SERVICE SPECIFICATION

FOR THE PROVISION OF
DELIVERY OF SERVICES FOR DRUG AND ALCOHOL TREATMENT AND RECOVERY

(Schedule 1 of the Agreement)

Southampton City Council

SOUTHAMPTON CITY COUNCIL

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Overview of the new Drug and Alcohol Integrated Treatment Model:

Southampton and Hampshire DAAT areas were part of the National Treatment Agency (NTA) Systems Change Pilot in 2009-11, and pioneered the use of Self Directed Support and Personalisation in their substance misuse services. Southampton City Council now wishes to incorporate this approach into service provision. The new treatment pathway will therefore be commissioned in order to achieve more personalised outcomes for service users.

The new integrated substance misuse treatment system will comprise 3 elements:

- Early Support, Assessment and Planning service (ESAP) for young people aged between 11 – 24 years.
- Assessment, Review, Monitoring and Recovery Planning service (ARM service - for adults aged 25 years and over)
- Service delivery

Referrals will access the Assessment, Review and Monitoring service (ESAP or ARM) (Box 1), where they will be assessed for level of need.

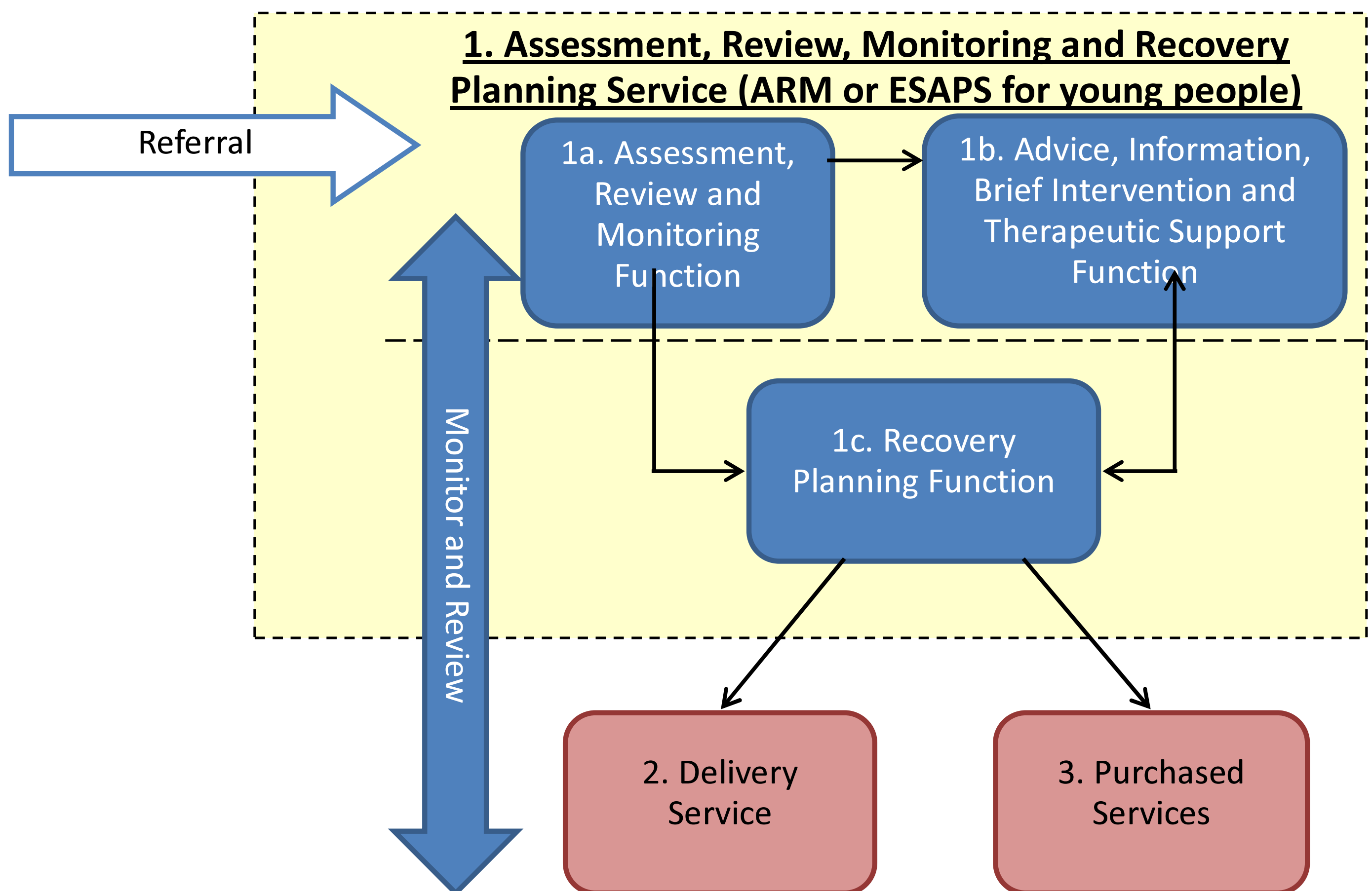
Those requiring low level intervention will be provided with a brief intervention, advice and information (Box 2).

Those with more complex substance misuse problems will have their full range of needs assessed. Where relevant, a *personal budget* will be agreed and allocated. Following assessment, individuals will access appropriate levels of support (commensurate with capability) in order to develop their Recovery Plan, which must be agreed and signed off by the ARM.

A range of services will be available to the service user through the commissioned treatment services (Box 4), with increasing flexibility to secure some services within a *Personal Budget*

(Box 5)

The Recovery plan will be monitored and reviewed by the ARM throughout the individual's treatment journey with changes agreed as appropriate. The ARM service will case manage the service user and will refer to treatment services as necessary.



The service model

The diagram above shows where this service fits within the new model of substance misuse treatment services in Southampton.

This service will provide stage 2 of the treatment model above. Service users will be referred to the provider(s) of commissioned services by the assessment, review, monitoring and recovery planning service (ARM) or by the young peoples Early Support, Assessment and

Planning Service (ESAPS). The ARM service will provide a single point of entry in to treatment for adult substance misuse in Southampton. ESAP will provide a point of entry for young people aged 11- 24 years. These services will offer assessment and where appropriate, information, advice and brief interventions in order to provide early support to those seeking treatment for problems with substance misuse.

Following initial/full assessment, the ARM/ESAP service will provide assistance with recovery and support planning (where this is required), case management and regular review of how the service user is progressing and whether the interventions provided are delivering the required outcomes.

Once the initial or full recovery/support plan has been prepared, the ARM/ESAP service will refer the service user on to stages 2 and 3 of the treatment system as necessary, where the service user will be able to access a wide range of services and treatment opportunities.

This service will provide access to a wide range of structured interventions, both psycho-social and clinical, in order to offer service users choice and control over how they address their addiction problems. Services will be personalised as far as possible and tailored, where appropriate, to the needs of the individual. Each service user will be allocated a lead Key worker within this service, who will track progress and will liaise appropriately with the ARM/ESAP assessor, attending regular reviews and undertaking motivational and engagement work with the service user where this is required.

The Delivery service will be flexible, innovative and will work in close partnership with other organisations providing services and support for the service user, both voluntary and statutory.

The commissioners expect a high degree of creativity from the providers, both in the range and choice of commissioned services and in providing personalised packages of treatment, care and support for service users.

1. INTRODUCTION

This specification has been developed to set out Southampton City Council's requirements for services in line with a recovery focused drug and alcohol treatment system and details the system objectives and interventions to address identified drug and alcohol related needs. The commissioners wish to reshape the current adult drug and alcohol service provision into a whole-systems, integrated drug and alcohol treatment pathway, which increases the number of people able to achieve sustained recovery from dependence by providing individual support and treatment packages of care and which reduces the harm caused by addiction and dependence..

2. Background Information:

Southampton City Council is responsible for commissioning services in order to deliver the 2010 National Drug Strategy and the 2012 Alcohol Strategy in Southampton. For a significant number of people drug and alcohol consumption is a major cause of ill health. Drug and alcohol dependency is a complex health disorder with social causes and consequences. Drug use is linked to everything from heart and respiratory problems to psychosis and seizures, while heavy drinking is known as a causal factor in more than 60 medical conditions. Added to that is the increased likelihood of suffering violence and having unprotected sex that is seen among heavy drinkers and drug users.

Not all drinkers and drug users go on to develop addiction problems. There are just over 306,000 adult heroin and crack cocaine users in England with more than half receiving treatment in the community or prisons. Overall numbers have fallen gradually in recent years. Among young people, addiction problems are also decreasing. Just over 20,000 under 18s accessed substance misuse services last year – the overwhelming majority for cannabis or alcohol problems – a fall of six per cent in a year. This success in reducing drug use among both adults and children has been widely welcomed, although campaigners want to see further falls.

Experts agree it is hard to say exactly what has prompted the trend. It is likely to be a combination of factors from better access to treatment and health promotion campaigns to a wider cultural shift away from traditional drug use. However, as this has happened there has begun to be growing concern about the use of Novel Psychoactive Substances (NPS), sometimes referred to as legal highs – substances that mimic the effect of banned drugs, such as cathinones.

By comparison, alcohol-related problems among adults have been getting worse on many measures. Both hospital admissions and deaths linked to drinking have increased since the early 1990s. Overall it is estimated over 1m people in England have mild, moderate or severe alcohol dependence. About a third of these will face challenges that

are similar to those people who are dependent on drugs.

While in the past the focus of drug treatment has been on reducing harm through schemes such as needle exchanges, current strategies favour an approach which places more emphasis on achieving recovery and abstinence. In addition to addressing traditional drug use, dependency on prescription drugs and legal highs needs to be tackled.

Drug services in Southampton have been successful in targeting opiate and crack users for entry into treatment, some of whom are offenders, and there has been a year on year increase in the numbers entering and being retained in treatment.

The alcohol treatment system in Southampton has been subject to re-design over the last two years. This re-design has been successful in reducing waiting lists and times, as well as ensuring that treatment is available to an increased number of service users through a better defined treatment pathway. There had also been a reduction in alcohol-related hospital admissions. However, services experienced an increase in demand, with a high proportion of service users entering treatment at an increased level of complexity.

3. National and Local Drivers for Change:

The following documents have influenced the development of this specification (although not exclusively):

- Drug Strategy 2010 - “Reducing Demand, Restricting Supply, Building Recovery” http://www.homeoffice.gov.uk/drugs/drug-strategy-2010
- Alcohol Strategy 2012 – http://www.homeoffice.gov.uk/drugs/alcohol-strategy/
- All relevant NICE guidelines.
- Putting People First 2007
- Personalisation through Person Centred Planning 2010
- Improving services for substance misuse services – National Treatment Agency
- Systematically addressing health inequalities 2008. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086570
- Health and Social Care Act 2000

- Gaining Healthy Lives in a Healthier City 2012. http://www.southampton.nhs.uk/aboutus/publichealth/hi/jsna2011

- Building Engagement, Building Futures 2011. http://www.education.gov.uk

- Health and Social Care Act 2012. http://www.dh.gov.uk/health/2012/06/act-explained/

- Tackling Drugs and Alcohol- Local Governments Public Health role. http://www.local.gov.uk/c/documentlibrary

4 Aims of the integrated treatment system (of which this service is one part):

The new drug and alcohol integrated treatment and recovery system in Southampton aims to provide a life changing, personalised substance misuse recovery pathway for the City, bespoke to the needs of individuals and communities. The Commissioners expect to build a strong and effective working relationship with the Provider, with shared values and vision regarding the delivery of the contract. The aim is to create an integrated treatment pathway that increases access to treatment and reduces the harm that problematic substance misuse causes to our communities, as well as helping people overcome dependence.

The new service model will have the following components:

- Assessment, planning and early support service (11 – 24 year olds)
- Assessment, review and monitoring service (24+ year olds)
- Commissioned Treatment Services
- Purchased Services

The commissioned treatment services will be delivered by a different provider than both the ESAP and ARMs. The ESAP and ARMs will be provided by one or two different providers

Those that aspire to making a full recovery from addiction will be enabled to do so, whilst a small number of others whose addiction may be long standing and complex, will be offered the opportunity to reduce the harms caused to their health and to the local community or to plan for the end of life in dignified and caring surroundings.

Recovery will be the primary goal of the integrated system and it is vital that the service as a whole and individual workers understand the principles of recovery. The UK Drug Policy Commission defines Recovery as:

"The process of Recovery from problematic substance misuse is characterised by voluntary sustained control over substance use which maximises health and well being and participation in the rights, roles and responsibilities of society".

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5 The objectives of the new service model:

- To enable and support individual recovery from substance misuse and dependency and through appropriate treatment to live healthy, safe and crime free lives.
- To provide services that are easily accessible and which structure treatment around the needs of the individual by providing personalised opportunities for sustained recovery and high levels of service user choice.
- To pro-actively work to re-engage individuals who have left the system prematurely.
- To improve the outcomes for children of service users by reducing the impact of drug and alcohol related harm on family life and to promote positive family involvement in treatment.
- To reduce the harms associated with substance misuse to the individual, the family and the community (including social exclusion, stigma, those related to offending, drug and alcohol related illnesses and accidents, unemployment, domestic violence, family breakdown and reduced ambition for children).
- To ensure that principles of harm minimisation underpin the delivery of all interventions in order to reduce the harm caused by drugs and alcohol on individuals, thereby contributing to a reduction in drug and alcohol related deaths and the transmission of blood borne viruses.
- To reduce the harm caused by drugs and alcohol to communities including contributing to a reduction in crime and anti social behaviour.
- To reduce the burden of drug and alcohol misuse on the wider public sector economy by promoting effective treatment and harm reduction responses in a range of settings including primary and community health care, mental health and criminal justice services.
- To improve the health and wellbeing of service users and their friends and family
- To safeguard adults, children and young people by developing effective practices and integrated approaches to safeguarding, in accordance with related national guidance, Southampton Safeguarding Children's Board (SSCB) and the Southampton Safeguarding Adults Board guidelines.

6. Scope of the new service model:

The new integrated treatment and recovery service will replace all existing drug treatment services and all commissioned alcohol treatment services with the exception of the current tier 1 and 2 alcohol information/advice counselling service and the Alcohol Specialist Nurse Service.

7. Principles of Service Delivery:

Partnership working: approaches to treatment and recovery which are built around a multi agency partnership. The treatment system will engage with mainstream housing, health, education, employment, leisure, wider social care and family sectors in order to provide an holistic service to service users.

All inclusive: Recovery means different things to different people. For some, abstinence will not be immediately attainable. Both abstinent and non-abstinent pathways will therefore be available and all interventions will be underpinned by a strong ethos of harm reduction.

Family oriented: Families play an important part in supporting recovery and the treatment system will therefore need to identify and respond to the needs of the service users' family.

Enabling: empowering and enabling service users to ensure that they feel fully involved in the treatment and recovery planning process and the planning, monitoring and delivery of the service as a whole.

Personalised: services will be delivered within the philosophy of personalisation (see section 7).

Active engagement: Recovery will be viewed as a process. Lapse and re-lapse is part of the learning process but pro-active systems within the treatment service will support re-engagement and long term support for service users leaving the treatment system.

Improving Health and Well being of service users, carers and families: reflecting the holistic needs of service users and their friends and family.

User led: service users, their family and friends must be central to the development, delivery and the evaluation of services.

Asset Based: reflecting the valuable and unique experience of service users and using that asset to develop peer approaches in order to build recovery capital which is sustainable.

Evidence based: System performance in relation to the above outcomes and objectives will be evaluated and evidenced by the provider's achievements against the required delivery and performance expectations contained within this specification and wider contract.

Performance Orientated - having robust performance management systems that will give timely information to commissioners in order to manage performance against agreed outcomes and targets and support service delivery and development. Continuous improvement must be part of the ethos of the service.

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8 Service Specification – Delivery of drug and alcohol treatment recovery service (DDATRS)

Aims of the Delivery service:

- To provide a range of structured interventions to young people and adults experiencing problems with substance misuse in order to enable them to address their addiction problems and move towards Recovery.
- To place the needs of service users at the core of delivering treatment interventions, promoting their health and well-being.
- To raise the aspirations of service users to achieve full recovery from addiction whenever possible and facilitate and strengthen the service users engagement with treatment.
- To promote self development and provide a safe environment in which service users can challenge themselves, enabling them to develop the skills they will need to maintain their Recovery in the community.
- To support service users to develop Recovery Capital (personal, social and community) in order to enable them to build self esteem and re-engage with the local community.

Objectives of the Delivery service:

- To provide a wide range of evidence based clinical and psychosocial interventions which will meet the assessed needs of all substance users in Southampton.
- To ensure that services are accessible and inclusive and relevant to priority and under served groups.
- To ensure that services offered do not duplicate or replace existing mainstream services and promote social inclusion by ensuring that service users can move on to using mainstream services as soon as possible.
- To ensure that all structured psychosocial and clinical interventions delivered, contribute towards achieving the goals in each service user's recovery plan.
- To manage the various aspects of recovery including ending substance use, improving physical and psychological health and wellbeing, life skills and maintaining positive family and social networks.
- Enable service users to use their time constructively, engaging in meaningful activities and working towards volunteering, education, training or paid work.
- Offer service users the opportunity to develop new skills and individual strategies

to build sustainable recovery capital.

- Provide opportunities for service users to engage with agencies which will promote health, economic and social wellbeing and community reintegration.

9. Description of the service:

Following initial assessment and recovery planning, service users will be referred for appropriate structured interventions either delivered by the Provider or by other providers sub contracted to provide elements of this service by the main Provider.

Southampton City Council encourages the use of local third sector providers to enhance and supplement the core services of the main provider.

Structured interventions may be delivered centrally or may be delivered in localities across the City. These locations will be identified through consultation with general practitioners, community groups, the police and other stakeholders operating in each of the locality areas.

Interventions need to be delivered in a safe space, which is age appropriate and which allows access to all forms of treatment and psycho-social interventions.

The provider will ensure that harm minimisation advice, information on treatment options and information around health and lifestyle for example nutrition, sexual health and smoking cessation are offered in a variety of methods and languages according to need.

This part of the system will provide a menu of interventions and activities designed to meet the diverse needs of service users. Interventions will be evidence based and will include the following:-

- Harm reduction
- Needle exchange
- International Treatment Effectiveness Programme (ITEP)
- Drug and Alcohol specific counselling
- Cognitive Behavioural approaches
- Group work/structured day programmes focused on recovery and providing a wider menu of options, including abstinence focus
- Family focused interventions/parenting programme(s)
- Community Reinforcement Approach
- Social Behaviour and Network Therapy approaches
- Clinical treatment where appropriate
- Relapse Prevention
- Motivational Interviewing
- Support to develop and access meaningful activity.

A range of delivery methods shall be employed to suit specific users and user groups.

All service users accessing services shall have a named lead key worker, who will liaise with the service users' assessor for the purposes of reviewing progress and monitoring outcomes.

The service provider shall work in partnership with a range of local providers and statutory agencies.

The provider(s) will ensure that they link to a range of services that can support and broaden the provision of wraparound support to service users, thus allowing them to develop and strengthen social capital.

By engaging in effective recovery and holistic support systems:

- more people will experience an improving quality of life
- more people will achieve a normative quality of life score in any two reviews in a 12 month period.
- Fewer people will relapse and re-enter treatment.
- More people will be empowered to achieve and sustain education, employment or training.
- More people will be able to access safe and sustainable housing.
- Fewer families will experience crimes such as domestic violence.

10. Treatment, Interventions and Activities required as part of this service:

10.1 Health Assessments:

The provider shall provide health assessments for service users as required in order to inform the comprehensive assessment which is prepared and co-ordinated by the ARM/ESAP service.

All drug and alcohol users require a general health care assessment in order to:

- Identify unmet health needs and address these through Recovery planning
- Ensure account is taken of health problems that could interact with drug and/or alcohol treatment
- Assist in attracting and retaining service users into treatment
- Improve drug and alcohol treatment outcomes such as achieving abstinence and relapse prevention
- Create opportunities for harm minimisation interventions.

(Please refer to NTA General Healthcare Guidance 2006)

10.2 Harm Reduction and Outreach

Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.

The Harm Reduction service seeks to improve the overall health and well being of the community, by offering to reduce incidence of drug-related health and social harms, including transmission of blood-borne pathogens through equipment sharing, by promoting wellness practices.

The provider will deliver a Harm Reduction service which provides a Needle Exchange and offers blood borne virus screening and immunization for hepatitis A, B, C, HIV, chlamydia, syphilis and other sexually transmitted infections. In addition the service will offer immunisation for diphtheria, typhoid, tetanus and seasonal influenza.

It is expected that with the service users consent, nurse-led referrals are made to hepatology and immunology services for all service users testing positive with hepatitis B or C and / or HIV / AIDS.

The needle exchange will provide access to information on primary health care services including local GPs, pharmacies and related services and deliver important physical, psychological and sexual health messages to those not currently engaged in services.

The needle exchange will offer the delivery of clinical venepuncture skills and wound management where appropriate.

The needle exchange will provide a dedicated response for working with users of steroids and performance and image enhancing drugs.

The provider will work closely with the pharmacies hosting needle exchange in the city, as they often come into contact with groups of drug users who are not engaged in treatment services

The provider will maximise the returns rates of used needles and paraphernalia.

If a young person (under 24 years) presents to the needle exchange she/he should be encouraged to access the specialist young people's substance misuse service (APESS). If this situation cannot be achieved immediately, it will be necessary to supply injecting equipment to reduce substance related harm. Injecting equipment and advice should only be supplied to a young person where there is evidence that withholding it would a greater risk than continued or increased injecting drug misuse.

Under such circumstances, fewer needles and syringes should be given to a young person than an adult would receive, to increase contact with the practitioner so the situation can be frequently monitored and efforts made to change behaviour.

Outreach:

The provider will deliver a flexible outreach service to target chaotic street-based drug users who are not willing or able to access building based provision. This will involve street shifts outside of office hours according to local need.

Outreach may also be used to contact service users who have left treatment in an unplanned way in order to try to re-engage them back into treatment.

The provider will work in partnership with local police, criminal justice and community services to ensure that outreach is co-ordinated across the City and targets particular areas identified as hot spots where problematic drug use may be perceived as anti-social within the local community.

The provider will deliver the following interventions:

- Harm minimisation and health promotion advice
- The distribution of harm reduction and health promotion materials (according to local needs)
- Motivational engagement and information on local treatment options
- Brief street based triage assessments where appropriate
- Support to re-engage ex-service users who may have dropped out of services.

Young People:

The Service will provide a needle exchange facility to which young injectors can self refer. The service will work within national guidelines. In the first quarter of operation

the Service must develop a comprehensive policy and procedure on needle exchange, and work with the young peoples service (ESAP) to develop robust protocols which must be endorsed by the DAT.

Written policies must also be in place to deal with issues such as improving access to needle exchange for under-represented groups of young people such as young women or minority ethnic injectors, crack users, and injectors of non-opiate drugs. Written policies should be in place for blood spillage/needle stick injuries, the maximisation of the return of used injecting equipment and working with local environmental health agencies.

Monitoring of needle exchange provision should continue so that their success in reaching young injectors and changing their behaviour can be assessed as ultimately it will be long-term changes and not short-term results, which are important.

10.3 Community prescribing and clinical interventions:

Objectives of the clinical service*:*

- The delivery of prescribing interventions for stabilisation, reduction, withdrawal, detoxification and relapse prevention, with the aim of achieving recovery and abstinence.
- General health assessments and referral to primary and secondary care health services where required.
- Community detoxification.
- BBV testing and vaccinations. Liaison with Hepatology nurse provision.
- Provision of a recovery oriented Shared Care service working in partnership with local GPs.

Service Delivery

Prescribing:
Individuals who commit to a programme of substitute prescribing will be offered a choice of medication that achieves a balance of treatment and choice, within an agreed timescale that will be regularly reviewed by the service user and ARM or ESAP assessor.

Treatment interventions will be delivered in a range of settings to maximise engagement.

Requirements of the Service-

All service users accessing a prescribing modality of care shall have a named key-worker, who will liaise with the service user's ARMs or ESAP assessor.

The provider will ensure that appropriately assessed service users have access to specialist prescribing for stabilisation, reduction, withdrawal, detoxification and relapse prevention across the following groups:

- Opiate users;
- Dependant alcohol users;
- Dependant stimulant use, including symptomatic prescribing where appropriate alongside individual support.

All services provided shall be within agreed prescribing protocols drawn up by clinical leads in the prescribing service and agreed with the commissioners.

Service users will be supported and actively encouraged to adopt a reducing regime leading to abstinence.

For service users who are released in a planned or unplanned way from prison on a maintenance prescription, the prescribing programme shall continue without any interruptions to the service user.

Prescribing interventions shall be reviewed regularly and at the earliest opportunity with the ARMs assessor to ensure that they are still contributing towards recovery plan goals.

For DRR service users, prescribing, where appropriate, shall commence within 5 working days of the Community Order being made.

Other groups of service users may also need to be prioritised based on need and risk assessment (e.g. pregnant women).

For all other service users, waiting times for prescribing shall not exceed 10 working days from referral to modality by the assessor.

A clinical assessment is mandatory prior to prescribing.

Prescribed drug, amount and dispensing frequency for each service user must remain a clinical decision based on service user need and risk. However, providers shall need to evidence within this, that prescribing is carried out in a cost effective manner.

The provider must ensure that discharge from specialist prescribing is managed in a planned way with the service users ARMs assessor, and that measures have been taken to avoid risk of overdose.

The provider will make **lockable safe storage boxes** available to all service users who reside with children or young people or who may have access to the service users' medication while visiting. The safe storage boxes will be purchased and distributed by the provider, with appropriate verbal and written advice on the safe storage of medication and the disposal of medication/empty medication bottles.

Co-ordination of Shared Care: (i.e. the co-ordination of the Shared Care scheme whereby responsibility for the Recovery journey of eligible stable service users may be

shared between drug treatment services and specialist General Practitioners in the Southampton area).

(N.B. Shared care contracts and payments to GP's for the delivery of shared care services are not included within this specification.)

The provider will manage and coordinate the city wide shared care scheme in Southampton including:

- Working with GP's to engage them to deliver shared care services and monitor uptake numbers;
- Managing, promoting and reviewing all aspects of the shared care scheme operating in Southampton in line with relevant DAT Partnership and PHE strategy;
- Undertake activities to raise awareness and promote the benefits of the Shared Care Scheme to GP's, specialist providers and service users with the purpose of increasing uptake;
- Support GP's to access training including RCGP training;
- Assist the commissioners in developing and reviewing shared care agreements with GP's supporting the further development of shared care in Southampton

In agreement with the ARM's assessor and service user, the provider will make referral to GP shared care prescribing for service users whose substance use is stable in accordance with agreed criteria.

In partnership with GP's, the provider will develop clear goals for the prescribing regime, including eventual abstinence where appropriate. The provider will work with the GP and service user in accordance with overarching recovery plan goals, will monitor progress regularly and report to the ARMs assessor. This may include referral back to specialist prescribing where needed.

The provider will ensure that regular drug screening is undertaken in line with agreed prescribing protocols and national guidance, ensuring that results are communicated as appropriate to all professionals involved in the service user's care.

The provider will ensure a smooth transition for the service user between secondary and primary care prescribing services, developing, clear agreed referral criteria and protocols for the pathway between specialist prescribing and primary care prescribing.

10.4 Drug and Alcohol Testing:

The provider shall provide, develop, manage and deliver all aspects of the drug and alcohol testing in Southampton for substance use service users.

The provider shall manage all activity in relation to providing drug and alcohol testing including the procurement, storage, distribution, monitoring and disposal of all stock/equipment.

The provider shall provide drug and alcohol testing for all service users subject to DRR's and ATR's in line with Probation National Standards.

The provider shall provide drug testing and alcohol testing for all other service users as appropriate.

The provider will produce written procedures on the collection and storage of biological samples, their despatch to a laboratory and the discussion and management of the reported results as shall be available including:

- Instructions on storage of test devices;
- The calibration of equipment;
- The recovery of results;
- Infection control procedures;
- Disposal of biological fluids;
- Appropriate facilities for sample collection;
- Appropriate facilities for testing within all clinical delivery sites.

For service users other than DRR's and ATR's, drug and alcohol testing protocols shall be written, in place and adhered to which identify:

- The purpose or intention of diagnostic drug or alcohol testing;
- The criteria by which a service user shall be deemed eligible for diagnostic testing;
- The frequency of diagnostic testing;
- The type of substances that shall be tested for;
- The collection of biological samples, their storage and despatch to a laboratory;
- The discussion and management of reported results relating to the testing of biological samples;
- Maintaining the safety, security and integrity of biological samples, test;
- Recording of the time of samples and recording of consumption of prescribed and illicit drugs in the days leading up to the sample being provided;
- Obtaining of service user consent;
- Sampling under a 'Chain of Custody' for confirmatory testing;
- Inter-agency protocols on the implementation of all aspects of this specification.

The Provider shall work jointly with other agencies to enable drug and alcohol testing to take place in flexible locations to suit the treatment journey of the service user.

All drug and alcohol testing should be referred to in recovery plans identifying a clear rationale.

All test results shall be shared as appropriate with other organisations involved in delivery in line with protocols referred to above.

10.5 Detoxification:

The provider is required to provide clinical assessment for and access to community detoxification.

All detoxification will be delivered in line with NICE guidelines. In most cases community based detoxification will be offered.

For some alcohol users, access to detoxification has benefited from the development of personal health budgets. These will be offered at the point of assessment. Service users may choose to purchase their detox, using their personal health budget, from a range of services that are offered within a residential rehabilitation or medical inpatient setting. These residential and inpatient services are not directly covered by this service specification.

The provider will be responsible for the provision of locally based, directly offered detoxification services, including:

- Community based day detoxification service, offering daily attendance, medication and support to service users.
- Detoxification located within the home environment.
- Access to support workers to assist in the delivery of the detox service.

All services provided shall be within agreed clinical and prescribing protocols drawn up by clinical leads in the detoxification service and agreed with commissioners.

10.6 BBV testing and vaccinations:

The provider will deliver interventions that specifically aim to prevent diseases due to blood borne viruses (BBV), infections and other drug related harm, including over dose and drug related deaths. And also:-

- Provide advice, information and counselling, as appropriate, for viral hepatitis and HIV testing (pre and post test);
- Test for blood borne viruses including Hepatitis B and Hepatitis C and HIV screening;
- To deliver Hepatitis B vaccinations, sexual health and BBV screening;
- To work jointly with the hospital Hepatology unit to deliver appropriate testing and treatment and to host Hepatology clinics in order to reach as many service users affected by blood borne virus' as possible.
- To provide referrals for service users to access treatment for hepatitis B, C and HIV infection.
- Co-ordinate the Hepatitis C Peer Educators and facilitate their work within the city if required.

Other delivery requirements:
The provider will:

- Refer to and liaise with pharmacies in relation to supervised consumption in line with clinical guidelines and agreed protocols.
- Liaise with referrers and relevant others.
- Provision of the Service shall include all costs relating to prescribing such as FP10 costs, prescription pick-up costs and clinical waste collection EXCEPT for service users in shared care.
- All costs in relation to providing the service including the procurement, storage, distribution and disposal of all stock/equipment (including needles, syringes and medicines) and all laboratory testing as required shall be met by the provider.
- All locations for the service shall meet the requirements for clinical use and service user's privacy.

10.7 Observed consumption:

The Provider will be responsible for linking with observed consumption services from community pharmacy providers.

The provider will negotiate with the service user and pharmacy service the most convenient location and time for daily visits.

10.8 Frequent Attendees

Frequent attendees tend to use the urgent care system in an unplanned and reactive manner. The frequent attendee service, working closely with the emergency department at Southampton General Hospital, will identify, engage and provide intensive and persistent support to people presenting in this setting with drug and alcohol needs in order to:

- Ensure appropriate and timely support to frequent attendees, in a variety of settings, which are also acceptable to the client group.
- Develop and maintain relationships with providers to ensure they remain engaged in the delivery of the client care packages.
- Reduce admissions
- Reduce the number of ambulance call outs
- Individual improvements in health (measured using an Outcome tool)
- Reduced wait time
- Increase access to drug and alcohol treatment services.
- Refer 50% of service users into specialist treatment or mainstream services within 6 months

The frequent attendee service will support and lead a reduction in the number of frequent attendees appearing at the General Hospital. This will be achieved though the delivery of:
- Early identification and engagement
- 1:1 support
- Care planning,

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- Persistent and intensive support
- Pro-active joint work with other agencies

10.9 Psycho-social interventions, Structured Day and Group Work Programmes:

The service provider will provide access to a range of flexible structured psycho-social, day and group work programmes which distinguish between cohorts who are abstinent, stable or active in their substance use and be focused on increasing recovery capital.

The evidence based psycho social interventions will:

- Enable more people to complete drug and alcohol treatment free from all substances of dependency and misuse;
- Support more people to effectively engage with an holistic programme of substance misuse treatment;
- Equip people with the psychological, emotional and social capabilities ("tools") to overcome dependency, compulsive and addictive behaviours in order to achieve improved health and wellbeing'
- Be part of an effective recovery system, through integrated working with partner agencies, service users and carers;
- Deliver interventions that engage all people, embracing diversity and responding proactively to diverse needs;
- Enable people to achieve their personal recovery objectives in all aspects of their lives, including but not exclusive to their use of substances;
- Deliver recovery oriented, person centred services that meet or exceed locally agreed minimum quality standards

Particular attention will be given to developing access to structured day and/or group work programmes that enable female clients to engage and programmes which support clients post community or in patient detoxification.

The service provider will provide access to day and/or group work programmes which will (as a minimum) meet the needs of service users who are on Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR), in accordance with Probation National Standards and in collaboration with Southampton Delivery Unit (Hampshire Probation Trust).

. Hours of attendance will be based on assessed individual need and/or statutory requirement.

. In structured day care the service provider will provide or arrange for provision of a range of practical sessions including getting people ready for recovery, life skills, education and training, relapse management and harm minimisation and other provision in line with identified service user need.

Particular attention will be paid to ensuring that structured day and group work programmes are developed and delivered in a way which supports easy client access and minimum waiting times (for example flexible entry points within a programme or

preparation groups).

Structured psycho-social interventions, day programmes and group work programmes will be expected to support people in achieving improvements as measured by outcome indicators agreed between the service user and their assessor and/or treatment planner. A tool such as the outcome star could be utilised as a means of tracking appropriate outcomes. The provider who submits a successful tender for this service will be required to work with commissioners prior to service implementation to agree staged outcome milestone measures. Outcomes will be monitored in relation to the following areas:

- Health and well being
- Social networks/families
- Engagement with Recovery
- Service user satisfaction

10.10 Re-integration and ongoing Recovery Support (Aftercare):

The provider will provide the means to enable service users to maintain social networks or to build them, whilst in treatment in order to build social capital ready for planned discharge. The provider will also support service users in recovery whilst in treatment and following planned discharge.

The Commissioner's aim is to maintain the positive developments service users make in their recovery journey.

The provider will put in place appropriate arrangements for periodic contact with service users leaving the treatment system on a planned basis to ensure that recovery is being sustained, or to determine whether further support is required. This will include provision of information regarding locally available peer to peer support and fellowships.

Close links will be developed and maintained with recovery communities such as AA and NA, as well as local recovery support groups.

Procedures will be put in place to identify relapsed service users and every effort will be made, and evidenced, to re-engage them in recovery.

The provider will report relevant management information on the status of service users who have exited the system, by agreement with Southampton DAT, for example at 6 and 12 months post exit.

10.11 Criminal Justice Services:

The provider will ensure that all interventions are available to those who enter the treatment system via the criminal justice system. Offenders will not be treated as part of a separate service, but the provider will be aware that offenders may have distinct

needs that must be considered as part of the overall treatment package, including being subject to a Court Order (i.e. Drug Rehabilitation Requirement or Alcohol Treatment requirement).

The provider will ensure that the full range of Drug Intervention Programme interventions is delivered in line with the DIP Handbook, the 2010 National Drugs Strategy and "Drug Misusing Offenders, Continuity of Care between Prison and the Community".

The provider will ensure that a phone line or alternative out-of-hours arrangement particularly targeted at new and / or service users leaving custodial establishments and / or treatment is accessible twenty four hours a day and seven days per week.

10.12 Drug and Alcohol Arrest Referral:

The provider will maintain a presence within agreed times in the principal custody suite in the city police HQ to carry out initial assessments following a trigger offence for offenders testing positive for:

- opiates
- crack cocaine
- alcohol
- other substances

Where individuals test positive outside of these hours the provider will aim to complete an assessment before the individual leaves custody. Where this cannot be achieved, the appointment will be within 24 hours for those arrested locally and within 48 hours for those referred from another area.

The Provider will ensure that harm minimisation advice and information on local treatment options is delivered to encourage voluntary referrals into treatment. This includes alcohol users and non-PDU users.

Immediate efforts will be made to contact the individual in the event they refuse or fail to attend their appointment. The provider will report any breaches associated with initial and / or follow up assessments including out of area residents to the police within 5 working days.

The provider will deliver screening and Brief Interventions to those who are in custody for alcohol related offences and refer where appropriate for further treatment

10.13 Integrated Offender Management:

The aim of the IOM scheme is to promote access to support and treatment to offenders in order to reduce their offending behaviour and minimise the harm their substance misuse may cause to themselves and the community. It is a multi agency team which is co-located at the Southampton Police Headquarters. The provider will make dedicated

staffing available to work with the team and provide drug treatment as part of the multi agency approach to crime in the City.

The provider will utilise a range of methods including assertive outreach, to promote the engagement of individuals within the integrated offender management scheme.

The provider will be responsive to changes in the scheme and developments agreed by the strategic group.

10.14 Drug Rehabilitation Requirements:

The provider will work in partnership with the Probation Service to support the delivery of Drug Rehabilitation Requirements (DRR) in Southampton.

The provider will work in a variety of settings the probation service, magistrate's court, local prisons and drug and alcohol treatment services.

The provider will work with all suitable offenders to deliver a recovery-focused treatment plan based on their assessment of need and where possible service user choice.

The provider will support delivery in line with local DRR targets.

The provider will report to the probation service or court as required on the progress and compliance of clients subject to a DRR including, where appropriate, supplying evidence to support early discharge, breach or revocation proceedings.

10.15 Alcohol Treatment Requirement:

The provider will work in partnership with the probation service to promote access to structured treatment for individuals subject to an alcohol treatment requirement.

The provider will work in a variety of settings the probation service, magistrate's court, local prisons and drug and alcohol treatment services.

The provider will work with all suitable offenders to deliver a recovery-focused treatment plan based on their assessment of need and where possible service user choice.

The provider will support delivery in line with local ATR targets.

The provider will report to the probation service or court as required on the progress and compliance of clients subject to an ATR including, where appropriate, supplying evidence to support early discharge, breach or revocation proceedings.

Service Users

The provider will work with service users in a way that promotes both service user

involvement and the development of sustainable service user led support groups and peer mentoring in order to support the goals of all service users at every stage of their journey through the integrated treatment system.

10.16 Service user Involvement:

The Health and Social Care Act 2001 requires drug treatment commissioners and providers to consult with and involve service users in the planning and development of services. NTA Guidance for local partnerships on user and carer involvement describes user and carer involvement as "central to developing any organisation or service". The providers will therefore facilitate a range of service user led interventions and activities that will support and enhance the treatment options offered as part of the Recovery Action Plan (RAP)

This will include as a minimum -

- The active engagement of service users as active partners in their own treatment
- The participation of service users in the design and development of treatment programmes.
- Provision of a forum for current and former service users to comment upon the range and quality of services offered in the City and to raise any concerns over access to services.
- Encouragement and support for service users to contribute to consultation.
- Keeping service users informed of developments in services.
- Undertaking specific pieces of work such as campaigns on particular issues, and other pieces of work as jointly agreed.
- Developing mechanisms which allow anonymous feedback from service users and carers and demonstrating to commissioners that this is happening.

The provider will ensure that all service users (and family members if appropriate), are aware of their rights and responsibilities at the point of engagement with the service specifically around information sharing and consent.

The provider will ensure that there is a clear policy governing the recruitment of ex-service users both as paid staff and volunteers in consultation with the DAAT.

The provider will develop links and pathways between the service, the service user forum, families and carers and with young carers.

The provider will promote regular consultation with service users in order for service user views and experiences to be used as a tool for performance monitoring and continuous service improvement.

The overall desired outcome is the active engagement of drug users in their treatment and in the shaping of local drug treatment services thereby increasing the participation of problem drug users in drug treatment programmes, which have a positive impact on health and crime.

Peer/Mutual Aid Support:

A key element identified in the Recovery Oriented Drug Treatment (RODT) model as described by Professor John Strang et al (2011) is the need for the provision of specific interventions designed for those who have achieved abstinence in order to promote sustained recovery from long term drug and or alcohol use.

The provider will utilise the emerging evidence base around recovery and work with recovering drug and or alcohol users to support the development of non clinical, non professional peer support groups across the city.

The provider will be responsible for ensuring pathways into these groups are accessible for all service users through-out the delivery service.

The provider will support the identification and development of “Recovery champions” to promote the peer-led recovery agenda locally.

The provider will develop working links with the 12 step fellowships to ensure that a variety of 12 step meetings are easily accessible.

The provider will ensure that the following peer led activities will be developed and delivered as part of the work of this service:

- Peer mentoring
- Peer advocacy as required.
- Recruitment and support of volunteers to undertake the above.

10.17 Families and Carer Services:

The provider will operate a Families and Carers Information, support and advice service in order to enable the families and carers of people with a substance misuse problem to access timely information, support and advice relating to how they cope and deal with the person they are caring for.

In addition the new Service will signpost carers for a specialist carers assessment provided by local care management teams where appropriate, followed by providing support to the carer, so that the carer is sustained and is able to meet their own needs appropriately.

The provider will also recognise the role that families can play in recovery and will actively encourage their involvement in treatment, thus reducing the impact of drug use on family life and children. The provider will therefore:

- Work in partnership with adult services, generic carer's services and relevant agencies in order to provide a co-ordinated and holistic approach to providing support and advice services for the families and carers of drug users.
- Reduce the harm caused by the misuse of drugs, by offering confidential and appropriate advice and support to parents, family members and carers that have been affected by another person's drug use.
- Improve the health, well being and social functioning of drug users and their carers by supporting families, carers and friends to offer continued support to drug users in order to assist them to complete treatment.
- Enable families and carers to form and access community networks and services following an intervention and period of support offered by this service.
- Provide a non judgmental and inclusive service which treats all carers with dignity and respecting gender, sexual orientation, age, physical and mental health, ability, religion, culture, social background and lifestyle choice.
- Increase the number of families and carers of drug users engaging in treatment who are able to access effective support in the community.

Families and carers will be recognised as experts by experience and their expertise will be utilised and valued.

This part of the service will be delivered in a variety of ways appropriate to the needs of individual family members/carers. This could take the form of guided self help in the form of information, support and signposting delivered via websites, social networking sites, Skype, telephone etc.

The provider will facilitate access to locality based support groups which are easy to access and which provide immediate help to those family members in need. These may be generic carers groups or specialist groups designed to address the specific needs of this care group.

This part of the service should offer a time-limited intervention to those who access it. The duration of the support for each individual or family will vary according to the complexity of their need, but the expectation is that the maximum duration of support will not exceed two years. The assessment and planning process will set the maximum duration for each service user, with a clear plan for ending the support.

It is expected that a successful period of support and intervention for the families will result in them being able to sustain themselves and link into various support networks and services in the community.

The range of support to be offered to families and carers is outlined below. The type and level of support offered to any individual or family will be dependent on their

identified needs. We will rely on the provider to identify and offer the support most likely to meet agreed carer outcomes.

- This part of the service will provide **information and advice** which will address the difficulties of living with/supporting a member of the family or friend who has a substance misuse problem. It will provide information to enable carers to make informed decisions about their lifestyles. The delivery model will be designed to offer a motivational interview that supports and encourages carers to address difficulties and to improve their health and well being.

- The provider will enable service users to access **"drop in" sessions** at appropriate locations as available.

- The provider will offer **guided self-help**, typically consisting of a single session with accompanying written material.

- The provider will provide an **outreach** service for those families and carers who may have difficulties in accessing the premises or groups available.

- The provider will provide access to a **network of locality based mutual aid / peer support groups**. The Service Provider will enable and facilitate carers who wish to set up their own local support groups where this is sustainable.

- The service will help family members and carers who wish to train as **volunteers** and support them in running and facilitating the self-help community groups.

- Provision for Carers will take into account their individual health and social care needs.

- The provider must ensure that staff ask families and carers about and discuss concerns regarding the impact of drug misuse on themselves and other family members including children. They will also:

  - Offer family members and carer's access to an assessment of their personal, social and mental health needs, provided by Adult Services.
  - Provide verbal and written information on the impact of drug misuse on service users, families and carers, as well as information about detoxification and the settings in which it may take place

Links to other services:

10.18 Community wraparound Support:

Community development worker:
The community wrap around service will be led by a Community Development Worker who will draw together a broad range of community based assets into the treatment

system. In doing so, the community wrap around services will form an integral and valuable contribution to the individuals treatment journey.

The Community Development worker will coordinate a comprehensive network of community wrap around services available to the service user group, drawing on:

- the existing provider elements available,
- the development of mutual aid and peer support,
- the engagement of Employment, training & education (ETE) services and
- wider mainstream community options i.e. volunteering, carer support, healthy living
- Developing and providing a clear timetable of available services
- Maintaining links and access to mainstream community based services for client group.

Education, Employment and Training:

All service users should be encouraged to commit to employment, training and voluntary work wherever possible.

The provider will effectively implement the protocol between JCP and the National Treatment agency for substance Misuse (Joint Working Protocol between jobcentre Plus and Treatment providers, 2010 www.nta.nhs.uk)

The provider will implement an employment pathways strategy and delivery plan which will reflect:

- An understanding of the aspirations of service users in relation to employment and education.
- An understanding of potential barriers to employment.
- Opportunities for developing work experience options which should include supported employment and intermediate labour projects
- Potential local partners and business champions to promote employment pathways for service users.

The provider will offer assessment of education, training and employment needs to all service users including numeracy and literacy, employment history and career aspirations.

The provider will deliver a range of interventions designed to support service users to increase their practical skills and experience to enable them to become job-ready.

The provider will compile a database of local education, training, employment opportunities including volunteer placements by developing links with local agencies, employers, community groups and the Southampton Voluntary Services

The provider will co-ordinate and map service users into ETE opportunities according to their needs, and provide on-going one to one support for these service users. This will include a single point of contact for all volunteer, training or supported employment

placements

Housing:

The Provider will work in partnership with Supporting People, Registered Social Landlords and supported accommodation providers to ensure that the most appropriate housing solution is obtained for service users who are in housing need.

Family Intervention and support:

The provider must demonstrate a clear commitment to the safeguarding of children and young people and the promotion of children's welfare. The Hidden Harm agenda will be embedded into service provision and service delivery will strive to improve outcomes for children and young people.

The provider will work in accordance with the requirement of Hampshire's Joint Working Protocol.

Southampton City Council Children's Services is the lead agency for child and family support and local child safeguarding arrangements. The Common Assessment Framework (CAF) process will be used to assess and communicate any vulnerability or safeguarding concerns to the Children's Services team.

The provider shall ensure that every service user who has child care responsibilities is offered a referral to a Children's Centre, using the appropriate referral tool (e.g. Children's Centre referral form, eCAF/CAF assessment, etc), and may be offered recovery interventions at a Children's Centre, whenever possible. The provider will ensure that, at agreed intervals, contract and review meetings take place in the service user's home to provide the opportunity to review the situation of the children.

The provider shall ensure that appropriate antenatal arrangements are in place as part of their assessment and planning process. Links shall be made with specialist antenatal provision for mothers with drug and/or alcohol issues.

Domestic Violence:

The ARMs will use the Comprehensive Assessment Tool (CAT) in order to assess the level of risk in relation to domestic violence. High risk will be referred to a Multi Agency Risk Assessment Conference (MARAC). The provider will be expected to fully engage in the MARAC process, to flag and tag their systems, identify representatives to attend the MARAC meetings and to share information and offer actions.

Sexual Health Services:

The successful provider will be expected to offer information, advice and support to those service users who disclose that they are engaging in sex work or other risk taking behaviour in relation to their sexual health. Key workers will work closely and

effectively with partners in primary and secondary care, particularly within Contraceptive Services and Genito- Urinary Medicine to ensure they have an up to date knowledge and understanding of referral and treatment routes. Appropriate support e.g. counselling or mediation, will be included within the Recovery Action Plan (RAP).

Sexual health services to be delivered will be agreed with the commissioners. As a minimum, it is expected that service users will be provided with free condoms and Chlamydia screening.

Clear protocols and accountability must be in place, particularly with the Public Protection Unit of Southampton Constabulary, to ensure the safeguarding of vulnerable adults and/or young people at risk of sexual exploitation.

General Health Needs:

The Provider will be expected to work in partnership with a range of health professionals, e.g. dentistry, occupational therapy and smoking cessation, to ensure that the general health needs of service users are addressed within the treatment and recovery plan, both in community and prison settings.

The provider will be required to offer healthy living advice, particularly in relation to healthy eating and smoking cessation and will support and encourage attendance at mainstream health services e.g. GP surgeries, breast screening, cervical screening etc.

The service will pay attention to the need to link to acute health services in local hospitals in relation to patients identified as having an alcohol related illness. Links will also need to be built with local GP's and pharmacies to encourage appropriate screening and with the Liver Unit.

Residential rehabilitation

The funding for residential rehabilitation is outside the scope of this specification and the provider will not fund these. Funding for residential rehabilitation is provided through Southampton City Council (SCC). Service users requiring a residential rehabilitation modality of care will have a Social Care Fair Access to Care (FACS) assessment completed by a competent assessor and in adherence to SCC guidelines and eligibility criteria.

Southampton City Council is increasingly developing personal budget approaches to funding and the delivery of services for those eligible for Social Care support. The provider needs to be able to work within these arrangements and to be proactive in supporting people to take up direct payments.

Dual Diagnosis:

For the purposes of this specification, dual diagnosis is defined as being:

Individuals with both diagnosed severe and enduring mental health illness and problematic drug and/or alcohol use. This includes any drug use which is seen to be either exacerbating the symptoms of a mental illness or interfering with an effective treatment response.

Considerable work has already been completed in Southampton to improve appropriate and effective communication between substance misuse and adult mental health services. We are now able to provide a much improved integrated and inclusive treatment response from mental health services and the drug and alcohol treatment system for individuals presenting with a dual diagnosis need.

Statutory mental health services will have the lead responsibility for the management of service users with a dual diagnosis need.

The provider will work within the existing framework and will work with commissioners and partners to review and strengthen pathways and operational protocols should a need to do so be identified.

10.19 Work with complex families:

The provider will work in partnership with the Southampton City Council Families Matter Co-ordinator to deliver services which meet the needs of substance using families across all areas of Southampton City.

The provider will work with the Southampton City Council Children and Families strategy lead to offer awareness raising training around meeting the needs of substance using parents and their children.

The provider will work actively to increase referral rates from the substance use treatment system to city parenting programmes if appropriate.

11. Eligibility criteria:

The delivery of drug and alcohol treatment and recovery service will be for residents of Southampton City and/or who are registered with a Southampton GP.

The service will mainly cater for service users from age 18 years onwards.

Service users aged over 18 years who are assessed as having problematic alcohol use that would benefit from screening, advice, information, brief interventions and support will be signposted or referred to the tier 1/2 Alcohol service (CRI).

There will also be a small number of young people (aged 11 – 18 years) who require specialist clinical treatment or interventions which the delivery service will be required to provide. In these cases, it will be important for the service to deliver interventions in appropriate locations and in an age appropriate way.

Within this there are certain priority groups which reflect the strategic objectives of the Drug Action Team Partnership, the Tackling Alcohol Partnership and the Community Safety Partnership:

- Pregnant women
- Individuals whose children are categorised as in need under the Children's Act 2004 or have been subject to a Common Assessment Framework (CAF) or Family Assessment under the Families Matter programme.
- Individuals who have been recently discharged from prison
- Those subject to Multi Agency Public Protection Arrangements (MAPPA)
- Perpetrators and victims of domestic violence
- Drug and alcohol users required to engage with treatment as part of a court order.
- Drug and alcohol users identified through Integrated Offender Management processes.
- Drug and alcohol users at immediate risk of homelessness.
- Drug users and dependant drinkers with a co-morbid physical and/or mental health diagnosis where their drug or alcohol use exacerbates this issue.
- Drug and/or alcohol users who are new to the treatment system (known as "treatment naïve").
- Carers

12. Access to Services:

The provider will work with service users, carers, family members and the Commissioners to reduce any barriers to access and will work towards a culture of proactive engagement.

The provider will demonstrate innovation in developing a range of delivery options that recognises the changing methods of communication, including written, verbal, audio-visual, assertive outreach and detached work.

The provider will ensure equity of access for all groups, to deliver a non-judgemental and inclusive service, respecting age, colour, race, nationality, ethnic or national origin, marital status, mental or physical disability, religion or religious belief or philosophical belief, sex, sexuality (including sexual orientation), culture and social background.

From the first point of contact individuals will be made welcome, well informed and responsible for their own recovery.

The provider will be proactive in working with partners to utilise community venues that can be accessed by Service Users, thereby reducing stigma and encouraging access to services.

The service will give priority, subject to clinical need, to Military Veterans, in line with national guidelines where the drug or alcohol problem is linked to a period of service in the British Armed Forces.

Service Access Standards and Response Times:

The service will provide promotional information, in appropriate formats and locations in order to raise awareness of the Service.

The service will provide a first contact by telephone or in person within three (3) working days of the initial referral.

Where possible all service users will be offered a choice of working with either a female or male worker as appropriate.

Service Time and Location:

We are seeking to increase the number of people receiving information, advice and structured treatment about their drinking and drug taking behavior. This can be delivered through a number of channels which should not be limited to fixed office bases and face to face contact. It could, for example be delivered through on-line and telephone facilities.

Where face to face contact is required this should include access at core times during the working week (core times are usually 9.00am to 5.00pm, Monday to Friday though this is subject to discussion and agreement) and include some access in the evening and on weekends, at times which are convenient and suitable to Service Users. This should be at least one evening and one weekend session per week and cover at least 8 hours per week. These times will be subject to future discussion and negotiation and subject to monitoring information on take up of service at various times.

Services will be able to flexibly respond to changes in need regarding access times by, for example, shifting the balance of access time from daytime to evening opening. Changes will be by prior agreement with the commissioners.

The Services will be delivered from accessible locations based in Southampton and arranged by the service provider.

13. Personalisation

Personalisation is the process by which services provided by the local authority are adapted to suit the personal needs of the service user.

The service will need to be able to adapt to changes arising as a result of the implementation of personalisation within the local authority.

Purchased Services

The Assessment Monitoring and Review service will have responsibility for holding a

budget to be used in the purchase of services outside of the commissioned treatment system. The provider for Delivery of services will be expected to develop a range of services which can be purchased separately from the commissioned services over the course of the contract, building flexibility and greater choice for service users. This will mean that eventually a greater proportion of the budget will incrementally be spent of purchased services and less on block purchased commissioned services over the life of the contract.

For example:

Service	Year 1	Year 2	Year 3
ARM	£X	£X	£X
Delivery Service	90%	85%	80%
Purchased services	10%	15%	20%

NB: ***The investment in the block contracted services is expected to reduce over the course of the contract alongside an increase in people accessing services through Direct Payments or Personal Health Budgets. The investment in the ARM contract will remain constant, subject to any agreed variations.***

Purchased services may be delivered by the Delivery of services provider or by other providers, depending on service user choice.

14. System Outcomes:

The provider will work in partnership with Southampton City Council and the Commissioners to contribute towards the delivery of the following national Drug Strategy 2010 and Alcohol Strategy 2012 outcomes:

- Recovery from dependence on drugs or alcohol;
- Prevention of drug and alcohol related deaths;
- Prevention of infection by Blood Borne Viruses;
- Reduction in crime and re-offending;
- Sustained employment;
- The ability to access and sustain suitable accommodation;
- Improvement in mental and physical well being;
- Improved relationships with family members, partners and friends;

The Service will contribute to the strategic objectives of the Council in relation to alcohol and drug use:

- "Health and Wellbeing Strategic Plan 2009-12 (http://intranet.southampton.gov.uk/Images/Health%20and%20Wellbeing%20Strategic%20Plan%202009-12_tcm59-290057.pdf
- Joint Strategic Needs Assessment 2011 (http://www.southamptonhealth.nhs.uk/aboutus/publichealth/hi/jsna2011)

Addressing alcohol use underpins a number of priorities in Southampton's Health and Wellbeing Strategic Plan (2009-12), in particular:

- Achieving a healthy start in life – a reduction in the number of young people involved in substance misuse, particularly alcohol.
- Ensuring better health for all – reducing cardio vascular disease rates, reducing alcohol related violence in the night time economy and alcohol related hospital attendances and admissions, improving drug and alcohol care pathways, reducing worklessness and promoting health at work.
- Promoting independence and choice – enabling more people to live healthily for as long as possible in their own homes.

Tackling drug and alcohol related issues is one of the priorities in the Community Safety Strategy and underpins the intention to reduce crime and anti-social behaviour and improve quality of life and the city environment.

15. Performance Indicators

Local outcomes required:

(From a benchmark established between 1st April 2014 – 30th September 2014)

No	Performance Indicator	Target	Reporting frequency
1. Entry to Services			
1a	95% of first Interventions have a waiting time of less than 3 weeks from date of referral (based on modality start date and date of referral)	95% 100% < 4 wks	Quarterly
1b	A 10% increase in the numbers of service users entering treatment following assessment	To be agreed	Quarterly
1c	A 5% increase in the number of new presentations who go on to accept HBV vaccination	To be agreed	Quarterly
2. Numbers in Specialist Substance Misuse Services			
2a	An increase in the number of people abstinent from all presenting substances at two reviews within a 12 month period	To be agreed	Quarterly
2b	An increase in the number of people reporting a significant improvement in drug and/or alcohol use for all presenting substances at any two reviews within a 12 month period	To be agreed	Quarterly
2c	A 10% increase in the numbers of service users who are in effective treatment.	To be agreed	Quarterly
2d	A 5% decrease in the average length of time in treatment.	To be agreed	Quarterly
3. In Services			

3a	95% of Recovery Action plans are in place within 3 weeks of the service users treatment start date.	95%	Quarterly
3b	95% of Recovery Action Plans are reviewed after the comprehensive assessment within 12 weeks	95%	Quarterly
3c	95% of new referrals joint worked with other services	95%	Quarterly
3d	95% of new referrals have a key worker assigned	95%	Quarterly
3e	An increase in those who were injecting at the start of treatment who report no injecting on any two TOP reviews within a 12 month period.	To be agreed	Quarterly
3f	An increase in people in sustainable and secure housing.	To be agreed	Quarterly
3g	An increase in the number of people entering employment, education or training.	To be agreed	Quarterly
3h	More people achieving an improved outcome against an agreed outcome tool (i.e. TOP's, Alcohol star or Audit)	To be agreed	Quarterly
3i	A reduction in the number of drug and alcohol related deaths.	To be agreed	Quarterly
3j	A reduction in the number of alcohol related admissions to hospital	To be agreed	Quarterly
3k	A 5% increase in the percentage of service users who receive an HCV test. An increase in the number of service users engaging with HCV treatment	To be agreed	Quarterly
3l	Improved efficiency – reduction in DNA's, increased volume accessing the service, to be agreed and defined within contract discussions with the provider and based on benchmarking data established within the first 2 quarters of the contract.	To be agreed	Quarterly
4.Criminal Justice			
4a	A reduction in the average offending of the cohort compared to a baseline established in the first two quarters.	To be agreed	Quarterly
5. Exiting services			
5a	Service users should leave treatment in an agreed and planned way. Alcohol – 65% Drugs – 55%	65% 55% Threshold – above	Quarterly

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		national avg	
5b	A 10% increase in the number of planned discharges from the treatment system.	To be agreed	Quarterly
5c	A 10% decrease in the proportion of people who represent to treatment services within 6 months, having successfully completed treatment in the previous 6 months.	To be agreed	Quarterly
6. Treatment Outcome Profiles			
6a	Implementation of data capture systems which demonstrate service and individual outcomes by the second quarter of the contract.	To be agreed	Quarterly

Other Performance Indicators to be developed in discussion with the provider as required.

The provider will undertake regular service user feedback and satisfaction surveys which will be reported to the commissioners. The results must be used to inform service quality improvements.

16. Monitoring

The Council and the Service Provider shall meet once every Quarter during the Contract Period to monitor the performance and delivery of the Services in accordance with this Service Specification.

The Council's Representative or his or her deputy may undertake periodic monitoring visits and will meet the Service Provider's Representative. The Service Provider shall provide additional monitoring information on these occasions if required by the Council.

The Service User's Representative and Council's Representative or his or her deputy shall participate and contribute to Council surveys and consultation exercises where relevant or requested.

The Service Provider will allow reasonable access to authorised representatives of the Care Quality Commission and/or Southampton's Local Involvement Network in the exercise of powers conferred on it to enter and view specified premises providing publicly funded health and social care services.

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17. Management information

In order to assess service performance and aid future planning the provider will be required to be able to collect and collate information to demonstrate contract requirements, agreed outcomes for the service and service users, compliance with performance indicators, service take-up against agreed contracted volumes and

financial information. This includes, but is not limited to:

Management information number	Management information	Reporting frequency
Referrals and Service Activity		
1.	Number new referrals accessing treatment service	Quarterly
2.	Number of service users currently in treatment	Quarterly
3.	Quality of electronic data completion	Quarterly
4.	Number of people who successfully complete treatment	Quarterly
5.	Number of people who have maintained a reduced level of consumption at the 6 and 12 month stage of treatment.	
6.	Breakdown by age	Quarterly
7.	Gender breakdown of service users	Quarterly
8.	Ethnicity breakdown of service users	Quarterly
9.	Number of service users by vulnerability: unemployed, offenders, homeless, sexually exploited, service users with mental health problems,	Quarterly
10.	Drugs used, route of use, and risk behaviour (primary, secondary, poly-drug, method of administration, stimulant use, prevalence of IV users sharing)	Quarterly
11.	Waiting times for treatment services (minimum, maximum and average)	Quarterly
12.	Number on substitute prescribing	Quarterly
13.	Numbers and types of outcomes (planned exits, disciplinary exits, self exits, number remanded to custody, referrals to inpatient care, referral to more appropriate services etc.	Quarterly
14.	Number of people referred to other services (and speed of referral)	Quarterly
15.	Number of people using needle exchange service	Quarterly
16.	Numbers referred for vaccination programmes	Quarterly
17.	Service user feedback	Quarterly
18.	Health and social outcomes – using an accredited tool such as TOPs, Outcome Star, Outcome Web etc.	Quarterly
19.	Average length of treatment episode per service user	Quarterly
Outreach		
20.	Number of service users received outreach on drugs and alcohol issues in generic settings - Number of service users seen through targeted outreach - Number of service users contacted by targeted outreach Including information on referring agency, demographic profile and risk factors (i.e. age, gender, ethnicity, GP practice etc.)	Quarterly

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Management information number	Management information	Reporting frequency
Referrals and Service Activity		
1.	Number new referrals accessing treatment service	Quarterly
2.	Number of service users currently in treatment	Quarterly
3.	Quality of electronic data completion	Quarterly
4.	Number of people who successfully complete treatment	Quarterly
5.	Number of people who have maintained a reduced level of consumption at the 6 and 12 month stage of treatment.	
6.	Breakdown by age	Quarterly
7.	Gender breakdown of service users	Quarterly
8.	Ethnicity breakdown of service users	Quarterly
9.	Number of service users by vulnerability: unemployed, offenders, homeless, sexually exploited, service users with mental health problems,	Quarterly
10.	Drugs used, route of use, and risk behaviour (primary, secondary, poly-drug, method of administration, stimulant use, prevalence of IV users sharing)	Quarterly
11.	Waiting times for treatment services (minimum, maximum and average)	Quarterly
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15.	Number of people using needle exchange service	Quarterly
16.	Numbers referred for vaccination programmes	Quarterly
17.	Service user feedback	Quarterly
18.	Health and social outcomes – using an accredited tool such as TOPs, Outcome Star, Outcome Web etc.	Quarterly
19.	Average length of treatment episode per service user	Quarterly
Outreach		

The Service Provider shall produce a Quarterly report in a format agreed between the Council and the Service Provider containing the above key performance indicator information which will be presented to the Council at least two weeks prior to the next Quarterly monitoring meeting and discussed with the Council at that meeting.

The service provider should make use of an information sharing agreement which allows partner agencies to share information about the customer as appropriate and needed;

18. Information System and Data Collection Required

The successful provider will be required to purchase an appropriate IT system, which will be common across all treatment providers, for case recording and uploading data in order to facilitate multi-disciplinary working and provide accountability and information sharing within the wider context of service user confidentiality and clinical governance. The system must be agreed with commissioners.

The Service Provider will provide routine data and monitoring information. It will also include individual and Service outcomes obtained using an accredited monitoring tool.

Service Website

The Service Provider will provide an up to date website which includes information that explains what the Service provides, how to access the service and signposting to other accredited services.

Self-Help Materials

The service will make available and develop self-help materials which can be given to individuals and to partner organisations to assist them in working with people with drug and alcohol problems. The overall aim is to maximise the interventions of other agencies and teams in working with people who may then not require referral to higher intensity services.

19. Workforce Requirements

The Service Provider will ensure that staff:

- are appropriately experienced, qualified and trained;
- have received appropriate induction, supervision (management and clinical)
- Receive annual appraisal;
- are CRB checked where appropriate;
- have received training in the use of processes and equipment;
- are trained in Child and Adult Safeguarding and Safe Issues and generic risk assessment

Workforce planning should address:

- capacity and flexibility to respond to the likely pattern of demand; and
- appropriate grade of staff to provide specified service, avoiding use of highly qualified staff for routine interventions.

Drug and Alcohol Support Workers:

The provider will ensure that a dedicated team of support workers is available 7 days

per week where appropriate, to offer a range of services that support the overall treatment system.

Support workers will engage with service users at any point of their treatment journey and offer:

- **Persistent and intensive support** for those individuals identified as a priority case and meet two or more of the following eligibility criteria
  - Frequent attendee (High impact user)
  - High risk of relapse
  - High risk of increased harm from Hidden Harm, Domestic Violence or Mental Health concerns
  - Other criteria as developed in negotiation with commissioner.
  - Contribute to the **delivery of community support groups** across the treatment system.

20. Volume of Service

The current Southampton drug treatment service deals with between 750 and 800 adults (aged 18 +) and up to 70 young people (aged 11-17 years). Approximately 20% 0f these are within the 18-24 year age bracket.

In order to undertake costings, the Service Provider should therefore expect a potential service volume of between 640 and 700 drug dependant adult (24 +) service users per annum. In addition the commissioners would expect an annual increase of 10% in the number of service users being retained in effective treatment.

For alcohol users the National Treatment Agency JSNA Support pack for strategic partners indicates the following data for Southampton:

Number of dependent drinkers	3873
Numbers in treatment 2011-12	7%
National percentage of dependent population in treatment	13%

We would therefore wish to increase the numbers of dependant drinkers in treatment to at least the national average.

21. Safeguarding and Multi-Agency Safeguarding Hub developments (updated November 2013)

Multi Agency Safeguarding Hub:
Southampton City Council is currently in the process of implementing a Multi-Agency Safeguarding Hub (MASH). This will be a central and co-located team which brings together agencies (and their information) in order to identify risks to children at the earliest possible point and respond with the most effective interventions.

MASH allows the multi-agency safeguarding team to carry out a joint confidential screening, research and referral of vulnerable children. Agencies work together to ensure vulnerable children are identified and properly cared for and protected.

The purpose of the MASH:
The purpose of the MASH is to make the best decisions which will keep children safe. This will in turn ensure timely and necessary interventions, improving the outcomes for vulnerable children.

Agencies included in the MASH:

- Children's Social care
- Police
- Health (including substance misuse services)
- Education
- Probation
- Housing
- Youth Offending Service

How the MASH will work:
Concerns relating to the safeguarding or welfare of a child will be considered by the MASH screening team including self referrals, multi-agency referrals, and a referral from the Police, another local authority or an anonymous referral.

Information is collected from all the partner agencies within the timescales set by the Head of the MASH. The most urgent cases will be turned around within two hours.

All information is collated and the MASH reviews and analyses the information received from partner agencies and writes a summary of that information on a MASH record. The MASH recommends what further action should be taken.

Substance misuse services will be expected to input into the MASH and how this will take place is currently being discussed and developed. It is the intention of the commissioners that all substance misuse providers will need to work closely with Children's services and all other partners in order to provide information and a swift and comprehensive assessment whenever children are felt to be at risk of harm. The resource required for this work is already included in the price of this contract and there will be no additional funding available.

Appendix 1

Quality Outcomes Indicators

The provider shall report Quality Outcomes Indicators in the Contract Review meetings (monthly or quarterly as appropriate) clearly indicating any variance from the thresholds indicated below (for example by indicating the threshold number or

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percentage in the body of the report alongside reported performance).

If there is a difference between the Providers report and the data reported by NDTMS then for the purpose of assessing performance, the NDTMS report will be used.

Alcohol:

Quality Outcomes Indicator	Threshold	Method of Measurement
Planned discharge (% of service users with a discharge reason of treatment complete: alcohol free or treatment complete: occasional user)	65%	Provider report. NATMS validation
Number of alcohol users completing treatment alcohol free	Baseline in first 9 months, then review	NATMS
Number of service users with an outstanding sub intervention review	0	Reported monthly by DTMU via the drop box.

Drugs

Quality Outcomes Indicators	Threshold	Method of Measurement
Planned discharge (% of service users with a discharge reason of treatment complete: drug free or treatment complete: occasional user)	55%	Provider report. NDTMS validation
Number of drug users completing treatment drug free.	Baseline in first 6 months, then review	NDTMS
Number of service users with an outstanding sub intervention review	0	Reported monthly by DTMU via the drop box.
Proportion of Criminal Justice service users who start treatment within 5 days of referral	90%	Provider monthly report.
Proportion of waiting times (first intervention) within 21 calendar days of referral	95%	Provider quarterly report. NDTMS agency to validate.
Number of waiting times (first		Provider monthly report

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intervention) that are 42 or more days	0	
Number of drug users completing drug free	Baseline in first 9 months, then review	NDTMS
Number of service users completing as an occasional user of drugs other than opiates or crack cocaine	Baseline in first 9 months, then review	NDTMS
% of new treatment episodes offered and refused a hepatitis B vaccination	95%	NDTMS (provider by residence) report
% of new treatment episodes offered and refused a hepatitis B vaccination	10% or less	NDTMS (provider by residence) report
% of new treatment episodes offered and accepted who have at least one dose of hep B vaccine	90%	NDTMS (provider by residence) report
% of new treatment episodes offered and accepted who have finished a course of hep B vaccine	75%	NDTMS (provider by residence) report
% of injecting drug users (new treatment episodes) offered a hepatitis C test	95%	Provider report. NDTMS validation
Number of representations (service user type: opiates) who start a new treatment episode anywhere in England within 6 months of completing treatment.	0	NDTMS monthly "representations" report YTD (provider, client type: opiates)
Number of representations (service user type: non-opiates) who start a new treatment episode anywhere in England within 6 months of completing treatment.	0	NDTMS monthly "representations" report YTD (provider, client type: non- opiates)
Public Health Outcomes Framework – Indicator 2.15 – Successful completion of drug treatment	Upper quartile performance for cluster (opiates and non-opiates)	NDTMS and Public Health England