

Monitoring and Review Examples

EXAMPLE OF SERVICE LEVEL AGREEMENT

1. Title /description of grant

2. Principles of care

The organisation shall abide by the following care principles when providing the service:

- Service users shall have the right to dignity, privacy and independence.
- Respect for the service user and his/her way of life
- Involving service users in decisions relating to service delivery
- Maintaining a confidential service
- Build links and be responsive to local communities whilst being sensitive to community diversity

3. Quality Statement

In providing services, the organisation shall ensure its staff maintain high standards of professional behaviour and job performance when carrying out their work. This will be in accordance with QuADS and other relevant legislation.

4. The Service

The aim of this funding is to develop and to provide an accessible service to local young people who have issues related to stimulant use. The service will aim to be accessible to anyone experiencing issues around stimulants.

The service will be open to service users Monday to Friday. Open Access will run on a daily basis. The hours will vary on a daily basis including evening sessions. This will be a session where young people can gain informal support and a place of safety for a few hours. Young people will be able to access the service by appointment for one to one sessions outside drop in hours.

4.1 Referral Sources

Young people will be able to self refer to the service during drop in hours; agencies can also refer through faxing a completed referral form or by telephoning and booking an appointment. The service will actively encourage young people to self refer where possible and work in partnership with other local service providers to ensure a holistic approach to care and encourage access through many sources. The service guarantee to offer an initial assessment within 3 working days of referral and a full assessment within one week of first contact.

4.2 Assessment

During a young person's first visit to the project an initial assessment will be conducted. At the initial assessment stage service users will be provided with both written and verbal information on the services available and how to access them. 'House rules' and health and safety information will be discussed with the young person and given in writing. The confidentiality policy will be discussed with the young person and a copy will be given to take away. The young person will also be given the opportunity to make comments or suggestions and ask any questions they may have.

As part of the full assessment an extended drug history will be noted along with the impact of substance misuse on other aspects of the young person's life (housing, mental health, criminality, relationships etc). This information will be used to outline the young person's care plan. During full assessment service

users will be asked to sign a disclosure form in order that staff can liaise with other related professionals where necessary. At this stage service users will be asked to complete a self-evaluation questionnaire. This will allow young people to 'score' themselves on key indicators such as health, drug use, engagement and motivation. Young people will also be given a copy of the Service Handbook, which includes information about how to access services and what provisions will be offered.

4.3 Care planning and Key working

After full assessment, service users will be allocated a key worker based on their needs and the specialist skills of the worker. During the first one to one session a care plan will be agreed between the service user and the worker based on the key issues for the young person. This will be outlined in writing and will detail tasks for no more than 6 sessions. The care plan will be reviewed and evaluated every six sessions. At the point of discharge service users will be asked to complete a self-evaluation questionnaire so outcomes can be monitored. All young people will receive a Service Evaluation Questionnaire once every three months as a means of identifying gaps in provision. The sessions will be within a cognitive behavioural/ motivational interviewing framework. The standard six-session package will be extended where necessary. All service users will be given information on the effects of stimulants, triggers and cravings, motivation and empowerment and relapse prevention. Other needs (such as housing etc. will be addressed within one to one sessions). Referrals to external agencies will be made where necessary.

4.4 Group sessions.

Each session will be 'stand alone' which means that service user will not need to have any prerequisite knowledge to access the session. The sessions will form a 'rolling programme' of 6 weeks; young people can start group work at any point during the cycle and can access as many groups as and when they want. The group work will cover: relapse prevention, harm reduction, life skills, gender

issues and open process groups (here and now/ check in) groups. The programme will be flexible enough to allow changes to be made as the service develops and in response to the changing needs of the transient client group. At the end of each six week cycle, service users will be offered the opportunity to feedback on the sessions they have attended and staff will evaluate the programme making changes where necessary.

4.5 Complementary therapies.

Complementary therapies will be offered on a daily basis by appointment only. Sessional workers or volunteers will offer a range of complementary therapies. The provision will be reviewed on a quarterly basis.

4.6 Satellite services

These will be offered to service users at the premises of other young people's services. Agreed protocols will be signed between the partner agencies prior to any service being offered. Satellite services will be regularly reviewed and will continue to be delivered as staffing allows and if it continues to fit in the vision of service delivery.

This funding will enable drug users in the borough to receive an improved and more comprehensive service, augmenting other drug services in the area and ensuring a wider spectrum of care is available to drug users in the specified areas.

It will also contribute to the National Drug Strategy by:

- Improving access to services
- Supporting substance users in overcoming their problems and helping them lead healthier, crime free lives
- Reducing waiting times for admission to services
- Providing a community based, structured, therapeutic programme

- Providing a co-ordinated and flexible service based upon extensive cross agency joint planning and commissioning

Other objectives include:

- To increase access to drug services in general
- To promote the services to other professionals
- To increase options available to drug users in The borough
- To avoid the use of waiting lists

One of the key roles of the service will be to accurately assess the level of need in the borough and feedback these details to the relevant bodies.

5. Service location

The services shall be available at different locations across the borough. The main base will be at xxxx, with satellites being held at various other providers' sites. These are to include a drop in service at XXXX, group work and one to one sessions at XXXX and group work at XXXX.

6. Outcomes & Outputs to be achieved in 200X/200X

See appendix X – Performance Assessment Framework

7. Service User Profiles

Information regarding clients:

See appendix X – Performance Assessment Framework

8. Milestones for 200X/200X

Quarter one

- To have developed a comprehensive plan of action for providing interim satellite services.
- To have visited other statutory & voluntary sector stimulant day services.
- To have developed relationships with the relevant local referring agencies.
- To develop the satellites protocol and other relevant paperwork
- To attend joint commissioning group meetings to present service development information.

Quarter two

- To begin satellite services
- To have publicised the service within the borough
- To attend joint commissioning group meetings to present service development information.
- To develop a questionnaire to be sent to service users who have been accepted as a referral to the service.

Quarter three

- To attend joint commissioning group meetings to present service development information.
- To have closely monitored referrals and outcomes from the satellites over the last two quarters, drawing conclusions about service development.
- To have the service up and running from the designated permanent site.

Quarter Four

- To have closely monitored referrals and outcomes over the last quarters, drawing conclusions about service development.
- Negotiate future year's targets and milestones.

9. Monitoring

The borough Young People's Commissioning Treatment Group will conduct the monitoring quarterly. The project manager or someone of equal or higher

seniority will be invited to attend a pre-arranged monitoring meeting. Quarterly data returns will be expected to be submitted to the DAT Co-ordinator and Young People's Commissioning Manager a minimum of 10 days prior to the monitoring meeting. Any changes to these arrangements will be communicated at the earliest possible time.

Yearly reviews will be conducted after completion of the last quarter's report and new targets and milestones will be set with agreement from all parties and in line with The borough service users' needs.

An annual performance report will be submitted to the DAT Co-ordinator and Young People's Commissioning Manager no later than three months after the end of the financial year.

10. Staffing/Organisational Issues

The organisation shall employ staff that are appropriately qualified, competent, skilled and experienced, and it shall ensure that all staff are properly instructed and supervised. In addition:

- The organisation shall attempt to ensure that at all times there is sufficient staff to deliver the service. Cover for holidays, sickness or other absence will be planned for as best as possible.
- The organisation shall ensure that staff are properly supervised at least once a month.
- The organisation shall ensure that the service manager is sufficiently competent financially and with regards to supervision, support, networking and service promotion.
- The organisation shall encourage staff to attend training courses that are relevant to the provisions of the service.
- If the organisation uses volunteers within the project, they must be properly vetted, trained, supervised and supported.

- The organisation shall require from applicants a declaration of convictions that would otherwise be spent under the Rehabilitation of Offenders Act 1975.
- The organisation shall have a properly constituted management committee.
- The organisation shall demonstrate its ability to comply with relevant legislation. This shall include the Health and Safety at Work Act 1974, the Children's Act 1989, the Disability Rights Commission Act 1999 and the Mental Health Act 1983. The organisation shall have policies relating to health and safety at work, safety of staff and service users etc.

11. Quality Assurance

The organisation shall apply the QuADS standards to this project, and ensure that:

- All service users will be assessed within 3 working days of referral. They will be given a copy of the programme, timetable and Equal Opportunities/ Valuing Diversity Policy
- All service users will be given a copy of the organisations complaints procedure
- All service users will be informed of dates and times and nature of user consultation meetings
- All service users will be given an service evaluation questionnaire after 6 weeks of access or at discharge (whichever is soonest)
- All information relating to service users shall be kept in a secure environment

In addition,

- The organisation must abide by Section 64 of the Health Service and Public Health Act 1968 grant conditions
- The organisation must be able to demonstrate that it is on a sound financial footing. The Commissioning manager may check annual audited accounts. Project budgets should be submitted to the Commissioning manager as and when requested.

12. Funding

The borough DAT will provide

£plus agreed rental costs

for year 1

14. Contact details

Authorised representative of the service:

The borough Joint Commissioning Treatment Group: