

Haringey Drug and Alcohol Action Team

Adult drug treatment plan 2008/09 Part 3: Planning grids

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Planning Grid 1: Commissioning a local drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

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

- Improve Joint Commissioning group function with more formal strategic input from Health Services.
- Ensure that DAAT Support Team is fit for purpose
- Demonstrate best practice in handling public money, contracting with providers and monitoring of service level agreements
- Annual qualitative care plan audit focusing on improving physical and psychological health, social needs and needs relating to criminal justice
- Continue to performance manage the treatment system through Performance Management Group
- To improve and incorporate Treatment Outcome Profile information into commissioning for 09/10
- Work with NTA and providers on identifying unit costing and for the agencies to submit online by June 2008
- To improve referrals from Tier 1/2 services

Objective 1: To establish a robust, accountable and sustainable commissioning infrastructure for planning, implementing, resourcing and performance managing Haringey's drug treatment strategy to 2009

Delivery Plan:

Actions and milestones	By when	By Whom
1.1.1 To identify Senior Health Service representative at Joint Commissioning Group	1 st April 2008	JCM
1.1.2 Review DAAT Support Team structure and ongoing costs which support the delivery of drug strategy at local level, ensuring fitness for purpose and VFM (tied in with NAO audit of DAATs)	December 08	Drug and Alcohol Strategy Manager JCM
1.1.3. All service level agreements to be reviewed, updated with quarterly service review, dates to be scheduled with providers for the year.	April 2008 and ongoing quarterly	JCM DIP Project Manager Contracts Officer

1.1.4 To ensure that wait times, retention targets, planned discharges and care plans are in line with national and locally agreed targets by continued monitoring of action plan with providers both through SLA and PMG meetings.	Ongoing from April 08 through PMG	JCM Information and Needs officer
1.1.5 To set up within the clinical governance framework of the PCT, the Substance Misuse Clinical Effectiveness and Confidential Enquiry Group	May 2008	JCM PCT
1.1.6 To audit services against the Drug Misuse and Dependence Guidelines on Clinical Management to ensure compliance with technical specifications, via Clinical Governance structure, through audit and action planning	Sept 2008	JCM PCT Substance Misuse Clinical Effectiveness and confidential Enquiry Group
1.1.7 Conduct annual qualitative care plan audit of services	Feb 2009	JCM Information and Needs officer
1.1.8 To improve care planning in relation identifying and planning for physical and psychological health needs, social needs and needs relating to criminal justice through workforce training and audit	Sept 2008 Monthly and ongoing	JCM Information and Needs officer Service Managers
1.1.9 To agree DAAT Updated Models of Care Policy in relation to pathways and discharge policy	August 2008	JCM Information and Needs officer
1.1.10 To audit DAAT Updated Models of Care Policy in relation to pathways and discharge policy	March 2009	JCM Information and Needs officer
1.1.11 Identify suitable and sustainable DIP Champion	May 2008	DIP Project Manager

1.1.12 Continue to manage Haringey's treatment performance through the Performance Management Group	April 2008 and ongoing	JCM PMG
1.1.13 To support all agencies to identify unit costings for each of the services provided and to have submitted the costings on-line by June 2008	June 2008	JCM
1.1.14 To analyse these costings, ensuring services are providing VFM and prepare for any possible reduction over the CSR	June 2008	JCM
1.1.15 To increase the number of referrals into specialist treatment from Tier 1 by re-launching service directory with 'tear off' referral/screening form.	April 08 onwards	JCM Communities Officer

Objective 2: To ensure all providers are able to provide reliable (100% valid) data for the purposes of addressing clinical need, local/national performance (including DIP) and NDTMS compliance

Delivery Plan:

Actions and milestones	By when	By whom
1.2.1 Update Performance Management Action Plan and schedule meeting dates and venues for Performance Management Group (PMG) to regularly review performance, validity of data and compliance with NDTMS in conjunction with provider Service Managers	31 st May 2008	JCM Information and Needs officer Service Managers
1.2.2 Further develop web based case management system "MiCase" to be compliant with NDTMS and DAMS validation processes	Sept 08	DIP Project Manager DIP Data Manager
1.2.3 DAAT to continue discussions with BEHMHT regarding the introduction of "RIO" to facilitate that the system is able to provide reliable data for purposes of addressing clinical need, local/national performance management and NDTMS and DAMS compliance.	April 2008	JCM Information and Needs officer
1.2.4 DAAT to ensure contingency plan is available over the implementation and embedding of "RIO" and "MiCase" into our largest drug treatment providers.	June 2008	JCM Information and Needs officer DIP Data Manager
1.2.5. To develop a more fluid treatment system to avoid services becoming "silted up" through auditing of care pathways and on-going performance management	March 2009	JCM Drug and Alcohol Strategy Manager Treatment Task Group
1.2.6 Review data sharing and joint working protocols with all services and confirm that Models of Care is working effectively on the ground	31 st June 2008	JCM Information and Needs officer

1.2.7 To ensure 100% compliance of Treatment Outcome Profile process in order to improve the completion rate and incorporate information into commissioning process for 09/10	Sept 2008	Information and Needs officer JCM PMG TTG
1.2.8 To ensure that all commissioned Tier 4 services report to NDTMS	April 2008	JCM Information and Needs officer Tier 4 Coordinator

Planning Grid 2: Access and engagement with the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

- **Identification of key priorities following needs assessment relating to access and engagement with the drug treatment system:**
- Implement an outreach and engagement strategy to reduce attrition, improve engagement and retention
- To launch the new open access facility at Tier 2/3 service - EBAN
- To co locate BUBIC into the EBAN service
- To continue to deliver open access, outreach, support services to female sex workers via SHOC.
- To continue to deliver open access, outreach, support services via DASH

Objective 1

To improve access and engagement within the drug treatment system through effective Tier 2 interventions relevant to local need

Delivery Plan:

Actions and milestones	By when	By whom
2.1.1 To develop a comprehensive outreach/engagement strategy which aims to minimise attrition and improve engagement and retention with particular reference to under 25's, crack users and DIP clients.	June 08	JCM Drug and Alcohol Strategy Manager
2.1.2 To improve access/minimise attrition amongst Crack and/or Opiate users (PDUs) /poly drug users, by opening of EBAN drop-in and co -locating BUBIC in the building.	April 2008	JCM Eban/BUBIC
2.1.3 To continue to commission SHOC to provide Tier 2 services to female sex workers as a gateway into Tier 3 services	April 2008	JCM

2.1.4 To minimise risk of attrition following assessment at DIP by co-location of EBAN in same building, development of shared treatment protocols, escort arrangements and Haringey Metropolitan Police (MPS) Offender Management unit.	April 2008	JCM DIP Project Manager MPS Eban/CRi Service Manager
2.1.5 To reduce attrition of DIP Clients being referred by CJIT commencing Tier 3 services, through escort arrangements, improved case management and care planning.	April 2008	DIP Project Manager CRi Service Manager
2.1.6 To continue to commission DASH to provide needle exchange, drop-in, OSI, harm minimisation work and advice.	April 2008	JCM
2.1.7 To explore setting up of free phone helpline which would act as a one stop shop for information on local drug services and their effects and aim to increase numbers into treatment	April 2008	JCM
2.1.8 Ensure that Tier 1 & 2 agencies are clear about referral process into agencies and of treatment options available by revamping of service directory with tear off referral slip and other publicity materials, along with continuing to deliver DAAT substance misuse training.	April 2008 onwards	Drug and Alcohol Strategy Manager

Planning Grid 3: Retention in and effectiveness of the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

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

- Improve penetration and retention rates of primary crack users/poly drug users through the bedding in of new crack-cocaine poly drug service
- Continued improvements to drug treatment journey through continued actions to reduce attrition and maintain engagement
- Improve penetration and retention rates of primary opiate users by offering range of different prescribing options to this client group
- Development of cannabis/crack awareness campaign
- Action plan to increase numbers of women accessing treatment
- Continued commissioning of SHOC to provide prescribing/OSI services to female sex workers
- Action plan to increase number of GP's and services users in GP shared care scheme
- To increase numbers accessing and being retained in Tier 4 services.

Objective 1: To increase the overall numbers of adults entering and being retained in effective drug treatment, whilst increasing the proportionately of PDU's.

Delivery Plan:

Actions and milestones	By when	By whom
3.1.1 To develop an action plan for increasing both the number of GP's and service users in the shared care scheme in order to free up places for specialist treatment.	July 08	JCM/Shared Care Coordinator
3.1.2 To ensure that rapid prescribing is available for DIP clients within the target time of 1 week	April 2008	DIP Project Manager
3.1.3 Improve case management skills amongst DIP workforce and raising awareness of wider service provision.	April 08 and thereafter quarterly	DIP Project Manger Service Managers of Drug Agencies

3.1.4 Ensure that providers recruit to workforce that is reflective of changing patterns in Haringey's Treatment population e.g. multilingual – polish etc.	April 08 onwards	JCM DIP Project Manager Service Managers of Drug Agencies
3.1.5 To develop an action plan for increasing the number of women accessing treatment and improve the engagement of women who test positive via DIP.	April onwards	JCM DIP Project Manager Service Managers of Drug Agencies
3.1.6 To run a cannabis and crack cocaine awareness campaign and improve treatment options for cannabis users	June 08 onwards	JCM Drug and Alcohol Strategy Manager
3.1.7 To increase the provision of psychosocial interventions available – in particular counselling provision at Eban	April 08	JCM Eban
3.1.8 To pilot and evaluate a twelve week (rolling programme) of abstinence based – Relapse Preventions and Life Skills Group	May 08 onwards	JCM DASH Service Manager
3.1.9 To continue to commission SHOC to provide low threshold prescribing/OSI interventions for female sex workers.	April 2008	JCM
3.1.10 To continue to commission DASH to provide specialist prescribing services for PDU's ensuring a range of prescribing options are available that are in line with best practice.	April 2008	JCM
3.1.11 To explore the cost effectiveness/clinical effectiveness of delivering on site prescribing for clients new to substitute prescribing services	June 08	Drug and Alcohol Strategy Manager JCM DASH service Manager

Objective 2: To improve numbers into and retention of clients into Tier 4 services.

Delivery Plan:

Actions and milestones	By when	By whom
3.2.1 To set Haringey Tier 3 services ambitions to achieve a minimum percentage referrals for Community Care Assessments	April 2008	JCM
3.2.2 To commission an additional block contact for Inpatient Detoxification with Equinox	April 2008	JCM
3.2.3 To commission an additional block contact for Residential Rehabilitation with Streetscene	April 2008	JCM
3.2.4 To identify feasibility of providing Abstinence-Based Treatment session on a Saturday at DASH Drop In	April 2008	JCM
3.2.5 To continue to commission DASH Tier 4 Link Workers to hold satellite assessment clinics at all Tier 3 agencies in borough	April 2008	JCM
3.2.6 To commission 2 nd stage treatment for clients in Residential Rehabilitation	April 2008	JCM
3.2.7 To continue to explore possibility of commissioning of North London Inpatient Detoxification facility.	April 2008	JCM
3.2.8 To undertake six residential rehab reviews in order to expand Haringey's Approved Provider List.	Aug 2008	JCM Com Care Coordinator.

Planning Grid 4: Outcomes, discharge and exit from the drug treatment system

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment 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:

- To ensure that the housing needs of drug users are taken into account in both the Local Authority's Homelessness Strategy and Supporting People Strategy
- To address the educational, training and support needs of drug users through Haringey's dedicated ETE service 'Kinesis'
- To work with the Skills Council and Job Centre plus on developing an operational protocol for increasing numbers of PDU's accessing ETE services.
- To work with Supporting People on re-tendering accommodation services as per agreed service specification
- To work with regeneration re drawing in additional resources into ETE services for substance misusers.

Objective 1: To further consolidate and develop a comprehensive range of aftercare/resettlement options for all problematic drug users, including those leaving prison, residential/ and or community treatment programmes.

Delivery Plan:

Actions and milestones	By when	By whom
<p>4.1.1 Continue to commission Kinesis to deliver ETE services to people with substance misuse problems and to work with partners in regeneration re: agreeing input that Kinesis makes to reducing worklessness in the borough – including pulling in additional resources into this service.</p> <p>An increased focus on achieving targets for:</p> <ul style="list-style-type: none"> • No. of Active Clients • No. achieving formal qualification • No. accessing employment • No. accessing further education 	<p>April 08 onwards</p>	<p>Drug and Alcohol Strategy Manager JCM Contracts Officer</p>

<ul style="list-style-type: none"> No. accessing voluntary work No. accessing formal training. <p>Ensure targets are in SLA.</p>		
4.1.2 To develop a written protocol with Job Centre Plus and Skills Council to increase access to education, training and employment for drug users.	July 2008	Drug and Alcohol Strategy Manager
4.1.3 To work with Supporting People in re-tendering current SM SP accommodation based services following last years review in line with agreed service reconfiguration so it better needs the range of needs from high to low.	June 08	Drug and Alcohol Strategy Manager
4.1.4 To work with housing on developing their current homelessness strategy, including undertaking local needs assessment of met and unmet need and agreeing an overall range approach (range of options) and target numbers to be re-housed	July 08	Drug and Alcohol Strategy Manager
4.1.5 To extend the commissioning of CAB input into the Aftercare service by 0.5 post giving 1.5 posts.	April 08 onwards	DIP Project Manager
4.1.6 To link DIP and non-DIP clients into Supporting People floating support services	April 2008	DIP Project Manager Aftercare manager
4.1.7 Continue to commission and otherwise support the small Bed-sit scheme through Supporting People	April 2008	JCM Supporting People
4.1.8 Implement Rent Deposit Scheme in partnership with Haringey Housing Department for PDU's	April 2008	DIP Project Manager
4.1.9 To progress the setting up of link worker scheme in order to increase referrals/assessments for Tier 4.	April 2008 onwards	JCM DASH
4.1.10 To develop improvement plan for Aftercare	June 2008	DIP Project Manager Aftercare manager

Planning Grid 5: Diversity

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Diversity

- To continue to deliver open access, outreach, support services to female sex workers via SHOC
- To continue to support the Somali and Turkish communities
- To enhance the work with Afro-Caribbean communities in Haringey in relation to specific drug-related issues
- To continue to reduce the hidden harm caused to children through parental substance misuse and support families/carers
- To reduce the barriers into treatment for women

Objective 1: To continue to commission services to meet the diverse needs of Haringey

Delivery Plan:

Actions and milestones	By when	By whom
5.1.1 To continue to commission service working with Somali community in relation to KHAT – KHAT Worker at DASH	April 2008	JCM
5.1.2 To continue to commission worker/project working with Turkish community in relation to drugs – Turkish Community engagement at DASH	April 2008	JCM
5.1.3 To continue to commission services working with Afro-Caribbean community in relation to drugs, particularly stimulant misuse – BUBIC and Eban	April 2008	JCM
5.1.4 To continue to commission SHOC to provide outreach and Tier 3 services to female Sex Workers	April 2008	JCM
5.1.5 Continue to commission COSMIC to deliver services to children with substance misusing parents and to work with partners in Children's Services re: agreeing input that COSMIC makes to reducing hidden harms in the borough – including pulling in additional resources into this service.	April 2008	JCM

5.1.6 To develop an action plan for increasing the number of women accessing treatment and improve the engagement of women, particularly those test positive via DIP and those with families.	April onwards	JCM DIP Project Manager Service managers of drug agencies
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Planning Grid 6: Harm Reduction

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Harm Reduction

- To modernise existing Tier 2 service and exploit new location to full potential
- Ensure that effective Harm Reduction information is given to primary crack users
- To ensure that all injecting drugs users and in particular DIP clients are given effective safer injecting advice
- To ensure the effective advertising of all fixed base and pharmacy needle exchange services
- To improve uptake of hepatitis B vaccination amongst injecting drug users and to improve recording thereof
- To implement Drug Related Death Review Process
- Improve recording of injecting drug user rate and changes in injecting behaviour(TOPS)

Objective 1: To improve the provision and effectiveness of Harm Reduction services

Delivery Plan:

Actions and milestones	By when	By whom
6.1.1 To implement and monitor the contingency management pilot with a focus on incentivising clients to attend uptake BBV vaccinations	April 2008	DASH JCM NTA
6.1.2 To establish a confidential enquiries protocol for drug related deaths	August 2008	Drug and Alcohol Strategy Manager

6.1.3 To revamp the advertising of needle exchange/fixed based schemes in the borough to increase awareness and access.	June 2008	JCM Needle Exchange Co-ordinator
6.1.4 To improve on the range of harm reduction materials/advice available for crack users and ensure effectiveness through service delivery	April 2008 and ongoing	JCM Eban
6.1.5 To improve screening and vaccination uptake through borough wide BBV protocol and BBV nurse	April 2008 and ongoing	JCM DASH Service Manager
6.1.6 To improve data capture around immunisation against BBV's	August 2008	JCM Information and Needs Officer

Planning Grid 7: Criminal Justice

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Criminal Justice

Objective 1: To continue to widen access into treatment, improving engagement, retention and effective outcomes for those in or exiting the Criminal Justice System

Delivery Plan:

Actions and milestones	By when	By whom
7.1.1 To ensure all appropriate Haringey Probation clients access treatment through the DIP	April 2008	DIP Project Manager LPS
7.1.2 To ensure all appropriate Haringey residents leaving HMP's Pentonville and Holloway access appropriate treatment and services on release	Sept 2008	DIP Project Manager HMPs Pentonville and Holloway
7.1.3 To continue to commission the Pentonville Prison DIP Link Worker	April 2008	DIP Project Manager
7.1.4 To set ambitions for number of prisoners leaving prison accessing Tier 4 services	April 2008	DIP Project Manager
7.1.5 To identify current level of practice for prison referrals and increase to 100% referral where relevant.	March 2008	DIP Project Manager

Objective 2: To reduce re-offending of drug misusing clients

Delivery Plan:

Actions and milestones	By when	By whom
7.2.1 To ensure that the cross cutting themes of drugs and alcohol are reflected within the Community Safety partnership 3 year strategy – 2008 -2011	April 2008	Drug and Alcohol Strategy manager
7.2.2 To undertake review of clients undertaken intervention 2007/08 via DIP, Probation and CJS to identify re-offending benchmark	Sept 2008	DIP Data Manager
7.2.3 To ensure that accurate and timely information flow between DIP and Metropolitan Police to ensure that all offenders, esp. PPO's, testing positive and failing to meet legal requirements of Required Assessment and/or Restrictions on Bail receive appropriate action	April 2008	DIP Data Manager
7.2.4 To agree and implement an information sharing protocol around the use of MiCase	June 2008	DIP Data Manager MPS DIP Service Manager

Planning Grid 8: Workforce

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Workforce,

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 establish an appropriately qualified, competent and sustainable treatment sector workforce by April 09 by continued implementation of the DAAT workforce strategy

Delivery Plan:

Actions and milestones	By when	By whom
8.1.1 All S.L.A.'s to specify required workforce activities for induction, individual training plans, appraisal, supervision, CPD, NVQ3 and trainee/apprenticeship schemes	May 2008	JCM
8.1.2 Treatment sector workforce to continue training for NVQ level 3 with Thames Kingsway and NVQ 4 with Westminster college	May 2008	JCM
8.1.3 Formal monitoring of targets through SLA meetings	May 2008	JCM
8.1.4 S.L.A.'s to stipulate that all job descriptions and recruitment processes are expressed in DANOS terms (and other relevant standards).	May 2008	JCM Contracts Officer
8.1.5 S.L.A.'s to specify compliance with Race Relations Amendment Act	May 2008	JCM Contracts Officer

Planning Grid 9: Service Users

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Service Users

- Continue to build the influence of Service Users in decision making processes
- To set up for Service User advocacy and mentoring service
- To ensure Service User movement between agencies based on good practice and individual need

Objective 1: To continue to implement the Service User Involvement Strategy, empowering and supporting users to be involved in the planning and commissioning processes for local drug treatment, working with local treatment providers to develop new ideas for service improvement e.g. mentoring and advocacy service.

Delivery Plan:

Actions and milestones	By when	By whom
9.1.1. Continue to implement The Service User Involvement Strategy at individual, service and strategic level. Including agreed policy to re-imburse fares (Oyster card system) and payment for service users who attend strategic boards and task groups.	April 2008 onwards	Communities Officer
9.1.2. To continue individual training needs audit of service user reps, and service users on the DAAT Task Group. Devise training plan based on needs.	April 2008 onwards	Communities Officer
9.1.3 To commission “the Alliance” to develop mentoring and advocacy service in conjunction with Service Users	April 2008	JCM
9.1.4 To provide a quarterly progress report outline progress and effects of user involvement in the borough	July 2008 quarterly thereafter	Communities Officer DAAT Service User task Group

9.1.5 To continue to induct and give initial training to facilitate service users understanding of the DAAT, Treatment system, to ensure service users can fully participate in the relevant forums and influence design of services etc.	April 2008 onwards	Communities Officer
9.1.6 To support the development of Service User Involvement ideas as they emerge from the Service User Task Group, including advocacy, networking with PALS and or other support services aimed at drug users.	April 2008	Communities Officer Drug and Alcohol Strategy Manager
9.1.7 To ensure that all S.L.A.'s include a requirement to display a service user charter, include user consultation in service reviews, and promote access to other services for service users	May 08	JCM Contracts Officer
9.1.8 To support Service User representatives at Service level	April 2008	Communities Officer

Planning Grid 10: Carers

Please see checklist at Appendix 1 of the 2008/09 adult drug treatment plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to Carers

- Formalise arrangements with carers to enable consultation and involvement in the planning, commissioning and review of the local drug treatment system
- To support Carer representatives to fully participate in decision making
- To commission counselling provision for carers
- To ensure that carers needs are included within the Community Care Assessment process

Objective 1: To continue to develop meaningful carer involvement as a means of facilitating involvement in the planning, commissioning and review of treatment services.

Delivery Plan:

Actions and milestones	By when	By whom
10.1.1 To provide training and support to two new carers reps in order to facilitate their input into planning and commissioning processes of the DAAT. To sit on TTG and DAAT Board	May 2008	Communities Officer
10.1.2 To develop a carers information leaflet with gives information on local drug treatment services and carers services.	May 2008	Communities Officer
10.1.3 To ensure that carers assessments are undertaken as part of community care assessment process	April 2008 onwards	SV Manager Physical Disabilities & OT Service.
10.1.4 To ensure all S.L.A.'s include requirement for carers to be involved in service reviews and to ensure that carers needs are taken into account as part of needs assessment process and shaping treatment priorities.	April 2008	JCM

10.1.5 To ensure that all Tier 2/3 services continue to provide support, advice and information services to families, partners and friends (include in SLA).	April 2008	Communities Officer
10.1.6 To ensure all treatment agencies record all contact with carers	April 2008	Communities Officer
10.1.7 To commission counselling services with Eban to provide counselling for carers.	April 2008	JCM