

# **Halton Drug Action Team**

## **Interim Business Plan For Young People with Substance Misuse Problems**

**June 2004 – March 2005**



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## **INTRODUCTION**

Treatment services in Halton need to combine in ways that meet the needs of children and families. Services should be integrated and co-ordinated both within children's services and adult services to ensure that the needs of all children and young people are met effectively and without overlap or duplication.

To achieve this co-ordination, substance misuse services for Halton must be streamlined in its planning structure, which has the aims of partnership, community involvement and consultation as its core objectives.

Planning must be taken forward on a number of levels and on a joint basis involving all agencies.

The Young Persons Joint Commissioning Group meet regularly to discuss and agree ways forward. The planning process is supported by a number of working groups, ensuring meaningful development takes place.

During 2004, integrated planning has been enhanced, by the allocation in the young people's partnership grant.

The grant will ensure:

- Further integration into mainstream activities
- Ensure minimum standards
- Improve standards of care
- Address local need
- Improve workforce planning
- Develop a whole systems approach

The interim plan sets out shared objectives for the development of substance misuse services over the next 10 months, it is not intended to be prescriptive or static. It is hoped that this interim plan will be flexible and allow for innovation and the creation of new services, as well as enhancing existing key services.

## **PLANNING FRAMEWORK**

The interim plan sets out a series of actions that the Drug Action Team and its partner agencies intend to implement over the next 10 months, to integrate, bond and improve service delivery, thus leading to the development of a 3 year substance misuse strategy, from April 2005.

The improvement of service provision will provide a coherent and consistent approach that will strengthen information sharing and a joined up vision from all agencies.

Health, welfare development and education must be placed at the centre of the planning and delivery of services.

## **DEVELOPING A TREATMENT SYSTEM**

Drawn from the HAS 1996 report, the following paragraphs provide a more detailed outline of the nature and roles of the four tier model and services for young people. The model is intended for those young people who are approaching the threshold of substance misuse and for those who already misuse substances. The model has been adapted to ensure that professionals and teams will overlap and interact within this concept.

### **Tier 1 – Primary and direct access services.**

Essential Tier 1 services are accessible directly by the general public. They include education and preventative work. The major formulation of tier 1 service components includes the provision of information and advice in uncomplicated situations.

#### **Key tasks**

- Promoting access to services
- Providing a range of accessible and approachable environments
- Providing information, advice and support
- Assessing levels of substance misuse and associated or linked processes
- Prioritising of issues which need addressing including crisis management
- Provide appropriate initial counselling
- Making appropriate referrals
- Providing an ongoing supportive role

### **Tier 2**

Youth orientated services provided by individual practitioners who have some specialist knowledge of drugs and alcohol. Essentially, services offered should be the provision of accurate information and advice, assessment and identification of problems directly related to substance misuse or other problematic behaviour. The capacity to work alongside other agencies and provide advice and information to carers. Tier 2 services may well provide a portal or imaginative outreach work to Tier 3 services. Staff providing Tier 2 services will have undertaken training to develop their understanding of child/adolescent development, knowledge of substance misuse, ability to practice in circumstances that are appropriate to the culture of children and adolescents. Staff included in tier 2 could include primary care workers with an interest in substance misuse, youth services, CAMHS, educational psychologists, YOT and connexions staff.

#### **Key tasks**

- Ability to respond to the key tasks of Tier 1
- The capacity to assess individuals for referral to more specialist services
- The capacity to offer co-working with specialist agencies
- The capacity to decide when Tier 3 or 4 interventions are required.
- Provision of training and supporting role to Tier 1
- Provide counselling around use and misuse

- Provide support for carers and parents
- The capacity to offer outreach

### **Tier 3**

Tier 3 interventions agreed by specialist agencies in which staff work together in teams. In tier 3 provision, staff, possibly from a range of agencies or occasionally from within a single agency, work together and co-ordinate their work in teams to fully assess and intervene with each child or adolescent, generally youth orientated services will be involved. Agencies will have the capacity to assess both drug and alcohol use and misuse. Many will provide outreach. Interventions include individual counselling, psychotherapy, infectious disease advice, diversional activities.

### **Key tasks**

- The ability to respond to tier 1 and 2.
- Provision of specialist services based on a multi disciplinary team model
- Co-working across agencies and boundaries
- Provision of training and role support for practitioners at tier 1 and 2.
- The capacity to assess individuals for inpatient or residential interventions

### **Tier 4**

Provides intervention with individuals who have highly specific and complex issues that need considerable resources. These include inpatient detoxification, withdrawal regimes, intensive treatments, care of children/young people in secure provision, highly specialist clinics including rehabilitation.

## **CORE KPI'S/MEASURES FOR YOUNG PEOPLE**

The young people Key Performance Indicators (KPI's) indicate protecting factors and the main aim is to prevent young people developing a drug career into adult life. Service design is therefore essential in providing targeted interventions across the borough.

### **KPI 1/measure**

Universal education and information about substance misuse is to be delivered to the wider population in schools and pupil referral units (PRU) measured through the healthy schools standard level 3. KPI 1 is broken down as listed below: -

**YP KPI 1a:** Number of primary schools assessed as level 3 against National Healthy Schools Standard expressed as a percentage of all primary schools. (HAS Tier 1)

**YP KPI 1b:** Number of secondary schools assessed as level 3 against National Healthy Schools Standard expressed as a percentage of all secondary schools. (HAS Tier 1)

**YP KPI 1c:** Number of PRUs assessed as level 3 against National Healthy Schools Standard expressed as a percentage of all PRUs. (HAS Tier 1)

**YP KPI 1d:** Number of schools including PRUs assessed as level 3 against National Healthy Schools Standard expressed as a percentage of all schools including PRUs. (HAS Tier 1)

This indicator is intended to ensure universal awareness of the impact of substance misuse on young people, families and the lives of others. Information will enable informed choices that can be made by young people. This will also include where and how to get help. (Ofsted will monitor quality of drug education and its appropriateness including harm reduction).

### **KPI 2/measure**

This indicator is intended to ensure vulnerable young people are aware of the impact of drug use and that they have enough information to make informed choices, including where to get help and advice. Current new proposed combinations will gather data collection. KPI 2 is broken down as listed below: -

**YP KPI 2a:** Number of Looked After Children (LAC) receiving drug education, including harm reduction, as a percentage of all LAC. (HAS Tier 1)

**YP KPI 2b:** Number of young people on Youth Offending Team (YOT) caseload receiving drug education, including harm reduction, as a percentage of young people on YOT caseload.

(HAS Tier 1)

### **KPI 3/measure**

This KPI is intended to indicate that early intervention and young people in or in touch with children's agencies, to ensure life chances are improved, are accessing treatment.

National drug treatment monitoring system already collects basic data. New data collection proposals will also be established. KPI 3 is broken down as listed below: -

**YP KPI 3a:** Number of young people on YOT caseload receiving early intervention as a percentage of all young people on YOT caseload. (HAS Tier 2)

**YP KPI 3b:** Number of young people in PRUs receiving early intervention as a percentage of all young people in PRUs. (HAS Tier 2)

**YP KPI 3c:** Number of LAC receiving early intervention as a percentage of all LAC (HAS Tier 2)

**YP KPI 3d:** Number of young people receiving treatment (HAS Tier 3 / 4)

### **Non KPI information 4**

Indicates number of young people in the criminal justice system using class A substances. Young people testing positive at the point of arrest will be reported by the police. This overall information, although useful, is not useful as a KPI due to its selectness.

#### Local key performance indicators to be approved with key agencies and Joint Commissioning Group.

Suggested local KPI's that are realistic and measurable with performance monitoring are:

**Each local school in Halton will work towards having an accredited teacher in each school to deliver Personal, Social and Health Education through the PSHE certificate.** The overarching outcome is to 'enable teachers to develop their confidence and effectiveness in delivering PHSE (SRE and Drugs Education) in the school population'.

**Workers within Halton's young persons treatment system will be offered DANOS mapped and accredited training in line with their role and competencies.** The overarching aim is to 'develop a tiered approach to an expanding treatment system and to enable partner organizations to mainstream and address substance misuse from the frontline.'

**The number of young people waiting less than 10 working days for treatment.** The overarching aim is to ‘ensure that Halton’s new young persons substance misuse responses to a young person’s and families needs quickly and effectively’ in line with are youth offending team partners.

**Foster carer’s living in the borough will receive basic drugs awareness as part of their foster care training.** The overarching aim is to ensure that ‘placements do not breakdown due to substance misuse and foster carers feel better equipment to address substance misuse’

**The pupil referral unit within the borough will ensure that every pupil receives targeted prevention in relation to universal drugs education and ensuring all young people are able to make informed choices.** Overarching aim is to ensure students in the PRU are targeted as healthy schools are NOT targeting them and they are an at risk vulnerable group

**The pupil referral unit to ensure that any young person has access to early intervention and treatment for any form of substance misuse.** To ensure young people who are vulnerable do not slip through the net.

**Children and young people with physical and learning disabilities will receive universal education and early intervention around substance misuse.** The overarching aim is to ensure that diversity in primary health is addressed

## **RESOURCING THE PLAN**

The young peoples substance misuse partnership grant must be used alongside mainstream funding for the local delivery of the young people arm of the National Strategy.

Partnerships should provide a comprehensive range of services for young people and their parents and carers from substance misuse education and prevention, to early intervention through to treatment and aftercare. Any expenditure must be agreed though the local partnership and the local young peoples joint commissioning group.

The grant is seen as a catalyst for change and provides a source of transitional funding to support statutory and non-statutory organisations.

### **Authorisation trail**

The young persons substance misuse grant will be coded in line with the key performance indicators as listed below:

- KP1
- KP2
- KP3
- Training and commissioning

An internal audit trail will be established as follows:-

- Certification work has been carried out = Young Persons Substance Misuse Co-Ordinator
- Certifying officer (for payment) = DAT Co-Ordinator
- Neil Miller will be the designated accountant for the grant. All relevant invoices will be sent to Neil via the accounts department for payment. Internal payments will be dealt with through an internal accounts procedure, i.e. YOT organised via the young persons substance misuse co-ordinator.



## ACTION POINTS

Halton proposal	Full year costs	Submitting agency	Key priority areas	By Who	By When
1. Applying for the young peoples partnership grant.	NIL	DAT	<ol style="list-style-type: none"> <li>1. Complete all relevant grant documentation.</li> <li>2. Arrange accountancy, banking and budget codes.</li> <li>3. Confirm financial signatories/certification.</li> <li>4. Establish an audit/authorisation trail with clear lines of accountability.</li> <li>5. Ensure substance misuse plan is embedded in all other children's plans.</li> <li>6. To address KPI 1, 2, 3.</li> </ol>	Jenny Owen (young persons substance misuse co-ordinator)	<b>Q1 30/06/04</b>
2. Develop an assertive approach to engage young people.	NIL	Connexions Youth Service	<ol style="list-style-type: none"> <li>1. To engage young people in Halton.</li> <li>2. Establish a clear outreach model through Connexions.</li> <li>3. JCG and Halton DAT to provide support to the service, to ensure its development.</li> <li>4. Work with the children's and young people's strategic partnership to achieve co-ordinated approaches.</li> <li>5. Address KPI 2, 3 through education, informed choice, early intervention and engagement.</li> </ol>	Connexions and Jenny Owen (young persons substance misuse co-ordinator)	<b>Q4 1/04/05</b>
3. Continue to support a substance misuse service within the YOT.	£27,946.00 (Ring fenced monies-17.9% of overall YOT budget 2003)	YOT	<ol style="list-style-type: none"> <li>1. To maintain allocated funding and service, by providing a substance misuse worker within the YOT.</li> <li>2. Establish service specification and contract.</li> <li>3. Establish a contract, service specification and performance monitoring system.</li> <li>4. Address KPI 2, 3.</li> </ol>	JCG and DAT	<b>Q1 1/07/04</b>

<p>4. Develop a performance management system.</p> <p>Organisations to be performance managed:</p> <ul style="list-style-type: none"> <li>❖ YOT</li> <li>❖ One Off projects</li> <li>❖ Sports development</li> <li>❖ Arts development</li> <li>❖ Trading standards</li> <li>❖ Tier 3 service</li> <li>❖ Tier 4 service</li> <li>❖ Looked after children link worker</li> <li>❖ Arch</li> <li>❖ Footsteps</li> </ul> <p>Agreed meetings for data collections</p> <ul style="list-style-type: none"> <li>❖ Education</li> <li>❖ Social services</li> <li>❖ PRU</li> <li>❖ Connexions</li> </ul>	NIL	DAT JCG	<ol style="list-style-type: none"> <li>1. Establish a performance management system in line with the national agenda.</li> <li>2. Agree service data collection.</li> <li>3. Agree prevalence data collection.</li> <li>4. Agree quarterly meetings.</li> <li>5. Ensure all agencies are invited to young peoples task group for support</li> <li>6. Agree local delivery targets with all agencies</li> <li>7. To develop data collection systems and to establish evidence for KPI 1, 2, 3.</li> </ol>	DAT and Jenny Owen (young persons substance misuse co-ordinator)	<b>Q3</b> <b>1/01/05</b>
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5. Develop service specifications and contracts.	NIL	JCG DAT	<ol style="list-style-type: none"> <li>1. Develop and complete contracts and service specifications for agencies relevant to the YP substance misuse grant.</li> <li>2. Develop and complete service level agreements and contracts for all one off projects.</li> <li>3. Renew and update as necessary.</li> <li>4. To address KPI 1, 2, 3.</li> </ol>	DAT and Jenny Owen (young persons substance misuse co-ordinator)	<b>Q2</b> <b>1/10/04</b>
6. Development of a Tier 3 / 4 service. To include initial start up costs. Start up costs to be negotiated at interview. Slippage to cover.	<p>£80,095 £22,000 £23,804 (PCT) £00,101(JCG costings)</p> <hr/> <p>£126,000 Start up costs: £30,000 (Slippage)</p>	JCG DAT	<p>Develop a tier 3 / 4 service which would include:-</p> <ol style="list-style-type: none"> <li>1. Looked after children early intervention worker – to work with foster parents, social services staff and the PRU with regards to training and workforce development and provide support if necessary for the specialist treatment within social services/fostering.</li> <li>2. Tier 4 substance misuse worker * will also link with PCT staff to provide training and advice.</li> <li>3. The service will address all substances and provide alternative therapies which will be arranged through slippage monies</li> <li>4. Medical time via 5 Boroughs Partnership or gpsc or camhs.</li> <li>5. Feedback to be established including a presentation to the JCG from HIT re: service specification.</li> <li>6. Establish where the service is to be managed and hosted.</li> <li>7. Organise for advertising and tendering etc.</li> <li>8. Establish service level agreements/contracts.</li> <li>9. Establish performance management systems.</li> <li>10. To work with children's and young peoples strategic partnership to co-ordinate approaches.</li> <li>11. Work with social services to develop specialist foster care/detox</li> <li>12. Ensure transitional arrangements are embedded in service delivery.</li> <li>13. Agree start up costs with JCG from tier ¾ service slippage monies.</li> <li>14. To address KPI 2, 3.</li> </ol>	DAT and Jenny Owen (young persons substance misuse co-ordinator)	<b>Q2</b> <b>1/10/04</b>

7. Training provision for statutory and non-statutory organisations within the borough.	£1,097	JCG DAT	<ol style="list-style-type: none"> <li>1. Forge links with all agencies in contract with young people.</li> <li>2. Establish agreed protocols including training packages to address KPI 1, 2, 3.</li> <li>3. Forge links with all training departments.</li> <li>4. Provide training on an adhoc basis.</li> <li>5. Link training into KPI's and the five outcomes in the children bill.</li> <li>6. Invest in training materials to deliver ad-hoc as required.</li> <li>7. Target carers, families, adoptive parents and non-statutory organisations.</li> <li>8. YOT and community safety liaison officer to work with education to deliver training in KS 1-3 and also provide basic drugs awareness for teachers .</li> </ol>	Jenny Owen (young persons substance misuse co-ordinator)	<b>Q4 1/04/05</b>
8. Develop 3-year substance misuse strategy.	NIL	DAT JCG	<ol style="list-style-type: none"> <li>1. Complete mapping exercise reviewing all services for children and families who misuse substances with providers and commissioners.</li> <li>2. Access local need.</li> <li>3. Develop 3-year strategy in consultation with partner agencies.</li> <li>4. To address KPI 1, 2, 3.</li> </ol>	All DAT Team and JCG	<b>Q4 1/04/05</b>
9. Develop young persons mission statement, which includes how we intend to address diversity.	NIL	DAT JCG	<ol style="list-style-type: none"> <li>1. Establish agreed mission statement with partner agency.</li> <li>2. Seek relevant information from census data.</li> <li>3. Consult all children's, young peoples services.</li> <li>4. Incorporate diversity statement into all service level agreements.</li> <li>5. Engage young people in service development.</li> </ol>	DAT and JCG	<b>Q3 1/01/05</b>

10. Provide universal education.	£5,000	DAT JCG	<ol style="list-style-type: none"> <li>1. Provide information leaflets and awareness campaigns to address KPI 1.</li> <li>2. Forge links with Healthy Schools steering group/Teenage Pregnancy.</li> <li>3. Actively engage all agencies involved in providing care for children and young people.</li> <li>4. Ensure training available in schools in line with DFES guidance and that policies and procedures are in place.</li> <li>5. Provide information and support to parents.</li> <li>6. Encourage train the trainer initiatives.</li> <li>7. Provide leaflets especially targeted towards children, young people and families.</li> <li>8. Continue with targeted campaigns for rubber lover, alcohol and cannabis.</li> <li>9. Develop drama project with healthy schools around smoking and crack cocaine (crack being used by 10 % of young people –figures are increasing locally and nationally)</li> <li>10. To work with one off projects from 03/04 (single pot allocation )to formulate robust reports about funded projects ie youth offending team (£5,000) drama project targeting alcohol and cannabis in schools. The arts development (shift project) £10,000 targeting looked after and vulnerable children. The sports development project £10,000 targeting children at risk and The trading standards targeted prevention project £10,000 to reduce underage sales.</li> </ol>	DAT and Jenny Owen (Young persons substance misuse co-ordinator)	<b>Q4</b> <b>1/04/05</b>
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11. Development of an advocacy post to work with adult and young people who misuse substances.	£30,000 Adult Pooled Treatment Budget)	DAT	<ol style="list-style-type: none"> <li>1. To address individual needs.</li> <li>2. Act as a “voice” to young people to improve services.</li> <li>3. Aid in the performance of organisations.</li> <li>4. Ensure monitoring of KPI 1, 2, 3.</li> </ol>	Joint Commissioning Manger (Adult) for the DAT Lesley Cleworth	<b>Q2 1/10/04</b>
12. Develop young persons directory (substance misuse) in co-operation with partner agencies.	NIL	DAT	<ol style="list-style-type: none"> <li>1. To address local need.</li> <li>2. Establish a user information system for the public to access.</li> <li>3. Encourage information sharing and address public health issues.</li> </ol>	DAT	<b>Q2 1/10/04</b>
13. Develop agreed protocols and integrated care pathways.	NIL	DAT JCG	<ol style="list-style-type: none"> <li>1. To address KPIs.</li> <li>2. Co-ordinated services to ensure substance misuse is integrated into mainstream services.</li> <li>3. Enhance performance management.</li> <li>4. Establish data collection.</li> <li>5. Provide training.</li> <li>6. Develop/commission a treatment system on behalf of JCG and partner agencies.</li> <li>7. Continue to participate in the development of IRT (Information Referral and Tracking).</li> </ol>	Jenny Owen (young persons substance misuse co-ordinator)	<b>Q4 1/04/05</b>
14. Complete needs Analysis with young people aged between 13-19.	NIL	DAT	<ol style="list-style-type: none"> <li>1. Complete mapping exercise to address local need.</li> <li>2. To involve young people in the planning process.</li> <li>3. Ensure commissioning process is effective, efficient and is based on the Best value and Clinical governance Frameworks.</li> </ol>	Jenny Owen (young persons substance misuse co-ordinator) and The Intelligence and Research Unit (Halton Borough Council)	<b>Q3 1/01/05</b>

15. To commission 'Footsteps' to provide Parental support.	£16,500 From single pot allocation	DAT	1. Provide parental support and education. 2. Provide education around parenting capacity. 3. Build relationship between families.	Jenny Owen (Young persons substance misuse co-ordinator)	<b>Q2</b> <b>1/10/04</b>
16. Jointly commission family support campaigns.	£15,742 From slippage monies tier ¾ Service-section 6	DAT /JCG	1. Commission family/carer information- campaign to support those caring for substance misusers, so preventing family breakdown and supporting social services, looked after children, foster carers, housing and families. 2. Commission a publicity campaign/information leaflets to support children and young people who misuse substances 3. Both campaigns will relate to Halton trends and local need	Jenny Owen (young persons substance misuse co-ordinator), Commissioned agency And Lesley Cleworth (Adult joint commissioning manager)	<b>Q3</b> <b>1/1/05</b>
17. Commission trading standards to provide a trader education campaign	£3359.60. From tier ¾ service Slippage Monies-section 6	DAT/Trading Standards	1. Commission Trading Standards to provide education to traders to reduce underage sales of Alcohol, Solvents, Glue and Fireworks. To increase public safety, reduce the detrimental effects of Alcohol and volatile substances. 2. Formulate service, agree with defined outcomes 3. Commissioning this service directly links to the alcohol survey completed by trading standards	Trading Standards and Jenny Owen (young persons substance misuse co-ordinator)	<b>Q3</b> <b>1/1/05</b>
18. Jointly Commission DANOS (Drugs and Alcohol National Occupational Standards) Training for tier ¼ in Haltons Substance Misuse Treatment System.	£15,795 From tier ¾ service slippage Monies-section 6 Health wise-£6,885 People in vision-£8,910	DAT	1. Jointly commission training for staff across young persons and adult services tiers 1/4 to become DANOS compliant and receive certified training through people in vision for 33 staff members 2. Commission 9 Training days for motivational interviewing, brief interventions, supporting children of drug using parents, alcohol and young people, crack cocaine awareness, understanding solvents, cannabis and young people, blood borne viruses for carers and blood borne viruses for professionals. 3. The National Treatment Agency require that all staff have the skills and knowledge to perform to the required standard. This will ensure that there are common standards of performance and quality across agencies and partnerships	Jenny Owen (young persons substance misuse co-ordinator), Commissioned Agency and Lesley Cleworth (Adult joint commissioning manager)	<b>Q3</b> <b>1/1/05</b>

19. Fund Young persons co-ordinators post	£38,802 (Including on costs)	DAT/JCG	1. Full time young persons co-ordinator now in post. 2. Main duties to ensure <b>kpi's</b> are met, commission services, liaise with services, and ensure substance misuse is embedded in mainstream services and strategies. 3. Address local need through joint commissioning. 4. Agree and monitor local targets with partner agencies 5. co-facilitate a mapping exercise with social services to review commissioning and substance misuse services for children and young people in Halton	Jenny Owen (young persons substance misuse co-ordinator), Margaret Roberts Commissioning manager (social services) and Research and intelligence Department (Halton Borough Council)	<b>Q1 1/1/04</b>
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**Budget overview.**

Youth Offending Team substance misuse worker ( <b>section 3</b> )	<b>£27,946.00 (YOT ring fenced monies)</b>
Young Persons substance misuse co-ordinator ( <b>section 19</b> )	<b>£38,802</b>
Tier ¾ service (Not including PCT contribution) ( <b>section 6</b> )	<b>£102,196 (£21,000- 2 months Feb to March)</b>
Universal education (campaigns) ( <b>section 10</b> )	<b>£5,000 (Drama project to confirm with healthy schools)</b>
Training provision for services ( <b>section 7</b> )	<b>£1,097 (Training for commissioners. Also to use allocation for advertising new services)</b>
TOTAL	<b>£175,041</b>
GRANT	<b>£175,041</b>
PCT CONTRIBUTION	<b>£23,804</b>

**Slippage from tier ¾ service (April to January 2004/2005) allocated below:**

Health wise- (section 18)	<b>£6,885 (plus VAT)</b>
DANOS training – (section 18)	<b>£8,910 (VAT not applicable)</b>
Start up costs for tier ¾ service (including adverts for recruitment, premises and alternative therapy training)- (section 6)	<b>£30,000</b>
Campaign for families of substance misusers- (section 16)	<b>£7,954</b>
Campaign for children and young people who use- (section 16)	<b>£7,788</b>
Total	<b>£67,537</b>
Total allocated	<b>£81,196</b>

**Monies not allocated in slippage/LEFT                    £ 13,659 (commissioning arrangements room hire etc)**