

Partnership name

OLDHAM

Drug treatment, reintegration and recovery in the community and prisons 2010/11
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 2010/11 plan guidance for possible areas to include within this planning grid

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

Oldham DAAT has undergone a major transformation during 2009/10 with a new Strategic Manager, Service Improvement Officer and Alcohol Co-ordinator. The Criminal Justice Co-ordinator now sits within the DAAT and will work closely with the boroughs new Integrated Offender Management Co-ordinator. Other posts within the DAAT have also been re-aligned to create a new look and style to the team. The new team has a very strong mission to support partnership working via expert substance misuse commissioning and a clear focus to develop robust strategic links.

The work begun in 2009/10 to strengthen partnership working and create a wider understanding of the DAAT's work will continue into 2010/11 and beyond. This will form part of a new commissioning framework for substance misuse in Oldham.

Oldham is prioritising the development of a Recovering Community's model within the borough based on evidence of need. A further priority is to ensure that all service providers demonstrate their commitment to a whole treatment system and work together as "one" system. This will help to ensure that all clients have a menu of opportunities available to them that will allow them to enter the system at any point and then move on in the direction best suited to their needs, with a goal for all clients to be able to lead a better, healthier, more fulfilling life, through social re-integration, training and employment.

Oldham experiences significant alcohol harms and the DAAT is taking a leading role to address these in collaboration with other partners, by identifying appropriate resources and map out the treatment system. Supported by alcohol funding the DAAT will provide needs assessments, and create service specifications for services that meet the needs of the alcohol clients in the borough.

In summary, the DAAT will continue to consult widely, commission based upon evidence, promote good practice amongst partners and agencies, and monitor, evaluate and report back to the National Treatment Agency as required.

Objective 1

Improved strategic links and partnership involvement in the substance misuse agenda as part of a new commissioning framework for substance misuse.

Delivery Plan:

Actions and milestones	By when	By whom
The DAAT to be represented on 2 key partnership strategic meetings: Homelessness Board; Safeguarding Board.	April 1 st 2010	Strategic Manager
Partnership representatives to attend DAAT strategic and operational meetings.	April 1 st 2010	Strategic Manager

Expected outcomes:

DAAT will be represented on all major meeting groups within the partnership such as Housing/Homelessness, Criminal Justice, Employment and Health. Partners from these groups will be included within DAAT meetings. Substance misuse will be mentioned in key strategic documents throughout the partnership, and DAAT strategic documents will accurately reflect partnership priorities and initiatives.

Objective 2

Strategic support by Children's, Adult's and Criminal Justice agencies to ensure the Hidden Harm agenda is addressed via linked strategies and as part of a "Think Family" model.

Delivery Plan:

Actions and milestones	By when	By whom
Establish a Family Team to improve joint working between adult services and children and young people's services to identify, assess and increase referrals of appropriate children and young people into treatment and/or support.	April 2010	DAAT
Improved recording and monitoring to address the Hidden Harm agenda and recommendations from the commissioning evaluation report.	Ongoing	All commissioned services

90% of clients in adult treatment services to have their parental status recorded.	March 2010	Adult Service Providers
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Expected outcomes:
The treatment system will focus on “Think Family” with increased partnership working between adult and children and young people’s services. Increased number of referrals between these areas of services.

Objective 3
Ensure there are a range of services to offer choice for clients and in particular to meet the needs of 18-25 year old substance misusers using alcohol, cannabis, cocaine, crack, and other stimulants.

Delivery Plan:

Actions and milestones	By when	By whom
Tender document to be produced and the tender advertised for the new ACCE service with a clear Service Level Agreement and agreed referral pathways.	June 2010	OMBC
Commission a consultant to work with new service.	June 2010	DAAT
Service Level Agreement in place and monitored monthly.	From June 2010	DAAT

Expected outcomes:
Successful launch of new ACCE service offering non-opiate treatment services to young adults 18-25 years including those from the criminal justice system and not currently accessing treatment services, enabling clients to be referred in seamlessly, and on to component parts of the treatment system as needed.

Objective 4

To produce financial projections and budgets. To monitor in-year income and expenditure, report to JCG quarterly, and to identify any efficiency savings within the existing treatment system.

Delivery Plan:

Actions and milestones	By when	By whom
Identify commissioning priorities based on key priorities for 2010-11 and indicative/confirmed allocations.	March 2010	Joint Commissioning Manager/DAAT Manager
Quarterly budget updates to Joint Commissioning Group.	Quarterly	Joint Commissioning Manager
Move towards a resolution regarding the whole PTB allocation being available for DAAT commissioning in line with agreed treatment plans.	June 2010	DAAT Strategic Manager/PCT

Expected outcomes:

Ensure the APTB is appropriately allocated based on evidence of need and gaps in services and monitored via quality financial monitoring, creating reports on slippage and overspend allowing the DAAT JCG to reprioritise as and when this is necessary.

Objective 5

Commission a Recovery Forum for all clients completing treatment motivated towards social re-integration, irrespective of substance, and independent of existing treatment provision.

Delivery Plan:

Actions and milestones	By when	By whom
Assess exactly the format required based upon needs of clients	June 2010	DAAT Strategic Team

Establish a team and lead agency	Sept 2010	DAAT Strategic Team
Identify premises or a range of premises for meetings	Sept 2010	DAAT Strategic Team

Expected outcomes:
 Aftercare in the form of a Recovery Forum in place offering support from clients, volunteers and workers for clients completing, or who have completed treatment and who are motivated to move on with their lives via training, volunteering or employment.

Objective 6
 Ensure new Service Level Agreements are developed and signed off at the appropriate time

Delivery Plan:

Actions and milestones	By when	By whom
New SLAs in place by start of new financial year.	April 1 st 2010	Joint Commissioning Manager
New SLAs to include new and agreed expectations of commissioners including, initiatives that address the needs of children of substance misusing parents and working with the whole family.	April 1 st 2010	Joint Commissioning Manager
All services to contribute to numbers in effective treatment targets which aim to increase by 2% per year.	Ongoing	Provider Services
All services to produce exception reports for the JCG on unsatisfactory performance, i.e. <2% of target.	April 2010	Joint Commissioning Manager
All SLAs to fully comply with the Human Rights Act and the six strands of equality legislation.	April 2010	Joint Commissioning Manager
All SLAs stipulate that all workers and volunteers meet the new legislation regarding CRB and the new Independent Safeguarding Authority.	April 2010	The DAAT Team

Expected outcomes:

All services have a clear understanding of the expectations for the current year, are regularly monitored and challenged on poor performance. Numbers in effective treatment to increase by at least 2% in line with agreed targets.

Objective 7

Ensure there is a robust, fit-for-purpose alcohol treatment system as part of a whole treatment system in Oldham

Delivery Plan:

Actions and milestones	By when	By whom
Strategic Alcohol Plans written having mapped current provision (current, medium and long term) to 2012.	April 1 st 2010	DAAT Alcohol Co-ordinator
Ensure alcohol treatment is part of the borough wide Alcohol Strategy and supported by the leadership team.	Ongoing	DAAT Alcohol Co-ordinator
Review of the ACORN RAMP provision, looking at an alcohol RAMP to ensure this provides a robust pathway into abstinence.	June 2010	DAAT Strategic Team

Expected outcomes:

The borough has full knowledge of the current situation re provision and gaps in provision, and can make plans to address gaps thus improving performance.

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

Please see checklist at Appendix 1 of the 2010/11 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:

As the Recovering Communities and route towards abstinence gains national priority, Oldham has already prioritised such provision as part of our treatment menu. Therefore it is implicit within our screening and assessment process to identify clients that are ready and/or willing to take this step in their treatment journey. As a DAAT we need to ensure that there are entry points into and out of the varied service areas on offer and ensure that all providers proactively signpost clients to the most appropriate service.

A key priority this year is to improve joint work with a range of partners and agencies in order to improve support for clients across the wider range of issues such as housing, training, employment and life skills. A “Road to Recovery” group was established in 2009 to start this joint work, undertake process mapping and identify/improve working arrangements.

With Oldham’s BME population growing we will look towards more outreach work in localities particularly the BME communities, involving community leaders and ensure more flexibility of our services in order to respond to and deliver treatment to suit clients’ needs within these communities.

The ACCE program, having had a successful pilot period, is being put out to tender as a full stand alone service with a planned start of 1st April 2010. Funding is agreed and OMBC will be carrying out a tendering process for this service in partnership with the DAAT. The priority group is 18-25 year olds not currently in treatment services and non-opiate users.

Family working as part of the wider “Think Family” initiatives has been recognised as a key priority in the National Drug Strategy and is prioritised by Oldham DAAT. Once again, this is an area that requires full partnership support to create and support services that recognise and address whole family issues around supporting and encouraging the support of the whole family and not just the substance misuser.

A key priority this year is to address safeguarding, via training a wide range of services and agencies, including adult services, sharing information with the wider partnership to ensure this is a multi-agency approach.

Objective 1

Develop Joint Working Agreements with partners, including criminal justice agencies, to improve support for clients with regard to housing, life skills, training and employment.

Delivery Plan:

Actions and milestones	By when	By whom
Through monthly Service Managers Meetings, agree and identify lead agencies to develop formal agreements and improved pathways to enable clients to move around and within the treatment system with ease, and with no barriers placed in front of them.	From April 1 st 2010	The DAAT Team and Service Providers
Providers to promote their services to all other providers, showing examples of success and how their own type of treatment will enhance the treatment experience of the diverse clients resident in Oldham. Joint Working Agreements to be developed for 2 services: RAMP and COSMO.	May 2010	All Service Providers
Establish a housing/substance misuse post using necessary recruitment processes.	July 2010	DAAT Strategic Manager & Housing
Map out provision around employment, training, accommodation and tenancy support and ensure there are pathways in place.	July 2010	Service Improvement Officer

Expected outcomes:

To build trust and understanding of the differences and benefits of a range of treatment providers whilst acknowledging the challenges presented in breaking down previous barriers. Treatment providers will gain confidence in referring and encouraging clients to access and experience other treatment options.

Objective 2

Ensure the delivery of more “outreach” work in priority localities in Oldham, particularly BME communities.

Delivery Plan:

Actions and milestones	By when	By whom
Services look to expand their outreach work into targeted areas within the borough concentrating on the priority neighbourhoods.	April 1 st 2010 Ongoing	All services
Organise a substance misuse services event for professionals working with BME groups in the community to look at tangible ways to improve access to treatment.	May 31 st 2010	Service Improvement Officer
Local needs assessed through consultation, surveys and better links created to under represented parts of our community. Involve community leaders in delivery of flexible services to suit clients’ needs.	June 2010	Service Improvement Officer
Action plan in place to address needs	Sept 2010	Service Improvement Officer
Intuitive Recoveries service to be 50% targeted at BME clients (pilot running from February).	April 1 st 2010 Ongoing	Intuitive Recoveries
Utilising faith groups and the voluntary sector for additional support and advice and contributions to care pathways.	April 1 st 2010 Ongoing	DAAT Service Improvement Officer

Expected Outcomes:

Further increases in BME numbers and being retained in treatment, target of 17% BME clients in treatment by year end.

Objective 3

Improve harm reduction initiatives, focussing on the needle exchanges, pharmacies, shared care, improvements in addressing BBVs and monitoring clinical guidelines and governance for all commissioned services.

Delivery Plan:

Actions and milestones	By when	By whom
To continue to provide training courses to address Drug Related Deaths, and continue to link in with the DRDG/Greater Manchester initiative focussing on confidential enquiries.	May 2010	Service Providers
To develop and roll out a BBV strategy to address Hepatitis B and Hepatitis C	Ongoing	Service Providers
NHS Oldham to re-establish and lead a Shared Care Monitoring Group that also addresses supervised consumption and clinical governance.	June 2010	DAAT Strategic Manager/NHS Oldham
To negotiate with NHS Oldham around resources for more shared care provision	August 2010	DAAT Strategic Manager

Expected outcomes:

All SLAs will stipulate that all clients receive at least the minimum of advice and information around harm minimisation/BBV, clients requiring needles will be referred to the needle exchange service.

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

Please see checklist at Appendix 1 of the 2010/11 plan guidance for possible areas to include within this planning grid

The priority this year is to ensure that clients retained in treatment are still moving forwards towards recovery albeit slowly for some clients. The aim is to enable clients towards social re-integration which includes those on methadone prescriptions and who are gradually reducing their drug use. The effectiveness of the treatment system will be measured by an increase in successful outcomes.

Effective monitoring of all services will enable the DAAT to monitor an increase in referrals between drug provider services. It is of paramount importance that Oldham has a whole treatment system, not a collection of ad hoc treatment services.

The integrated treatment system now has a foundation in place due to strategic links being made and the creation of a new DAAT strategic commissioning team. Quality audits of services will take place in order to ensure first class services are operating across the treatment system and efficiencies identified within the system.

Continued development of the integrated treatment system in Oldham with clear pathways into and out of treatment, irrespective of the substance used and review commissioned services.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required for the plan.

Objective 1

Review the effectiveness of existing treatment services as part of modernising treatment delivery in Oldham based on the integrated treatment system. This to be done via an independent audit of current treatment practices, to ensure best value and identify efficiencies.

Delivery Plan:

Actions and milestones	By when	By whom
Audit to be carried out of the prescribing service, conducted by Pennine Care Mental Health Trust.	Sept 2010	DAAT Strategic Manager/Pennine Care
Ensure there is a well qualified workforce for all adult service providers and all staff have attended safeguarding training on child protection issues.	On-going	Workforce Development Officer
PCT to form a multi agency strategic group responsible for overseeing the development and quality of primary care services, including implementation of the NICE Clinical Governance guidelines.	August 2010	PCT (NHS Oldham)
Ensure that all commissioned services adhere to clinical guidelines and have clinical governance arrangements in place.	On-going	Shared Care Monitoring Group

Expected outcomes:

Service re-design to meet the needs of substance misusers in Oldham. All services to comply with NICE guidelines. The DAAT will establish a constant dialogue with services regarding performance and outcomes.

Objective 2

Commissioned adult treatment services to have robust links with children's services, parenting and family teams and the YP substance misuse service to offer support to the whole family and specific treatment to substance misusers.

Delivery Plan:

Actions and milestones	By when	By whom
DAAT to map out existing services and provision and prepare referral pathways and ensure that all services follow these pathways and have clear communications between adult and young people's services.	June 2010	Service Improvement Officer/Joint Commissioning Manager
Joint working agreements between adult services and young people's services to improve the pathways.	June 2010	Service Managers; Young People's Co-ordinator.

Expected outcomes:

Increases in referrals between adult and young people's services and to other non substance misuse services commissioned by the DAAT. Increase in the number of families of substance misusers being supported.

Objective 3

That service users continue to influence priority setting for Oldham's treatment system.

Delivery Plan:

Actions and milestones	By when	By whom
Service users to participate in the “Road to Recovery” group with a standing item on the agenda for their input.	Quarterly	DAAT/Service Users
Better publicity and signposting to existing support groups (e.g. NA/AA).	Ongoing	Service Improvement Officer
Continue to develop and promote the Service User Forum and the Service User Advocacy Worker post.	On going	Service User Advocacy Worker/DAAT

Expected outcomes:

That the Service User Development Advocacy Worker promotes and encourages service users to access support networks.
That the DAAT undertakes a scoping exercise to establish what services are already on offer in the borough, and develops links with these services for the benefit of our service users.
Adult provider services publicise and promote service user support networks.

Objective 4

That all services commissioned by the DAAT are monitored effectively and achieve or exceed targets set by the DAAT

Delivery Plan:

Actions and milestones	By when	By whom
That services individually have responsibility for numbers in effective treatment and that the borough targeted increase of 2% is achieved or bettered, both in PDUs and over 18s.	From April 1 st 2010	All services
That services individually achieve the targets of TOPs start, review and closure. These being to ensure that 86% of TOPs are completed within the timeframe stipulated within TOPs guidance.	From April 1 st 2010	All services

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Expected outcomes:

That the DAAT adult pooled treatment budget may be increased, due to exceeding the effective treatment numbers, allowing more resources to further improve the treatment available in future years.

That by achieving or exceeding the TOPs targets the DAAT can then begin to receive analysis from the NTA about how the treatment is improving clients lives, allowing the DAAT to further improve the treatment available.

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

Please see checklist at Appendix 1 of the 2010/11 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:

Over the last 12 months Oldham DAAT has worked collaboratively with service providers to improve outcomes and successful discharge rate. The DAAT has stressed the importance of all services having exit strategies for their clients. Considerable work has taken place with partners to help improve outcomes for clients, particularly with regard to housing and employment. The ambition is for clients to exit the treatment system drug-free but successful treatment and successful outcomes are also measured by those reducing their drug use to enable them to move on with their lives and re-integrate into society.

Oldham DAAT is trying to embed a Recovering Communities model. This model requires the commitment and support of the partnership, particularly OMBC Adult Social Care. The DAAT will continue to promote abstinence and recovery to ensure there are appropriately commissioned services to meet need, including RAMP, Recovering Communities and the new ACCESS service for transitional 18-25 year olds who tend to be treatment resistant.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required for the plan.

Objective 1

That all substance misuse workers have the ambition of drug-free lives for their clients.

Delivery Plan:

Actions and milestones	By when	By whom
Continue to meet monthly with service managers to promote and create ownership of the vision of clients becoming drug free.	Monthly	DAAT Strategic Managers
That the DAAT organises a follow-up stakeholder event to promote this agenda.	Sept 2010	DAAT Team
To increase the number of clients leaving the treatment system successfully, the percentage target for the year to be 40% of all exits.	March 2011	Service Providers

Expected outcomes:

That all services fully own the vision of the integrated treatment system in Oldham.

Objective 2

That the substance misuse agenda is strategically supported by a wide range of partners in Oldham.

Delivery Plan:

Actions and milestones	By when	By whom
Substance misuse to be an integral part of Oldham's Homelessness Strategy	April 1 st 2010	The DAAT Strategic Team
The DAAT to invite the voluntary sector to attend appropriate meetings (e.g. "Road to Recovery" group)	April 1 st 2010	The DAAT Strategic Team

Expected outcomes:

Additional support from partner agencies to improve the outcomes for service users.

Objective 3

Prioritise the needs of service users leaving treatment to ensure there is on-going support via support networks.

Delivery Plan:

Actions and milestones	By when	By whom
Establish a Recovery Forum with support from volunteers, drug services and agencies.	June 2010	DAAT
Increase the number of TOPs exits by the end of the year. 20% in comparison to 2009/10.	March 2011	Service Providers

Expected outcomes:

Service users completing drug treatment remain drug free and are supported towards re-integration into the community.

Planning grid 5: Drug Intervention Programme

Please see checklist at Appendix of the 2010/11 plan guidance for possible areas to include within this planning grid

Objective 1

Improve the retention and referral of heroin-crack PDUs in Oldham coming through the Drug Intervention Process:

The Oldham Drugs Needs Assessment identified that there were 165 individuals who were DIP clients (and defined as PDUs) who had not entered Tier 3 treatment in 2008/09 – an increase of 129.2% on the previous year. Data derived from NDTMS also indicated that 144 DIP clients involved with opiates had not entered Tier 3 treatment in 2008/09 – an increase of 125.0% on the previous year and that there were also 96 crack users who were DIP clients in 2008/09 who had not entered Tier 3 treatment during the same period – a 123.3% increase.

We will improve the retention and referral rate of Problematic Drug Users coming through the DIP process and then retained in Tier 2/3 treatment.

Delivery Plan:

Actions and milestones	By when	By whom
Improve the Test on Arrest process and develop a single point of access provision that will 'grip' PDUs coming through the criminal justice process.	April 1 st 2011	The DAAT Criminal Justice Co-ordinator.
Ensure that there are referral pathways into treatment that prioritise the PDU/ NI38/ PPO cohort.	April 1 st 2011	The DAAT Criminal Justice Co-ordinator.

Expected outcomes:

1. Reduction in number of PDUs exiting the DIP process and increase in treatment engagement.
2. Structured pathways for the monitoring of PDUs and NI38 cohort.

Objective 2

Arrest Referral and Required Assessment:

The Needs Assessment has highlighted ODIP performs well against KPIs except for bringing assessed offenders with drug problems into treatment. ODIP is a potential critical capture point for both the Bull's-eye 500 PDUs and the 'missing' cocaine users in Oldham's treatment profile. This suggests closer links with ODAS and ACCE need developing as part of a coherent set of accessible care pathways.

We will review DIP processes and referral pathways into assessment and treatment and if necessary recommend changes to service delivery and CJIT structure.

Delivery Plan:

Actions and milestones	By when	By whom
Internal review and assessment of the DIP/CJIT delivery in Oldham and recommendations to Joint Commissioning Group.	April 1 st 2010	The DAAT Criminal Justice Co-ordinator.

Expected outcomes:

Improved delivery of the DIP process and KPIs met in relation to Test on Arrest, Caseload Retention and referrals into Tier 2 and 3 treatment.

Objective 3

Improve continuity of care provision for prison releases: ensuring that there are robust links with both Manchester and Forest Bank prisons as part of IDTS and support the continuity of care provision.

Ensure that clients leaving prison are effectively re-engaged and/or supported in the community, particularly clients from BME communities and overall performance is improved.

NDTMS and treatment engagement data suggests that the DIP/CJIT processes in Oldham need to improve performance in relation to the engagement of substance mis-users being released from prison and then engaged in the community.

We will improve our engagement with offenders on release from custody and ensure they are adequately supported by the CJIT team and partners to reduce the likelihood of recidivism. The CJIT team will work towards incorporating the continuity of care for drug misusing offenders between prison and community into their practice and meet necessary performance expectations.

We will improve our engagement and referral of BME clients coming through the prison system and ensure that they are supported during pre and post release from custody.

Delivery Plan:

Actions and milestones	By when	By whom
DAAT representation on housing and homelessness meetings	April 1 st 2011	The DAAT Criminal Justice Co-ordinator.
Incorporate all continuity of care processes into CJIT and implement enhanced support for BME clients coming through the criminal justice system.	October 2010	The DAAT Criminal Justice Co-ordinator.

Expected outcomes:

Improve performance and engagement with clients being released from custody and accessing/engaging in treatment via the CJIT.

Objective 4

Review the DIP model in line with the new Home Office guidelines and make recommendations to ensure Oldham's DIP programme is aligned:

The Drug Intervention Process in Oldham has been delivered by Alcohol and Dependency Solutions (ADS) since 2003. The performance of the Criminal Justice Integrated Team (CJIT) has been viewed as being acceptable in relation to meeting the requirements of Home Office Performance Indicators. However, this level of performance has not been sustained for any considerable period of time.

We will review the DIP delivery model in Oldham and identify all possible options for improving performance and delivery. This will include a review of service provision and re-tendering of the DIP. We will incorporate the DIP model review recommendations into future plans.

Delivery Plan:

Actions and milestones	By when	By whom
Complete evaluation of CJIT delivery model in Oldham.	April 1 st 2010	The DAAT Criminal Justice Co-ordinator.
Re-tendering of DIP process as directed by Oldham Joint Commissioning Group.	April 1 st 2010	

Expected outcomes:

We will completely re-evaluate the Oldham DIP delivery model and implement service improvements as needed. If necessary we will re-tender the DIP provision and ensure that recommendations from the DIP model review are incorporated.

Objective 5**To strengthen the DIP governance:**

We will strengthen the current DIP governance and operational processes to improve the management and accountability of the DIP process in Oldham. This will ensure that the delivery model is 'fit for purpose' and meeting current local and national requirements.

Delivery Plan:

Actions and milestones	By when	By whom
Develop a DIP Operational Group to ensure that the Drug Intervention Programme is being delivered by the Oldham Partnership and more specifically by relevant lead agencies in-line with Home Office and NTA requirements.	April 1 st 2010	The DAAT Criminal Justice Co-ordinator.
Ensure that the lines of governance are clearly in place and there are pathways to the DAAT and Offender Management Strategic Groups.	April 1 st 2010	The DAAT Criminal Justice Co-ordinator.
Incorporate DIP in the offender management sub group of the IOM steering groups.	April 1 st 2010	The DAAT Criminal Justice Co-ordinator.

Expected outcomes:

To have developed enhanced governance and pathways that are clear and accountable to the DAAT and wider Oldham Partnership.