Hampshire DAAT

Adult drug treatment plan 2008/9

Harm Reduction Self Audit

Hampshire DAAT – Treatment Plan 2008/9
Part B – Harm Reduction Strategy Self Audit

1. Strategic management	**Lead agencies / individuals**	**Current (RAG) status**	**Issues / comments / actions**
Partnership has a multi-agency strategy for harm reduction agreed across all partner agencies, *including the local Health Protection Unit*, which addresses sections 1 – 8 of this tool.	DAAT Coordinator and Joint Commissioning Manager (JCM)	**R**	An overarching multi-agency strategy for Harm Reduction is not in place. This was a key element of the role of the Harm Reduction Co-ordinator to be appointed during 07/08. This post will not be appointed to, given the financial forecast for the next 3 years. Instead the Coordination role will be delivered through a strengthening of the Harm Reduction & Outreach Service. The DAAT JCG will convene Harm Reduction sub-group to develop and monitor delivery of partnership-level Harm Reduction strategy. Scored 2 'fair' in HCC/NTA Joint Review.
Partnership has Chief Officer lead/champion for harm reduction/harm minimisation strategy	DAAT Chair to agree with membership	**R**	The DAAT JCG will convene Harm Reduction sub-group to develop and monitor delivery of partnership-level Harm Reduction strategy. To be chaired by the Chair of the JCG, who is also a member of the Strategic DAAT
Partnership receives quarterly harm reduction progress report against treatment plan targets	DAAT Chair / CG lead	**A**	As part of the routine monitoring of overall Partnership targets by the JCG and contract monitoring of providers. Will be strengthened to provide details of underperformance / comparative analysis of provider agencies.

Partnership has identified clinical governance(CG) / quality assurance (QA) lead for all services / access to clinical risk management advice / formal links to PCT CG lead	Lead Clinician / PCT / service provider lead/CG lead / QA lead	**A**	Lead clinicians for tier 3 services are non voting members of the Adult JCG providing advice and professional judgement to the JCG. The JCM and Service User /Carer are linked in to provider CG meetings, full coverage needs to be attained.
Partnership receives and discusses quarterly CG / QA reports from specialist services.	DAAT CG Lead/JCM	**G**	Minutes of CG meetings and contract review meetings
Partnership has communication strategy for harm reduction	DAAT coordinator	**G**	DAAT has an overarching Communication Strategy in place, together with clear reporting / communication arrangements for contamination/purity issues/acute risks. The specifics relating to a Harm Reduction Communication Strategy will be considered and developed, if deemed necessary by the Harm Reduction Sub Group.
Agreed source of information re: contamination/purity issues/acute risks and communication protocol across all agencies	Public health / Police	**G**	Yes in place – lead officer - DAAT Communities Manager.
2. Confidential Inquiries (CI)	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Identified CI lead in DAAT / multi DAAT area	DAAT coordinator & Strategic Health Authority (SHA)	**A**	Has been led by an officer from the lead agency, pertinent to the review. DAAT Manager has been kept fully informed of review process timescale and findings.
Multi-agency multi-disciplinary drug related death (DRD) review group established for confidential inquiries	CI lead / SHA	**A**	Has been led by an officer from the lead agency, pertinent to the review. DAAT Manager has been kept fully informed of review process timescale and findings.
Coroner involvement	Coroners office / CI lead	**A**	Needs to be formalised
Agreed remit / terms of reference	CI lead	**A**	Needs to be formalised
Agreed definition of drug related death (e.g. Advisory Council on the Misuse of Drugs definition)	CI lead	**A**	Needs to be formalised
Agreed minimum data set	CI lead / Partnership Data Manager	**A**	Needs to be formalised

Dedicated staff time to collate and analyse data and report	CI lead / Partnership Data Manager	A	Needs to be formalised
Dissemination of recommendations of review group	CI lead	A	Needs to be formalised
Annual report	CI lead	R	To be actioned
3. All services	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Implementation of *Models of Care* (MoC) in DAAT	*JCM, provider clinical leads & CG Steering Group*	G	
Risk assessments for all service users, appropriate to tier, and specific to the needs of substance misusers and inherent risks of specific drugs and methods of use	CG / service provider leads	G	
Provision of basic life-saving information appropriate to service users, including special groups such as black and minority ethnic (BME), and including use of DH / NTA materials	Service user consultation / service leads	A	**Good provision across all statutory providers. Further targeted work around BME groups needed in some Tier 2 provision.**
Provision of advice and information on the immediate and long-term risks of specific drugs and methods of use appropriate to service users including special groups such as stimulant users, including targeted campaigns on specific issues (e.g. hepatitis B/C virus and managing drugs overdose)	Service user consultation / service provider leads	G	
Provision of injecting equipment to injecting drug users	Service user consultation / service provider leads	G	
Alcohol interventions for drug misusers	CG lead / service provider leads	G	
4. Tier 1 services	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Local protocols re: police involvement in overdose (OD) incidents requiring ambulance response	Police / Ambulance	A	
Ambulance crews carry and trained to use naloxone in opiate overdose incidents	Ambulance	R	**Not known – further work needed to establish baseline.**

Liaison between A&E and drug services, referral systems, care pathways, injecting equipment	A&E / service leads / *MoC* lead or equivalent	**A**	**Operating well in most areas. Anecdotal reports of some localised issues.**
Prevention and management of overdose in custody	Police	**A**	**Operating well in most areas.**
Benzodiazepine prescribing policy	PCT pharmacy lead / CG lead / GPs	**G**	
Care pathways for secondary care of individuals who are blood borne virus positive (BBV+) from testing in primary care	Director of public health	**A**	**Operating well in most areas. Anecdotal reports of some localised issues.**
Item of service payments for GPs not in locally / nationally enhanced services (LES / NES) shared care who provide hepatitis B immunisation to drug users and their families	PCT director of primary care	**A**	**Development of consistent county-wide approach on-going in wake of creation of Hampshire PCT**
Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems	Mental health / dual diagnosis lead / *MoC* and service provider leads	**G**	

RED	Not in place or not at standard required and significant needs/improvements identified
AMBER	Progress being made but further work/investment required to meet identified need/standard
GREEN	Provision in place and/or good progress being made against assessed need and required standards

5. Tier 2 services	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Training in overdose prevention and management for service users and carers	Service user consultation / service provider leads	**G**	
Injecting equipment and paraphernalia relevant to needs, widely and easily available from a range of outlets: centre based, pharmacy based, outreach to priority groups	Service user consultation / PCT / service provider leads	**G**	
Strategy to minimise inappropriate disposal of used injecting equipment by providing widespread access to secure disposal	Service provider leads / local authority / service user consultation	**G**	
Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner / JCM	**A**	**Poor access to NHS dentistry across Hampshire. Information on emergency access provided.**

Sexual health promotion, screening and materials available in drug-specialist services, in liaison with specialist GUM services	Service provider leads / *MoC* leads/ PCT / Public health	A	**New providers working to develop relationships with local GUM services.**
Access to healthcare advice, support and screening, with referrals to specialist services as appropriate	Service provider leads / *MoC* leads/ PCT	G	**Delivered via primary care out-reach clinics or mobile Harm Reduction Service**
Information campaigns coordinated and targeted on specific drug related deaths issues	Service provider leads / DAAT	A	**Information & advice delivered in all services. No specific local campaigns undertaken.**
Access to BBV testing and hepatitis B immunisation 1) on site: protocols and monitoring 2) off site: care pathways, referral and monitoring	Service provider leads / *MoC* leads (or equivalent) PCT / Public health	G	**Supported by primary care out-reach clinics or mobile Harm Reduction Service**
BBV+ service users and / or liver disease have access to secondary specialist services (referral, care pathways, monitoring uptake and outcomes)	*MoC* lead (or equivalent) / PCT / service provider leads	A	**Operating well in most areas. Anecdotal reports of some localised issues.**

6. Tier 3 services	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Service users are made aware of the dangers to children of take home medication, need for safe storage, child proof caps and lockable safes and containers	Service provider leads / practitioners in a prescribing role / CG lead / Community Pharmacists	G	
Training in overdose prevention and management for service users and carers	Service user consultation / service provider leads	A	**Tier 2 services taking lead on developing and delivering training**
Access to full range of DH / NTA overdose prevention materials	Service provider leads / DAAT coordinator (or equivalent), PCT Health Improvement / Health Promotion lead	G	
Individual care plans provide on-going assessment of general / primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc	MoC lead (or equivalent) / service provider leads	A	**On-going work to ensure consistent care planning practice in line with existing protocols.**
Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner	G	

Sexual health promotion, screening and materials available in liaison with specialist GUM services	Service leads / *MoC* leads / PCT / Public health / PCT Health Improvement / Health Promotion lead	**G**	
Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems	*S*ervice provider leads / Dual Diagnosis lead	**G / A**	**Dual Diagnosis strategies developed and DD workers in place across all providers. Further work with some CMHT's needed to ensure consistent practice.**
Rapid access to substitute prescribing for released prisoners and those prematurely leaving residential treatment	*DIP / CDAT managers*	**G/A**	**Occasional problems in practice with early release / lack of prior notification by prisons.**

Benzodiazepine prescribing policy including access to detoxification	CG / Practitioners in a prescribing role	**G**	
Access to BBV testing and hepatitis B immunisation 1) on site: protocols, patient group direction for nursing staff, and monitoring 2) off site: care pathways, referral and monitoring	Public health directors / service provider leads / CG leads / *MoC* leads (or equivalent) / PCTs/PCT Pharmacy lead	**A/G**	**On-site testing & immunisation available at one provider site. Other services, via referral to Tier 2 or GUM provision.**
Service users who are BBV+ and or liver disease have access to secondary specialist services (referral, care pathways, co-working arrangements, monitoring of uptake and outcomes)	*MoC* leads (or equivalent) / GPs / PCT specialist Commissioners / service provider leads / JCM	**G**	
7. Tier 4 services	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Relapse prevention, BBV education integral part of programme	Service provider leads / CG lead	**G**	
Hepatitis B immunisation available to residents / inpatients	Service leads provider / CG lead	**G**	
Discharge procedures include explicit warnings about the risks of overdose. Referral and care pathways into substitute prescribing are available	Service leads provider / CG lead	**G**	

Individual care plans provide on-going assessment of general / primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc in all residential and in-patient settings used by the partnership	*MoC* lead (or equivalent) / service provider leads	G	
Referral mechanisms for access to dental health care	Service provider leads / PCT Commissioner / JCM	A	**Needs led referral process in place. No routine screening.**

Sexual health promotion, screening and materials available in all residential rehabilitation settings used by the partnership	Service provider leads / *MoC* lead (or equivalent) PCT / Public health / Health Improvement / Health Promotion lead	G	
8. Workforce	**Lead agencies / individuals**	**RAG status**	**Issues / comments / actions**
Personal / professional development plans or organisational training plans enable staff to develop the knowledge and skills to provide competent health risk assessments, harm reduction / health promotion advice and prevent drug related deaths (ref: DANOS)	Service provider leads / CG lead / Health Improvement / Health Promotion Lead	G	
Training to incorporate feedback from drug related death review / local Confidential Inquiries	Service provider leads / CG lead	A	**Three services report need to strengthen this element of training.**
Protocols in place for staff working with drug users to have access to Post Exposure Prophylaxis (PEP) for possible occupational HIV, HBV, HCV transmission and appropriate follow-up	Service provider leads / CG lead	G	
HBV immunisation available to all staff working with drug users	Service provider leads	G	