

**LEEDS DUAL DIAGNOSIS PROJECT PLAN
2007 - 2009**

**A. Effective training and development programme in place with sufficient funding for staff, service users and carers.
Training to enhance service provision.**

Measure of Success	When
A1. Baseline of training established from audit to use for evaluation, at 18 month point. Ensure drug and alcohol training evaluated.	Sep 07
A2. All identified training organisations contacted and resource evaluation taken place, as above. Appropriate training programme recommended. - person centred - focusing on integration	Oct 07
A3. Clear objective information obtained on voluntary organisation needs.	Oct 07
A4. An understanding of training on line and what capacity and cost.	Nov 07
A5. Specialist training required/identified and generic training recommended. All CMHTs have specialist training.	Nov 07
A6. At least 1 supervision forum up and running every month. Group supervision forum available to CMHTs, LAU, Crisis Resolution, In-patient and sample of voluntary groups.	May 08
A7. Clear understanding of funding mechanisms presented to DDSG, to bridge any gaps.	May 08
A8. Carers and service users to input onto at least 3 training sessions and evaluation.	Nov 08
A9. At least 5 opportunities for work shadowing/job swap available. LMHT and CMHT staff to have spent time in D & A Team.	Aug 08
A10. All agencies have key training provider contact numbers.	Aug 08
A11. Joint training protocol established, to ensure multidisciplinary and specialist providers support generic.	Oct 08
A12. Improve on original audit by 20% from 24% of those not doing dual diagnosis as part of their work. Increase from 57% to 87% of people having had training. 20% of staff utilising skills. 75% of service users report improved outcome and quality.	Jan 09
A13. Key carers have had briefing on drugs legislation and support available.	Jan 09

B. Services are accessed by people from BME and other sections of the community who have previously struggled to engage.

Measure of Success	When
B1. Baseline number of D/D for BME established and percentage increase predicted relevant to local BME indicators.	Sep 07
B2. Clear understanding of barrier and networks.	Nov 07
B3. A summary report of key accessibility issues produced and posted on network. Commissioners refer to list in drawing up SLAs.	Dec 07
B4. Training needs analysis includes info on needs of BME communities and DD.	Dec 07
B5. Links made with CPA consultation and access to results and analysis of these to feed into local planning.	Dec 07
B6. Young people, homeless and ex offender services engaging more and policies and procedures adopted to address access issues.	Sep 08
B7. Report on accessibility and barrier issues with recommendations to DDSG for any further action.	Nov 08
B8. Predicted percentage increase of referrals from excluded groups up by 20%, from established baseline.	Jan 09

C. Service user and carers involved in all aspects of care and support provision.

Measure of Success	When
C1. Network set up using reps from existing groups. Focus / consultation groups identified.	Sep 07
C2. Existing systems for obtaining service user feedback utilised.	Oct 07
C3. Service user questionnaire format and % target established for service user satisfaction in quality of experience and outcomes.	
C4. Service user/carer rep on working group.	Oct 07
C5. Project plan shared with a sample of groups and comments acted on.	Oct 07
C6. Protocol for involving service user and carers advertised.	Oct 07
C7. Existing infrastructure is linked with specific groups and aware of DD work and embedded in this process/plan.	Jan 08
C8. Carers and service users to input onto at least 3 training sessions.	Nov 08
C9. Increase of service user satisfaction on receipt of DD services by 20%. High % of service users report good access to keyworkers.	Nov 08
C10. To ensure that care pathway changes consider information from service user consultation.	Nov 08

D. Effective provider network established.

Measure of Success	When
D1. E-mail network set up, network established and improvement practice meetings arranged as a regular event, every 2 months.	Nov 07
D2. Network is functioning in a way that enables sharing of information to service user and carer networks.	Nov 07
D3. Network launched.	Nov 07
D4. Practice Improvement group set up. Feedback on changes.	Jan 08
D5. Good practice on specific issues is shared and changes to procedure advertised and examples given.	Feb 08
D6. PM is able to cite example of enhanced working and utilisation of networks by other organisations and policy/procedure change to embed awareness.	May 08
D7. At least 10 organisations improvement plans in place and mechanisms for review.	Nov 08
D8. Key providers know how to access key information – all providers have e-mail names.	Nov 08
D9. Key voluntary groups identify specific areas of improvement – joint working. Work shadowing, acceptance of referrals.	Jan 09
D10. To feed into recommendations made to DDSG for future. Portfolio of good practice produced. Network able to continue at end of project.	Mar 09

E. Effective care pathways and protocols including family intervention and psychological therapies in place and accessible to all sections of the city. Service users have a fully integrated plan.

Measure of Success	When
E1. An audit of existing therapeutic interventions completed.	Nov 07
E2. A recommendation is made to DDSG for numbers and resources, especially for family intervention workers and role of brief intervention.	Mar 08
E3. To have published good practice assessment findings and eligibility criteria recommended to reflect non-primary diagnosis acceptances.	May 08
E4. Audit shows % improvement in accessibility of these interventions across a selection of providers plus new providers, A & E using brief intervention.	Aug 08
E5. Working protocols to access interventions in existence across at least 5 key providers.	Nov 08
E6. Eligibility criteria and assessment and care planning pathways established for BME requirements.	Nov 08

E7. Evidence on GP and shared care GPs of agenda and meetings that issue is debated. Analysis of final questionnaire and made recommendation from this to DDSG. Role of GP in brief intervention – what progress.	Nov 08
E8. Service user/carers know how to access other support – housing/education – questionnaire. Service users have keyworker system.	Nov 08
E9. CMHTs and D & A services/LAU have pathways established between them. Information available to communities on how to access services. Care pathways circulated in various languages. Service users report better treatment and consistency.	Jan 09
E10. LAU and CMHT have sharing of info protocol. Voluntary organisations and key LMHT providers have sharing of info protocol.	Jan 09
E11. Gaps identified from (A) and (E) to ensure skills gap/care protocols reflected in training strategy.	Mar 09
E12. Key SLAs – show statement re provision of psychological service.	Mar 09
E13. Key agencies signed up to care pathway for D/D.	Mar 09

F. All service providers have improvement plans in place and mechanisms to review and update.

Measure of Success	When
F1. All providers on network have access to results of training audit.	Nov 08
F2. Good practice guide pro forma produced and circulated.	Jan 09
F3. At least 20 key providers have key improvement plans in place	Mar 09
F4. Workshop afternoon to showcase good practice.	Jan 09

G. Unmet needs identified and robust commissioning plans in place to meet these needs and improve access to complementary services eg housing, services for young people.

Measure of Success	When
F5. Gaps analysis produced from identification of needs unmet.	Mar 08
F6. Report produced and recommendations agreed and what to do next.	Nov 08
F7. Housing/education Commissioners committed to attendance on Mental Health and Drug and Alcohol Planning groups. Policies to be developed in close collaboration with NOMS, LA, C/S, MAPDA. Joined SP strategy.	Jan 09

H. Clear recommendations based on audit of provision for requirement of residential detoxification and rehabilitation services.

Measure of Success	When
H1. Audit complete. Knowledge of DD residential service obtained.	Aug 08
H2. Audit complete. Review of eligibility, referrals and barriers.	Sep 08
H3. Questionnaire returned and analysis complete re audit of skills.	Oct 08
H4. Recommendation of key training – core and specialist.	Oct 08
H5. Recommendations accepted and agreement on senior person to address with regional commissioners of services, to imbed in SLAs.	Jan 09