

# Nottingham Crime & Drugs Partnership

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## Community Drug Treatment Plan 2011/12

### Planning Framework

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## Planning Section 1: Commissioning for positive outcomes

Please see checklist at Appendix 1 of the 2011/12 treatment plan guidance for possible areas to include within this planning grid

### Identification of key priorities following needs assessment relating to commissioning system:

#### 1.1 New Treatment Pathway

The current needs assessment identifies that there is still a need to commission a new drug treatment pathway in order to best meet the full range of identified local need and deliver the national Drug Strategy at a local level. This is endorsed by the findings of an external review of the CDP Commissioning Function undertaken in 2010, which supported continued investment in treatment system redesign and market testing.

The new drug treatment pathway will be commissioned in 2011/12 and will ensure that we have a properly integrated end-to-end treatment system that is able to respond flexibly to local need, delivers best value for money, and is aligned to the Drug Strategy 2010 and able to deliver on its recovery and reintegration outcomes.

Commissioning of, and transition to, the new treatment pathway will be the key driver for change in 2011/12 and will be a cohesive thread running through this plan. Commissioning and procurement will be aligned to the regulations of the responsible authorities and will reflect the One Nottingham Commissioning Framework principles. In particular we will ensure that commissioning and procurement plans consider market testing, support local jobs for local people, address equality and where possible support the third sector. We will consider how to involve Service Users and carers in any tendering processes.

#### 1.2 Commissioning Functions

The partnership must collectively review the functions and structures for commissioning drug and alcohol treatment across the community and prisons in line with the move to new health commissioning structures. Nottingham is in a position to be progressing with the transition to the new health commissioning structures, with a 2011/12 being a shadowing year. The new Health and Wellbeing Board will be operational in 2011/12. The partnership will also need to look ahead to 2012 and the introduction of Police and Crime Commissioners, who will take responsibility for local community safety procurement and planning decisions.

Formal Joint Commissioning arrangements for commissioning of community drug treatment continue through the Adult Joint Commissioning Group (JCG). The JCG Terms of Reference were reviewed in 2010/11 but should be reviewed again in relation to the new strategic vision for the CDP, wider changes across the thematic partner structures (in particular to health commissioning structures and the Public Health white paper), and in the context of delivering the Drug Strategy. The reintegration agenda will continue to be seen as a partnership wide responsibility.

Building on the findings of the external review of the CDP Commissioning Function, commissioning functions will continue to be reviewed to ensure they are fit for purpose and aligned with national best practice and the commissioning frameworks of the responsible authorities, including the One Nottingham Commissioning Framework. In particular developments are required in relation to the voluntary sector and market testing and development.

### 1.3 Clinical Governance

In the previous Treatment Plan and Needs Assessment the partnership identified a lack of strategic coordination of clinical governance practice across the treatment system. In 2010/11 the CDP undertook a detailed self assessment of clinical governance practice and structures at provider, commissioner and partnership level; this led to the development of a clinical governance framework of minimum standards for the Nottingham drug treatment system. In 2011/12 the framework needs embedding in practice at all levels and should be included in tendering for any new services through the commissioning of the new treatment pathway. Areas of clinical governance identified as requiring further work will be included in a development plan to be delivered through the existing Service Managers Meeting.

### 1.4 Contract, Finance and Performance Management

In 2010/11, new developments for contract and performance management were utilised to ensure continuous improvement in the quality and effectiveness of drug treatment delivery in Nottingham. Quarterly performance meetings with providers (in addition to contract review meetings) and robust performance management of data have been effective in maintaining strong performance, with planned discharges from drug treatment being the highest in the region.

In 2011/12 Nottingham City Treatment system will be more closely measured by Outcomes. Planned discharges and improvements through TOP will be measured and used to determine whether treatment has been successful.

The review of current clinical governance practice (see above) indicated a need to have more uniformly robust processes for contract reviews, audits and cost effectiveness as mechanisms to continuously improve and review performance.

Contract variations and new contracts for 2011/12 will include stronger performance enforcement mechanisms through review processes and payment sanctions.

### 1.5 Workforce Development

In line with the National Drug Strategy the local partnership will continue to support the development of a skilled and experienced local workforce that is ambitious for our client group. The existing workforce development strategy was reviewed in 2010/11 and will be replaced in 2011/12 with a short plan focused on the new evidence base set out in Building Recovery in Communities (NTA) and the National Skills Consortium.

Careful management of the workforce through the transition to a new treatment pathway will be required in order to retain our existing pool of skilled and experienced workers.

Through commissioning the new treatment pathway we will ensure that providers have plans in place to develop and grow the workforce, and minimum standards will be specified in contracts. There will also be a focus on volunteering opportunities, particularly for our client group and the role of recovery champions (cross reference section 3).

#### 1.6 Service User and Carer Involvement

Service user and carer involvement at all levels of commissioning, service design and delivery is central to the work of the CDP commissioning team. This will continue to be a central spoke in the full commissioning cycle and will include consultation and communication at a local, regional and national level

#### 1.7 Information Governance

Integrating information systems to reflect and support a fully integrated treatment system across the community and prison will continue to be an aspiration and Information systems will be reviewed as part of commissioning the new treatment pathway. This will build on the success of the integrated information system across the prison rolled out in 2010/11.

#### 1.8 Needs Assessment

We will continue to complete comprehensive needs assessments in line with national best practice. Our 2011/12 needs assessment will see the start of a three year planning cycle and will focus in particular on reviewing the impact of the new Drug Strategy and the new treatment pathway. We will also continue to closely monitor the changing local profile of drug use.

### **Expected outcomes 2011-12:**

New treatment pathway which will deliver:

- Increased levels of abstinence
- Reduction in dependant and problematic drug use
- Reduction in repeat offending
- Improved social integration including access to employment, training and education, stable housing, improved family functioning
- Safer communities
- Local implementation of the National Drug Strategy

Robust joint commissioning systems leading to more effective and efficient commissioning

Robust joint commissioning arrangements across the Responsible Authorities addressing the reintegration needs of our client group

Improved quality of treatment

Improved integration of community, criminal justice and prison treatment

Improved / standardised systems for safety and governance in treatment

Retention of a skilled and experienced workforce

**Expected outcomes 2012-13 and 2013-14:**

After a year of transition across treatment services and commissioning structures, 2012/13 and 2013/14 will provide a period of stability while the new treatment pathway beds in.

The impact of the new pathway and the drug strategy will be reviewed to ensure it continues to deliver the planned objectives

**Delivery Plan:**

Key milestones	By when	By whom
<u>1.1. New Treatment Pathway</u>		

<p>Sign off new treatment pathway and commissioning plan through CDP Board (pathway and commissioning plan will be subject to thorough and ongoing risk assessment)</p> <ul style="list-style-type: none"> <li>• <i>Commissioning plan to create opportunities for market testing and development.</i></li> <li>• <i>CDP Board to include representation of third sector.</i></li> </ul>	End April 11	Director Strategy & Commissioning Team
<p>Develop procurement process aligned to NHS Nottingham City Council procurement processes</p> <ul style="list-style-type: none"> <li>• <i>Procurement plans will ensure third sector not disadvantaged in any tendering opportunities</i></li> <li>• <i>Procurement plans will consider involvement of Service Users and carers in the procurement process</i></li> </ul>	May 11	Strategy & Commissioning Team SUCI Officer
<p>Implement commissioning and procurement plan including any tendering, with first wave of new contracts to be awarded (whether through tendering or reconfiguration) Sept 11</p>	Sept 11	Strategy & Commissioning Team
<p>Ongoing risk assessment of procurement process and transition to the new model</p>	Ongoing throughout process	Strategy & Commissioning Team
<p>Develop a clear communication strategy for the new treatment pathway and transition to it</p>	May 11	Strategy & Commissioning Team
<p><u>1.2. Commissioning Functions</u></p>		
<p>Continue to engage in discussions with responsible authorities on responsibility and accountability structures for commissioning drug treatment in the light of new health commissioning arrangements.</p>	Ongoing	Strategy & Commissioning Manager
<p>Review and refresh JCG Terms of Reference.</p> <ul style="list-style-type: none"> <li>• <i>Representation from third sector to be considered.</i></li> </ul>	Oct 11	JCG
<p>Continue to link with One Nottingham Commissioning Exec Board Sub Committee to ensure commissioning and procurement for drug treatment is aligned to the One Nottingham Quality and Commissioning Framework</p> <ul style="list-style-type: none"> <li>• <i>Particular areas for development include voluntary sector, developing the market, and</i></li> </ul>	Sept 11	Strategy & Commissioning Manager

<i>engaging councillors in commissioning and procurement.</i>		
<u>1.3 Clinical Governance</u>		
Include minimum standards for clinical governance in contract variations, tender documents and contracts.	June 11	Strategy & Commissioning Team
Incorporate review of clinical governance compliance/practice in service review process.	June 11	Strategy & Commissioning Team
Produce clinical governance development plan and implement through Service Managers Meeting and Shared Care Monitoring Group.	June 11	Strategy & Commissioning Team
<u>1.4. Contract, Finance and Performance Management</u>		
1.4 Develop and implement new standard process for service reviews.	April 11	Strategy & Commissioning Team
1.4 Develop and implement annual audit cycle (commissioner's audit of services), include a complimentary cycle of service user audit of specific elements of service delivery.	Full cycle to be completed March 12	Strategy & Commissioning Team & SUCI Officer
1.4 Review mechanisms to assess cost effectiveness aligned to NTA Value for Money tool	Oct 11	Strategy & Commissioning Team
1.4 New Performance framework to be completed for 2011/12 to reflect the focus on planned discharges and outcomes.	April 11	Performance and Information Team
<u>1.5. Workforce Development</u>		
1.5 Write and sign off workforce development plan, taking into account the National Skills Consortium and also NCC commitment to local jobs for local people.	June 11	Strategy & Commissioning Team
1.5 Ongoing risk assessment of transition to the new treatment pathway in relation to retention of existing workforce.	Ongoing (Cross Ref 1.1)	Strategy & Commissioning Team

1.5 Contract variations for 2011/12 to include requirements for services to develop plans to offer volunteering, peer support and mentoring opportunities for drug users/ex-drug users	June 11	Strategy & Commissioning Team
1.5 Contracts and tender documents for any services commissioned as part of the new treatment pathway to include requirements for development of the workforce, including volunteering and mentoring opportunities for drug users/ex-drug users <ul style="list-style-type: none"> <li><i>Volunteers must be properly supported and have access to training, volunteers should be respected and treated as staff, volunteers should not be out of pocket and should be given access to free training that will contribute to personal and professional development.</i></li> </ul>	Sept 11	Strategy & Commissioning Team
<u>1.6. Service User and Carer Involvement</u>		
Continue the evolution of service user structures of involvement including joint work with carers where appropriate (e.g. training)	Throughout year	SUCI Officer
Scope the possibility of developing volunteering opportunities for service users and carers (e.g. auditing services and promotional materials)	May 2011	SUCI Officer
Develop a thematic approach to carer involvement (e.g. involvement in treatment, carers own needs etc.)	May 2011 and throughout	SUCI Officer
<u>1.7. Information Governance</u>		
Evaluation of the Integrated IT system across criminal justice teams.	April – May 11	Drugs Analyst Performance and Info
Implementation of Integrated IT system across the new treatment pathway	Sept 11	Performance and Info
<u>1.8. Need Assessment</u>		
Need Assessment completed. 2011/12 will be completed in 2 parts. (i) Data analysis of whole system and (ii) in-depth analysis.	(i) April / May 11 (ii) Sept –Nov	Drugs analyst Performance and Info Team

	11	
Review profile of local drug use on a monthly basis through analysis of range of data sources, including Police Drugs Intelligence Network and Service User Feedback	Monthly throughout	Performance and Info Team SUCI Officer

**Other Comments/Updates:**

## Planning Section 2: Maintaining and improving access to treatment

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

### **Identification of key priorities following needs assessment relating to access to the drug treatment system:**

#### 2.1 New Treatment Pathway

Implementation of the new treatment pathway will improve access to treatment. In particular; waiting times to treatment will be maintained and standardised across those accessing through the criminal justice route and those accessing through the community; there will be streamlined single access points to treatment; and a single assessment process (see also Standard Assessment Framework below). The new pathway will involve flexible service provision and proactive engagement of all client groups and particularly identified underrepresented groups such as under 25's, stimulant users, users from specific BME communities and women.

#### 2.2 Referrals

The new treatment pathway will continue to maximise referral routes into treatment from 'generic' (non-drug treatment) community sources such as housing, Job Centre Plus, police and PCSOs, and community groups. Such referral sources will be targeted to maximise engagement for groups currently underrepresented in treatment. This will be delivered through flexible service provision, delivering services in places of need and proactive joint working. The new pathway will be appropriately advertised and promoted to 'generic' services and groups.

The needs assessment indicated that the impact of training for Tier 1 agencies in generating referrals into treatment should be reviewed in more detail.

#### 2.3 Criminal Justice Routes into Treatment

This years Needs Assessment identified a significant drop in the number and proportion of positive tests on arrest for heroin and/or cocaine (from an all time peak of around 1 in 2 to around 1 in 4). Through our local partnership structures, the CDP will work to maximise the potential of the criminal justice system in increasing the numbers accessing drug treatment.

It is essential that the new community treatment pathway has clear and robust links to the IDTS in the HMP Nottingham and this is reflected in the IDTS treatment plan.

#### 2.4 Standard Assessment Framework

Through consultation with drug treatment workers on the effectiveness of drug treatment, the needs assessment identified that a single assessment and care coordination system would increase treatment effectiveness but that the current Standard Assessment Framework is not

functioning as it should. The Standard Assessment Framework will support the new treatment pathway which has a single assessment and care coordination function and so needs redesigning early in 2011/12.

### 2.5 Advocacy

There is currently a lack of clarity on the provision of advocacy for drug treatment clients. A range of options for advocacy provision should be developed and in the interim advocacy provision should be available through development of clear pathways into generic advocacy provision.

### 2.6 Nottingham Drug Treatment System Charter

Nottingham established a charter for the drug treatment system in 2009. The charter should be reviewed against the new national Drug Strategy and local treatment pathway. The extent to which it is being adopted by services should be audited.

### 2.7 Advertising and Promotion

A strategic advertising and promotion campaign will be required to support the implementation of and transition to the new treatment pathway.

### **Expected outcomes 2011-12:**

New treatment pathway which will deliver:

- Increased engagement with underrepresented groups
- Increased levels of abstinence
- Reduction in dependant and problematic drug use
- Reduction in repeat offending
- Improved social integration including access to employment, training and education, stable housing, improved family functioning
- Safer communities
- Local implementation of the National Drug Strategy

Increased engagement in treatment from underrepresented groups and criminal justice clients  
 Increased efficiency, continuity and outcomes of treatment through standard of assessment and care planning framework  
 Improved awareness of treatment services across the wider community

**Expected outcomes 2012-13 and 2013-14:**

After a year of transition across treatment services and commissioning structures, 2012/13 and 2013/14 will provide a period of stability while the new treatment pathway beds in.

The impact of the new pathway and the drug strategy will be reviewed to ensure it continues to deliver the planned objectives

Standard assessment framework will allow for more continuity of care, which in turn will increase positive outcomes. This can be measured through planned discharges and an increase in positive outcomes shown by TOP.

**Delivery Plan:**

Actions and milestones	By when	By whom
<u>2.1. New Treatment Pathway</u>		
CROSS REFERENCE 1.1 for key actions and milestones for the new treatment pathway.		
Mechanisms to ensure accessibility will be a core element of contracts and tender documents and will be weighted appropriately in the tender process. <ul style="list-style-type: none"> <li>• <i>Waiting times standards, streamlined access points, proactive engagement and flexible service provision, services to be delivered at point of need.</i></li> </ul>	In line with commissioning plan	Strategy & Commissioning Team
Providers required to demonstrate how they will deliver services to engage underrepresented groups through the tender process.	In line with commissioning plan	Strategy & Commissioning Team

Risk assess, plan and monitor transition of current clients into the new pathway and services (including development of a clear communication plan).	Ongoing throughout	Strategy & Commissioning Team
<u>2.2. Referrals</u>		
Review referral routes into treatment with a focus on referrals from 'generic' services by looking at referral sources across the treatment system. Utilise analysis to target promotion and training to maximise referrals into treatment.	Quarterly throughout 11/12	Performance & Information Team
Develop preferred provider system for the availability of training provision for generic services and community groups.	Oct 11	Strategy & Commissioning Team
Monitor referral pathways from young people's substance misuse services into adult services and review impact of the policy on supported transition, take action as required in year.	Sept 11	Strategy & Commissioning Team
<u>2.3. Criminal Justice Routes into Treatment</u>		
To continue to work with the custody suites to maximise the number of Inspector's authority tests (especially around violent crimes). Review impact.	Review to be completed June 11	Strategy & Commissioning Team
Finalise agreement on the sharing of police intelligence to identify detainees with substance misuse problems. Review impact.	Review to be completed June 11	Strategy & Commissioning Team
Develop clear transition pathways between criminal justice and community treatment in relation to the new treatment pathway. To be formalised through joint working protocols.	Sept 11	Strategy & Commissioning Team
<u>2.4. Standard Assessment Framework</u>		
Standard Assessment Form to be re-designed for criminal justice teams, reflecting the ethos of the new treatment pathway, outcome focus, Nottingham Drug Treatment System Charter and national Drug Strategy. Service user consultation to be central to development.	May 11	Strategy & Commissioning Team Performance and Info Team
Standard Assessment Form to be deployed through new treatment system (include as requirement in new contracts and tender documents).	Sept 11	Strategy & Commissioning Team

		Performance and Info Team
Review why the current Standard Assessment Framework is not working and consult with Service Users and workers on implementation of the new framework.	May 11	Strategy & Commissioning Team
<u>2.5. Advocacy</u>		
Identify range of advocacy provision accessible to drug users and publish information.	May 11	Strategy & Commissioning Team
Complete options appraisal for advocacy provision and take to the JCG for decision.	Sept 11	Strategy & Commissioning Team
<u>2.6. Nottingham Drug Treatment System Charter</u>		
Review and refresh Nottingham Drug Treatment System Charter with particular consideration to the new Drug Strategy. Consult with Service Users through The Forum in the development.	June 11	Strategy & Commissioning Team
Charter to be included in contract variations, new contracts and tender documents and implementation to be reviewed through contract review mechanisms.	April 11	Strategy & Commissioning Team
Audit implementation of the charter across all services; consider the use of service user audits (cross ref 1.4).	March 12	Strategy & Commissioning Team
<u>2.7. Advertising and Promotion</u>		
Develop two tier communication strategy for the new treatment pathway, considering both branding and communication of the treatment pathway as a whole and branding and communication of individual services. Strategy to consider cost, available budget and resource, accessibility and placement of information, and equality and diversity needs.	July 11	Strategy & Commissioning Team
Develop new promotional literature for new treatment pathway and services and circulate widely. New literature to consider accessibility of information (e.g. language, literacy etc). New literature to reflect local need and local services.	Sept 11	Strategy & Commissioning Team, SU & Carers, Providers
Old promotional literature to be removed from circulation as far as possible. Consider role for	Sept 11	SUCI Officer

volunteer service users/ex-service users in removing old literature and identifying appropriate placement of new literature in appropriate formats.		
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**Other Comments/Updates:**

## Planning Section 3: Delivering recovery and progress within treatment

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

### Identification of key priorities following needs assessment relating to recovery and effectiveness of the drug treatment system:

#### 3.1 New Treatment Pathway

The new treatment pathway will ensure that local treatment provision will deliver the recovery and reintegration agenda set out in the Drug Strategy and will respond to findings of ongoing needs assessments and the Treatment System Review. The new pathway will also ensure that our services respond to the new Building Recovery in Communities framework for commissioning that replaces Models of Care.

#### 3.2 Recovery Champions

The Drug Strategy and local service user consultation demonstrate that the impact and success of treatment can be maximised by clients learning and drawing on the experience of others who have succeeded before them. As set out in the Drug Strategy, recovery champions can operate at different tiers including strategic, worker and service user level. The new treatment pathway will be supported by implementation of a recovery champions network and the development and launch of a recovery book.

#### 3.3 Recovery Capital

In order to fully address drug use and support full integration into society and our local communities, treatment must work alongside other interventions to build on individual clients 'recovery capital'. As set out in the Drug Strategy this encompasses social capital (e.g. relationships), physical capital (e.g. money and somewhere to live), human capital (e.g. skills, mental and physical health, and a job), and cultural capital (e.g. values, beliefs and attitudes). All services will be required to assess client's recovery capital and work with them to enhance and draw on this throughout their treatment journey. This will be a core element of the new treatment pathway.

The partnership has identified significant risks posed by the proposed level of funding cuts to the Supporting People budget.

#### 3.4 Family & Children

Nottingham has demonstrable commitment to supporting whole families affected by drug use and in particular safeguarding the needs of children. Family's, carers' and children's needs are all considered within the new treatment pathway. Nottingham will take a Think Family approach through implementation of "*Joint guidance on the development of local protocols between drug and alcohol treatment services and local safeguarding and family services*" (DCSF, 2009), including the appropriate involvement of family in client's drug treatment. The needs of children will remain paramount in the delivery of services through the hidden harm agenda. Implementation of the Clinical Governance

framework set out in section 1.3 will be essential in assuring and auditing high standards in safeguarding vulnerable adults and children. The local good practice in relation to safeguarding children will be pulled together into an overarching strategy to be signed off through the JCG and the Nottingham City Safeguarding Children Board.

### 3.5 Self Help

Nottingham's Self Help Recovery Network was established in 2010 and has developed rapidly in response to the needs of the local client group. We will continue to promote the network in establishing new self help groups and supporting those already in existence. Auditing of current practice within our commissioned treatment services will ensure that all service users are made aware of and offered referral into self help groups, in accordance with the Nottingham Drug Treatment System Charter.

### 3.6 Care Planning

As set out in section 2.4, the needs assessment identified that a single assessment and care coordination system would increase effectiveness but that the current Standard Assessment Framework is not functioning as it should. The current Standard Assessment Framework system must be reviewed and improved and will work alongside the new treatment pathway to ensure effective and integrated care coordination. The new treatment pathway will allow for a single care coordination function.

### 3.7 Reducing Harm

Ongoing needs assessments and national research demonstrate that interventions to reduce harm are essential in reducing the significant and costly health harms to individuals, families and communities. Nottingham will continue to provide comprehensive needle exchange provision, BBV testing, vaccination and treatment, harm reduction alerts, and advice and information. Harm reduction interventions will operate as an integral part of our recovery focused treatment system.

We will continue to review and learn lessons from drug related deaths and serious and untoward incidents in accordance with Clinical Governance requirements.

### 3.8 DIP

The Criminal Justice treatment pathway will have a focus on reducing re-offending whilst ensuring the delivery of the recovery and reintegration agenda set out in the Drug Strategy and will respond to findings of ongoing needs assessments and the Treatment System Review. The new pathway will also ensure that DIP will respond to the new Building Recovery in Communities framework for commissioning that replaces Models of Care.

### 3.9 Education, Training and Employment

ETE opportunities for clients will be enhanced through the establishment of closer working ties between Job Centre Plus and Drug Treatment Providers. The new treatment system will ensure that a wider range of structured ETE activities are available to a greater range of clients through out the whole of their treatment journey.

### 3.10 Inpatient & Residential Rehab

Access to inpatient treatment and residential rehab will continue to be a core element of the treatment pathway. The impact of the new inpatient facility – The Woodlands – will be reviewed in year.

Ensuring that residential rehab placements are effective for all client groups will be a key element of the plan. A major focus will be placed upon working to improve services and outcomes through contributing to the development of Regional Providers lists and new data monitoring systems.

### 3.11 Quality Assurance

The clinical governance developments identified in section 1.3 will be utilised as quality assurance mechanisms for treatment delivery. Clinical governance/quality assurance will include reviewing and ensuring treatment delivery is aligned to the national and local strategic direction, ensuring compliance with range of national clinical guidelines and best practice, ensuring treatment is individualised, and effective.

## **Expected outcomes 2011-12**

New treatment pathway which will deliver:

- Deliver the recovery and reintegration agenda
- Delivery the recommendations in Building Recovery in Communities
- Increased levels of abstinence
- Reduction in dependant and problematic drug use
- Reduction in repeat offending
- Improved social integration including access to employment, training and education, stable housing, improved family functioning
- Safer communities
- Local implementation of the National Drug Strategy

Improved outcomes in treatment focused on recovery and reintegration across community and criminal justice system  
 Increased efficiency, continuity and outcomes of treatment through standard of assessment and care planning framework  
 Improved quality of treatment across community and criminal justice treatment systems  
 Reduced harm to children affected by parental drug use  
 Reduced harm to families and carers affected by drug use  
 Improved outcomes from in patient and Residential Rehab interventions due to:

- More appropriate placements with approved providers
- Access to improved Regional monitoring information

Increased referrals between Jobcentre Plus and Treatment Providers, leading to:

- Enhanced ETE opportunities and outcomes for clients in treatment
- Increased numbers entering drug treatment

**Expected outcomes 2012-13 and 2013-14:**

After a year of transition across treatment services and commissioning structures, 2012/13 and 2013/14 will provide a period of stability while the new treatment pathway beds in.  
 The impact of the new pathway and the drug strategy will be reviewed to ensure it continues to deliver the planned objectives

**Delivery Plan:**

Actions and milestones	By when	By whom
<u>3.1. New Treatment Pathway</u>		
CROSS REFERENCE 1.1 for key actions and milestones for the new treatment pathway.		

New contracts and tender documents to reflect recovery agenda and Building Recovery in Communities. Tender process to be appropriately weighted to emphasise the importance of this.	In line with commissioning plan	Strategy & Commissioning Team
<u>3.2. Recovery Champions</u>		
Consult on, develop and implement local definition and system for network of recovery champions (at strategic, therapeutic and community level) aligned to recommendations in the national Drug Strategy. Consultation to include consultation with Service Users.	March 12	Strategy & Commissioning Team SUCI Officer
Launch Recovery book	June 11	SUCI Officer
<u>3.3 Recovery Capital</u>		
New contracts and tender documents to place high importance on delivery of services to increase clients recovery capital. Tender process to be appropriately weighted to emphasise the importance of this and potential providers required to demonstrate how they will deliver this.	In line with commissioning plan	Strategy & Commissioning Team
Ensure that client group has access to debt advice either through commissioning of the new treatment pathway or through establishment of referral links with non-commissioned providers.	Ongoing	Strategy & Commissioning Team
New Standard Assessment Framework will include mechanisms to assess clients recovery capital and care plan to increase recovery capital. CROSS REFERENCE 2.4	May 11	Strategy & Commissioning Team Performance & Info Team
Contract variations for 11/12 to include requirement to develop a plan for provision of volunteering and mentoring opportunities to service users / ex-service users in line with the 2009 mentoring Strategy.	June 11	Strategy & Commissioning Team
All new contracts commissioned as part of the treatment pathway to include requirement to provide volunteering and mentoring opportunities to service users / ex-service users in line with the 2009 Mentoring Strategy.	In line with commissioning plan	Strategy & Commissioning Team SUCI Officer
Increase access to recovery capital by ensuring the holistic/wrap around needs of clients are represented at a strategic level through partnership structures (e.g. Board, Exec, and JCG).	June 11	Strategy & Commissioning

		Manager
Continue to represent the needs of drug users in relation to housing at appropriate strategic forums.	Ongoing	Strategy & Commissioning Team
Scope the possibility of ensuring remaining Supported Housing for substance misusers is prioritised for those engaging within structured treatment.		Strategy & Commissioning Team and Supporting People
Review future of ETE working group	June 2011	ETE working group
JCP training for drug treatment services to be implemented to raise awareness of new referral pathways	April 2011	Strategy & Commissioning team / JCP
Ensure recovery coordination service is tendered to offer ETE and structured activities to all clients in treatment	In line with commissioning timetable	Strategy & Commissioning Team
<u>3.4 Family and Carers</u>		
Continue to embed Think Family across the treatment system and strengthen the links between treatment services and children and family services	Ongoing	Strategy & Commissioning Team
Continue to invest in the delivery the Hidden Harm agenda (including workforce development, resource development and training for service users, families and carers)	Ongoing	Strategy and Commissioning Manager / Trilogy of Risk Implementation Manager
Ensure that children affected by adults substance misuse remain supported (to include investing in services to support these children)	Ongoing	Strategy and Commissioning Manager / Trilogy of Risk Manager
Continue to ensure that carers are recognised as having distinct needs from substance misusers and	Ongoing	Strategy &

deliver appropriate service responses (including dedicated family & carers service and BBV provision)		Commissioning Team
Continue to implement family involvement in treatment where appropriate	Ongoing	Strategy & Commissioning Team
Develop overarching strategy for safeguarding children affected by adults substance misuse and get signed off through the JCG and NCSCB	June 11	Strategy & Commissioning Team, Hidden Harm Implementation Manager
Include safeguarding as part of wider clinical governance developments: cross reference section 1.3.	Cross ref 1.3	Cross ref 1.3
<u>3.5. Self Help</u>		
Continue to support the work of Self Help Nottingham in relation to the Recovery Network through attendance on the Self Help Recovery Network Strategy Group.	Ongoing	Strategy & Commissioning Team SUCI Officer
Ensure all services and service users have access to information on local self help groups/Recovery Network. Audit this using service user audits.	Audit to be completed by March 2012	Strategy & Commissioning Team Recovery Network SUCI Officer
Ensure all services offer access to self help including practical support to access where required, and audit practice to ensure compliance. Consider use of service user audits (cross reference 1.4).	Audit to be completed by March 2012	Strategy & Commissioning Team Recovery Network SUCI Officer
Work with Self Help Nottingham and the Recovery Network via the steering group to look at how we can review the impact of self help through monitoring of number of groups, length of time running and number accessing. Also review the findings of Nottingham University study.	Sept 11	Performance & Information Team SUCI Officer
Review continuation of the Recovery Network for 2012/13 following the years pump priming funding from Nottinghamshire County DAAT and consider any ongoing funding needs.	March 12	Strategy & Commissioning Team SUCI Officer

Support self help coordinators to refer Service Users into treatment services through training to be provided by Lets Build.	Dec 11	Strategy & Commissioning Team Lets Build
<u>3.6. Care Planning</u>		
CROSS REFERENCE SECTION 2.4 STANDARD ASSESSMENT FRAMEWORK.		
<u>3.7. Harm Reduction</u>		
Review the future direction and function of the Harm Reduction Strategy Group.	May 2011	Strategy & Commissioning Officer
Over see the implementation and development of the specialist Needle Exchange Service in line with the implementation of the new treatment system pathway.	In line with commissioning time table	Strategy & Commissioning Team
Facilitate closer working between specialist needle exchange and pharmacy needle exchange providers through increased information sharing (including submission of data to commissioners), implementation of the new contract for Specialist Needle Exchange which requires joint working, and referral into mainstream services.	In line with commissioning time table	Strategy & Commissioning Team
Continue to develop the effectiveness of the system for recording, investigating and reporting on drug related deaths.	Ongoing In year	Strategy & Commissioning Officer
Over see the expansion and increased effectiveness of BBV interventions across the treatment system through implementation of a new BBV testing, vaccination and treatment service as part of the treatment pathway. This should also deliver testing and vaccination for family and carers of drug users.	In line with commissioning time table	Strategy & Commissioning Team
Performance manage uptake of BBV testing and vaccination through performance meetings and contract management mechanisms.	Ongoing	Strategy & Commissioning Team Performance & Info Team

Engage in countywide evaluation of DBS testing pilot and work with the project lead to increase the take up within the City.	To be set by pilot project manager	Strategy & Commissioning Team
<u>3.8. DIP</u>		
Increase support for Integrated Offender Management by applying the recovery agenda to GOM interventions. Work with CJIT to embed the recommendations from BRiC into service delivery and audit in year.	March 12	Strategy & Commissioning Team
Review the current range of criminal justice diversionary services and identify areas for development	June 11	Strategy & Commissioning Team
Criminal justice interventions to focus on reducing re-offending considering the pathways out of the criminal justice system into community treatment and self help. New pathway for community treatment to include pathways between criminal justice treatment and included in service specs and tendering of the new pathway.	Sept 11	Strategy & Commissioning Team
<u>3.9. Education, Training and Employment</u>		
Implement greater access to ETE opportunities across the entire treatment pathway from point of access to exit through commissioning of the new treatment pathway CROSS REFERENCE 1.1 for key actions and milestones for the new treatment pathway.	In line with commissioning plan	Strategy & Commissioning Team
Continue to develop closer working links between the drug treatment system and Job Centre Plus in line with the NTA and JCP Joint Working Protocol, including facilitation of training sessions, and continue to monitor impact through referrals.	June 11	Strategy & Commissioning Officer
<u>3.10. Inpatient and Residential Rehab</u>		
Review the effectiveness and impact of the new regional inpatient unit (Woodlands) on Tier 4 performance in the City.	March 12	Strategy & Commissioning Officer
Monitor and address areas of underperformance identified in the Tier 4 Annual Report 2009/10, to improve treatment outcomes for affected groups.	October 11	Strategy & Commissioning Officer

Continue to contribute to the establishment of a Regional Tier 4 Providers list.	May 11	Strategy & Commissioning Officer
Support the implementation of the new Illy data recording system in line with the NTA.	May 11	Strategy & Commissioning Team
Contribute to consultation arising from the Green Paper on residential rehab to inform the future development and expansion of Tier 4 interventions as a form of treatment		
<u>3.11. Quality Assurance</u>		
CROSS REFERENCE SECTION 1.3 FOR MILESTONES RELATING TO CLINICAL GOVERNANCE AND QUALITY ASSURANCE AND SECTION 1.4 FOR MILESTONES RELATING TO AUDITS AND CONTRACT REVIEW MECHANISMS.		

**Other Comments/Updates:**

## Planning Section 4: Achieving outcomes and successful completions

Please see checklist at Appendix 1 of the 2011/12 plan guidance for possible areas to include within this planning grid

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

#### 4.1 New Treatment Pathway

The new treatment pathway will ensure that the positive outcomes of treatment are maximised and sustained. This will be achieved through an integrated whole system pathway which encompasses long term support, relapse prevention, follow up and monitoring for those clients exiting the treatment system and quick routes back into treatment should they be required.

#### 4.2 Successful Completions

Nottingham has the highest rate of successful completions in the region and this is supported through robust performance management of unplanned exits from treatment, which will continue in 2011/12. As we move to the new treatment pathway we will ensure that this high level of performance continues.

#### 4.3 Retention

Nottingham has historically had issues with retention, with performance under target for the most part. Although 2011/12 performance management will focus on discharges and outcomes, Nottingham will aim to increase performance to 85%.

#### 4.4 Treatment Outcomes profile

TOP completion is now above the 80% level. Nottingham will start to get TOP analysis reports, depicting the improvement and outcomes for our clients in relation to drug use, social functioning, crime, housing and employment. In 2011/12 Nottingham will utilise the TOP analysis to evaluate successful outcomes.

### Expected outcomes 2011-12:

New treatment pathway which will deliver:

- Deliver the recovery and reintegration agenda
- Improved long term outcomes of treatment
- Increased levels of abstinence
- Reduction in dependant and problematic drug use
- Reduction in repeat offending
- Improved social integration including access to employment, training and education, stable housing, improved family functioning
- Safer communities
- Local implementation of the National Drug Strategy

Contract and performance management will change focus and will be concentrated around successful completions retention and outcomes. Through this we expect to see and increase in effective treatment for all drug users. This will include an increase in the positive outcomes for clients – specifically integration (housing and ETE).

**Expected outcomes 2012-13 and 2013-14:**

After a year of transition across treatment services and commissioning structures, 2012/13 and 2013/14 will provide a period of stability while the new treatment pathway beds in.

The impact of the new pathway and the drug strategy will be reviewed to ensure it continues to deliver the planned objectives

**Delivery Plan:**

Actions and milestones	By when	By whom
<u>4.1. New Treatment Pathway</u>		
CROSS REFERENCE 1.1 for key actions and milestones for the new treatment pathway.		

Mechanisms to maximise treatment outcomes will be a core element of contracts and tender documents. Tender process will be appropriately weighted to emphasise this. Potential providers will be required to demonstrate how they will achieve this.	In line with commissioning plan	Strategy & Commissioning Team
Develop new mechanisms for monitoring long term outcomes of treatment, including TOP and high level outcomes and continue to work to the local TOP action plan to ensure 80% compliance with TOPs reporting.	Ongoing	Performance and Info Team
Services to be issued with 2011/12 targets and to be performance managed through existing performance review mechanisms and new contract/service review mechanisms (CROSS REFERENCE 1.4)	March/ April 11	Performance and Info Team
Targets developed for new treatment services and included in contracts and tender documents	Sept 11	Performance and Info team
CROSS REFERENCE SERVICE REVIEW MECHANISMS SECTION 1.4		
Set contractual requirement for all services to utilise service user exit surveys and use results to feedback into service/contract review mechanisms and ongoing needs assessments.		

**Other Comments/Updates:**