

NOTTINGHAMSHIRE COUNTY DRUG & ALCOHOL ACTION TEAM

**Newark & Sherwood Primary Care Trust and
Nottinghamshire County Council on behalf of
Nottinghamshire County Drug and Alcohol Action Team**

“Working in Partnership”

**Police, Probation, Prison Service, Nottinghamshire County Council,
Youth Community and Play, Primary Care Trusts, Networking Action for
Voluntary Organisations, Local Authorities
Service Agreement for the Provision of Services from North
Nottinghamshire Community Alcohol, Drug and Criminal Justice Service**

Community Drug Team

Community Alcohol Team

Criminal Justice Mental Health Liaison Team

Women’s Drug Service

Face-It Young Persons Drug Service

Needle Exchange Team

Kings Mill Substance Misuse Liaison Post

Mental Health Liaison Post

**Nottinghamshire Healthcare NHS Trust
For the period**

1 April to 31 March

1. Purpose and Context

1.1. General

This Agreement is intended to provide a framework for the provision of an agreed level of specified services by Nottinghamshire Healthcare NHS Trust to the Nottinghamshire County DAAT, in return for an agreed funding level.

1.2. Interpretation

Both parties recognise that the output/outcome measures employed in this Agreement will be kept under close review in the spirit of and within the general intent underlying the Agreement.

This Agreement will not be a legally binding document enforceable through the Courts, but through sensible and mutual co-operation and agreement.

In the event that any legislative changes are imposed, then this agreement shall be interpreted accordingly.

2. Service Agreement Period

This Agreement shall remain in force for the period of one year from 1 April 2003 subject to Service Agreement Variation. However at any time notice may be served if contractual alterations are anticipated.

3. Service Agreement Variation

There shall be no variation to the Agreement unless agreed in writing between the parties, except in the following circumstances

- Formal process of annual review
- Unsatisfactory performance
- Major disaster or civil emergency

4. Management Standards

The provider shall be striving to meet the minimum level of standards as defined by QuADS (Quality in Alcohol and Drug Services) and produce supporting evidence that the criteria have been met. The provider shall demonstrate that the service wherever possible will strive to achieve 'good practice' levels of service.

5. Service User Charter Standards

The provider shall be striving to meet the minimum level of standards as defined by QuADS and produce supporting evidence that the criteria have been met. The provider shall demonstrate that the service wherever possible will strive to achieve 'good practice' levels of service.

6. Care Standards

The provider shall be striving to meet the minimum level of standards as defined by QuADS and produce supporting evidence that the criteria have been met. The provider shall demonstrate that the service wherever possible will strive to achieve 'good practice' levels of service.

7. Models of Care

Nottinghamshire Healthcare NHS Trust must ensure that their service provision meets the definitions and requirements set out in Models of Care. This may go further than definitions within this agreement.

Models of Care sets out a national framework for the commissioning of treatment for adult drug misusers in England.

The framework of **Models of Care** (comprising the four tiers, integrated care pathways, care planning and co-ordination and monitoring) applies equally to drug and alcohol treatment. The more detailed descriptions of treatment modalities and service specifications to guide implementation (described in **Models of care: part two**) have been developed and consulted on for drug treatment only. Further work on developing guidance on alcohol treatment will take place following the consultation for the national alcohol strategy.

Models of care reflects professional consensus of 'what works best' for drug misusers, resulting from an extensive consultative process that was used for its development.

Models of care is based upon current evidence, guidance, quality standards and good practice in drug treatment in England. It was developed from key national documents as well as national and international research evidence. All guidance is in line with the recommendations contained in *Drug misuse and dependence: guidelines on clinical management* (Department of Health *et al.* 1999) and other current guidance and legislation. It is also consistent with the NHS Plan (Department of Health 2000e) and agendas to modernise health and social care services.

The overriding concept behind **Models of care** is that DATs should be seeking to develop an integrated drug treatment *system* in their area, not just a series of separate services. In the last few years, DAT members have received increasing funding to expand the capacity of the various modalities of treatment, but it is also felt that efforts must be made to combine these modalities into a seamless system of 'care pathways' for patients. The **Models of care** approach describes how these processes of care would work, based on the menu of treatment services that have already been incorporated into DAT treatment plans, but now expressed in terms of 4 treatment 'tiers'.

DATs will need to ensure that any service that they fund is explicitly working within the integrated system. Every contract for service provision should incorporate a service level agreement that details the expected

level of delivery, unit cost, maximum waiting time, and target retention or completion rate.

8. Legislation

The provider shall ensure that its employees and agents shall, in the course of this agreement, comply with all relevant Legislation, Policies, Codes of Practice and Codes of Requirement.

The Provider will ensure that it complies with the requirements of all appropriate acts of Government legislation.

9. Confidentiality

The Provider shall put in place arrangements to ensure that information of a confidential nature, including clients' records, shall not be divulged to any unauthorised person or persons. Those arrangements to include systems to ensure that unauthorised persons cannot obtain confidential information.

10. Service Specification

See Schedule A

11. Funding Schedule

See Schedule B

12. Monitoring requirements

See Schedule C

13. Performance indicators and outcomes

See Schedule D

14. Review dates

See Schedule E

For and on behalf of
Commissioners
Notts County DAAT

For and on behalf of
Service Manager

Signed.....

Signed.....

Role.....

Role.....

For and on behalf of
Newark & Sherwood PCT

For and on behalf of
Service Provider

Signed.....

Signed.....

Role.....

Role.....

For and on behalf of
Nottinghamshire county Council

Signed.....

Role.....

Schedule A

Service Specification

Community Drug and Alcohol Services

This service specification relates to the commissioning of substance misuse community services for service users in Nottinghamshire:

- Who are misusing drug and/or alcohol to a chronic or problematic extent
- Who have been directed to the service via the criminal justice system
- Who, due to their complex needs, would be unsuitable to be treated by primary care services

1. Definition of service

1.1 Services within North Nottinghamshire Community Alcohol, Drug and Criminal Justice Service are

- Community Drug Team
- Community Alcohol Team
- Criminal Justice Mental Health Liaison Team
- Women's Drug Service
- Face It – Young Persons Drug Service (Under 18s)
- Needle Exchange Team
- Kings Mill Substance Liaison Post
- Mental Health Liaison Post

1.2 The services that will be provided to clients are:

- Advice and Information
- Comprehensive Assessment
- Structured Counselling
- Harm reduction education
- Prescribing
- Community Detoxification
- Assessment & referral for in-patient detoxification
- Assessment & referral for residential rehabilitation
- Referral to other appropriate services
- Outreach work

1.3 The service will need to develop an appropriate balance between supporting primary care and providing specialist drug and alcohol services working to National Treatment Agency targets including:

- Reduction of waiting lists (See Appendix 1)
- Equality of access to services
- Compliance with QuADS (Quality in alcohol and drug services) and Models of Care

Advice and Information

Definition

Advice and information services provide accurate, appropriate factual information, which is accessible and meaningful to the client.

Advice and information on substance related issues should be provided by staff in all treatment tiers.

Aims and Objectives

The aim of advice and information services is to provide appropriate and professional advice and up-to-date information on all aspects of substance misuse, including:

- The potential psychological and physical complications of substance misuse
- How to safely reduce and stop the use of various substances
- How to reduce the harms associated with substance misuse
- How and where to access help for problems associated with substance use
- How to access appropriate, related generic services (e.g. housing, sexual health clinics etc)

Furthermore, it is important that all health, social care and criminal justice agencies provide basic information and advice to clients with whom they have contact.

Outreach work

Definition

Outreach work delivers interventions in setting external to the service's usual site.

Aims and Objectives

- To provide services to those unable or unwilling to access site based services, including 'hard to reach' groups such as young people, black and minority ethnic communities, women, the house-bound and those living some distance from services (e.g. in rural areas). Services can include the provision of advice and information, brief interventions, sterile injecting equipment and, in some instances, care planned counselling.
- To provide health education opportunities for drug and alcohol misusers not currently accessing site based services.
- To provide harm reduction services to substance misusers not currently accessing site based services (e.g. needle exchange).
- To make initial contact with substance misusers to facilitate referral to site based services.

Comprehensive Assessment

Definition

Comprehensive assessment must provide clear conclusions and form the basis of a clear care plan that can be audited against standards. It must be carried out by staff with the appropriate level of competence and augmented by supervisory and consultation arrangements. The service user must be actively involved in the assessment process and it must take into account the cultural diversity of the user. The content of the assessment will cover

- Risk assessment
- Assessment of motivation
- Drug use
- Alcohol use
- Psychological problems
- Physical problems
- Social problems
- Legal problems

Aims and Objectives

The assessment should result in the development of a comprehensive care plan, which includes

- The goals of treatment and milestones to be achieved
- The interventions planned and the professional or agency responsible
- A risk management and contingency plan
- Protocols on sharing information
- Review dates
- A reflection of the culture, ethnicity, gender and sexuality of the user

Structured Counselling

Definition

Formal structured counselling approaches with assessment, clearly defined treatment plans and treatment goals and regular reviews, as opposed to advice and information, drop in support and informal key-working. Counselling is an intervention that can be employed in all of the main treatment modalities. It is usually offered as part of a package of care that may also consist of prescribing, education and training, the management of the physical and psychological health problems and social and forensic issues. A number of theoretical approaches may be employed including brief interventions, cognitive behavioural and motivational interviewing.

Aims and Objectives

- To provide an opportunity for the service user to work towards living in a more satisfying and resourceful way.
- To provide counselling with clearly agreed boundaries and a commitment to privacy and confidentiality
- To provide counselling with explicit and informed agreement
- To focus on short-term targeted interventions
- To refer to other appropriate interventions where relevant

Harm reduction education

Definition

To provide information and advice specifically relating to minimising harm to clients, carers and the community resulting from substance misuse, overdose prevention and reducing drug related deaths. This will include

- Needle and syringe exchanges
- Advice on immunisation for HepB and screening for HepC
- Advice on safer sex and condoms
- Harm reduction groupwork
- Relapse prevention groupwork
- Advice on Deep Vein Thrombosis

Aims and Objectives

- To minimise harm to clients, carers and the community resulting from substance misuse
- To educate and enable clients to control their substance misuse
- To reduce the spread of blood borne diseases and sexually transmitted diseases
- To reduce overdoses and drug related deaths

Community Prescribing

Definition

Community prescribing involves the provision of a medically supervised substitute to an illicit drug user or person with problematic alcohol use. Community prescribing should not be used as an intervention on its own but rather as part of a programme other interventions

Aims and Objectives

Withdrawal prescribing

- Minimise withdrawal symptoms
- Minimise risks of adverse events during detoxification
- Engage users in treatment programmes

Substitute prescribing

- Assist the service user to remain healthy until he/she can achieve a drug free life
- Stabilise the service user, where appropriate, on substitute medication to alleviate withdrawal
- Reduce the use of illicit or non-prescribed drugs
- Deal with the problems related to drug misuse
- Reduce the dangers associated with drug misuse, particularly the risks of blood borne diseases and sexually transmitted diseases
- Reduce the duration of episodes of drug misuse
- Reduce the need for criminal activity to finance drugs
- Reduce the risk of prescribed drugs being diverted onto the illegal drug market
- Improve the overall health and social functioning of the service user

Community Detoxification

Definition

To provide a detoxification service to service users who have a history of dependent, chronic or problematic drug or alcohol use within a framework of other clinical and social care services. All service users should have a comprehensive assessment and wherever possible the detoxification should be carried out by the service users GP with support from the CDT or CAT. In cases where the service user has no GP the CDT or CAT will carry out the detox but attempt to link the user with a new GP.

Aims and Objectives

- To provide a service that enables service users to safely manage their withdrawal from drugs and/or alcohol
- To move services users from dependence on drugs or alcohol towards abstinence
- To address the health and social care needs of the service user
- To provide advice and information to the service user on completion of detoxification of relapse prevention groups, one to one services and other relevant services to help to maintain drug free status

Referral to other appropriate services

Definition

All service users are entitled to advice and information about the full range of services available to support them and their families/carers or partners. Within the framework of services there should be established protocols for referral, to minimise the need for comprehensive assessments at each service.

Aims and Objectives

- To raise awareness among service users, their families/carers or partners, of the full range of services available to support them.
- To ensure that services work together to support service users in maintaining or reducing their drug or alcohol use, maintaining or improving their health, maintaining or improving their social functioning and reducing offending behaviour.

Criminal Justice Liaison Service

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

- The **Service** will work in partnership with police and probation services to assess and if appropriate refer clients to treatment services, when the use of drugs or alcohol has been a factor in their offending behaviour.
- The **Service** will accept referrals from both the police and probation service and initial contact will be made either during the time the client is in custody or by the client contacting the arrest referral worker (ARW) to make an appointment.
- All clients will be offered information and advice on available services and harm reduction.
- The ARW will assess the client and may offer follow up sessions to enable/aid the access to treatment services
- Where time permits the ARW may carry out brief intervention work for those clients who do not necessarily require treatment or are reluctant to approach services.
- The ARW will complete session plans for all ongoing contacts.
- All referrals for treatment will be discussed within the CJLS team
- The **Service** will ensure that appropriate protocols exist to support transfer of information between criminal justice agencies and themselves.
- Treatment will be provided by the Criminal Justice Treatment Worker (CJTW). In the event of this worker having a full case load, clients will be referred to the Community Drug Team (CDT) or Community Alcohol Team (CAT). In the event of the case load not being full the CJTW will take on clients from the criminal justice system who are on the CDT referral list.

Women's Drug Service

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

- The **Service** will provide a unique and flexible service to women and their families, when the use of drugs and alcohol is problematic. Facilitating access to all services available to local population.
- The **Service will** provide opportunities for clients to become involved in the planning of the delivery of their care including service user consultation
- The **Service** will provide appropriate staffing to enable it to address most issues relating women
- Treatment programmes will take account of factors concomitant to women's substance misuse e.g. physical/sexual abuse, eating disorders, self harm, reproductive health
- The **Service** will provide a substance misuse Midwifery post to meet the needs of pregnant service users
- The **Service** will consider the needs of service users who are mothers or carers and provide appropriate childcare facilities
- The **Service** will have a locally determined, legally sound and widely disseminated, child protection and substance misuse policy, agreed by the local Area Child Protection Committee.

Specified Young Persons Service

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

- The **Service** will provide substance misuse services for children and adolescents up to 18 years of age taking into account the level of maturity and level of development of each individual young person, and also care leavers up to the age of 21. Provision will reflect either an young person or a child centred model
- The **Service** will be based on the Four Tier model for Substance Use and Misuse Services for Children and Adolescents
- The **Service** will provide a Young Persons Criminal Justice Service working in partnership with the Youth Offending Team
- The **Service** will provide a specific worker for Young Persons who are either looked after, in care or are care leavers.
- The **Service** will provide a comprehensive range of interventions including education, prevention, advice, counselling, prescribing, detoxification, rehabilitation and work in partnership with needle exchange services and operate within the legal framework, respecting the underlying philosophy of the Children's Act 1989 and ACPC guidance and procedure.
- The **Service** will respect parental responsibility when working with a child or adolescent
- The **Service** will have clear policies and guidelines on obtaining the permission of the young person to share information with other agencies. The permission should be in writing.
- The **Service** will provide a specific Young Persons Substance Misuse Criminal Justice Service as laid out in the specification agreed with the Youth Offending Team. (As follows)

Example Service Specification

Name of Service

YOUNG PERSONS SUBSTANCE MISUSE CRIMINAL JUSTICE SERVICE

1. Definition of service

- 1.1 This service specification relates to the purchase of substance misuse services for children and adolescents up to 19 years of age by the Nottinghamshire Youth Offending Team
- 1.2 The service will take into account the level of maturity and independence of the adolescent and provision will reflect a young person or child centred model
- 1.3 The service will be based on the Four Tier model for Substance Use and Misuse Services for Children and Adolescents (Annex A).
- 1.4 Priority cases will be agreed between the Young Peoples Criminal Justice Drug Workers and the Youth Offending Team Officers, if necessary liaising with respective managers
- 1.5 Training in conjunction with the Nottinghamshire County Drug and Alcohol Action Team - Training Team will be made available to Youth Offending Team Officers to improve knowledge and understanding of substance misuse and the issues affecting children and adolescents.
- 1.6 The service will be provided by the Young Persons Criminal Justice Drug Service Team comprising:
 - Team Leader
 - 2 WTE Criminal Justice Drug Workers
 - 1 WTE Criminal Justice Treatment Worker

2 Objectives

- 2.1 To provide a flexible and responsive, child and adolescent centred Substance Misuse service where the overall welfare of the individual is paramount and their views are sought and considered when decisions are made about their care or treatment intervention.
- 2.2 To provide a service that is sensitive to and responds to, the needs of all users regardless of ethnicity, gender, disability or sexual orientation

- 2.3 To share appropriate information with Youth Offending Team Officers, within strict guidelines, covering consent and confidentiality.
- 2.4 To provide opportunities for young people and their carer's to become involved in the planning of the delivery of their care.

3 Standards

- 3.1 *The service* will meet or be striving to meet the minimum level of standards as defined by QuADS (Quality in Alcohol and Drug Services) in Management Standards, Service User and wherever possible achieve good practice levels of service.
- 3.2 There will be clear policies and guidelines on obtaining consent to treatment and other interventions and confidentiality, which reflect the maturity of the client and further written guidelines to be used to assess the degree of vulnerability of the client.
- 3.3 *The service* will work with the Youth Offending Team to ensure the two way flow of information within strict guidelines covering consent and confidentiality and attending care planning meetings as appropriate.
- 3.4 *The service* will strive to maintain or reduce the maximum waiting time from Referral to Initial contact: 15 working days
Contact to assessment (where appropriate) 15 working days
Cases identified as requiring early assessment will be prioritised

4 Confidentiality

- 4.1 *The service* will offer a confidential service to young people, within the boundaries of Nottinghamshire Health Care NHS Trust policies and procedures, with due regard to Area Child Protection Procedures.
- 4.2 At first assessment the Young persons Criminal Justice Worker(s) will explain the boundaries of confidentiality to the young person. The young person will be informed of the need to confirm their attendance/non attendance at appointments that have been defined as compulsory by the court.
- 4.3 *The service* recognise the importance of joint working and will endeavour to gain the young person's permission to share with the YOT information regarding their contact with *the service*. The young person will give this permission in writing.
- 4.4 If permission is gained by the Young Persons Criminal Justice Worker(s) to share information with the YOT, the YPCJW will

assess when the sharing of information is appropriate. The information may be shared verbally and/or in writing.

- 4.5 When the YOT need/want information regarding a young person from *the service*, the request should be made stating:

What information is needed/wanted
Why the information is needed/wanted
What the YOT intend to do with this information

- 4.6 If the young person does not consent to the sharing of information the Young Persons Criminal Justice Worker(s) will make a professional judgement, taking into account the clients offending behaviour, their own protection and the protection of others, regarding the sharing of information and the need to offer a confidential service. This will be discussed with the Team Leader and a decision made regarding the specific request
- 4.7 If a breach of confidentiality is necessary the Young Persons Criminal Justice Worker(s) will record the reason for any decision in the young person's file. A record will be kept regarding what information was shared, with whom, why and any action which is subsequently taken.
- 4.8 When a breach of confidentiality occurs the young person will normally be informed. However in extremely rare circumstances there may be a decision not to share this with the young person if in doing so it would place the young person or others at greater risk.
- 4.9 *The service* will endeavour to involve the young person at all times when decisions are made about their care and welfare.
- 4.10 It is recognised that the sharing of appropriate information will enable *the service* and the YOT to offer a comprehensive service to best meet the needs of the young person, to facilitate joint working and to reduce offending.

5. Monitoring

- 5.1 A representative of *the service* will attend 6 monthly review meetings in connection with the service and matters arising from this agreement.
- 5.2 Activity and outcome monitoring information will be supplied on a quarterly basis to the Youth Offending Team. This will include

Activity monitoring

- Number of referrals
- Number of contacts
- Number of assessments
- Number of service users on active case load
- Waiting times as per 3.4 above
- Total number of service users seen during quarter
- Substance(s) being used
- Local authority area
- Age
- Gender
- Ethnic origin

Outcome monitoring

- Accommodation
- Employment/Education status
- Drug use on completion of contact increased, decreased, stabilised, remained drug free, become drug free
- Offending behaviour
- Prescribing outcome (as appropriate)

6 Performance Indicators

- Number of initial contacts
- Number of assessments carried out
- Waiting times from referral to initial contact
- Waiting times from contact to assessment
- Attendance of YOT officers at Substance Misuse Training
- Completion of QuADS action plan and progress towards compliance.

All services are required to submit an Annual Report by 1 June each year in respect of the previous years work

All services are required to submit a report by 30 September each year in respect of their service user consultation process and feedback from service users.

Any slippage on expenditure must be notified by 30 December each year to Notts County DAAT, who reserve the right to reclaim any unspent funding.

7 Target Outcomes

- Reduction in drug use or change from injecting to oral consumption
- Improvement or no deterioration in physical and psychological health
- Harm minimisation
- Reduction in offending behaviour
- Improvement/stability in employment/education status
- Improvement/stability in family/home life.

Example from Nottinghamshire County DAAT

Needle and Syringe Exchange

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

- The **Service** must ensure that the needle exchange provides easy access and user friendly services for all injecting drug users across all districts of North Nottinghamshire
- The **Service** must ensure that there is safe needle and syringe disposal
- The NSE must offer advice on
 - HIV, Hepatitis, and drug problems
 - Safer sex and sexual health
 - Harm reduction
 - Health, social and welfare problems
 - Treatment
 - Overdose prevention
 - Access to other services

Example from Nottinghamshire County DAAT

Alcohol Service

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

The service will:

- Provide a range of services to users who present exclusively with alcohol-related problems and/or dependence, with the aim of abstinence or harm reduction

Example from Nottinghamshire County DAAT

Hospital Substance Misuse Liaison Posts

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

The service will:

- Promote within the hospitals the best practice for the management of drug and alcohol withdrawals and related issues e.g. screening and detection, health education and medical interventions
- Support and advise staff, both individually and through policy development
- Provide patient counselling and liaison/referral services to community services, GPs and significant others.
- Provide staff training, both ad hoc and through more structured educational opportunities.
- Develop the service both within the hospitals and between the hospitals and the wider community

Example from Nottinghamshire County DAAT

Criminal Justice Mental Health Liaison Post

This specification forms part of the overall Service Level Agreement for the Community Drug Service and should not be read in isolation. The overall aims and objectives, monitoring requirements, performance indicators and outcomes, apply in part or full to all parts of the service.

The postholder(s) will:

- Ensure that clients with co-existing mental health problems are identified and enable appropriate engagement with mainstream mental health services as required.

Example from Nottinghamshire County DAAT

Community Drug and Alcohol Service

Overall Aims & Objectives

- To provide a flexible and responsive, Substance Misuse service where the overall welfare of the individual is paramount and their views are sought and considered when decisions are made about their care or treatment intervention.
- To provide a service that is sensitive to and responds to, the needs of all users regardless of ethnicity, gender, disability or sexual orientation
- To share appropriate information with other agencies, within strict guidelines, covering consent and confidentiality.
- To provide treatment and care services with a multi-disciplinary framework that involves a range of generic and specialist agencies in meeting service users immediate and long term needs
- To build on the existing response to drug and alcohol issues by establishing links with local GPs and other primary care professionals. The aim will be to provide GPs with appropriate support so that the health care needs of service users can be met.
- To provide opportunities for clients to become involved in the planning of the delivery of their care including service user consultation.
- To prevent the spread of blood borne viruses and sexually transmitted diseases within the client group
- To minimise the harm to clients, carers and the community resulting from uncontrolled substance misuse
- To educate and enable clients to control their misuse of substances
- To provide community detoxification services to enable users to safely manage their withdrawal from drugs and/or alcohol.
- To move drug dependent people through the cycle of change towards abstinence from substance misuse
- To support service users in accessing:
 - Immunisation for Hep B and screening for Hep C
 - Advice on safer sex and condoms
 - Literature/advice on HIV, Hep C and STD's.
 - Advice on supportive housing
 - Advice on employment and training options
 - Advice to support overdose prevention and reduce drug related deaths
 - Childcare and core support services

Example from Nottinghamshire County DAAT

Schedule B

Funding Schedule

See spreadsheet

**Nottinghamshire Healthcare NHS Trust
Example Spreadsheet**

**Adult Mental Health Directorate
Drugs & Alcohol Service
Budgets 2003/04**

Description	Baseline Budget 2003/04	CSR 2002/03	Contract Variations 2002/03	DAAT Non-Recurrent 2003/04	Potential Budget 2003/04
COMMUNITY ALCOHOL TEAM	120,504				120,508
					0
sub total	120,504	0	0	0	120,508
COMMUNITY DRUG TEAM	231,520				231,528
Oral Fluid Testing				3,000	3,000
Clinic Worker				37,261	37,261
Treatment Workers (Mansfield & Bassetlaw)				76,838	76,838
Admin Support				4,000	4,000
CDT GP Liason		150,000			150,000
Increased Prescribing		25,000			25,000
					0
sub total	231,520	175,000	0	121,099	527,627
CRIMINAL JUSTICE WORKER	48,027				48,033
A&R Worker - Bassetlaw (Matt Downing)				38,000	38,000
Criminal Justice Support				8,000	8,000
Arrest Referral Treatment post		32,000			32,000
Street Crime Initiative			28,833		28,833

British Sign Language course			1,000		1,000
sub total	48,027	32,000	29,833	46,000	155,866
DRUG & ALCOHOL SERV - MALTINGS	0				0
A&E Post		32,000			32,000
Dr Delaney			3,500		3,500
sub total	0	32,000	3,500	0	35,500
MALTINGS SUPPORT SERVICES	88,368				88,371
Part-time Needle Exchange post				13,000	13,000
sub total	88,368	0	0	13,000	101,371
NEEDLE SYRINGE EXCHANGE	117,943				117,945
Harm Reduction		35,000			35,000
Increased Equipment		25,000			25,000
sub total	117,943	60,000	0	0	177,945
WOMENS DRUG WORKER	40,666				40,670
Drugs Service Worker - N&S				34,071	34,071
Part-time Therapeutic Counsellor				9,000	9,000
Team Leader		32,000			32,000
Outreach Workers		58,000			58,000
Childcare Provision		10,000			10,000
sub total	40,666	100,000	0	43,071	183,741
YOUNG PERSONS DRUG SERVICE	90,061				90,069
YPCJW - Conurbation area				40,000	40,000

YPDW				35,000	35,000
Consultancy Time				8,500	8,500
Team Leader and Treatment posts	90,000				90,000
Travellers Project	1,000				1,000

sub total	90,061	91,000	0	83,500	264,569
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BA CPN ALCOHOL & FORENSIC	129,707				129,711
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sub total	129,707	0	0	0	129,711
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DUAL DIAGNOSIS

Ashfield Sector			40,000		40,000
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sub total	0	0	40,000	0	40,000
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Grand Total	866,796	490,000	73,333	306,670	1,736,838
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Example from Nottinghamshire County DAAT

Schedule C

Monitoring

Activity and outcome monitoring information will be supplied by the completion of the assessment form for the National Drug Treatment Monitoring System which can be accessed via the BOMIC database. Information will also be supplied to the Drug and Alcohol Action Team on a monthly basis via the BOMIC system

Example from Nottinghamshire County DAAT

Schedule D

Performance Indicators

Performance Indicator monitoring Tools are attached as Appendix 1.

- Waiting times within National Treatment agency standards
- New referrals (incidence)
- Treatment completions
- Unit costs
- Workforce expansion
- Development and drafting of Strategic Business Plan
- Management of budgets, SLA and business planning to be delegated to individual service team leaders
- Implementation of Models of Care, including integrated care pathways.
- Development of service users consultation plans
- Assessment of staff training needs and competencies
- Appraisal and personal development plan in place for all members of staff
- Named leads for four current national initiatives

It is recommended that individual members of staff are nominated as Lead to take forward the current initiatives:

- Models of Care including integrated care pathways
- Opening Doors, waiting times and access to services
- Drug and Alcohol National Occupational Standards
- Service User consultation

All services are required to submit an Annual Report by 1 June each year in respect of the previous years work

All services are required to submit a report by 30 September each year in respect of their service user consultation process and feedback from service users.

Any slippage on expenditure must be notified by 30 December each year to Notts County DAAT, who reserve the right to reclaim any unspent funding.

Target Outcomes

- To increase the accessibility, capacity and effectiveness of service
- To increase the number of clients completing treatment of retained in services

- To maintain effective integrated care pathways to improve working between services
- To maintain and develop a well skilled and motivated workforce with up to date skills and well documented personal development plans
- To consult fully and involve service users in the planning of services
- To work to achieve service user outcomes as defined by the Task Force Review of Services for Drug Misusers (1996)

Drug use

- abstinence from drugs
- near abstinence
- reduction in quantity consumed
- abstinence from street drugs
- reduced use of street drugs
- change from injecting to oral consumption
- reduction in frequency of injecting.

Physical and psychological health

- improvement in physical health
- no deterioration in physical health
- improvement in psychological health
- no deterioration in psychological health
- reduction in sharing
- reduction in sexual risk.

Social functioning and life context

- reduction in criminal activity
- improvement in employment status
- fewer working/school days missed
- improved family relationships
- improved personal relationships
- domiciliary/stability/improvement.

Schedule E

Review Dates

Reviews with the commissioners of this service will take place in June, September, December and March

Example Nottinghamshire County DAAT

Performance indicator monitoring tools

