



SERVICE AGREEMENT
between

**HALTON BOROUGH COUNCIL,
HALTON PRIMARY CARE TRUST**

and

ADDACTION

For the Provision of an

**Young Persons Tier 3 Substance Misuse
Service**

February 2005

**SERVICE AGREEMENT for YOUNG PERSONS SUBSTANCE MISUSE SERVICE:
2005/2006**

BETWEEN

HALTON BOROUGH COUNCIL, HALTON PRIMARY CARE TRUST

and

ADDACTION

1.0 INTRODUCTION:

1.1 This Service Agreement defines the service requirements for the provision of a Young Persons Tier 3 Substance Misuse service ('Service') for 2005/2006 by Addaction which the Addaction must meet in order to receive a Grant of £126,000 from Halton Borough Council ('Council') acting by its Drug Action Team ('DAT')

2.0 DEFINITIONS

In this Agreement the following words shall mean:

- 2.1 Authorised Officer: Drug Action Team Co-ordinator.
- 2.2 Service User The person or persons who are the end-users of the Service.
- 2.3 Commencement Date: 1 February 2005.
- 2.4 Discrimination: Through either direct or indirect action, giving less favourable treatment or applying an unjustified requirement because of race, gender, disability, being lesbian or gay, marital status, HIV status, irrelevant convictions, ethnic origin or religious belief.
- 2.5 DAT: Drug Action Team.
- 2.6 Grant the amount of grant payable by the DAT for the provision of the Service by Addaction.
- 2.7 Link Officer a nominated officer of Addaction who will be the main point of contact between the Addaction and the DAT.
- 2.8 Monitoring Officer The Monitoring Officer appointed by the Authorised Officer who will be the main point of contact between the Addaction and the DAT
- 2.9 Service: The activities described in the Service Specification in Part A and monitoring arrangements in Part B of this Agreement.

- 2.10 Staff: All personnel used by the Addaction in the provision of the Service including but not limited to Addaction's employees and volunteers.
- 2.11 Term: 1st February 2005 to 31st March 2008 (optional extension at Council's discretion from April 2008 up to maximum 31st March 2010)

Clause 2.11:

- (1) At the sole option of the Council, which shall be exercised by the Council giving Notice in writing to Addaction the Council at its sole and unfettered discretion May offer a single extension of the Term by a period of up to two years. Notice Shall be given no later than three months before the expiry of the initial term of Three years and two months. Where the term is extended under this provision the Agreement shall be so extended on the same terms as this Agreement but Omitting this option for renewal
 - (2) For the avoidance of doubt in considering an extension of the Agreement the Council shall have particular regard to the manner in which the Agreement has been performed.
 - (3) Notwithstanding the expiration of the Term or the earlier determination of this Agreement these Conditions shall continue in full force and effect to the extent That any of them remain to be implemented by Addaction.
- 2.12 Reference in this Agreement to any Order, Regulation, Statute, Statutory Instrument or the like shall be deemed to include a reference to any amendment, re-enactment or replacement of it.
- 2.13 The masculine includes the feminine and vice versa; the singular includes the plural and vice versa.
- 2.14 Clause headings are included for ease of reference only and shall not affect the interpretation or construction of the Agreement.
- 2.15 Community Safety Strategy Group CSSG

3.0 FUNDING CONDITIONS OF THE YOUNG PERSONS SUBSTANCE MISUSE GRANT

- 3.1 In consideration of the sum of £126,000 (2005/6) Addaction will provide the Service.
- 3.2 Payment will be made quarterly in arrears, upon receipt of an invoice, addressed to the Young Persons Substance Misuse Coordinator at Runcorn Town Hall, Heath Road, Runcorn WA7 STD from Addaction. **Payment will be authorised by the DAT Young Persons Substance Misuse Coordinator**
- 3.3 The Council has the option to terminate funding and demand repayment should the Addaction:
- (I) Fail to comply with the requirements of the Specification in Part A or breach any of the Conditions contained in this Agreement.

- (ii) Fail to remedy a default to the Council's satisfaction within a reasonable period of time following service of a default notice.
- (iii) Enter into receivership or become insolvent.
- (iv) Withdraw, for any reason, the provision of the Young Persons Tier 3 Substance Misuse Service.

4.0 QUALITY STANDARDS

- 4.1 Addaction will demonstrate a relevant quality assurance standard to the Council or will work towards achieving such a standard within an agreed timescale.

5.0 EXIT STRATEGIES AND SUSTAINABILITY

- 5.1 Addaction accepts that the Council is unable to guarantee future funding and may, owing to budgetary considerations be obliged to reduce funding by the giving of not less than three months notice. Such reductions shall be timed to cause least disruption for Service Users.

6.0 PROVIDER INPUTS

- 6.1 Prior to the grant, being paid Addaction must produce to the Monitoring Officer a breakdown as to how the grant will be spent. The grant will not be paid until the Council has approved the breakdown.
- 6.2 Any extension of funding will only be considered within the priorities agreed with the Young persons Joint Commissioning Group, DAT, PCT and CSSG.

7.0 GENERAL DUTY OF BEST VALUE

- 7.1 The DAT is required to comply with the Council's Best Value regime established by the Local Government Act 1999.
- 7.2 As a Best Value Authority the Council must arrange to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 7.3 The Best Value process requires consultation with customers, the drawing up of a Local Performance Plan (LPP), monitoring and rolling forward the process annually.
- 7.4 The Council's LPP covers the complete spectrum of the Local Authority's functions of which voluntary sector funding is one component.
- 7.5 Addaction shall be required to co-operate with the Council in achieving its LPP objectives.

8.0 ACCOUNTABILITY TO POLICY AND PERFORMANCE BOARDS

- 8.1 Representatives of Addaction will be required to attend the Policy and Performance Board meetings and shall be obliged to attend to answer questions relating to the Service and to account for funding received.

9.0 CONFIDENTIALITY AND PROVISION OF INFORMATION.

9.1 Addaction undertakes that it:

- (i) Shall keep confidential all information concerning Service Users.
- (ii) Shall keep safe at all times all papers and documents placed in their possession concerning Service Users.
- (iii) Shall provide discreet and private interviewing facilities.
- (iv) Shall comply with the requirements of all legislation relevant to the Service and in particular with the Data Protection Act 1998, Human Rights Act 1998 and Freedom of Information Act 2000.

9.2 The Council may require Addaction to supply it with any information required to carry out monitoring and evaluation of the Service. Any Service User information supplied can be anonymised where appropriate and will not be used for any purpose other than monitoring, evaluation and validation.

10.0 EQUAL OPPORTUNITIES

10.1 Addaction will adopt an equal opportunities policy relating to service provision, staffing and management of the organisation which is consistent with the definition of Discrimination in clause 2.4, and which complies with all relevant statutory obligations.

10.2 Addaction will conduct profile monitoring of Service Users and provide an analysis of this information to the Council/PCT on a quarterly basis. Addaction will review service provision to ensure full access from groups identified as under-represented are among service users.

11.0 PAYMENT AND DEFAULT

11.1 The Grant will be paid to Addaction solely for the purposes specified in this Agreement.

11.2 Failure by Addaction to comply with the terms of this Agreement may result in the Grant being withdrawn and/or the Council being entitled to repayment of the Grant.

11.2 The Council shall be entitled to suspend payment of the Grant and/or vary the amount of the Grant if it considers Addaction has committed a serious breach of the Agreement and shall forthwith notify Addaction in writing accordingly.

11.3 Without prejudice, if Addaction fails to comply with the provisions of this Agreement the Council may serve a default notice stating the action required to remedy the default within a period of time (to be specified by the Council) in which to take the action. If Addaction remains in default following the expiry of the period specified the Council may proceed to terminate the Agreement.

11.4 The Service and Grant payable may be varied if:

11.4.1 Addaction and the Council agree, or

11.4.2 A change in the Council's service priorities is required either by changes in legislation or by other exceptional circumstances, including the cessation of the Young Persons Substance Misuse Grant allocated to Halton DAT or a reduction in the Young Persons Substance Misuse Grant allocated.

12.0 ARBITRATION

12.1 Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Chair of the Local Law Society.

13.0 NOTICES

13.1 Notices may be given by the Council or Addaction either personally or by recorded delivery post to any address given for that purpose. A notice given by post will be deemed to have been given the first working day after it was posted.

14.0 TERMINATION

14.1 This Agreement will end at the end of the Term or earlier:

- (i) On the dissolution of Addaction,
- (ii) On the expiry of at least 3 months notice given by Addaction to the Council of its intention to terminate the Agreement;
- (iii) On the expiry of at least 3 months notice (unless Clause 12.2, 12.3 and 12.4 have been invoked) given by the Council to Addaction of its intention to terminate the Agreement.

15.0 THIRD PARTY RIGHTS

15.1 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

16.0 SEVERABILITY

16.1 If any provision of this Agreement is held invalid illegal or unenforceable for any reason by any court of competent jurisdiction such provision shall be severed and the remainder of the provisions hereof shall continue in full force and effect as if this Agreement had been executed with the invalid illegal or unenforceable provision eliminated. In the event of a holding of invalidity so fundamental as to prevent the

accomplishment of the purpose of this Agreement, the Council and Addaction shall immediately commence good faith negotiations to remedy such invalidity.

17.0 WAIVER

- 17.1 The failure of the Council to insist upon strict performance of any provision of this Agreement or failure to exercise any right or remedy to which it is entitled hereunder shall not constitute a waiver thereof and shall not cause a diminution of the obligations of Addaction under this Agreement or otherwise.
- 17.2 A waiver of any default shall not constitute a waiver of any subsequent default.
- 17.3 No waiver of any of the provisions of this Agreement shall be effective unless it is expressly stated to be a waiver and communicated by the Council to Addaction in writing.

18.0 STATUS OF AGREEMENT

- 18.1 Notwithstanding the use of the words 'partner' and 'partnership' nothing in this Agreement shall be deemed to constitute or create a partnership as defined in the Partnership Acts 1990 and 1909 or a limited liability partnership as defined by the Limited Liability Partnership Act 2000 between the parties to this Agreement.
- 18.2 Nothing in this Agreement shall be deemed to constitute or create any form of employment between the parties to this Agreement.

19.0 LEGISLATION

- 19.1 **The Partner shall note the Authority's obligations under the Data Protection Act 1998, Freedom of Information Act 2000, Human Rights Act 1998, Disability Discrimination Act 1995 and Race Relations Act 1976(all as amended from time to time) and any codes of practice and best practice guidance issued by the Government and the appropriate enforcement agencies.**
- 19.2 **The Partner shall comply with the above legislation in so far as it places obligations upon the Partner in the performance of its obligations under this contract.**
- 19.3 **The Partner shall facilitate the Authority's compliance with the Authority's obligations under these provisions and comply with any request from the Authority for that purpose.**
- 19.4 **The Partner shall act in respect of any person who receives or requests Services under this Agreement as if the Partner were a public authority for the purpose of the Human Rights Act 1998.**

19.5 The Partner notes particularly that the Authority may be required to provide information relating to this Agreement or the Partner to a person in order to comply with its obligations under these provisions.

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The Council may cancel the Agreement and recover from Addaction the Amount of any loss resulting from such cancellation if Addaction shall Have offered or given or agreed to give to any person any gift or Consideration of any kind as an inducement or reward for doing or Forbearing to do or for having done or having forborne to do any Action in relation to the obtaining or the execution of the Agreement Or any other contract with the Council, or if the like acts, shall have been Done by any person employed by Addaction or acting on behalf of Addaction (whether with or without the knowledge of Addaction), or if in relation to any contract with the council Addaction or any person employed by Addaction, or acting on behalf of Addaction shall have committed any offences under the Prevention of Corruption Act 1889-1916, or shall have given any fee or Reward, the receipt of which is an offence under Section 117 of the Local Government Act 1972 or of any legislation on a similar or related subject

21 AUTHORISATION

This Agreement is authorised by the following:-

Date

Signed by.....

Name.....

Position.

For and on behalf of the Council

Date.....

Signed by.....

Name.....

Position.

For and on behalf of the PCT

Date.....

Signed by.....

Name.....

Position.

For and on behalf of Addaction

PART A: SERVICE SPECIFICATION

DEFINITION OF THE SERVICE

PART A

1.1 Underlying Philosophy

1.1.1 The service will be underpinned by the following key principles:

- The overall welfare of the young person is of paramount importance
- The views of the young person are of central importance and should always be sought and considered
- Services need to take into consideration the views of parents and carers and respect parental responsibility when working with a young person
- The service should maximise the opportunities for young people with substance misuse problems to access appropriate and effective treatment interventions which contribute to improving health, reducing harm and maximising the opportunities for change
- The service will be a focus for providing integrated interventions to young people with complex and multiple needs (including substance misuse problems)
- The service will aim to maximise appropriate collaboration of social care, mental health, paediatric, substance misuse specialists, education and youth offending team to provide an integrated care management approach.
- The service will promote and improve the health of the most problematic substance misusers, including reducing the spread of blood-borne diseases amongst users and their sexual contacts
- The service is committed to risk reduction which maximises contact with injecting drug users and which aims to have benefits for drug users and the local community
- The service will be accessible and flexible
- The service will work towards the change for children agenda as outlined in the Children Act 2004.

1.2 Definition of Service

- 1.2.1 The service will be a community-based service that provides specialist planned interventions for young people with substance misuse and related complex health, educational, criminal issues.
- 1.2.2 The service will be provided to individuals under the age of 18 years of age
- 1.2.3 The service will include:
- Specialist assessment
 - Planned package of care and treatment augmenting that already provided by tiers 1 and 2
 - Specific specialist prescribing interventions (reduction, detoxification and maintenance regimes) based on evidence base and up to date clinical guidance
 - Access to CAMHS
 - Family/carer assessment and support
 - Interagency planning, care co-ordination and effective communication.
 - Relapse prevention interventions where appropriate
- 1.2.4 Drug Misuse and Dependence – Guidelines on Clinical Management (1999) sets out principles of good practice in caring for young drug misusers to medical practitioners. They suggest that prescribing to under 16s should be a highly unusual occurrence that is only undertaken as part of a multidisciplinary approach.

1.3 Aims and objectives of the service

1.3.1 Principal aims of the service are:

- To support young people in assessing and managing risky situations.
- The tier 3 service provision should not be about fitting young people into ‘a cut down adult service’. It will offer appropriate interventions and support that is meaningful to the young person and the people that are significant to them.
- The service will treat all young people as individuals and respond to specific needs.
- To help young people to resist drug use in order to achieve their full potential in society
- To assist the DAT strategy to reduce the number of young people using drugs which cause the most harm by 25% by 2005 and by 50% by 2008.
- Reduce the long term health, social, educational and criminal risks associated with substance misuse
- To increase users’ access to other health and social care and act as a gateway to other services, e.g. care co-ordination, needle exchange and harm reduction services, hepatitis A/B immunisation, Hepatitis and HIV screening, accommodation, primary care services and social services in relation to children and families in need.

- To provide support and consultancy to tier 1 and 2 services within Halton's treatment system.
- To provide targeted age specific advice and information initiatives – including advice on overdose prevention.
- Retain individuals with the most complex and multiple needs in appropriate care management environment
- Develop appropriate transition arrangements with adult services
- Ensure young peoples substance misuse is mainstreamed into universal children's services through multi-disciplinary working and co-location of tier 3 staff into services that deal with vulnerable young people, such as pupil referral unit, homeless services and looked after children.

Risk and Protective Factors

The risk factors applicable to all young people and adults still stand during this time, however a number of these may be exacerbated by the transition between young people's and adult services. The following factors are those which are especially relevant at this point:

Risk	Protective
Becoming lost in the system	Formal communication/transition
Nobody to ensure attendance	Care co-ordination/access
Peer substance misuse	Supportive adult networks
Low expectations	Access to life skills services/mentor
Parental use	Family support services
Looked after children	Multi-agency communication, protocols & agreed care pathways
Family breakdown	Parental support services

1.3.2 Principal objectives of the service are:

- Establish an integrated multidisciplinary tier 3/4 service
- Provide a range of substance misuse interventions to young people with drug or/and alcohol problems (and multiple underlying problems)
- Design and deliver targeted interventions with the young people who are identified within vulnerable groups/at risk.
- Deliver appropriate harm reduction services related to alcohol and drug misuse including needle exchange service provision

- Establish care co-ordination system and care pathways specifically for young people in transition between young peoples and adult treatment services
- Establish user involvement strategy and formal representative user groups that contribute to service planning and evaluation by September 2004.
- Contribute and produce appropriate care pathways including referral, assessment and treatment protocols.
- Provide co-location of a member of staff into Looked after children (1 day per week in the young peoples and permanence team) to provide consultation, support, advice and case management/liaison
- Provide support, advice and education to the pupil referral unit key stage 3 and 4.

1.4 Aims and objectives of the service

The overall aims of community prescribing programmes are:

- To provide planned range of multidisciplinary interventions to assist the service user to remain healthy, until, with appropriate support, he or she can achieve a substance misuse-free life
- To reduce the use of illicit or non-prescribed drugs or alcohol
- To reduce problems related to substance misuse, including health, social, psychological and legal problems
- To reduce the dangers associated with substance misuse, including the risks of HIV, hepatitis B and C and other blood-borne infections and the risks of drug-related death
- To reduce the duration of episodes of substance misuse
- To improve overall personal, social and family functioning
- To assess the needs and safety of children living with problem substance misusers and to provide access to appropriate support.
- To provide access to life skills development and support

1.5 Client group served

Clients of tier 3/4 young peoples service are:

- Young people under the age of 19 years of age
- Young people with substance misuse problems related to alcohol or illicit drug misuse and cigarettes
- Young people with concurrent complex issues related to education, offending, physical or mental health, social isolation...
- Primary users of other drugs including the primary users of crack cocaine and

amphetamines (treatment may not involve pharmacotherapy).

1.6 Priority groups

Priority groups for access to tier 3 young peoples services:

- People with a very short drug using history may be suitable for immediate rapid detoxification
- Young people within the criminal justice system
- Young people in Local authority care or who are homeless persons
- Young people who work in the sex trade
- Those who are HIV symptomatic or who present with other severe physical co-morbidity, including active Hepatitis B infection or with infected injection sites and who present a serious personal or public health risk
- Those with mental health co-morbidity or who present a significant danger to themselves or others
- Pregnant women. In some cases, partners should also be considered a priority, for example where a couple require treatment and the prescribing for only one of them may compromise treatment
- Where there are child protection issues
- Accommodation
- Welfare rights
- Exclusion from mainstream services

1.7 Referral pathways

1.7.1 Access

Access to treatment in the tier 3 services is voluntary.

Offenders on court orders (including YOT/DTTOs) must give their consent before a court order that includes treatment is imposed.

Addaction will operate flexible operating hours in order to maximise client access to treatment. A clear policy on this should be made explicit, including arrangements for:

- Evening opening and out-of-hours
- Peripatetic work
- Home visiting
- 'On-call' or duty systems
- Weekend services

1.7.2 Level 2 triage assessment

Addaction will implement a referral system, based on level 2 triage assessment which is being developed locally through ARCH Initiatives (including where people self-refer).

Addaction will ensure that all referral agents have appropriate skills to conduct screening

and triage assessment (as appropriate).

1.7.3 Level 3 assessment

A comprehensive holistic assessment will be conducted by tier 3 services.

Criteria for a level 3 comprehensive assessment are one or more of the following:

- Significant drug and alcohol misuse problems in two or more problem domains (drug use, alcohol use, psychological problems, physical problems, social problems and legal problems)
- Significant accommodation and welfare rights issues such as debt recovery and support with benefit claims.
- Need for structured and/or intensive intervention
- Significant psychiatric and/or physical co-morbidity
- Significant risk of harm to self or others
- in contact with multiple service providers
- Pregnancy or children 'at risk'
- History of disengagement from substance misuse treatment services.

Level 3 assessment:

- Meets local needs and local service provision
- Achieves outcomes against agreed criteria
- Is comprehensive and inclusive
- Provides clear conclusions and forms the basis of the care plan
- Can be audited against locally agreed standards.
- Is an on-going process and takes place periodically (*minimum monthly*) throughout the episode of contact with the service.

The responsibility for specific prescribed interventions rests with the prescribing doctor.

However, the assessment for prescribed treatment should not be done in isolation but is a multi-disciplinary process.

Assessment reflects the culture and ethnic background of service users, as well as gender, sexuality and disability.

1.8 Development of care plan

Even the most basic care plans will include the following, preferably in writing:

- The need of the young person, identified along with unmet need
- The goals of the young person wants to achieve, based on identified need and milestones that indicate progress

- Explicitly identified interventions stating the person or agency responsible for each intervention

In addition Addaction will ensure that:

- What role parent/carers will play in the care plan or why they are not being involved
- The young person has consented to the interventions planned
- The agency confidentiality policy has been explained and within the plan, any information that is to be shared with other agencies or professionals will be clearly stated as well as the circumstances when information will be passed on.

All care plans will:

- Set the goals of treatment and milestones to be achieved
- Indicate the interventions planned and which agency and professional is responsible for carrying out the interventions
- Make explicit reference to risk management and identify the risk management plan and contingency plans
- Identify information sharing (what information will be given to other professionals/agencies, and under which circumstances)
- Identify the engagement plan to be adopted with substance misusers who are difficult to engage in the treatment system
- Reflect the cultural and ethnic background of substance misusers as well as their gender and sexuality.

The care plan is reviewed and evaluated at regular intervals (*minimum monthly*) or at the request of a member of the care team, the service user or carers.

The care plan will identify the review date (the date of the next review meeting is set and recorded at each meeting).

The review process will look at:

- Relevance of the care plan
- The effectiveness of the care plan and outcomes
- Unmet needs
- Client satisfaction with the care.

The care plan will be tailored to the clients' needs and circumstances and responds flexibly to clients' problems.

The care plan is developed with the active participation of the service user, takes into account the user's wishes, and needs.

The service user and care co-ordinator agree and sign the care plan in circumstances where this is agreed.

In more unusual circumstances where there are any disagreements about elements of the

care plan, this should be recorded.

1.9 Care co-ordination

The care plan will be co-ordinated by a named person. This will be the care co-ordinator – whose responsibilities are:

- Develop, manage and review the care plans
- Ensure that young people have access to a comprehensive range of services
- Ensure continuity of care when moving from one service to another
- Prevent young people from falling between services
- Complete a closure report stating successful outcomes, progress, failure to complete care plan and what will be done to continue contact, referral and who will continue as care co-ordinator

Care co-ordination provides:

- A network of care and ensure that drug and alcohol misusers have access to a comprehensive range across health, social care and criminal justice agencies where applicable
- The co-ordination of care across all agencies involved with the service user
- Continuity of care and follow the client throughout his or her contact with the treatment system
- Maximises the retention of clients within the treatment system and minimise the risk of clients losing contact with the treatment and care services
- Re-engages clients who have dropped out of the treatment system
- Avoids duplication of assessment and interventions

1.10 Description of services, care and interventions provided

The services, care and interventions provided in Young Addaction will include, but are not limited to, the following:

- Comprehensive assessment, including risk assessment.
- Decisions on type of admission (i.e. routine, priority, emergency/crisis).
- Provision of access to local services offering support whilst users are waiting to access programmes.
- If prescribing is considered appropriate:
 - The prescriber should involve other children's and young peoples services
 - Interventions should follow a comprehensive assessment of need, developmental maturity, family factors and the risk of substance related

harm

- Doctors should avoid prescribing without having first sought explicit consent from a person with parental responsibility for the young person (under 16s)
- Supervised consumption should be arranged either with the community pharmacist or family (confirmed in writing)
- Specific up to date prescribing policies should be maintained and available within the service.
- Work to enhance motivation and treatment readiness, for example, an induction process to help engagement and increase motivation, ideally based on structured and client-centred induction procedures.
- Care plans for all service users.
- Enabling of enhanced engagement in treatment and motivation for change by paying special attention to:
 - Good worker interpersonal skills (good outcomes are linked to client satisfaction with worker)
 - Good worker/client relations (including feeling that they are listened to, client concerns are understood, helpful responses, worker empathy, good rapport with service user)
 - Work to enhance client perception of helpfulness of service
 - Work to improve client's confidence in treatment.
- Prescribing regimes that include both:
 - Reduction and detoxification regimes
 - Long-term prescribing for harm minimisation.
- Agreed systems and procedures between prescribing services and community pharmacists to ensure appropriate dispensing and supervision of consumption of controlled drugs.
- Access to practical social support (e.g. housing, welfare benefits and legal advice).
- Access to counselling
- Access to needle exchange facilities within the borough
- Treatment programmes with a health promotion and risk reduction element including advice on a range of issues for example, the prevention of drug-related death, overdose prevention, blood-borne infections, contraception and safer sex, nutrition.
- Treatment programmes that tackle excessive and damaging levels of alcohol consumption.
- HIV and hepatitis testing or referral to appropriate services for service users and their partners

- Hepatitis B (and C) immunisation (in line with National Immunisation against Infectious Diseases guidance) or referral to appropriate services, and ongoing monitoring to ensure the completion of the immunisation course.
- Relapse prevention as a component part of a programme.
- Referral for assessment for access to in-patient stabilisation or residential crisis intervention programmes where needed.
- Access to aftercare programmes.
- Re-engagement work with clients who have dropped out of treatment through Addaction outreach services.

1.11 Departure planning, aftercare and support

Departure planning and onward referral is a planned element of the programme.

The development of an appropriate package of aftercare and support takes place in the final phase of the treatment episode of service users aiming to achieve abstinence.

Addaction will develop appropriate arrangements for aftercare, including housing support.

Transfer of young people into adult services

Aims:

To ensure the smooth transfer of responsibility for care between young people and adult services.

Guiding principles:

Transfer should always be discussed with both the young person and the organisation to determine whether adult services are appropriate, and to establish their needs.

Ten Key Policy Principles (SCODA)

The DAT will audit existing services against these principles and will ensure that they are included in all existing and future service level agreements.

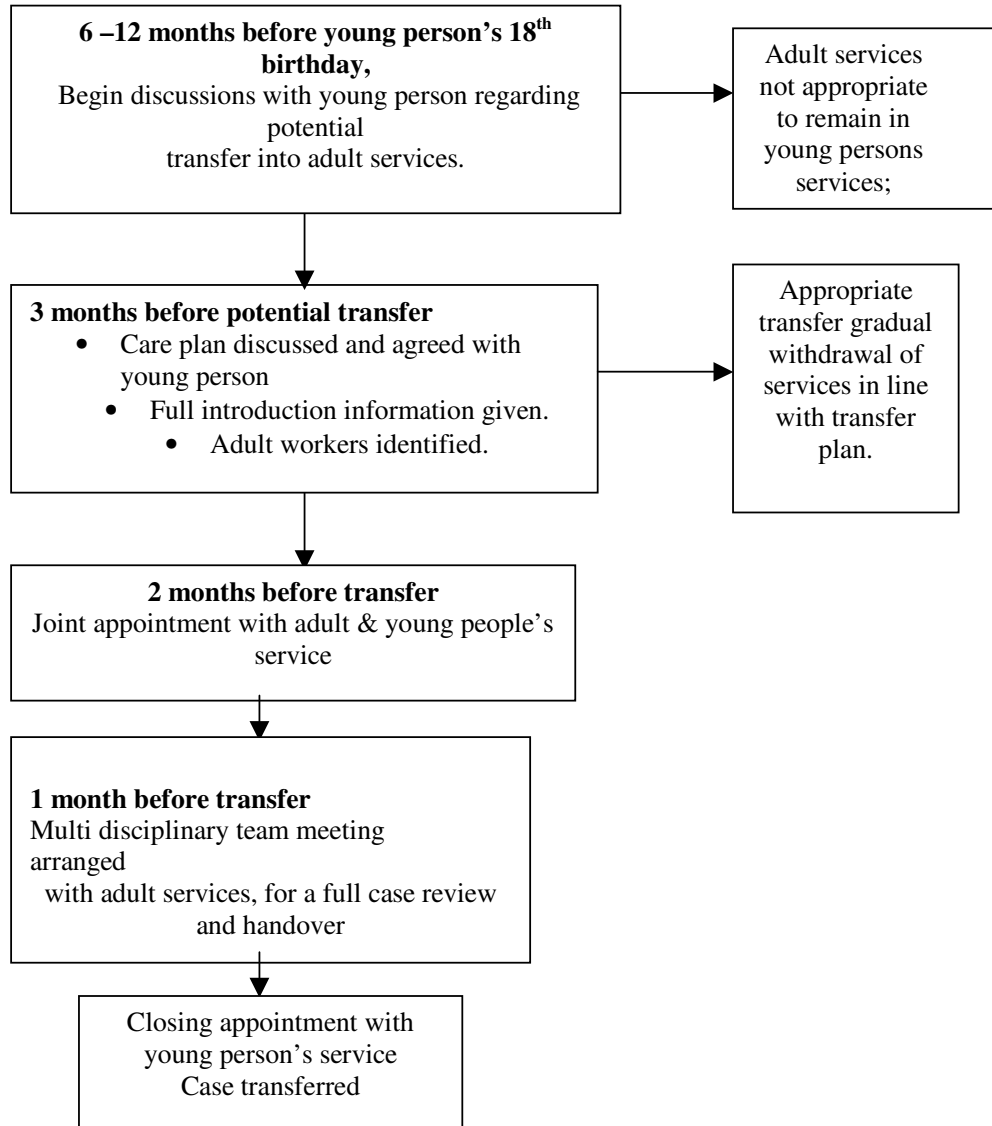
1. A child or young person is not an adult.
2. The overall welfare of the individual child or young person is of paramount importance.
3. The views of the young person are of central importance and should always be sought and considered.
4. Services need to respect parental responsibility when working with a young person.
5. Services should recognise the role of, and co-operate with the local authority in carrying out its responsibilities towards children and young people.
6. A holistic approach is vital at all levels, as young people's problems tend to cross professional boundaries.
7. Services must be child centred.
8. A comprehensive range of services should be provided.
9. Services must be competent to respond to the needs of the young person.

10. Services should aim to operate, in all cases, according to the principles of good practice.

Diversity

The distinctiveness of groups and individuals, which make up the community, all of whom have equal rights to access services without prejudice. This distinction maybe caused by age, background, disability, occupation, personality, race, sexual preference.

Transfer of young people into adult services



1.12 Competencies and training

The training of staff working in prescribing services is determined by a competency analysis, based on the Drug and Alcohol National Occupational Standards (DANOS).

Addiction specialists and consultant psychiatrists (or other consultants) working in addiction should have training and competencies in line with guidance from the Royal College of Psychiatrists (monitored through appraisal and professional revalidation procedures).

At a local level Addaction will:

- Develop job descriptions and person specifications
- Recruit people with the necessary knowledge and skills
- Provide targeted induction training to bring new workers quickly up to speed
- Identify individual development needs and plans to address these
- Appraise and develop the performance of individuals and reward them fairly
- Apply common standards of performance and quality across agencies and partnerships

1.14 Policies, protocols and written strategies

The service will continue to work towards compliance to Quality in Alcohol and Drugs Services (QuADS) standards, including providing all the written policies and protocols identified in QuADS, and to any additional standards developed by the NTA.

All policies have a named person with responsibility for implementation and monitoring.

Prescribing is based on detailed clinical protocols that are agreed with community pharmacists as appropriate. Service users are made aware of the policy and implications.

Addaction will have written plans for managing and reducing waiting times for treatment.

Commissioners will work with Addaction to develop performance measures for improving access.

Addaction will have a written strategy on the reduction of drug-related death (blood-borne infections and overdose prevention).

Addaction will also have a written Hepatitis B immunisation strategy. This strategy tackles maximising the number of clients immunised and the number of completed courses of immunisation.

Addaction will, developed written plans in consultation with the commissioners, on improving treatment access, appropriateness and effectiveness of treatment to women, people with learning or physical disabilities, black and minority ethnic drug users and other groups under-using the services (to be determined locally, e.g. people in remote rural areas).

The plans will also address anti-discriminatory employment practices and identify:

- Gaps and priorities in service provision
- Clear objectives and measurable targets
- Timescales
- The funding and other resources available
- Monitoring requirements.

Addaction will develop a written plan on how clients who drop out of treatment are encouraged to re-engage. There are shared protocols with other health and social care organisations including:

- CAMHS
- Social Services
- Youth Offending Team
- Education – Pupil Referral Unit
- Ante-natal, obstetrics and maternity departments
- HIV units
- Liver units
- Other local drug and alcohol services
- Other relevant services
- Community pharmacists.

Addaction will develop policies, which are agreed with the local pharmaceutical committee (LPC) and community pharmacists, on dispensing and the supervised consumption of methadone or other substitutes (to include details on when dose is not picked up, weekend and holiday dispensing, unacceptable behaviour, etc). Service users are made aware of the policy and implications.

1.15 Monitoring and review

The service will show that they are working towards compliance to QuADs standards and standards to be developed by the NTA.

Monitoring is an integral part of the contract or service agreement review and continuation or termination of the contract.

Addaction will monitor activity by:

- Keeping records that are consistent with the NTA's minimum data set
- Demonstrating that they are working towards an appropriate version of this data that is made available on a quarterly basis to the authorised officer for contract and performance monitoring
- Forwarding appropriate information to the National Drug Treatment Monitoring System (NDTMS), either through:

- Electronic transfer of the minimum data set to the NDTMS from electronic patient record systems OR
- Completion of NDTMS forms.

Other information agreed between the commissioner and the service will be supplied to the authorised officer in accordance with the requirements stated in this service specification.

Addaction will provide the following quantitative information in written report format to the commissioner on a quarterly basis:

Dates for submission of quarterly data:

Reporting Period	Report Due	Deadline for submission
1 st Quarter	July	4 th (5.00pm)
2 nd Quarter	October	3 rd (5.00pm)
3 rd Quarter	January	4 th (5.00pm)
4 th Quarter	April	5 th (5.00pm)

DATA TO BE AGREED with YP substance misuse coordinator

Addaction will provide the following qualitative information in written report format:

- Current staffing complement –expressed as the service skill-mix and relevance to the service user profile
- Vacant posts and steps being taken to fill posts
- Slippage in budgets as a result of staff vacancies and /or other under spends in budget allocations

In addition to this core information, the service will provide the commissioners with relevant quantitative and qualitative data as required on a periodic basis, and in light of changes in NTA and Drug Misuse Strategy Directorate requirements.

Monitoring based on principles of clinical governance or best value not otherwise specified in this sample specification may be required.

Service evaluation and client satisfaction:

Addaction will assist the YP JCG or independent evaluators to undertake service evaluation and client satisfaction surveys with service users.

Addaction will demonstrate internal quality feedback mechanisms that ensures service user views have a direct effect on the planning and delivery of services.

The service will identify specific systematic quality improvement initiatives, including:

- Service user representation in service planning
- Service user questionnaires
- Case review of individuals with unplanned discharge/leaving treatment

An independent evaluation of service user views will be commissioned by the YP JCG and performed annually.

Clinicians who provide innovative treatment that must:

- Provide a plausible theoretical basis for any innovative treatment
- Demonstrate that they have thought through any possible adverse consequences.

.1 Staffing

Addaction will develop a multidisciplinary team in consultation with the commissioners and partner organisations.

Addaction will recruit an appropriate team to deliver tier 3 young peoples services. An example of the core team members is given below:

Operational Manager	1 w.t.e.
Administration	1 w.t.e.
YP Substance Misuse Worker/Nurse	1 w.t.e.
Social Services Link worker	1 w.t.e.

Medical input

While this establishes a minimum core team -Addaction should consult with other stakeholders/providers in key services, including current investment in:

- YOT support 1 w.t.e.
- Assertive Outreach Addaction

Further investment may be considered to establish specific contribution to young peoples provision from Child and Adolescent Mental Health Services.

- CAMHS support 1 w.t.e.

Since most of the organisations identified have specific role in provision of interventions with young people – integrating these roles into tier 3/4 provisions should be considered appropriate by host organisations.

2.2 Accommodation

Accommodation for young peoples tier 3 service has been agreed between members of the Young Persons Commissioning Group – with Connexions providing appropriate operational/administrative base in Synergy and Free to be.

The provider will include any/all related costs associated with this partnership arrangement.

HALTON DRUG ACTION TEAM – SERVICE DELIVERY TARGETS 2004/05.

HALTON YOUNG PEOPLES TIER 3 SUBSTANCE MISUSE SERVICE

Outcomes

Decreased drug /alcohol use – 75%

Young people who report becoming abstinent of class A drugs

Young people who report reduced drug/alcohol intake

Young people who report increased awareness of decreasing drug/alcohol related harm.

Increased physical health – 80%

Young people reporting increased efforts to improve physical health

Young people reporting increased physical health as a result of reduced drug/alcohol intake

Increased Psychological health – 50%

Young people reporting increased efforts to improve psychological health

Young people reporting increased psychological health as a result of reduced drug/alcohol use.

Young people reporting increased psychological health as a result if therapeutic interventions

Decreased Criminal behaviour

Young people reporting decreased criminal behaviour associated with drug /alcohol use

Increased social stability – 80%

Young people reporting increased stability in housing situation

Young people reporting increased relationship skills and awareness of the impact of drug/alcohol use on relationships

Links to education, employment and training

Young people reporting increased attendance in education or employment

2.0 BOROUGH WIDE SERVICE

- 2.1 Addaction must provide this service Boroughwide.
- 2.2 Addaction is expected to demonstrate the widest possible geographic and socio-economic take-up of its services within Halton. Coverage will be taken into consideration when looking at any extension of funding.
- 2.3 Addaction will produce data quarterly to show its compliance with Part A Clause 2.2. Failure to satisfy the borough-wide service requirement shall be treated as a material default under Clause 11.
- 2.4 Addaction will produce details of the publicity arrangements it has in place to promote the take-up of its services.

PART B

CONDITIONS GRANT AID

1.0 RECORDING OUTPUTS/OUTCOMES

- 1.1 Addaction will record the outputs specified in Part A 1.3 and report those outputs to the monitoring officer on a quarterly basis in accordance with Part B Clause 2.1.
- 1.2 Addaction will comment on the achievement or otherwise of the outcomes specified in Part A Clause 1.2 in the form of a written paper at the end of the term of this Agreement. This report may be used to evaluate the adult treatment substance misuse Service and will inform future years' funding negotiations.
- 1.3 Addaction will provide on the 3rd working day of each month to the monitoring officer on behalf of the Council/PCT, statistics in relation to the PCT's local delivery plan. (See appendix C).

2.0 QUARTERLY PERFORMANCE MONITORING REPORTS

- 2.1 Addaction will supply to the Council/PCT, Quarterly Performance Reports showing the data recorded in the categories set out in this Agreement.
- 2.2 The Monitoring Officer shall conduct formal review meetings with Addaction four times a year. These visits will be minuted and may include structured discussions with management committee, staff and users, observation of service delivery, examination of records, documents or reports.
- 2.3 Addaction shall fully complete the forms at appendix B to this agreement and return the completed in relation to the service provided by addaction to the council by no later than the following dates- 5th July 2004, 4th October 2004, 4rd January 2005 and 4th April 2005, before 4pm.
- 2.4 Addaction shall produce to the Council/PCT an Annual Report as specified in Part B Clause 1.2. This report shall include:

- An evaluation of the service provision with reference to quality standards and achievement of desired outcomes.
- The level, demand and take-up of services.
- The total expenditure against the approved budget from the quarterly reports submitted in accordance with this agreement.
- In addition, an outline of the development potential and future plans for the service.

PART B
HALTON DRUG ACTION TEAM

**SERVICE PROVIDER PERFORMANCE MONITORING AND REPORTING
REQUIREMENTS**

ADDACTION

Introduction

As part of the development of robust commissioning and tendering processes, Halton DAT and Joint Commissioning Group require **all** agencies working in the Halton Treatment system to provide regular monitoring and service performance data.

The aim of this process is to enable the Joint Commissioning Group and local service providers, in partnership, to:

- apply a systematic and consistent approach to data collection and reporting across Halton
- set realistic but challenging service performance targets
- monitor service activity
- develop and maintain an ethos of quality management and continuous improvement
- develop meaningful dialogue on trends, patterns and emerging needs
- identify emerging problems at an early stage and to take remedial action
- set service development priorities and to base these on clear and consistent evidence
- provide clear linkages between service expenditure / costs and service outcomes
- to identify and (if necessary) appropriately reallocate financial slippage
- inform future service commissioning cycles

The 'core' information required from providers will be in line with the NTA minimum data set requirements and local commissioning priorities. In addition to this 'core' data set, each provider may be asked for specific information which related to their individual service specification and contracting arrangements and/or enables the JCG to monitor progress against Halton Drug Action Team's Treatment Plan.

Full details of the reporting requirements, the timescale and deadlines for the provision of the information are contained within this guidance.

Halton JCG Authorised Officer for contract and performance monitoring:

Contact details: Jenny Owen, Young Persons Substance Misuse Co-Ordinator

Halton Drug Action Team, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD

Telephone: 0151 424 2061

General Principles:

As part of the service specifications and contracts, each commissioned provider will undertake to monitor activity by:

- keeping records that are consistent with the NTA's minimum data set
- demonstrating that they are working towards an appropriate version of this data that is made available on a quarterly basis to the authorised officer for contract and performance monitoring
- forwarding appropriate information to the National Drug Treatment Monitoring System (NDTMS), either through:
 - electronic transfer of the minimum data set to the NDTMS from electronic patient record systems
 - OR
 - completion of NDTMS forms.

In addition to the core information, the service will provide the commissioners with relevant quantitative and qualitative data as required on a periodic basis, and in light of changes in NTA and Drug Misuse Strategy Directorate requirements.

Reporting frequency:

The service will provide the information each quarter on the following basis:

Reporting Period	Report due	Deadline for submission
1 st Quarter	July	5 th (4.00pm)
2 nd Quarter	October	4 th (4.00pm)
3 rd Quarter	January	4 rd (4.00pm)
4 th Quarter	April	4 th (4.00pm)

Reporting format:

The service will provide information to Halton JCG Authorised Officer on the following basis:

- ONE printed copy of report proforma and any supporting information
- ONE electronic copy of the proforma and supporting information to be returned via e-mail

Information Required: Treatment Plan Targets

The information in this proforma outlines both the quantitative and qualitative data, which is required by the commissioners.

The reporting requirements relate to the specific service delivery targets, which have been negotiated with each agency, in addition to information, which is required on a quarterly basis by the National Treatment Agency and Drug Strategy Directorate.

Each commissioned agency should complete the proforma and attach any additional information which it may wish to bring to the attention of the Joint Commissioning Group and Halton Drug Action Team

For each section of this reporting proforma, agencies are asked to outline:

- Progress towards targets
- Problems encountered
- Action taken to address issues raised
- Support required to reach the targets

The current quarter to be reported on is shown in red on each grid.

TIER 3 – Treatment Plan Targets

Target	April – June (15)	July – Sept (15)	October – Dec(15)	Jan – Mar (15)	2004/05 Target (60)
New cases					
Progress Towards Target (reflect on last quarter and projection of next quarter)					
Problems Encountered (shortfalls in targets, challenges, etc)					
Action taken to address problems or issues raised					
Support Required to achieve target					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of young people accessing services via the criminal justice system					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Target	April – June (10days)	July – Sept (10days)	October – Dec (10days)	Jan – Mar (10days)	2004/05 Target (10days)
Longest waiting time for access to Tier 3 service					

Problems Encountered (shortfalls in targets, challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Target	April – June (3 days)	July – Sept (3 days)	Oct – Dec (3 days)	Jan – Mar (3 days)	2004/05 Target (3 days)
Shortest waiting time for Tier 3 service					
Progress Towards Target (reflect on last quarter and projection of next quarter)					
Problems Encountered (shortfalls in targets, challenges, etc)					
Action taken to address problems or issues raised					
Support Required to achieve target					
Information	April – June	July – Sept	Oct – Dec	Jan – Mar	2004/05
Successful completions (WITH BREAKDOWN)					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05 Target

Longest wait time Community Detox	(10days)	(10days)	(10days)	(10days)	(10days)
Progress Towards Target (reflect on last quarter and projection of next quarter)					
Problems Encountered (shortfalls in targets, challenges, etc)					
Action taken to address problems or issues raised					
Support Required to achieve target					
Information	April – June	July - Sept	October - Dec	Jan - Mar	2004/05
Number of young people accessing community detox					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of assessments for community detox					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					

Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of young people accessing alternative therapies (WITH BREAKDOWN)					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of referrals for diversionary activities					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information					
Number of referrals to Footsteps	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					

Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of referrals to Arch Family Services					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of referrals for counselling					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of individual hepatitis B vaccinations					
Problems Encountered (challenges, etc)					
Action taken to address problems or issues raised					
Support Required					
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05
Number of referrals to Connexions					

Problems Encountered (challenges, etc)						
Action taken to address problems or issues raised						
Support Required						July – Sept
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05	
Number of referrals to primary care						
Problems Encountered (challenges, etc)						
Action taken to address problems or issues raised						
Support Required						July – Sept
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05	
Number of referrals to child and adolescent mental health services						
Problems Encountered (challenges, etc)						
Action taken to address problems or issues raised						
Support Required						July – Sept
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05	
Number of referrals to young persons mental health service						
Problems Encountered (challenges, etc)						

Action taken to address problems or issues raised						
Support Required						July – Sept
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05	
Number of referrals to the teenage pregnancy outreach worker						
Problems Encountered (challenges, etc)						
Action taken to address problems or issues raised						
Support Required						July – Sept
Information	April – June	July – Sept	October – Dec	Jan – Mar	2004/05	
Number of referrals to Synergy & Free2B						
Problems Encountered (challenges, etc)						
Action taken to address problems or issues raised						
Support Required						July – Sept

Additional information required for this quarter:

Information required	Total/s
Total number of clients in treatment	Please provide a breakdown of gender and ethnicity
Total number of cases closed	Please provide a breakdown of reasons for closure
Average staff caseload size	
Total number of clients referred to other agencies/treatment modalities:	Please provide a breakdown of agencies referred to
Breakdown of referrals from agencies	
Total number of young people completed planned community detox	
Longest waiting time for access to treatment as a result of case transfers from other agencies	
Total number of referrals from criminal justice agencies with waiting times	
Total number of new referrals for community detox	
Total number of DNA for community detox assessment	
Total number of young people commencing community detox	
Total number of young people completing community detox	
Total number of young people failing to complete community detox	
Total number of young people receiving supervised consumption	Please provide a breakdown of pharmacies being used

Total number of outlets offering supervised consumption	Please provide a breakdown of pharmacy names and locations
Total number of referrals for Hepatitis screening	
Total number of young people completing full vaccination course	
Total number of young people receiving 1 vaccination	
Total number of young people receiving 2 vaccination	
Total number of young people receiving booster vaccinations	
Total number of young people receiving post-vaccination screening for status	
Total number of young people referred to infectious diseases unit	
Total number of referrals for HIV screening	
Total number of young people attending syringe exchange	Please provide breakdown of gender and ethnicity
Total number of priority referrals received	
Total number of priorities assessed within 3 days-100%	
Total number of priorities not assessed within 3 days	
CJIP:	
Total number referred to other services/agencies (breakdown of agency required)	
Total number cases closed (breakdown reasons for closure)	
Time in days between referral and assessment into treatment	
Numbers entering into treatment and sources of referral	
Numbers completing treatment	
Numbers discharged from service	

Length of time clients engaged in continuous treatment (1–3 months, 3-6 months, 6-9 months, 9-12 months, 12-18 months, 18months – 2 years, 2 years +)	
Numbers referred to other agencies and services (to include named breakdown – this should include residential rehab)	
Ethnic Group, gender, age	
Number of clients in treatment reported as re-offending – this data should be provided by the local arrest referral worker in writing	
100% of clients accessing treatment to be given information on drug related deaths	
Number of young people reporting sharing of equipment, please breakdown between pre and post treatment (please provide percentage)	
Numbers of young people reporting injecting pre and post treatment (please provide percentage from total number in treatment)	
Total number of young people receiving targeted prevention-100%	
Number of cannabis users (breakdown – age, gender and ethnic origin)	
Number of stimulant users (breakdown – substance, age, gender and ethnic origin)	
Number of heroin users (breakdown – age, gender and ethnic origin)	
Number of alcohol users (breakdown – age, gender and ethnic origin)	
Number of other substances reported (breakdown of substance, age, gender and ethnic origin)	
Total number of young people receiving universal education-100%	
Diversity breakdown	
Homeless	
Excluded	

PRU involvement	
Truancy	
ASBO	
Health related issues	
Learning difficulties	
Romany ethnic breakdown etc	
Looked after children	
Children with mental health issues	
Physically disabled children	
Children involved in sex trade work	
Number of young people receiving substitute prescribing (please breakdown prescription)	
Number of young people accessing rehab	
Refugees	
Children in need	
Children on the child protection register	
Children of drug using parents	
Children in respite (residential or family unit)	
Number of children in foster care	

Information Required: Quantitative Data

All service providers to provide the following qualitative information, this to include:

- Any problems encountered (shortfalls, challenges, etc)
- Action to be taken to address issues raised
- Support required

Staffing:

<i>Total Staff (w.t.e)</i>	<i>Staff Profile (grades and job titles)</i>	<i>Current vacancies</i> <small>(for how long vacant)</small>	<i>Actions being taken to address vacancies</i>	<i>Estimated timescale for recruitment</i>	<i>Comment on progress</i>

Expenditure:

Total budget granted by Halton JCG		
Actual expenditure for last quarter <small>(please break expenditure down or provide budget summary)</small>	Forecasted expenditure next quarter <small>(please break projected expenditure down or provide budget summary)</small>	Amount/s overspent/underspent <small>(please indicate)</small>
Outline reasons for any identified over/underspend		

PART C – Addaction Quarterley LDP Inormation

AGENCY NAME		
DATA ITEM		TIME PERIOD:
NUMBERS PRESENTING FOR TREATMENT		
NUMBERS COMPLETING TREATMENT		
NUMBERS IN TREATMENT		
DATA ITEM:		
Police	Pre Arrest schemes	
	Deferred cautioning	
	Arrest referral	
	Enhanced arrest referral	
	Drug testing	
	Police (direct)	
Courts and Probation	Drug testing	
	Court worker (direct)	
	DTTOs	
	Other community sentences	
	Probation (direct)	
Prison	CARAT Team	
	Health care	
	Prison Link Worker	
	Other Prison (specify)	
Throughcare & After care		
Structured Day Care		
Outreach Workers		
Central point of access		

