



**WOKINGHAM
BOROUGH COUNCIL**

SERVICE SPECIFICATION

Substance Misuse Service

Strategic Commissioning Division

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1. Introduction

This service specification is relevant to and sets the requirements for the delivery of a Substance Misuse service to the residents of Wokingham Borough.

It is not the purpose of this specification to limit or restrict the service providers' innovation, ability to deliver a responsive service or exercise flexibility in how services are delivered. It is however the purpose of this specification to identify the key characteristics by which the Provider will meet the needs of people who choose to use the service described in this specification.

2. Alignment with the Council's strategic priorities

Wokingham Borough Council's vision sets the following priorities for the delivery of support and services to the local residents, including:

- Looking after the vulnerable
- Improving health, well-being and quality of life

In addition, Adult Social Care Vision 2014, states that well-being including mental and physical health, living conditions, access to local community and mainstream activities is at the core of all its services.

The Children's and Young Peoples Plan's has a vision that "children and young people feel listened to; they are safe and have the opportunity to live their lives to their full potential".

The principles outlined in the Council's vision and Adult Social Care and Children's Social Care vision will be used to inform this service's aims and objectives, delivery and outcomes.

3. National legislation, guidance and good practice

It will remain the responsibility of the service provider to be aware of current and changing legislation governing and informing the delivery of services, and it will remain the responsibility of the service provider to ensure that it complies with all and any changes to national legislation

and published guidance on good practice such as, but not limited to:

- *Care Act 2014 and statutory Care Act guidance*
- *Children and Families Act 2014*
- *National Strategy and policy guidance for example Modern Crime Prevention Strategy 2016 – Alcohol Chapter*
- *NICE clinical guidelines and pathways*

4. Values and principles

The Provider will:

- Ensure that support planning and delivery is co-produced with the customers
- Deliver high quality care and support to achieve the aims of the service
- Be sensitive to the needs of an individual customer and non-discriminatory in the delivery of the service
- Be accessible so that it can provide services when needed to all customers within its normal operating hours
- Promote the safety of customers and that of their carers, staff and the wider public
- Offer choices which promote independence
- Be well co-ordinated between all staff, stakeholders and partners
- Deliver continuity of care and support for as long as this is needed
- Empower and support its staff
- Be properly accountable to its customers and their carers

5. Service overview

Description of the service

The integrated drugs and alcohol recovery service needs to be delivered in line with an evidence based practice model that attracts and engages substance misusers into treatment and promotes full sustained recovery from drugs and/or alcohol. The service needs to be linguistically, ethnically and culturally relevant, and able to meet the needs of residents of Wokingham Borough who misuse drug and/or alcohol.

The service will support adults, young people, families and carers with substance misuse issues within/across a community setting(s), it will empower residents to maintain a healthy and satisfying lifestyle and protect their family and friends around them from any further harm

associated with substance misuse.

The support will be available to any adult or child that resides in Wokingham Borough and the Provider will manage the capacity and demand in a way that prioritises referrals from the youth offending service, criminal justice system and children who are in care (CIC) are exempt from any possible waiting list and given priority within the service.

The journey of residents with drug and/or alcohol misuse will be kept under constant review, with the aim of promoting harm-reduction and recovery/abstinence.

The strategic objectives are as follows;

- Commission services based on recovery
- Treatment is based on individual need
- Reduce the health inequalities for those accessing treatment
- Increase health promotion and preventative strategies
- Increasing harm reduction initiatives
- Cost effective treatment
- Flexibility within services to meet emerging trends
- Maintain and improve the health and wellbeing of the residents that use the service
- Effectively manage offenders in partnership with other agencies to reduce their offending rates
- Reducing crime and anti-social behaviour related to drug and alcohol misuse
- Support the Youth Offending service to reduce levels of re-offending in the under 18 cohort and reduce the number of entrants into the criminal justice system.
- Support children who are impacted by parental substance misuse
- Support people who misuse drugs and/or alcohol to access education, employment or training in conjunction with existing services in Wokingham, gain suitable accommodation and maintain it and improve their health and wellbeing
- Increase the knowledge of generic workers to increase the early identification of substance misuse
- Provide alternative solutions to the delivery of substance misuse services which are not service based

The provider will be expected to promote and enhance partnership working in order to support people who use the service to access all services that are relevant to their individual need in order to maximize opportunities for positive outcomes and recovery.

The provider will be required to sign up to and adhere to relevant information sharing agreements and/or protocols and actively engage with local safeguarding departments and boards.

The provider will ensure that all staff are competent and knowledgeable in terms of local referral pathways, such as the Early Help Hub to enhance people's opportunities to recover.

The aims of the service are as follows;

- To deliver an outcome focused service in order to reduce the impact to health and family breakdown due to the social and economic impact of substance misuse by supporting people who wish to become abstinent from drugs and/or alcohol and those who are unable to stop using drugs and/or alcohol
- To promote recovery from drug and alcohol use to enable residents to lead a healthy and productive life, and mitigate the negative consequences on individuals, families and communities
- To deliver a service that is reactive and supports and evolves with the fluctuating needs and trends in the Borough
- To promote a 'whole family' approach to treatment
- To deliver a service that tackles substance misuse issues in a holistic manner and works effectively with all partners in particular the domestic abuse and mental health services in Wokingham and ensures children are safeguarded
- To deliver a service that is available and accessible for all adults and young people in Wokingham Borough
- Ensure that each person entering the treatment system have their individual needs met
- Prevent the spread of blood borne infections and sexually transmitted diseases
- Reduce levels of offending and reoffending of residents who misuse drugs and/or alcohol
- Work in partnership with other key agencies, in particular GPs, to ensure that people who misuse drug and/or alcohol can access and receive all the services required to recover
- To work in partnership with agencies to reduce the number of children subject to safeguarding processes or who may become looked after due to drug and/or alcohol misuse by a member of their family
- To support recovery from substance misuse and ensure that service users have access to employment, education, training and housing, and ensure that they are supported to become fulfilled contributing members of society through working with partners in Wokingham
- To deliver an effective value for money service that is based on assessment of local need, best practice, national guidance and local public health and data where it exists
- To offer training and information to schools, services, partners and the voluntary sector to ensure all are confident in the referral routes to the support and treatment available in Wokingham
- To increase the number of residents from identified hard to reach groups entering treatment
- Provide alternatives to service based interventions to better reflect the use of social media and web-based services
- Provide solutions for how to support residents within Wokingham that are less mobile or have difficulty travelling
- Involve service user and families/carers to drive continuous service improvement and proactive approaches to reduce substance misuse harm
- To provide advice and support for reducing drug-related deaths
- To recognise the heightened risk of suicide and self-harm and work in partnership to

help prevent this

Service Overview

Wokingham Borough Council is seeking to appoint a single 'Provider' to deliver the services detailed in this Specification. Wokingham Borough Council recognises the complexity of the contract and the necessity to subcontract aspects of this contract. The Provider shall provide the activities listed below from the commencement date of the contract, 1st April 2017.

- An adults and young people's service
- Screening and assessment
- Structured day programme
- Psychosocial interventions
- The management of in house drug testing
- Provision of Needle exchange products
- The collection of the waste products
- Supervised consumption
- Shared Care
- The prescribing, management and payment for substitute medication
- Recovery support
- Support for health and wellbeing

Exclusions

Residential rehab and inpatient detoxification services will sit outside of this contract. However it is expected that the Provider will work with the local authority and offer assistance and their professional judgement to help guide the treatment decisions made around residential rehabilitation and inpatient detoxification. These decisions will be made by a panel of experts and will take in the best interests of the applicant.

Scope of the Service

The 2011/12 national estimates for drug users suggest that there are 366 Opiate and/or crack users in Wokingham. Between the 1st of July 2015 and the 30th of June 2016 it was estimated that 33.6% of opiate and/or crack users in Wokingham were in the treatment system.

In quarter 1 of 2016/17 62% of the people in treatment were male and 91% were White British. For Q1 year to date there were 166 people in treatment, 18.7% of these were 45-49 years old with the next highest category being 35-39 year olds with 16.9%.

Successful completions of those in treatment who did not re-present within 6 months, as recorded in the PHOF 2.15i/ii/iii for Q1 of 2016/17 showed that both the opiate and alcohol

clients achieved better than the national average. 17.3% of opiate and 47.6% of alcohol clients achieved this compared with 6.7% of opiate clients and 38.8% of alcohol clients nationally. Locally 32.5% of non-opiate client achieved this compared with 37.2% nationally.

In quarter 1 of 2016/17 there were 40 young people in the Wokingham service, this is a reduction of 9%. 37% of these young people were aged 15, 26% were 16 years and 21% were 17 years old. 95% of young people cited cannabis as the substance misused, with 50% citing alcohol. 82% of young people were male.

The wider vulnerabilities of young people in Q1 of 2016/17 were anti-social behavior/ criminal activity (25%), mental health problem (25%) and self-harm (25%).

All figures given are for guidance purposes only and may vary. These figures do not indicate volume of business that may result from this contract.

The transfer of the existing people in treatment will take place on the 1st of April 2017.

In order to facilitate a smooth transition between the existing and new contract it will be necessary for the incumbent Provider and the new Provider to work collaboratively prior to the commencement date of the 1st of April 2017.

The service will not include the following elements. These will remain the responsibility of the DAAT:

- Residential rehabilitation placements (Drug and Alcohol)
- In patients detoxification placements (Drug and Alcohol)

6. Service Requirements

The following service requirements are applicable to the Young People's and Adults Service.

The Provider will run the Young People's service separate to the Adults service, ensuring the safeguarding of vulnerable young people

Screening and Assessment

- the Provider will be responsible for screening and assessing each person who presents to the service
- When an individual presents to the service the Provider will, where possible, complete a screening form and book an appointment for a full assessment
- The Provider shall ensure that the assessments undertaken are comprehensive and maintain a holistic approach to cover all aspects of an individual's life that may have an impact on their ability to recover
- The Provider shall ensure that the assessment includes comprehensive assessment of

risk

- Where necessary the Provider will liaise with other agencies who may be working with individuals who use the Service or their family/carers to ensure that the information that they have is valid and up to date
- Dependent on the information gathered, the Provider will make referrals to or liaise with other agencies, such as the Safeguarding Teams for Adults or Young People if it is clear that there are high risks of harm to either the individuals who use the Service or members of their family
- The Provider shall ensure that all assessments are completed within 3 weeks from when they are referred to the service as per the national guidelines
- Where necessary the Provider will complete assessments in a venue that meets the needs of the individuals who use the Service
- The Provider shall ensure that once an assessment has been completed the individual is taken on to the caseload within 3 weeks

Provision of Case Management

The services referred to in this section shall be made available to individuals who misuse drugs, illicit or licit and/or alcohol unless otherwise specified;

- Individuals who use the Service will be allocated a Recovery Facilitator who will be responsible for ensuring that all of the objectives within the agreed Recovery Plan are met;
- The Recovery Facilitator will be responsible for identifying changing needs and supporting individuals who use the Service to make the changes required to recover. This may include referral to a specific intervention or providing information on peer support groups
- Individuals who use the Service must be given the opportunity to change their Recovery Facilitator should this become necessary or if so requested by the individual using the Service;
- The Provider will be responsible for liaising with key partners to enhance treatment options
- The Recovery Facilitator will be responsible for participating in safeguarding processes involving individuals on their case load as required
- The Recovery Facilitator will deliver brief and longer term interventions in respect of drugs and/or alcohol misuse as identified or liaise and refer to other agencies to ensure that individual needs are met
- The Recovery Facilitator will provide harm reduction advice and information throughout the recovery programme according to need
- The Recovery Facilitator will support individuals leaving prison who are residents of Wokingham Borough and who misused drugs and/or alcohol before and/or during being taken into custody;
- The Recovery Facilitator will work with young people to provide information, advice and early interventions to prevent an escalation of their substance misuse
- The Recovery Facilitator will work in partnership with criminal justice agencies to ensure that individuals on court orders such as Drug Rehabilitation Requirements (DRR's), Alcohol Treatment Requirements (ATR's), YOS and Probation orders and individuals

subject to Integrated Offender Management are managed appropriately with a focus on reducing offending behaviour

- The Recovery Facilitator will undertake regular reviews of individuals risk assessments, in particular when a significant life event has occurred such as a bereavement or relationship breakdown to ensure that risks have not changed significantly
- When individuals who use the Service are at risk of dis-engaging from their recovery journey, the Provider will make every effort to re-engage the person, including the use of contingency management strategies at the earliest opportunity
- The Provider will deliver services within the community including schools to ensure that the needs of young people and parents are met
- Where appropriate the Recovery Facilitator may be required to deliver services to engage hard to reach groups on an outreach basis. The Provider will be responsible for ensuring the safety of the Recovery Facilitator in these circumstances
- The Provider will ensure that the Service is available at times which meet the needs of the individuals who use the Service
- The Provider shall ensure that individuals who use the Service can access web based interventions and support them to utilise alternative approaches to substance misuse services

Prescribing

- The Provider will be responsible for ensuring that individuals who use the Service who have been assessed as requiring prescribing services have full access to assessment and titration, stabilisation, maintenance, reduction, symptomatic and other proven treatments for stimulant users
- The Provider will ensure that individuals who use the Service are given the opportunity to access services that compliment prescribing such as structured psychosocial interventions or support groups where appropriate
- All prescribing interventions must include regular clinical reviews and must be focused on set outcomes which will include abstinence
- The Provider shall ensure that there is rapid access to the prescribing service for individuals entering the recovery system who have children at risk or in need, individuals who have been assessed as high risk to themselves or others and offenders within the criminal justice system including those leaving prison
- The Provider shall be responsible for ensuring that drug testing is undertaken using an approved method as discussed with the lead commissioner. In cases where Social Services are involved, testing will be undertaken more regularly and the Provider will be responsible for communicating the results of these tests within 48 hours by fax or e-mail
- The Provider shall liaise with GP's in respect of their patients prescribing programme and share information on drugs prescribed and dosage to reduce the risk of over prescribing of other medication
- The Provider will liaise with local pharmacies involved with the recovery system and who are supervising the consumption of medication
- The Provider shall be responsible for the cost of the substitute medication prescribed by this service
- The costs associated with prescribing in 2015/16 were approximately £11,500 with

dispensing costs at approximately £26,500. The forecast for 2016/17 is lower than this figure at around £8,000 for prescribing

Supervised Consumption

The DAAT currently holds the responsibility for this service. The Provider will be held responsible for the management of the contract and payments made to the Pharmacies via the Pharmaoutcomes System. The approximate annual cost of this service is £7,000.

The Provider will be responsible for developing and putting in place the contracts associated with this service. Currently this is run in community pharmacies; at a minimum the Provider must offer the continuation of this service for all existing pharmacies currently delivering the service. This is to ensure the continuity of care for residents that have built relationships and feel comfortable in their routines of supervised consumption. In addition to offering the all current pharmacies the opportunity to carry on the provision of Supervised Consumption there must be provision of this service in Wokingham Town, Twyford, Woodley and Finchampsted.

The Provider must ensure that any subcontractor provides adequate insurance and indemnity and satisfies the following;

- Employer's (Compulsory) Liability Insurance
- Public Liability Insurance = £5 million
- Professional Indemnity Insurance = £1 million
- Medical Malpractice Insurance = £5 million

Shared Care

The DAAT currently holds the responsibility for this service. The Provider will be held responsible for the management of the contract and payments made to the GPs within Wokingham CCG. The approximate annual cost of this service is £8,000.

The Provider will be responsible for developing and putting in place the contracts associated with this service. Currently this is run in a number of GP practices across the Borough. At a minimum the Provider must offer the continuation of this service for all existing GPs delivering the service. This is to ensure the continuity of care for residents that have built relationships and feel comfortable in their routines of shared care.

- The provider shall liaise with local GPs and support and encourage them to participate in the Shared Care Scheme
- Any local GP's who sign up to Shared Care will be supported to set up regular prescribing sessions with their own patients to reduce the need for a specialist prescribing service
- The Provider shall ensure that any GP who signs up to the Shared Care Scheme has completed the Royal College of General Practitioners (RCGP) level 1 qualification in substance misuse or ensure that they undertake the training prior to taking on any patients

- The Provider shall allocate a Recovery Facilitator to each person being prescribed to via Shared Care who will work with their GP to develop a reduction plan with a view to abstinence being achieved
- The Provider shall work with local Pharmacist who are part of or would like to be part of the Shared Care scheme
- The Provider shall ensure that any Pharmacy signed up to the Shared Care Scheme have been trained to supervise the consumption of substitute medication and provide harm reduction information and advice
- The Provider shall be responsible for any payments due to GP's or Pharmacists in respect of the Shared Care Scheme

The Provider must ensure that any subcontractor provides adequate insurance and indemnity and satisfies the following;

- Employer's (Compulsory) Liability Insurance
- Public Liability Insurance = £5 million
- Professional Indemnity Insurance = £1 million
- Medical Malpractice Insurance = £5 million

Structured Day Programme

- The Provider shall deliver a structured day programme to meet the needs of individuals who use the Service aged over 18 who are subject to a Drug Rehabilitation Requirement or an Alcohol Treatment Requirement or people that have been identified as suitable for the programme
- It is anticipated that the programme will be modular and will include one to one work, group work, education, training and real work experience, healthy eating and exercise regimes and that the staff delivering each module will be an expert in that area of work
- The Provider should use the services of specialist agencies who already provide services (e.g. Sports and Leisure, Transform, Supported Employment service)
- The Provider shall undertake drug or alcohol testing as required by the courts and provide clear and concise reports on attendance and progress made as part of the order review progress
- The Provider shall maintain a clear dialogue with the National Probation Service and the Community Rehabilitation Company and report lack of engagement at the earliest opportunity and provide any reports required as part of the breach process
- The Provider shall ensure that individuals who use the Services who are not subject to a statutory order have equal opportunities to access the Structured Day Programme

Psychosocial Interventions

- The Provider shall ensure that there is equal access to structured psychosocial interventions such as Cognitive Behaviour Therapy, Motivational Interviewing, Solution Focused Therapy and Behavioural Couples Therapy

- The Provider will tailor programmes to individual and wider group needs and will ensure that these services are delivered to meet the demands of the treatment population i.e. evening or weekend appointments for those individuals who are employed or have child care issues during normal working hours
- The Provider will ensure that the family and friends of individuals who use the Service can access psychosocial interventions in order to support the recovery process
- The Provider will ensure that children who are affected by parental substance misuse can access psychosocial intervention in a setting in which they are comfortable

Dual Diagnosis

- The Provider will work with the designated Dual Diagnosis lead in the Community Mental Health Team in Wokingham
- Any referrals for Dual Diagnosis can be discussed with the Dual Diagnosis lead in CMHT, these will be for individual with severe or enduring mental health problems
- If Dual Diagnosis is suspected contact can be made with the Dual Diagnosis lead in CMHT, and a referral can be sent directly to this lead
- The referral for Dual Diagnosis will be made using the Bromley Tool, the Provider will fill out part of this tool and then will pass on the results to the Dual Diagnosis lead in CMHT who will ensure the appropriate referral is made
- If appropriate the Dual Diagnosis lead will undertake the second part of the Bromley tool for a dual diagnosis
- The Dual Diagnosis lead in CMHT will support the Provider in their work with individuals who have a severe and enduring mental health need
- The Dual Diagnosis lead within CMHT will hold weekly clinics in the Provider's service base in conjunction with the Provider
- The Provider will undertake a comprehensive assessment that takes into account mental and physical health, these needs must be included within the individual recovery plan, which should be reviewed regularly
- The Provider must ensure that they regularly review the risk assessments of individuals who use the Service who have mental health needs and that any changes are reported to other agencies who may be working with the individual
- The Provider must be aware of the structure of the local mental health services, which includes Crisis care, Common Point of Entry and the Community Mental Health team
- The Provider will work with the Community Mental Health Team and explore the opportunities for building closer working relationships, this includes exploring the opportunities for reciprocal training

Stimulants and Other Drugs

- The Provider shall ensure that there are a range of services available for individuals who misuse stimulants, Novel Psychoactive drugs, over the counter medication and prescribed medication
- These services may include symptomatic and other proven treatments, alternative therapies such as acupuncture and yoga and psychosocial interventions

Recovery Support

- The Provider shall ensure that recovery support services are available on both an individual and group basis
- This will include providing ongoing support to individuals who are in recovery by way of telephone contact, providing access to web-based interventions or the use of social media
- This Service will support individuals to maintain abstinence, identify issues which could potentially lead to relapse and empower people to manage these risks
- The Provider shall ensure that they provide support to family, friends and the wider community affected by addiction by linking with current providers within the Borough. This may include individual and group support to family members, the identification of young carers within families and referral to other agencies as required
- Where appropriate the Provider will engage in the Early Help process to ensure that a whole family approach is taken
- The Service will also support individuals who use the Service to identify and make use of other relevant support services such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery or services provided by local faith groups

Wrap Around Support

- The Provider will develop partnerships with local providers of services such as Supported Employment Service, DrugFam, Thames Valley Positive Support, Transform housing support, housing needs, sexual health outreach services, Smoking cessation services, adult education and community learning, Elevate, local education facilities, sports and leisure services and local businesses which will enhance individual outcomes and improve health and wellbeing
- The Provider will identify other support needs such as financial skills and budgeting, personal care & hygiene and accommodation management and ensure that individuals who use the Service are empowered to improve all areas of their lives by providing this support or by referring to specific agencies and organisations
- The Provider will ensure that individuals who use the Service are in a position to access alternative treatment programmes which are web-based and support them through the programme
- Access to these wrap around services will be included as part of individual Recovery Plans and will be reviewed regularly

Health & Wellbeing

- The Provider will employ a health and wellbeing professional to reduce health inequalities, such as employment rates for opiate users and housing problems
- The Provider will ensure that they deliver harm reduction services which will include testing and vaccination for blood borne viruses (BBV's) and sexual health

- The Provider will support individuals who use the Service who have BBV's to access appropriate treatment
- The Provider will provide testing for sexually transmitted disease and sign post individuals into appropriate treatment
- The Provider will ensure that each individual entering treatment has access to a health check
- The Provider will liaise and support GPs to deliver community alcohol detox programmes
- The provide will offer advice and support to reduce the dangers associates with drug misuse, including respiratory problems, HIV, hepatitis B and C and other blood-borne infections in partnership with existing local organisations
- The Provider will provide advice on safer-sex and reducing he risks of HIV and other sexually transmitted infections in partnership with existing local organisations
- The Provider will work to recognise signs and increased risks of self-harm and suicide and work accordingly to reduce these risks
- The Provider will engage in work within the community to prevent drug and/or alcohol misuse, for example, work in schools etc.

Pharmacy and Non Pharmacy Needle Exchange Scheme

Currently the DAAT holds the responsibility for this service and purchases the products via an NHS Supply Chain. There is no contract in place for this service. The approximate annual cost of the products is £11,000. The Provider shall be responsible for the management of the contract and payments made to the Pharmacies for issuing the products via the Pharmaoutcomes System. The approximate annual cost of the service is £5,000.

The collection of waste from the Pharmacies in relation to the Needle Exchange service is currently managed by the DAAT. There is no contract in place for this service and the waste is currently collected by SRCL. The approximate annual cost for this service is £2,500.

The Provider will be responsible for developing and putting in place the contracts associated with this service (delivery of needles, collection of needles and delivery of service). Currently this is run in community pharmacies; at a minimum the Provider must offer the continuation of this service for all existing pharmacies currently delivering the service. This is to ensure the continuity of care for residents that have built relationships and feel comfortable in their routines of needle exchange. In addition to offering the all current pharmacies the opportunity to carry on the provision of Needle Exchange there must be provision of this service in Wokingham Town, Twyford, Woodley and Finchampsted.

- The Provider shall be responsible for the provision of Needle Exchange products to Pharmacies who are signed up to the scheme
- The Provider shall ensure that all staff in Pharmacies signed up to the scheme are trained to provide Needle Exchange Products, provide harm reduction information and advice and signpost people to local services
- The Provider shall ensure that waste is collected from each Pharmacy that participates

- in the Needle Exchange Scheme as required
- The Provider shall be responsible for any payments made to Pharmacists as part of the Needle Exchange Scheme
- The Provider shall be responsible for payments due for Needle Exchange products and waste collection in accordance with the agreement between the Provider and the Pharmacy

The Provider must ensure that any subcontractor provides adequate insurance and indemnity and satisfies the following;

- Employer's (Compulsory) Liability Insurance
- Public Liability Insurance = £5 million
- Professional Indemnity Insurance = £1 million
- Medical Malpractice Insurance = £5 million

Additional Young People requirements

- The Provider will support the Youth Offending Service and undertake all statutory appointments of young people that are subject to a court order in order to form part of their intervention programme
- The Provider will provide this support at the service base of the Youth Offending Service
- The Provider will work with the Youth Offending Service to devise a referral system that works for both the Provider and the Youth Offending Service

7. Referral and access to the service

The service operates an open access route. A waiting list will operate when necessary, which prioritises each individual on need.

No waiting list must be in operation for Criminal Justice clients requiring an assessment as part of:

- A Restriction on Bail as directed by a court
- As part of an intervention plan for a Youth Offending Service client
- Young people 'looked after' by Wokingham Borough Council Children's Services

The service must have a clear admissions criteria and exclusion policy in place which must be made publicly available and shared with the referral agent and stakeholders and subject to regular review.

All referrals received must undergo an assessment of need, risk and eligibility for the service.

This must be undertaken prior to the individual being accepted.

The assessment should be undertaken in a format that is appropriate to individuals' needs and should not constitute a barrier to service utilisation especially for hard to reach groups.

Where there are concerns identified by a risk assessment individuals should be referred to the appropriate alternative service.

Service location / times of delivery

The Provider is responsible for the identification and associated administration and costs for securing a service base.

The service base must be in an area well serviced by public transport.

The Provider shall be responsible for the running costs for the Service Base. This will include all costs including rent, business rates and utilities.

The Provider shall ensure that the building complies with any requirements set by CQC or any other inspecting bodies.

The service will maintain an appropriate office/site base in the Wokingham Borough.

The service will ensure that all eligible customers within the borough, irrespective of location or address, can make use of the service.

The Provider will ensure that the operating hours are based on the client need at the time and may be subject to change over time

The service will operate within the times and on the days stated in the submitted or within the negotiated contractual arrangements that Wokingham Borough Council have formally agreed with the service provider.

The service provider will advertise, publish and make widely available information that clearly informs people who may wish to use this service, when this service is available and how it can be accessed.

The Provider is responsible for ensuring the service base is clean and presentable, ensuring that there is a system in place to track and check what cleaning has been undertaken.

8. Customer Group

Individuals with drug and alcohol issues who meet the referral criteria as follows:

- Reside in the Wokingham Borough (there will be no minimum amount of time that they would need to be living at a Wokingham address)
- Both Adults and young persons

Services for Adults and Young People should be run separately.

Particular consideration should be given to those young people in transition between young peoples' and adult treatment services.

Service delivery and support options should take into account families, significant others, professionals and other complementary support services.

Eligibility Criteria

Eligibility for this Service will be children, young people and adults who reside within the boundaries of Wokingham Borough and have been assessed as requiring service to assist their recovery from drug and/or alcohol misuse issues.

Special attention must be given to:

- Drug and/or alcohol users not in contact with other drug treatment and care services
- Improving access of groups who are under-using drug and/or alcohol misuse treatment services
- Young people who are 'Children in Care'
- Young people and adults at increased risk due to protection and safeguarding concerns

Cohorts' under-using include but are not limited to:

- Homeless people and those in poor accommodation
- Commercial sex workers
- Crack users
- Black and minority ethnic populations
- People with a disability
- Women
- Drug and/or alcohol using parents
- Families/significant others of people with drug and/or alcohol misuse problems

Exclusion Criteria

Customers can be excluded for behaviour that breaches accepted rules and standards at the discretion of the service but within a structure of users' rights and responsibilities. Where appropriate, work is carried out to re-engage customers in this or other more appropriate services. An auditable record of this work should be maintained to demonstrate that re-engagement activity has been fully exhausted before exclusion.

Customers may be excluded as a result of a professional risk assessment and if they pose a serious risk to staff, other customers and members of the public. Customers are referred to appropriate services in this instance, where possible. The Provider should have a public exclusions statement, including criteria and right of appeal.

9. Workforce and service capacity

The provider will always deploy a sufficient number of paid staff and volunteers to deliver the service according to the terms of this service specification and ensure that appropriate management support is available to staff and volunteers.

The Provider must ensure that workforce employed to deliver the service are appropriately trained, skilled and experienced and are committed to delivering a high quality, person centered service. All staff and volunteers covered under this contract must have a relevant and up-to-date DBS check. It is the Providers responsibility to ensure that this is undertaken and kept up-to-date.

It is expected that workforce should have or develop:

- Experience of working with adults and children and young people with substance misuse problems
- Experience of proactive and innovative ways of providing outcome-focused support
- An understanding of the impact of drug and alcohol issues and needs
- The ability to work in a sensitive manner taking into account individual circumstances, preferences and the level of needs
- The ability to work creatively and flexibly to meet the needs of adults, families, children and young people
- A full understanding of safeguarding issues and procedures and this will include participation in regular training
- An understanding of the organisation's service requirements and procedures as well as those of local social care and health services
- Partnership working skills to ensure productive engagement with other service providers and stakeholders to ensure holistic service delivery

Core Competencies

The Provider shall employ or sub contract with other organisations staff who are competent and qualified in relation to their job function, role and responsibility in accordance with good

practice guidelines i.e. Drug and Alcohol National Occupational Standards (DANOS) or other equivalent standards for the achievement of successful outcomes.

The Provider shall ensure that there is a sufficient number of staff employed or sub-contracted with to deliver the Service. Cover for training, holidays, sickness or other absence will be planned. Wokingham Borough Council expects the Provider to deliver consistency to the People who use the Services and the use of agency/temporary staff should only be used in exceptional circumstances with the approval of the Head of Drug and Alcohol Services.

The Provider shall ensure that clinicians that they employ or sub-contract have appropriate competencies for their clinical role and shall receive training to achieve those competencies. They must also ensure that regular meetings are held with clinicians to review caseloads and service delivery.

The Provider shall ensure that clinicians they employ or sub-contract with have appropriate certification, such as specialist registration, and take account of professional revalidation. Addiction psychiatrists have a formal training route now reformed by MMC (modernising medical careers) which provides a six year run through training leading to a certificate of completion and entry to the specialist register. The curriculum and examination of the training are delivered by the Royal College of Psychiatrist and results in gaining the MRCPsych. Following the training the clinician shall need to be registered for CPD (continuous professional development) with the appropriate Royal College and in good standing. It is essential that the lead clinician is qualified to this level.

The Provider shall ensure that clinicians that they employ or sub-contract with update their knowledge and skills base according to emerging evidence and developments in professional practice.

In respect of the delivery of Psychosocial Interventions the Provider shall employ or sub contract with staff who are British Association of Psycho-social interventions (BAC) accredited, United Kingdom Council for Psychotherapists (UKCP) accredited, National Vocational Qualification (NVQ) qualified or equivalent.

The Provider shall adhere to relevant Codes of Practice, which may include British Association of Psycho-social interventions (BAC) or UK Council of Psychotherapists (UKCP).

The Provider shall ensure that staff that they employ or sub contract with have access to regular supervision and annual appraisal from a suitably qualified person.

The Provider shall ensure that staff that they employ or sub-contract with and volunteers receive appropriate training in respect of:

- Data protection training

- Safeguarding – both children and adults
- Local referral pathways and processes such as the family CAF – in order to provide services using a whole family approach

The Provider will ensure that staff they employ or subcontract and volunteers are competent with regards to local pathways.

Service Capacity

The service will ensure staff holds a caseload in line with NICE Guidelines. Providers should be aware that this number may vary due to the complex needs of customers.

The Provider must ensure that there is access to community-based interventions within three weeks of referral for everyone

Brief interventions via drop-in services may also be required.

Any additional activities undertaken by the Provider must not be to the detriment to the main aims of the service as stated in this Specification.

Outreach should be provided in line with demand.

Out of hours service should be provided in line with demand.

Flexibility with service provision should be provided, especially if a current service user's circumstances change (e.g. entering employment, education or training).

Care Quality Commission

- The Provider must be registered with the Care Quality Commission (CQC) in respect of substance misuse
- The Provider must comply, where applicable, with the registration and regulatory compliance guidance of the CQC and any regulatory body
- The Provider must ensure that they allow access to CQC inspectors on request and comply with the inspection regime. The Provider must also inform the Commissioner of any notifiable events, changes in registered manager and initial feedback from any CQC inspection
- The Provider must respond, where applicable, to all requirements and enforcement actions issued from time to time by CQC or any other regulatory body
- The Provider must consider and respond to the recommendations arising from any audit, death, serious incident report, or patient safety incident report
- The Provider must comply with the recommendations issued from time to time by a

- competent body
- The Provider must comply with requirements contained in guidance and appraisals issued by NICE
- The Provider must respond to any reports or recommendations made by Local Healthwatch

10. Payments and other contractual arrangements

This is a block contract with a quarterly payment in advance, further details can be found in the contract.

All full financial review and returns will be required annually, with quarterly reports to monitor expenditure.

Full terms and conditions are included in the service contract.

11. Partnership and joint working

The Provider will be responsible for ensuring that residents who use the Service benefit from a fully integrated service by involving a range of generic and specialist agencies in order for outcomes to be met and for people to recover from drug and/or alcohol addiction.

The Provider shall work with agencies within the Criminal Justice System to maximise opportunities in preventing people from offending, thus improving outcomes for offenders.

The Provider will work with health professionals such as mental health, G.Ps, midwives and health visitors to maximise opportunities to improve mental and physical health in order to achieve individual outcomes and recovery.

The Provider shall engage with safeguarding services in Wokingham Borough and will sign up to all relevant protocols to ensure that the individuals who use the Service and their families are not put at risk.

The Provider is expected to maintain a good understanding of local services so that it is able to advise and signpost customers to other relevant services in Wokingham Borough to ensure that the customers receive the most appropriate support.

The Provider is expected to work closely with Domestic Abuse services to support residents affected by both domestic abuse and substance misuse.

The Provider will attend relevant groups, meetings and partnerships as agreed with the commissioner.

12. Customer engagement and communication

The Provider is expected to promote the service widely across Wokingham Borough using a variety of appropriate methods to ensure that people who may benefit from the service are aware of the service and how to access it.

The Provider should also ensure regular and timely communication with customers to keep them informed of the service and in particular any service changes provision.

The Provider will provide advice and support to individuals who use the Service in order to facilitate the establishment of peer support groups.

The Provider will consult with People who use the Service and use the information provided to improve service delivery.

The Provider will ensure that individuals in recovery can access training to improve and enhance opportunities to be involved in volunteering within services.

The Provider will use peer volunteers to undertake customer satisfaction surveys on a regular basis.

The Provider will support individuals who are in recovery to enable them to become local mentors and recovery champions and utilise their skills when seeking to engage with hard to reach groups.

13. Outcomes and monitoring

Purpose: Ensuring that recovery of people who misuse drugs and/or alcohol is sustained and meaningful

Outcome	That recovery is sustained and people who misuse drugs and/or alcohol have the best opportunity to build a successful life for them
Output	That people who misuse drugs and/or alcohol successfully complete treatment and do not represent to the service
Measures	PHOF 2.15 i/ii/iii Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months <ul style="list-style-type: none"> • local opiate clients • local non-opiate clients • local alcohol clients
Strategic Link	Wokingham Borough Council Vision

Purpose: Ensuring the people who misuse drugs and/or alcohol are protected against Blood Borne Viruses

Outcome	That the number of people who misuse drugs and/or alcohol within treatment are offered and accept a test and or vaccination against BBVs, protecting them from further harm
Output	That the number of clients eligible for a BBV test and/or vaccination are offered this and accept it
Measure	% of new treatment episodes offered a hepatitis B vaccination % of new treatment episodes offered and refused a hepatitis B vaccination % of new treatment episodes offered and accepted who have at least one dose of hepatitis B vaccination % of new treatment episodes offered and accepted who have finished a course of hepatitis B vaccination % of Injecting Drug Users (new treatment episodes) offered a Hepatitis C test % of Injecting Drug Users (new treatment episodes) offered a Hepatitis C test who refuse % of new treatment episodes offered a HIV screening
Strategic Link	Wokingham Borough Council Vision

Purpose: Ensuring that people who misuse drugs and/or alcohol are offered effective treatment

Outcome	That people who misuse drugs and/or alcohol remain in treatment for at least 12 weeks or more and do not make an unplanned exit
Output	That the number of unplanned exits reduce/remains below that national average
Measure	Proportion in treatment who were retained for 12 weeks or more Proportion in treatment who completed treatment Proportion in treatment that had a planned exit Proportion in treatment that had an unplanned exit
Strategic Link	Wokingham Borough Council Vision

Purpose: Ensuring young people who misuse drugs and/or alcohol receive an effective service and are supported appropriately

Outcome	That the number of young people in the service have a planned exit
Output	That the number of planned exits increase in line with or above the national average

Measure	Proportion in treatment that had a planned exit Proportion in treatment that had an unplanned exit <ul style="list-style-type: none"> • Proportion in treatment that an unplanned exit that was categorised as 'dropped' out
Strategic Link	Wokingham Borough Council Vision

Purpose: To reduce the health inequalities for people who misuse drugs and/or alcohol

Outcome	That the identified health inequalities reduce
Output	That the proportion of people in treatment that are identified as having a housing need either in their assessment or during their treatment reduces below the national average by the 6 month review
Measure	Percentage of people in treatment that reported a housing problem in the past 28 days prior to the 6 month review
Strategic Link	Wokingham Borough Council Vision

The outcomes will be monitored regularly and may be subject to change as priorities and demand changes. Any changes will be discussed and agreed with the provider.

Monitoring

The following information will be collected for monitoring purposes.

Quantity of the effort/service	Baseline
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<ul style="list-style-type: none"> • Number of people in treatment (Adults and Young People) • Number of new referrals received • Number of those new people taken on to the caseload (Adults and Young People) • Number of people on caseload with Safeguarding involvement (Adults) • Number of Young People on the caseload who are looked after • Number of young people on the caseload who are affected by parental substance misuse • Number of people on caseload with Drug Rehabilitation Requirement • Number of people on caseload with Alcohol Treatment Requirement • Number of young people on the caseload who are subject to YRO's • Number of Integrated Offender Management's on caseload • Number of people on caseload with dual diagnosis (Adults & Young People) • Number of expectant mothers on caseload (Adults & Young People) • Number of people on caseload with domestic abuse involvement (Adults & Young People) • Number of people on the caseload subject to MARAC • Number of people on the caseload who are subject to MAPPA • Number of young people referred by YOS • Number of adults in treatment whose children have Child Protection Plans • Number of adults in treatment whose children have Child in Need Plans • Number of people receiving Tier 2 services • The number of parents on the treatment cohort who are receiving support for another agency • Number of referrals received by the treatment agency from the early intervention hub • Number of people who have a disability accessing the service 	<p>TBC</p>
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<p>Quality of the effort/service</p>	<p>Baseline</p>
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<ul style="list-style-type: none"> • Feedback from service users • Average waiting time between referral and assessment • Waiting times from assessment to treatment (Adults and Young People) • Number of complaints received and actions taken (where appropriate) 	TBC
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Quantity of the effect/service outcomes	Baseline
<ul style="list-style-type: none"> • Number of people refused the Service and the reason for the refusal • Number of new referrals made to Children’s social Care by the treatment agency • Number of family referrals to the early help hub by the treatment agency • Number of people from an ethnic minority discharged from treatment – drug free or occasional use (Adults and Young People) • Number of people from an ethnic minority discharged from treatment – alcohol free or occasional use (Adults and Young People) • Number of people discharged from treatment (unplanned) (Adults & Young People) • Number of people discharged from treatment – drug free (Adults & Young People) • Number of people discharged from treatment – alcohol free (Adults & Young People) • Number of people discharged from treatment – occasional drug use (not class A) (Adults & Young People) • Number of people discharged from treatment – occasional alcohol use (Adults & Young People) • Number of people accessing Blood Borne Virus services • Number of people completing Hep B vaccination course • Number of people supported to access accommodation (Adults & Young People) • Number of people supported to access education, training and employment (Adults & Young People) 	TBC

The final outcomes and data collected will be agreed and finalised with the successful provider.

14. Contract Review and Monitoring

The provider will ensure performance returns are submitted quarterly (from commencement of contract and thereafter from 1st April – 31st March each year) to the designated commissioner within 14 days after the last date of each quarter period.

The service will be subject to contract monitoring throughout the contract term, the main aim of this being to ensure that the requirements are adhered to. Primarily, this monitoring will involve the following:

- Assessment of strategic relevance to the Council’s strategic priorities
- Service activity and delivery including the number of people who:
 - Use this service, over what duration or frequency that person uses this service
 - Request access to this service, including those who do not ultimately access, or use this service
 - Are held on a waiting list (if this is applicable)
- Quality of service
- Customer satisfaction
- Reported outcomes
- Assessment of the service’s cost effectiveness and financial stability
- Submission of annual accounts due each October

Contract monitoring will be led by Strategic Commissioning and may be carried out in conjunction with customers and stakeholders. An annual contract review meeting will be arranged to discuss service performance and future actions required, if necessary.

15. Data

The Provider is required to have its own internal performance management regime to monitor, improve performance and report through the Partnerships governance process.

The Provider must demonstrate a robust information governance system and be NHS Toolkit Compliant or ISO27001/2 to ensure compliance with all relevant legislation concerning information governance, see [here](#).

The Provider is responsible for sourcing and providing a software system and the associated costs, licences, training and core dataset updates

The Providers will adhere to NDTMS data requests and submit monthly data in line with the

mandated timescales and ensure that all data submitted is complete (95% or above).

Wokingham DAAT own the data contained within the database and as such has access to this data. Wokingham DAAT collects data by requiring the Provider to provide data to a prescribed format that matches NDTMS (National drug treatment monitoring system) specifications. The information recorded on the database will include a copy of the service users Care Plan which includes risk assessments and outcomes of subsequent reviews, recorded using the TOP.

Any guidance or amendments that are issued by the council about data collection should be considered as an addendum to this specification.

The Provider will be required to comply fully with guidance describing data collection processes to record all aspects of the care pathway – assessments, care planning, care delivery, care plan reviews and discharge from care.

It is the Provider's responsibility to ensure service users are aware of and able to give informed consent and sign a confidentiality form.

Data Storage

The Provider will be the data controller for the life of this contract and are responsible for the processing and pertaining service user information in receipt of care and information used for reporting purposes. At cessation of the contract, the Provider will return all data, both soft and hard data to Wokingham Borough Council.

The Provider will be responsible for all data storing which includes storage and confidentiality of information held on any such IT equipment i.e. PCs or hand held equipment and will be held accountable in the event of a breach of data handling.

The Provider will further ensure their confidentiality procedures and protocols regarding Exchange of Information/Confidentiality Form(s) are complied with on every occasion.

The Provider must fully indemnify Wokingham Borough Council against all losses, actions, claims, proceedings or damages of whatsoever nature arising from a breach.

Information Sharing

Information sharing is needed to assure continuity of care and treatment. It is important to ensure consistency in the way in which information is shared.

The Provider will develop clear and robust information sharing protocols with relevant partners and third parties that clearly define under what circumstances confidentiality may be breached.

The Provider must comply with the Data Protection Act 1998 and Human Rights Act 1998.

Governance and Partnership Working

The provider will become integral to the Drug and Alcohol Strategy group and will share accountability, given the impact of this contract on the aims of those partnership organisations within the group.

The provider will have a shared responsibility towards reducing drug related crime, domestic violence and anti-social behaviour and the effects this has on the local community. The Provider must evidence robust joint working arrangements with the DAAT Strategy Group and work as a Partner to achieve their aims and objectives.

The provider will be accountable to the DAAT Strategy Group and will report on progress and developments to reduce offending behaviours, tackle drug and alcohol misuse as well as achieving successful completions.

Wokingham has identified high risks groups which the local agencies work together to support. These include domestic violence, alcohol, harm to children, harm to self and anti-social behaviour. Wokingham has a number of partnership strategic boards in place to address high risk areas which include:

- MARAC – Multi agency risk assessment conferences. This is where information about high risk domestic violence victims is shared between local agencies.
- MAPPA - Multi agency public protection arrangements. This group manages registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.
- Integrated Offender Management (IOM) – All local and partner agencies ensure that the offenders, whose crimes cause the most damage and harm locally, are managed in a coordinated way.
- Child Protection Conferences – All agencies involved discuss individuals where children are at risk of injury, neglect or abuse.
- Health and Well Being Board – Key strategic leaders from Health and Care system work together to improve the health and wellbeing of Reading.
- West of Berkshire Safeguarding Adults Partnership Board – Co-ordinates safeguarding adults including development of Berkshire policies and procedures and conducting safeguarding adult reviews.
- Wokingham Safeguarding Children Board – coordinates the safeguarding of children and young people within the Borough.
- Suicide Prevention Group – Chaired by Public Health this group focuses on actions that can be rolled out across Berkshire to reduce the risk and prevent suicide.
- Drug Related Deaths Overview Panel – To review Drug related deaths in the West of Berkshire and ultimately work together to prevent further Drug Related Deaths
- Dual Diagnosis Meeting – to review work ongoing around Dual Diagnosis and work in

partnership across Berkshire to improve the care of people who access Drug and/or alcohol misuse services and Mental Health services

- Wokingham Drug and Alcohol Strategy Group – A partnership group to monitor the local needs in relation to Drugs and Alcohol and ensure the operation work is effective and delivered according to the identified needs.

It is expected that the Provider will contribute in a pro-active way towards all these groups to represent the needs of substance misusers and address the needs of Wokingham's community.

Attendance at all meetings will be made in agreeance with the dedicated Drug and Alcohol commissioning officer.

The Provider will also be expected to contribute to the local Needs Assessment and Joint Strategic Needs Assessment.

16. Review of the service specification

This service specification will be reviewed at the request of the provider or Wokingham Borough Council should either party consider that changes are required.