












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**Birmingham Alcohol Strategy 2007-2010
Delivery plan – Alcohol Treatment Implementation Plan
August 2009**

Theme	Objective	Actions	Partnership Group	Lead	Target Timescale	Progress (R-A-G)
1. Care Pathways	Develop integrated care pathways to ensure the clarity of function of each service in accordance with MoCAM.	<ul style="list-style-type: none"> - audit existing pathways - include all tier 1,2,3,+ 4 provision - develop pathway documentation as MoCAM instructs - develop review mechanisms as part of ATIG 	ATIG + subgroups	Commiss. Mgr	2008 September Outline pathways in place	 A
2. Data Set	Establish a comprehensive data set regards the activity of the alcohol treatment system.	<ul style="list-style-type: none"> - Implement a data set for all providers - utilising the data set outline devised in the Autumn of 2008, clarify the dataset and create a DAAT return system - Providers to utilise DAAT investment for data systems - Clarify and develop outcome monitoring systems - Embed in contract monitoring cycles 	ATIG	Commiss. Mgr / DAAT contract management and Data analyst	Data returns to commence from the 1.4.09. Outcome tools from 1.7.09	 A
3. Communications	Develop information strategies and campaigns to increase levels of awareness about alcohol harms and raise awareness of service provision	<ul style="list-style-type: none"> - DAAT communication strategy for 2008/09 	ATIG	Commiss. Mgr / Coms lead	Plan to be completed for 1.4.09 for 2008/09 Programme of work.	 A

4. Single Point of Contact	To increase the ease of access into alcohol treatment services	<ul style="list-style-type: none"> - To have a fully operational SPOC - Promote widely - clarification of function and scope - To ensure fully staffed - Embed in function and development of new services 	ATIG	Commiss. Mgr / SPOC lead	Fully staffed and operational from 1.4.09	 A
5. Develop alcohol data information sources	To identify alcohol related data sources which inform service design and response	<ul style="list-style-type: none"> - establish regular reports of data which inform trends and patterns of alcohol related harm and issues. - Key data is regards alcohol related hospital admissions and any other sourced data ie YP, family, violent crime 	ATIG	Commiss. Mgr / Data officer	From 1.4.09	 A
6. Work force Development	To assist the development of the alcohol workforce in accordance with key strategic objectives	<ul style="list-style-type: none"> - Develop the alcohol workforce in accordance with key strategic objectives - To create a workforce development plan for 09/10 	ATIG	Commiss. Mgr / Workforce DAAT mgr	From 1.4.09	 A
7. Service user involvement	Ensure effective service user involvement in the running of alcohol treatment services	<ul style="list-style-type: none"> - Embed service user involvement into alcohol service provision - map current practise - develop plan to progress 	ATIG	Commiss. Mgr / DAAT service user lead	From 1.4.09	 A

8. Carers services	Develop comprehensive and responsive carers services for alcohol misusers.	<ul style="list-style-type: none"> - Embed service user involvement into alcohol service provision - utilise the DAAT commissioned carers needs assessment - commission appropriate services 	ATIG	Commiss. Mgr /	From 1.4.09	 A
9. Needs Assessment	Develop an alcohol needs assessment which effectively informs the development of alcohol service provision	<ul style="list-style-type: none"> - Develop of scope of 2009/10 Birmingham alcohol needs assessment - identify scope of needs assessment in line with strategic objectives and a range of partners input 	ATIG	Commiss. Mgr /	From 1.4.09	 R
10. Establish contracts with all DAAT commissioned service	To ensure services are supported to deliver services as effectively as possible.	<ul style="list-style-type: none"> - contracts to be in place with all providers for the 1.4.09 	DAAT	Commiss. Mgr / Contract management	For the 1.4.09	 G
11. Develop dual diagnosis provision	To ensure service users presenting with dual diagnosis are provided with the appropriate treatment services.	<ul style="list-style-type: none"> - To develop joint treatment protocols with m/h commissioners and provider organisations. - To establish a working group to progress 	ATIG sub group with m/h providers	Commiss. Mgr/m/h commiss.	Protocols to be developed for Autumn 2009	 A

Partnership Groups

ATIG Alcohol Treatment Implementation Group
SMCPG Substance Misuse Core Priority Group formerly ACDIG
JCGI Joint Commissioning Group I (Drug Action Team)