

# Blackpool Community Safety and Drugs Partnership

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## **Adult drug treatment plan 2006/07**

### Part 3: Planning grids

3<sup>rd</sup> March 2006

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

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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

This grid replaces and updates grid 7 from the 2005/6 plan and should reflect any continuing objectives from 2005/06

### **Summary of self-assessment systems and Infrastructure – baseline position narrative with key gaps clearly set out:**

Our commissioning function is well developed and information from commissioning and contract monitoring is being used to drive service improvements.

Our priorities in this area are:

1. To continue roll-out and develop our new format for SLA's and Service Specifications and the Contract monitoring / Performance Management framework, to ensure that all providers are collecting, collating and reporting regularly on activity, quality, performance and expenditure
2. To develop further our information systems to ensure that all providers complete and return NDTMS data via electronic data transfer and comply with NTA minimum data set requirements
3. To ensure that the draft plan is adequately consulted on, and that the final plan is disseminated and made available to all appropriate stakeholders.
4. In collaboration with LDAT & BwD commissioners, to market test for possible future commissioning opportunities by inviting expressions of interest from service providers across tier 2,3,4 treatment in order to establish a preferred provider list.
5. Continue to support the Rent Bond Scheme in Blackpool (see planning Grid 10)

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£86,000

**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**

To ensure that commissioned agencies provider services have in place systems to monitor, manage and maintain service quality, risk assessment and service governance

Actions and milestones for objective 1	By when	By whom	Costs/budget
1. In partnership with providers and stakeholder, to implement existing plans to monitor the implementation of Models of Care 2005.	Sept 2006	Steve Owen	Nil
2. In partnership with providers to implement the action plans and recommendations from the 'Blackpool Client Journey Study'.	May 2006	Louisa Sharples/ Paolo Pertica	Nil
3. To <b>audit and assess</b> service quality and compliance with Models of Care, QuADS and DANOS	Sept 2006	Steve Owen/ Teresa Young	Nil
4. Within plans for revising existing SLAs and service specifications, ensure that all providers have in place (or have plans to develop) effective and robust service governance arrangements.	April 2006 to March 2007	Louisa Sharples	Nil
5. Within plans for revising existing SLA's and service specifications, ensure that all providers have in place effective risk management procedures	April 2006 to March 2007	Louisa Sharples	Nil

**Objective 2**

To ensure that commissioning, financial, performance management and information activities are adequate to support the delivery of the treatment plan and future service development

Actions and milestones for objective 2	By when	By whom	Costs/budget	
1. To continue to fund the Joint Commissioning Manager Post	April 2006 onwards	JCG	£46,000	PTB
2. To continue to fund the Drug Related Deaths Research Post		JCG	£30,000	PTB
3. To contribute to recurrent costs of the Shared Care Coordinator		JCG	£10,000	PTB
4. To undertake work across the partnership to ensure that available data on service performance and quality is identified, captured and utilised to inform needs assessment and influence future commissioning decisions		Chrispine Mudhune	Nil	
5. Through the revision of SLA's and service specifications, to ensure that all providers work to clear service objectives, within a consistent and performance monitoring /management framework which includes service costings, targets, etc.		Louisa Sharples	Nil	
6. To continue to provide the JCG and DAT/CSP with financial monitoring and reporting of the Treatment Plan expenditure on 1/4ly basis		Sally Scott	Nil	

**Objective 3**

To ensure that stakeholders are adequately consulted on the Treatment Plan and that the publication arrangements are sufficient to ensure that all relevant people have access to it.

Actions and milestones for objective 3	By when	By whom	Costs/budget
1. Prepare and submit the draft plan to the NTA within deadline	13/01/2006	Louisa Sharples/ Paolo Pertica	Nil
2. Circulate draft plan to all stakeholders/partners/service users and carers and partners for consultation and comment	Feb 2006		
3. Receive formal feedback on the draft plan from NTA and make amendments/comments as necessary. Arrange feedback meeting with NTA as required.	Feb 2006		
4. Receive feedback on the draft plan from partners/stakeholders and make amendments/comments as necessary. Make direct contact with stakeholders/providers/partners/service users/carers as required to refine document in terms of content and format to make it relevant to their needs and accessible.	March /2006		
5. Publish final document and circulate as at action points no.2 and 4 (above)	April 2006		
6. Publish document and provide signposts for access to this to local stakeholders/groups.	April 2006		
7. Progress of the plan (and any revisions required) will be monitored on an ongoing basis through the DAT/CSP meetings, JCG meetings, Treatment DRG and via the NTA 1/4ly performance monitoring arrangements.	Quarterly		

**Objective 4**

To establish a preferred provider list

<b>Actions and milestones for objective 1</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
In collaboration with LDAT & BwD commissioners, invite expressions of interest from service providers across tier 2,3,4 treatment for possible future commissioning opportunities	June 2006	Louisa Sharples	Nil	

## Planning grid 2: Workforce development

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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. This grid replaces grid 5 from the 2005/06 plan and should continue with any outstanding objectives.

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

Our overall self-assessment of this area is Amber.

We have commenced a programme of work to revise and rewrite Service Level Agreements and Service Specifications to ensure that, over time, all agencies and services are working to a consistent framework, which includes clear monitoring and reporting requirements. Through this process, we wish to ensure that providers have in place clear and appropriate systems and processes to adequately recruit, train, supervise and support staff to do their jobs effectively and policies which ensure that services are compliant with relevant legislation, including the Race Relations (Amendment) Act, Sex Discrimination Act, Disability Discrimination Act, etc., and other industry-specific standards, for example, DANOS, QuADS, etc.

Our recent rounds of service tendering demonstrated the effectiveness of this approach, by attracting bidders who clearly understood our high expectations, and who, equally, outlined their commitment to delivering high quality services.

In relation to workforce development, the partnership has supported a local voluntary sector provider in securing funding from the Community Fund for a project to train volunteers to DANOS competencies. It is hoped that these volunteers will become the drugs workers of the future and will be a suitable (and sustainable) pool of staff from which local providers can recruit.

In relation to dual diagnosis we have agreement from substance misuse and mental health service providers to use the existing workforce to reciprocally provide awareness raising and knowledge and skills development to these staff groups.

Within Workforce Development we have identified a number of areas for further development. These are:

1. The need to work with providers to ensure that all drug service job descriptions, person specifications and recruitment processes are expressed in line with DANOS and other relevant national occupational standards
2. The need to develop further our volunteer scheme to support workforce expansion
3. To roll out the dual diagnosis training and induction programme.
4. The need to specifically address recruitment of suitable medical staff to support the delivery of planned expansion in Tier 3 prescribing

5. To work with providers to develop a core induction plan for all new Blackpool substance misuse workers

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		0

**Objective 1**

To ensure the further development of the volunteer scheme

Actions and milestones for objective 1	By when	By whom	Costs/budget	
1. To hold quarterly meeting with Drugline Lancashire to ensure that the volunteer project is progressing as agreed	Quarterly	Paolo Pertica	Nil	
2. To report performance and issues to the JCG	As appropriate			
3. Support any action required to ensure the project moves forward				

**Objective 2**

To assist in the recruitment of medical staff to support the provision of Tier 3 services within the CDT

Actions and milestones for objective 2	By when	By whom	Costs/budget	
1. To liaise with Lancashire Care NHS Trust to identify effective recruitment strategies	Apr 06 –Mar 07	Louisa Sharples	Nil	
2. To agree a timescale for the implementation of the strategies				
3. To support Lancashire Care NHS Trust in implementing recruitment strategies				

**Objective 3**

To ensure that all job descriptions and person specifications are consistent with DANOS competencies

Actions and milestones for objective 3	By when	By whom	Costs/budget	
<ol style="list-style-type: none"><li>1. To meet with all local service managers to ensure all existing job descriptions and new posts are DANOS compliant</li><li>2. To establish the level of work required to bring all job descriptions/person specifications into line with DANOS</li><li>3. To agree a process and timescale for this work to take place</li><li>4. To undertake the work required</li><li>5. To produce a range of revised job descriptions/person specifications which are DANOS compliant across all substance misuse service providers</li><li>6. To develop an induction programme for all new substance misuse workers in Blackpool and monitor attendance within quarterly reviews</li></ol>	Sept 2006	Teresa Young	Nil	

### 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. This grid replaces grid 8 from the 2005/06 plan and focuses on user involvement and should continue with any outstanding objectives

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

Our service user group BUGS continues to develop and is supported by the DAT/CSP Development worker.

User involvement has increased significantly in the past 12 months with individual provider services having developed user involvement forums and users being involved in the DAT/CSP commissioned 'Client Journey Study'. Our priority in this area will be to develop a strategy to further develop Peer Mentoring Support and coordinate user involvement.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£39,315

#### Objective 1

To secure the engagement and involvement of service users and carers in the design of the local treatment system

Actions and milestones for objective 1	By when	By whom	Costs/budget	
1. To continue to fund the accommodation for the BUGS group	April 2006	JCG	£4315	PTB
2. To continue to work with and develop the BUGs group		Dominic Blackburn	Nil	

**Objective 2**

To fund and recruit a User Involvement/ Peer Mentoring worker

Actions and milestones for objective 1	By when	By whom	Costs/budget	
1. To develop a job description	April 2006	Steve Owen	Nil	
2. To develop a person specification	April 2006		Nil	
3. To advert post and recruit	April 2006		Nil	
4. Commence worker in post	April 2006		£35,000	PTB
5. To develop a work plan	May 2006	Post Holder	Nil	

**Objective 3**

For the User involvement/ Peer Mentoring worker to formulate links with all advocacy services in Blackpool and Patient/ User/ Carer Forums

Actions and milestones for objective 1	By when	By whom	Costs/budget	
1. Action Plan to be developed by the post holder and inserted into treatment plan	July 2006 (or when recruited)	Post Holder	Nil	

**Objective 4**

User involvement/ Peer Mentoring to develop a strategy to involve users the treatment system and ensure of their involvement throughout the implementation, monitoring, review and evaluation processes.

<b>Actions and milestones for objective 1</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
1. Action Plan to be developed by the post holder and inserted into treatment plan	July 2006 (or when recruited)	Post Holder	Nil

## 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. This grid replaces grid 8 from the 2005/06 plan and focuses on carer involvement and should continue with any outstanding objectives

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

Specific funding is set aside to facilitate this work, however, the engagement and involvement of carers is an area, which requires improvement.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£30,000

### Objective 1

To secure the engagement and involvement of service carers in the design of the local treatment system

Actions and milestones for objective 1	By when	By whom	Costs/budget
1. .To continue SLA with Unity. Re-negotiate and agree activity levels. Finalise and sign-off SLA including agreed monitoring arrangements. Set date/s for review and forward planning for next commissioning / planning cycle	April 2006	Louisa Sharples	£30,000
2. Provide funding to meet recurrent costs outlined within the budget/s for the Parent and Carers support groups (Unity) and in accordance with the revised Service Level Agreement			

**Objective 2**

For the Peer Mentor/ User development worker to formulate links with all advocacy services in Blackpool and Patient/ User/ Carer Forums

<b>Actions and milestones for objective 1</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
1. Action Plan to be developed by the post holder and inserted into treatment plan	July 2006 (or when recruited)	Post Holder	Nil

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## 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 clearly set out)

The overall self-assessment status in this area is Amber.

It is satisfying to note the good progress that has been made in the development of screening and referral protocols, community care assessments and the development of low threshold prescribing.

A number of areas have been identified as a priority for the Treatment Plan in 2006/2007. These are:

1. A need to expand and improve pharmacy-based, and, if appropriate, outreach needle exchange with full range of harm minimisation equipment and information
2. To continue to develop the 'open access' advice and information service, which will also strengthen our ability to more effectively co-ordinate client care across all four tiers of service provision. (see planning grid 7)
3. To continue to support in partnership the Blackpool Dance and Recreational Drug Use Support Service

**This Grid overlaps quite substantially with grid 7**

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£307,218

**Objective 1**

To secure continued availability of Advice, Information, Harm Minimisation and Assessment

<b>Actions and milestones for objective 1</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding for CDT to meet recurrent costs outlined within the budget/s and in accordance with the revised Service Level Agreement (see Objective 2),	Apr 06 – Mar 07	JCG	£190,218	PCT
2. Monitor ability to meet increased service costs likely to result from wider range of paraphernalia now being offered to clients, for example, spoons, filters, etc?	Quarterly	Louisa Sharples	£100,000	PTB
3. Provide report to JCG	as appropriate		Nil	

**Objective 2**

To agree SLA / Service Specification and activity levels for the Advice, Information, Harm Minimisation and Assessment element of service provided by the CDT

<b>Actions and milestones for objective 2</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Initial meeting with service provider to scope work	April 2006	Louisa Sharples	Nil	
2. Obtain reliable baseline information from provider on which to base revised SLA	April 2006	Dominic Blackburn/ Teresa Young		
3. Re-negotiate and agree activity levels	May 2006			
4. Draft new SLA	June 2006			
5. Finalise and sign-off SLA including agreed monitoring arrangements	July 2006			

6. Set date/s for review and forward planning for next commissioning / planning cycle (2006/2007)	July 2006			
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### Objective 3

To ensure effective and efficient running of the Needle Exchange service

Actions and milestones for objective 3	By when	By whom	Costs/budget	
1. Provide recurrent funding for the Administrative Officer for the Needle Exchange as agreed by JCG and outlined within the budget/s	Apr 06 – Mar 07	JCG	£17,000	PTB

### Objective 4

To further develop and increase the number of needle exchange and harm minimisation services provided by Pharmacists, through the development of new pharmacy contracts and in partnership with primary care and public health Directorate

Actions and milestones for objective 4	By when	By whom	Costs/budget	
1. Work in partnership with current partners to develop specific protocols for the operation of pharmacy-based harm minimisation / needle exchange services	May /2006	Teresa Young	Nil	
2. Consult on the protocols with stakeholders	June 2006			
3. Undertake work to accurately cost and scope service provision required	June 2006			
4. Undertake work with partner agencies to identify range of potential budgets (including mainstream) from which a contribution to costs might be made	June /2006			
5. Finalise and roll-out protocols to existing partners	July 2006			
6. Recruit and induct new pharmacies into the scheme	June 2006			

7. Monitor provision	July 2006			
8. Provide report on progress to the Partnership	ongoing			

**Objective 5**

To continue to contribute to the Blackpool Dance and Recreational Drug Use Support service To combine health maximisation and increased safety to the much used bar and club venues of Central Blackpool with peer education capacity opportunities.

<b>Actions and milestones for objective 5</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. To continue to contribute to the pooled funding arrangement for this project	April 2006	Louisa Sharples	To be identified	PTB
2. To build on the success and further develop the existing Dance and Recreational Drug Use Project	From April 2006 to March 2007	Paolo Pertica		
3. To continue and monitor the implementation of the Home Office Safer Clubbing Protocols March 2002	From April 2006 to March 2007	Paolo Pertica		
4. To support Blackpool becoming a Safer Clubbing/ Best Bar None compliant in partnership with Blackpool Nightsafe and Blackpool Licensees Forum	From April 2006 to March 2007	Paolo Pertica		

## 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 structured drug treatment services. These will be delivered by services that work with a wide range of clients including drug users, but their sole purpose is not simply substance misuse. This grid replaces grid 1 from 2005/06 and should continue with any outstanding objectives.

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

Clear procedures for screening, assessment and referral to drug treatment services are in place and have been published via the Blackpool Models of Care guidance and protocols. Models of Care will be reviewed during the forth-coming year in light of MoC 2005 and changes to the treatment system.

Positive links have been established with Blackpool PCT and Public Health to address issues around blood borne viruses. The partnership have been involved in the development of the BBV strategy and funding will be made available this year to support this strategy.

The level of access to, and take-up of basic drug-awareness training across Tier 1 service providers is unknown, however, many Tier 1 agencies report a need for staff knowledge and confidence in this area to be improved. Our priority in this area will be to continue to promote the Open Access Service to Tier 1 providers and to publish and disseminate to all local agencies, information about the wide range of drug-related training and learning opportunities that exist locally, regionally and nationally.

Collaborative links have also been made with Blackpool's Alcohol Policy Development Officer in order to address the issues around alcohol misuse as a secondary problem amongst drug users, specifically in relation to prescribed treatment and drug related deaths.

Work is ongoing to address drug-related deaths (DRD) and we continue to fund a post to progress this work. In 2006/2007 our priority is to continue to act on the findings of the 2003 to 2005 confidential enquiries through the Multi-agency Action Plan to reduce drug-related deaths, and provision of related training for staff at Tiers 2 and 3 to support the delivery of this plan.

The partnership has identified the need to develop a dual diagnosis strategy and will continue to develop this with all Substance Misuse treatment providers in partnership with Mental Health Services.

In light of feedback from service users we will undertake to review and revise local literature on harm reduction and service availability.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
Nil		£25,000

### Objective 1

Ensure staff in Tier 1 services has access to appropriate basic training

Actions and milestones for objective 1	By when	By whom	Costs/budget
1. To promote the availability of Certificate in Drug Awareness and other basic-level drugs training opportunities to all Tier 1 agencies and organisations	2006/2007	Paolo Pertica	Nil
2. To evaluate the outcomes of the 2005/2006 cohort of individuals who attended the Drug Awareness Course i.e. was there any added value to the workforce?	Sept 2006	Steve Owen	Nil

### Objective 2

To facilitate clients' access through Tier 1 providers to prevention, screening, testing, immunisation and treatment services for blood borne viruses

Actions and milestones for objective 2	By when	By whom	Costs/budget
1. To develop a client care pathway and referral process from Tier 1 services to Tier 2 services for BBV prevention and screening	Sept 2006	Teresa Young / Public Health / PCT/Primary	Nil
2. To develop a client care pathway and referral process from Tier 2 services to Tier 3 for BBV testing and treatment	Sept 2006	Care partners / stakeholders	Nil
3. As an addition to the proposed supervised consumption protocol to provide further training to pharmacists regarding referrals to BBV prevention and screening	May 2006	Teresa Young	Nil

4. To continue to fund the healthcare nurse at the CDT	April 2006	Louisa Sharples	SLA/ LCT	PCT
5. To continue to fund hepatitis B. vaccine costs at the CDT	April 2006	Louisa Sharples	£5,000	PTB
6. To fund in association with Public Health a BBV Trainer	April 2006	Louisa Sharples	£20,000	PTB

### Objective 3

To drive forward implementation of the Drug Related Deaths Strategy

Actions and milestones for objective 3	By when	By whom	Costs/budget
1. Roll-out the process for responding to confidential enquiries via multi-agency action plan	Subject to ongoing approval from ethical committee	Teresa Young / stakeholders	Nil
2. Develop and rollout training on the DRD Action plans, with an emphasis on staff at Tier 2 / 3 and tier 1 housing.	Ongoing programme		
3. Provide resuscitation training to service users	Ongoing Programme		
4. Continue to address local issue of poly drug use			
5. Examine link between near misses and fatal over doses using near miss reporting system (implementation 05/06) evaluation	September 2006		
6. Promote overdose awareness intervention tool developed 05/06	September 2006/ ongoing		

**Objective 4**

To facilitate improved care coordination and collaborative care for those PDU's with a dual diagnosis of mental health.

<b>Actions and milestones for objective 4</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
1. Continue to facilitate DD multi-agency forum	Apr 06- Mar 07	Steve Owen & agency managers	Nil
2. Develop local protocols, referral pathways and collaborative care coordination arrangements between substance misuse and mental health services.	Sept 06		
3. Develop rolling joint awareness raising & skills training and induction arrangements utilising existing knowledge, skills and competencies within SMS's and mental health workforce.	Jun 06		

**Objective 5**

To facilitate improved care management for those PDU's with significant alcohol misuse problems

<b>Actions and milestones for objective 5</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
1. Undertake work with providers to ascertain scope of problem, risk assessments and current practices and treatment protocols in management of clients.	Apr 06- May 06	Steve Owen, Ian Treasure & agency managers	Nil
2. Conduct a training/skills analysis to ascertain needs of workforce to manage alcohol problems effectively, and develop training plans	June 06		
3. Develop referral pathways and care coordination arrangements between substance misuse and specialist alcohol services for those with complex needs.	June 06		
4. Develop rolling joint awareness raising & skills training and induction			

arrangements utilising existing knowledge, skills and competencies within SMS's workforce.	June 06		
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**Objective 6**  
 Ensure accurate harm reduction information and details of services to support PDU's and carers is made available

<b>Actions and milestones for objective 4</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>
1. Revise and distribute Blackpool Service Directory.	Sept 06	Steve Owen & agency managers/BUGS/User involvement worker	TBI
2. Revise harm reduction and service information for clients	Sept 06		

## 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 misusers referred from a variety of sources, including self-referrals. The aim of these interventions is to help drug misusers 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 psychosocial interventions and harm reduction services including needle exchange and aftercare. This grid replaces grid 2 from 2005/06 and should continue with any outstanding objectives.

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

It is satisfying to note the good progress that has been made in the development of screening and referral protocols, community care assessments and the development of low threshold prescribing.

A number of areas have been identified as a priority for the Treatment Plan in 2006/07. These are:

1. A need to expand and improve pharmacy-based, and, if appropriate, outreach needle exchange with full range of harm minimisation equipment and information.
2. To continue to provide funding for the availability of Advice, information, harm minimisation and assessment
3. To continue to develop the specific 'open access' advice and information service, which will strengthen our ability to more effectively co-ordinate client care across all four tiers of service provision.
4. To further develop the Community Support & Aftercare services (see planning grid 10)

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£50,000

**Objective 1**

To secure continued availability of Advice, Information, Harm Minimisation and Assessment

Actions and milestones for objective 1	By when	By whom	Costs/budget
<b>Planning Grid 5</b>			

**Objective 2**

To agree SLA / Service Specification and activity levels for the Advice, Information, Harm Minimisation and Assessment element of service provided by the CDT

Actions and milestones for objective 2	By when	By whom	Costs/budget
<b>Planning Grid 5</b>			

**Objective 3**

To ensure effective and efficient running of the Needle Exchange service

Actions and milestones for objective 3	By when	By whom	Costs/budget
<b>Planning Grid 5</b>			

**Objective 4** To further develop and increase the number of needle exchange and harm minimisation services provided by Pharmacists, through the development of new pharmacy contracts and in partnership with primary care and public health directorate's

Actions and milestones for objective 4	By when	By whom	Costs/budget	
<b>Planning Grid 5</b>				

**Objective 5**  
To continue to fund the Open Access / Care Coordination service

Actions and milestones for objective 5	By when	By whom	Costs/budget	
1. To continue SLA with Drugline. Re-negotiate and agree activity levels in light of service developments.	Apr 06 – Mar 07	Louisa Sharples	£50,000	PCT
2. To continue to develop Open Access protocols, referral pathways and initial case management & care coordination arrangements within	Jun 06	Steve Owen	Nil	
3. Continue to monitor the contract. Set date/s for review and forward planning for next commissioning / planning cycle	April 2006 to March 2007	Louisa Sharples	Nil	
4. JCG to monitor 1/4ly activity.	April 2006 to March 2007	Louisa Sharples	Nil	

## **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)

Over the past 12 months we have systematically reviewed SLA's and developed performance monitoring framework agreed with each service provider. This work has assisted in redefining the specific roles and responsibilities of agencies in the treatment system. We have committed significant additional resources in ensuring increased treatment capacity and support for shared care, PPO drug misusers, core prescribing services and stimulant services.

Closer working between the Tier 3 providers and support agencies is showing signs of being effective in creating a positive culture of integrated working and in contributing to the effectiveness of the treatment system in Blackpool. Working closely with all service providers and service user representatives in consolidating the previous work on Models of Care in Blackpool we are concentrating on establishing a whole systems approach to throughcare and aftercare to ensure the effectiveness of treatment and improve the client journey throughout the Blackpool treatment system. An audit conducted to map referrals between agencies has suggested that on the whole there is evidence of throughcare and aftercare services working well together. However, there are still 'blockages' that need to be addressed. We have recently completed a 'client journey study' to ascertain the views and experiences of clients using Blackpool services, and elicit the views of staff. The outcomes of this study and referral audit will be used to inform us about what we are doing right, but more importantly where improvement is required. We will be establishing action plans to prioritise change to address these issues.

Providers and commissioners have continued to work hard to address waiting times. Community prescribing waiting times continue to be a challenge and although earlier in the year we did achieve the national target of 3 weeks or better, sustaining performance has proved difficult. However, current average waiting time is lower when compared to previous years' baselines. We will continue to make this area a priority for monitoring and improvement.

In addition to our recurrent commitments, we have identified a number of priority areas for development within the next 12 months. These are:

1. To further develop specialist prescribing to ensure there is adequate capacity to meet treatment demand, particularly in light of the success of DIP in engaging individuals in treatment.
2. To further develop and ensure adequate capacity for community support and aftercare services.

3. Ongoing work with providers of Tier 3 services to address waiting times and work towards national targets.
4. Work with the intermediate prescribing services (FCMS) to review service specifications following developments in GP shared care arrangements, and in light of changes in the Blackpool treatment system.
5. We will be approaching GP specialists with a view to establishing a GPSI scheme to develop additional prescribing capacities and extend choice.
6. Continue to work with all treatment providers to increase initial engagement in treatment, increase retention and planned treatment completion rates, and reduce attrition and unplanned discharges.
7. Develop fast track access to specialist prescribing services for substance misusers who are roofless
8. Continue to work with partners, providers, and service users to develop the 'culture' of Blackpool Substance Misuse Services

In addition to the necessary financial investments required, many of these improvements will be achieved through continuing the systematic review of Service Level Agreements and the development of new Service Specifications and performance monitoring and management of contracts.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£1,696,023

**Objective 1**

To secure continued availability of comprehensive Tier 3 service provision

<b>Actions and milestones for objective 1</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding to meet recurrent costs of CDT Tier 3 services as outlined within the budget/s and in accordance with the revised Service Level Agreement	Apr 06-Mar 07	JCG	£499,000	PCT
2. Provide funding to meet recurrent costs of CDT (HA Schemes, GP Deputising Service and Admin) as outlined within the budget/s and in accordance with the revised Service Level	Apr 06-Mar 07	JCG	£150,000	PTB
3. Provide funding to meet LCT management and infrastructure costs	Apr 06-Mar 07	JCG	£50,000	PTB
4. To liaise with the CDT to establish ways to increase prescribing capacity	Jun 06	Louisa Sharples	Nil	
5. Provide funding to meet recurrent costs of Manager for Drugline Blackpool as outlined within the budget/s	Apr 06-Mar 07	JCG	£37,000	PTB
6. Provide funding to increase capacity of the community support and aftercare service. (Planning Grid 10)	Apr 06-Mar 07	JCG	£35,000	PTB
7. To work with the Aftercare service to develop a Abstinence worker who will engage with those clients leaving treatment drug free	April 2006	Louisa Sharples/ Steve Owen		
8. To support clients who are drug free to remain drug free by signposting to NA, AA or peer mentoring sessions	April 2006 onwards	Louisa Sharples/ Steve Owen		

**Objective 2**

To secure continued availability of Structured Day Care services

<b>Actions and milestones for objective 2</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding to meet recurrent costs of Structured Day Care Service as outlined within the budget/s and in accordance with the Service Level Agreement (Additional Funding from LDAT (68K) and Wyre/ Fylde PCT (1.5K))	Apr 06-Mar 07	JCG	147,400 7,700 25,000	PTB PCT SS

**Objective 3**  
To ensure appropriate Tier 3 Treatment provision across Arrest Referral, Court, TOWER Scheme and DTTO's

<b>Actions and milestones for objective 3</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding to meet recurrent costs of 2 Treatment Arrest Referral Workers (PCT fund 1) as agreed by the JCG and outlined	Apr 06-Mar 07	JCG	£30,000 £30,000	PTB PCT
2. Provide funding to meet recurrent costs of TOWER (JR 65) as outlined (inc. nurses)	Apr 06-Mar 07	JCG	£96,255	PCT
3. Continue to provide funding for additional nursing support for TOWER	Apr 06-Mar 07	JCG	£35,000	PTB
4. Provide funding to meet the recurrent costs of DTTO / DRR commencements	Apr 06-Mar 07	JCG	£189,000	PTB
5. Work with partners to develop service specifications for criminal justice Specialist Community Prescribing Services	Jun 06	Louisa Sharples / Steve Owen /JCG	Nil	
6. Subject to outcomes of the preferred provider exercise and JCG approval, negotiate SLA with providers.	Sep 06	Louisa Sharples	Nil	

**Objective 4**

To secure provision of, build capacity within and develop shared care provision

Actions and milestones for objective 4	By when	By whom	Costs/budget	
1. Develop new SLA with FCMS to develop the NES model in Blackpool	Apr 06-Mar 07	Louisa Sharples	Nil	PCT
2. To provide funding as agreed by the JCG and outlined within the budget/s to meet recurrent costs of the Intermediate Shared Care Clinic (JR 68 and PR 33)	Apr 06-Mar 07	Louisa Sharples	£91,398	PCT
3. To provide funding as agreed by the JCG and outlined within the budget/s to meet recurrent costs of 2 Shared Care Nurse support for Intermediate Shared Care Clinic	Jun 06	Louisa Sharples	£53000	PTB
4. To evaluate the outcomes of the user satisfaction survey for clients accessing the Intermediate Shared Care Clinic.	Sep '06	TY	Nil	
5. To continue working through the PCT and with local GPs to develop the Local Enhanced Shared Care and develop new SLA for '06 / '07	Dec '06	TY/ LS	To be Identified within PCT	
6. To identify funding for an additional GPLO to work within practices	Dec' 06	LS	To be identified within PCT	

7. Recruit specialist GP's to develop a GPSI scheme within the locality	Dec '06	LS	To be identified within PCT	
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**Objective 5**

To ensure appropriate linkages are made to associated services to identify and address wider client needs, for example employment.

Actions and milestones for objective 5	By when	By whom	Costs/budget	
1. CS&DP to engage with P2W and local employers to develop schemes to address workless ness amongst this client group.	Sep 06	DB	Nil	

**Objective 6**

To ensure all services work toward achieving national targets in terms of waiting times

Actions and milestones for objective 6	By when	By whom	Costs/budget	
1. Work with providers to ensure all services comply with data requirements in accordance with national guidance and Service Level Agreements	Apr 06–Mar 07	CM /JCG	Nil	
2. Undertake ¼ ly monitoring meetings to scrutinise data provided	Apr 06–Mar 07			
3. Performance and exceptions to be reported to the JCG /NTA	as appropriate			
4. Action taken to be agreed by JCG and provider	as appropriate			

**Objective 7**

To work with providers to improve client completion rates and treatment outcomes

<b>Actions and milestones for objective 7</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Work with providers to ensure all are incorporating national guidance and local action plans on reducing attrition and increase retention/completion into treatment protocols.	Apr 06–Mar 07	Commissioning team	Nil	
2. Work with providers to ensure all services comply with data requirements in accordance with national guidance and Service Level Agreements	Apr 06–Mar 07	CM /JCG		
3. Performance and exceptions to be reported to the JCG /NTA	as appropriate	CM		
4. Action taken to be agreed by JCG and provider	as appropriate	JCG		

#### **Objective 8**

To ensure appropriate linkages are made to associated services to identify and address wider client needs, for example homelessness

<b>Actions and milestones for objective 8</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding for Drugline homeless worker project	Apr 06–Mar 07	JCG	To be identified	
2. To continue funding to support Rent Bond Scheme	Apr 06–Mar 07	JCG	£72,000	DIP
3. Funding permitting, fund Homeless Action Team outreach post or to be considered in the treatment planning and commissioning cycle for 2007/08. To negotiate dual diagnosis role with MHLIT		Louisa Sharples	To be identified	
4. To work with BCC Housing Services to develop protocols to address housing needs of substance misusers in light of rollout of Choice based lettings and common application process		DB	Nil	

#### **Objective 9**

To ensure fast track access to community prescribing and social support for substance misusers who are roofless

<b>Actions and milestones for objective 9</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. In liaison with service providers to continue arrangements for rough sleepers to access prescribing treatment via Citadel Tower clinics.	Apr 06 – Mar 07	Steve Owen	Nil	
2. Ensure liaison between CDT and Open Access to ensure access to additional support services				

### **Objective 10**

To work with local pharmacists to consolidate new supervised consumption protocol and monitor the outcomes.

<b>Actions and milestones for objective 10</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. In liaison with pharmacists and community prescribing to provide additional funding for supervised consumption	Apr 06 – Mar 07	Louisa Sharples/ Teresa Young	£93,000	PTB
2. To monitor the outcomes of the new protocol				

### **Objective 11**

To continue to fund the Stimulant Service

<b>Actions and milestones for objective 11</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. To provide funding for the Blackpool Stimulant Services	Apr 06 – Mar 07	Louisa Sharples	£55,525	PTB
2. To continue to monitor the service in line with agreed SLA				

## 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 narrative with key gaps clearly set out)

Our current self-assessment status in this area is Amber

It is recognised that there is a chronic shortage of spaces for in-patient detoxification across the North West Region, which make it almost impossible for the Partnership to meet national targets for waiting times. The Partnership will, however, continue to do all that is in its power to reduce waiting times to the lowest level possible within these constraints by working with the NTA review of this modality

As a result of the self-assessment process we have identified a number of priority areas, which include:

1. Meeting our recurrent commitments
2. Working to improve waiting times
3. Improving treatment outcomes for clients accessing to inpatient and residential drug treatment
4. Ensuring that (within funding restrictions) an appropriate range of patient choice exists
5. Ensuring appropriate provision of inpatient treatment and residential care , whilst ensuring that client discharge and aftercare planning processes are in place
6. Continue to develop aftercare support and peer mentoring.

To achieve these improvements we will:

Undertake a review of the commissioning arrangements for residential and inpatient services

Implement and develop our contract and performance monitoring / management framework for new SLA's / service specifications

Provide additional resources to increase capacity where this is identified as a need.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£243,793

**Objective 1**

Ensure commissioning arrangements for inpatient and residential services are clear and in line with identified needs and requirements.

Actions and milestones for objective 1	By when	By whom	Costs/budget	
<ol style="list-style-type: none"> <li>1. Monitor Service Level Agreements with Drugs North West, the Kevin White Unit to ensure service provision meets locally identified needs and commissioning requirements.</li> <li>2. Should Kevin White no longer be an option to identify other options with funds to purchase additional Detoxification.</li> <li>3. Monitor provider's compliance with SLAs via ¼ ly monitoring meetings and national reporting requirements.</li> <li>4. Performance and exceptions to be reported to the JCG/NTA</li> <li>5. Action taken to be agreed by the JCG (and provider where appropriate)</li> </ol>	April 2006 to March 2007	Louisa Sharples	Nil	

**Objective 2**

To secure continued availability of appropriate residential and inpatient services to meet client needs

Actions and milestones for objective 2	By when	By whom	Costs/budget	
<ol style="list-style-type: none"> <li>1. Provide funding to meet recurrent costs of NHS in-patient detoxification services with Drugs North West and Kevin White Unit as outlined and in accordance with revised Service Level Agreement</li> </ol>	April 2006	Louisa Sharples	£198,793	PCT
<ol style="list-style-type: none"> <li>2. Continue to commission additional in-patient treatment at Drugs North West</li> </ol>	April 2006	Louisa Sharples	£10,000	PTB

3. Consider options for commissioning/spot purchasing additional complete packages of care from providers expressing an interest and included on the preferred provider list.	April 2006 to March 2007	Louisa Sharples	To be Identified	
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**Objective 3**  
To improve treatment outcomes from inpatient and residential care

Actions and milestones for objective 3	By when	By whom	Costs/budget
1. Undertake work with Social Services Department to pool community care funding into the PTB to enable the DAT to undertake commissioning of residential rehabilitation placements.	April 2006	Louisa Sharples	TBA
2. Revise application and rehab commissioning processes ensuring that as a wide range as possible of residential rehabilitation centres are available (within any budgetary limits) to PDUs from Blackpool.	April 2006	Steve Owen	Nil
3. Establish SLA's with a range of residential rehabilitation centres.	June 2006	Louisa Sharples/ Steve Owen	Ni
4. Liaise with locality providers and rehab centres to ensure that care co-ordination, care planning and discharge planning in line with the implementation of Models of Care ICPs e.g. Aftercare support, is taking place with all Problem Drug Users leaving inpatient detoxification and residential care.	June 2006	Steve Owe	Nil
5. Through 1/4ly performance meetings and other available data, to monitor effectiveness of these arrangements	April 2006 to March 2007	Louisa Sharples/ Steve Owen	Nil
6. To liaise on a ¼ ly basis with all service providers to monitor and report waiting times for access to inpatient detoxification / residential services and take appropriate action to address	April 2006	Louisa Sharples/ Steve Owen	Nil

issues as they arise.				
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<b>Objective 4</b> To provide funding for a Community Detox Nurse
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<b>Actions and milestones for objective 4</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. To provide funding for the community Detoxification Nurse at LCT	April 2006	Louisa Sharples	£35,000	PCT
2. To monitor the outcomes of this post	April 2006 to March 2007	Louisa Sharples	Nil	

## 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)

Our overall self-assessment of this area is Green.

Blackpool DIP has performed well against the compact targets for non-intensive DIP areas. We intend to continue this performance. The Blackpool CJIT has been established on a virtual team model with workers from a number of agencies effectively covering all points in the criminal justice system i.e. custody, courts, prison link, and treatment workers with responsibility for PPO, arrest referral and DRR elements. DIP has capitalised on the early gains made with the development of Models of Care in Blackpool, and history of effective collaborative working between agencies in the locality. Additional care pathways were developed that compliments the existing MoC pathways and information sharing protocol. Access to accommodation support and other wrap around support services has been addressed utilising existing links, and investment in the local Rent Bond Scheme. We have developed an extremely effective Prison Link service that has forged valuable relations with CARATs and links to local services, and reports approximately 70% uptake of aftercare support by prisoners post release.

The existing TOWER Project has facilitated integration of PPO and DIP programmes. The DIR reporting system has been implemented and we continue to develop local case management and monitoring information systems that is available to the CJIT.

For 2006/07 we will continue to consolidate and build on the MoC/DIP model implemented in Blackpool by further developing our Aftercare prison in-reach service to enable gains made to be maintained, maintaining existing commitments to TOWER and working with providers to further decrease early attrition and increase retention and treatment completion rates. We will continue to work closely with NPS to improve DRR completion rates.

As Blackpool DIP continues to be successful in recruiting and retaining individuals in treatment there will inevitably be an effect on treatment capacity and the need to meet this demand.

Our main challenges and priorities for 2006/07 include:

There is disparity between NPS DRR commencement targets for the DAT area, based on anticipated activity levels, and Blackpool CSDP DRR treatment targets, commensurate with the York Formula based funding allocated to the partnership for DRR treatment and included in the PTB.

Our key gap within the DIP programme at present is in relation to access to rapid prescribing, which is largely due to difficulties in recruiting medical staff to fill additional sessions. **For our priority actions on this area please see Planning Grid 2, Objective 2**

We intend to work with partners and providers to ensure the CJIT is able to fulfil its responsibilities as required for non-intensive DAT's within the Home Office guidance for Restriction on Bail and Required Assessment.

Planned spend 2005/6	Likely spend 2005/6	Planned spend 2006/7
		£468,654

### Objective 1

To secure continued availability of Aftercare provision and Structured Day Care and further develop this work locally

Actions and milestones for objective 1	By when	By whom	Costs/budget	
1. Continue to provide funding to meet recurrent costs outlined within the budget and in accordance with the Service Level Agreement for provision of Aftercare service (Inward House)	Apr 06-Mar 07	Steve Owen /JCG	£186,154	DIP
2. Provide funding as agreed by JCG for an additional Prison Link/Community Support worker for the Aftercare Service (planning Grid 8)	Apr 06-Mar 07	Steve Owen /JCG	(£35,000)	PTB
3. Continue to provide funding as agreed by the JCG and outlined within the budget for a DIP worker for Structured Day Care (via Addaction)	Apr 06-Mar 07	Steve Owen /JCG	£36,785	DIP
4. Review of funding of above contracts once DIP funding has been confirmed post March 2007.	ASAP	Steve Owen	Nil	

**Objective 2**

To ensure appropriate Tier 3 Treatment provision across Arrest Referral, TOWER Scheme and DTTO's

<b>Actions and milestones for objective 2</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. Provide funding to meet recurrent costs of 2 Treatment Arrest Referral Workers (PCT fund 1) as agreed by the JCG <b>as outlined in Planning Grid 8, Objective 3</b>			(£32,000) (£30,000)	PTB PCT
2. Provide funding to meet recurrent costs of TOWER (JR 65) <b>as outlined in Planning Grid 8, Objective 3</b>			(£93,000) (£35,000)	PCT PTB
3. Provide funding to meet the recurrent costs of DTTO / DRR commencements <b>as outlined in Planning Grid 8, Objective 3</b>			(£189,000)	PTB
4. Provide recurrent costs to support TOWER clinics at SA Citadel	Apr 06-Mar07	Steve Owen /JCG	£15,000	DIP

**Objective 3**

To ensure there is appropriate and effective data handling capabilities within the Drugs Intervention Programme

<b>Actions and milestones for objective 3</b>	<b>By when</b>	<b>By whom</b>	<b>Costs/budget</b>	
1. To continue with agreed funding for the post of Data Manager for DIP (PCT)	Apr 06-Mar 07	Louisa Sharples/ JCG	£31,984	DIP
2. To continue to contribute to MADE	April 2006	Steve Owen	£1000	DIP
3. To work develop DIP webpage that will be used as a platform to broadcast information to all stakeholders	On-going	C. Mudhune		DIP

**Objective 4**

To ensure there is appropriate and effective mechanism for Case Management within the Drugs Intervention Programme

Actions and milestones for objective 4	By when	By whom	Costs/budget	
1. To continue to fund the post of Case Manager Co-ordinator (PCT)	Apr 06-Mar 07	Louisa Sharples/ JCG	£43,750	DIP
2. In collaboration with LDAT, to continue funding for provision of 24/7 helpline	Apr 06-Mar 07	Steve Owen/ JCG	£2000	DIP

**Objective 5**

To ensure appropriate provision of Arrest Referral and Court Liaison services

Actions and milestones for objective 5	By when	By whom	Costs/budget	
1. Continue to fund Arrest Referral services.	Apr 06 – Mar 07	JCG	£138,255	DIP
2. To fund PCT contribution to Arrest Referral Scheme	Apr 06	JCG		PCT
3. Agree contribution to arrest referral scheme	Apr 06	Paolo Pertica		BBC
4. To work with LDAT to identify contribution.	Apr 06	Steve Owen		LDA T
5. Review of funding of above contracts once DIP funding has been confirmed post March 2007.	ASAP	Steve Owen	Nil	

**Objective 6**

To ensure there is adequate Tier 3 prescribing capacity for clients within the Drugs Intervention Programme

Actions and milestones for objective 6	By when	By whom	Costs/budget	
1. To provide funding as agreed by the JCG and outlined within the budget, to commission Additional Tier 3 prescribing capacity for DIP Clients	Apr'06-Mar '07	Louisa Sharples /JCG	£5500	DIP
2. To provide prescribing costs for the above capacity	As required	Louisa Sharples	£8226	DIP

<i>This objective and action is subject to successful recruitment of sufficient medical cover to cover additional prescribing sessions. See <b>Planning Grid 2, Objective 2</b></i>				
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**Objective 7**

To ensure Blackpool CJIT fulfils its obligations in respect of Required Assessment and Restriction on Bail arrangements

Actions and milestones for objective 7	By when	By whom	Costs/budget
1. To engage with providers and partners to ensure providers compliance with RA & ROB for individuals arrested in intensive DIP areas  2. To engage with partners and providers to develop local protocols for RoB  3. To organise a seminar to brief partners and providers regarding the implementation of RoB  4. To establish RoB steering group  5. To develop monitoring systems  6. To consider the consequences of the RoB and DRR's on the treatment system. (See planning grid 8)  7. Identify resource requirements for RoB  8. Reconfigure CJIT in particular existing arrest referral/ court resources to facilitate implementation of RoB	Apr 06	Steve Owen, ADS & Partners	To be identified if required