ongoing	Turning Point	37,544 DIP

<ul style="list-style-type: none"> • Hold a weekly drop in session in structured day programme premises to offer housing advice. <p>5b. Continue to fund the Assessment & Detox project</p> <p>5c. Increase from the current 6 directly managed flats which are now within the scheme to 12 also continue to provide floating support to up to 25 clients.</p> <p>5d. Pursue plans to take a cluster of another 6 properties plus office space to develop a women's facility – this would include 5 accommodation units (2 suitable for women with babies or young children) a small staff bed-sit and office space/group room to be occupied by members of the women's team during the day.</p> <p>5e. Develop plans for weekends and over night staff cover.</p> <p>5f. Provide day-time housing support by 1 full time housing support worker</p>	<p>Ongoing</p> <p>Dec 07</p> <p>Business plan complete by April 07</p> <p>As above</p> <p>As above</p>	<p>Turning Point</p> <p>Turning Point</p> <p>Turning Point DAAT/ Supporting People</p> <p>As above</p> <p>As above</p>	<p>20,000 DIP</p> <p>From budget above</p> <p>See grid 1</p> <p>Supporting People funding</p> <p>No direct costs</p> <p>Within other resources</p>
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Objective 6

Ensure good coverage of Custody Suite by Test on Arrest Staff.

Actions and milestones for objective	By when	By whom	Costs/budget
6a. Monitor coverage and rotas on a monthly basis	Ongoing	DIP manager	No direct costs
6b. Monitor % of RAs done in custody suite	Monthly report	Operational Support Coordinator	No direct costs
6c. Explore ways to improve coverage by realignment of CJIT	May 07	ODIP Manager/ Senior Probation Officer	No direct costs
6d. Explore reciprocal arrangements with Tameside	May 07	ODIP Manager	No direct costs
6e. Ensure new workers recruited have CRB check in place as soon as possible.	Ongoing	ADS Service Manager	No direct costs
6f. Speed up police clearance for custody suite for new workers.	Ongoing	Drugs Liaison Coordinator	No direct costs
6g. Get phone line installed in custody suite to assist internet access.	April 07	Operational Support Coordinator	No direct costs

Objective 8
Build service user capacity to enable them to influence service development.

Actions and milestones for objective	By when	By whom	Costs/budget
8a: Double the capacity of the Volunteering and Mentoring Scheme to provide 50 trained volunteer/mentors to work alongside drug treatment system workers to supplement activities such as assertive outreach and re – engagement work. Accompanying clients to treatment appointments or to ETE or leisure activities. Raising motivation to stick to treatment plan, work on budgeting, family relationships etc.	April 07	JCG/ADS	97,576 DIP
8b: Increase User/Carer Support Officer capacity to full time to ensure that service users have a voice and are involved in the design of services commissioned by the DAAT.	April 07 Ongoing	JCG/MIND	31,826 DIP

Objective 9
Continue support to Restriction on Bail Scheme

Actions and milestones for objective	By when	By whom	Costs/budget
9a: Continue to fund a worker to act as a liaison between AR workers and court.	Ongoing	JCG	33,135 DIP
9b: Continue to fund a worker to assist with the extra workload	Ongoing	JCG	33,135 DIP

Objective 10
Continue to provide recreational budget for service users.

Actions and milestones for objective	By when	By whom	Costs/budget
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10a. To assist users during early stages of treatment, it has been found through consultation that boredom is a major cause of relapse into misuse. Clients in Oldham have expressed a need for prescriptions for health (Gym Membership etc.) ODIP and the DAAT will research the most cost effective way of funding this provision. A proportion of this budget may also be used to pay for child care to encourage women to access drug services. However, the DAAT is optimistic that drug treatment services for women can be offered within Sure Start facilities which would enable use of the crèche.	From April 1 st 2007	ODIP Manager	7,500 DIP
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Objective 11

Test out Theseus II and consolidate systems for collecting and analysing TOA information

Actions and milestones for objective	By when	By whom	Costs/budget
11a. Test out and consolidate systems for collecting and analysing TOA information	June 07	DIP Office Co-ordinator and IT support	No direct
11b. Staff training to use system to best effect	Ongoing	Work force manager/ Training Officer/ DIP Manager	Training budget

Objective 12

Commission structured counselling provision. (as Grid 10, objective 9e)

Actions and milestones for objective	By when	By whom	Costs/budget
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12a. Counselling budget to be administered by SDP manager to provide access to structured counselling either via Social services approved list or from ADS (budget likely to be topped up by clients 'In control' individual budgets)	April 07	SDP Manager	5,000 DIP
12b. Set up confidential monitoring arrangements for structured counselling to evaluate use of service and provide report to JCG	October 07	SDP Manager/Business Manager	No direct costs

Objective 13

Continue to fund the ODIP offices management, overheads and running costs

Actions and milestones for objective	By when	By whom	Costs/budget
13a. To provide a budget to the DIP Manager to ensure the building can be managed in a safe and comfortable manner for staff and clients.	Ongoing	ODIP	64,165 DIP

Objective 14

Relocate DRR/PPO team in CJIT premises.

Actions and milestones for objective	By when	By whom	Costs/budget
14a. To work with Probation in preparing the fundamental services are in place (IT, telephony, desks chairs)	April 07	Op Support Co-ordinator/Business Manager	No direct
14b. To create SLA with Probation to clarify costs that need to be met by each party	July 07	Business Manager	No direct

<p>14c. Develop a plan to integrate work of Probation DRR/PPO team and CJIT in order to:</p> <ul style="list-style-type: none"> • identify and profile clients who are both PPO and DIP and develop mechanisms for most appropriate response • monitor participation in OJAG meetings • ensure system to solve problems and flag up issues that require a strategic level response to DAAT and SNMG is working. • Develop and operate monthly review system of clients repeatedly testing positive. 	June 07	ODIP Manager/ Senior Probation Officer	No direct cost
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Objective 15

To ensure effective Management and Performance Management of DIP and DIP finances, by calling upon the DAAT Strategic Team Whenever necessary.

Actions and milestones for objective	By when	By whom	Costs/budget
15a. To contribute to DAAT Business Managers overall costs	Ongoing	DAAT Business Mgr	2,160 DIP
15b. To contribute to DAAT Strategic Managers overall costs	Ongoing	DAAT Business Mgr	2,663 DIP