

**Home Office
Drugs Strategy Directorate**

**Continuing Practitioner Development
Commissioning Young People's Substance
Misuse Services**

Skills Development Manual

**Engaging Young People
Contract and Performance Management
Financial Management**

**Home Office
Drugs Strategy Directorate**

Continuing Practitioner Development Programme

Skills Development Manual for the Commissioning Competences of Young People's Substance Misuse Services

1. Background and Context

1.1 The skills development manual was created through the Home Office, Drug Strategy Directorate Young People's Pooled Budget pilot which took place from November 2002 to March 2004. The manual was commissioned as part of a programme managed by Skills for Health Sector Skills Council, focused on supporting Commissioners in 25 pilot sites. A component of the work was to identify the skills and knowledge required to commission substance misuse services for young people. Other elements of the project involved supporting the pilot sites through national events, regional meetings, site visits and information.

1.2 Through regular Link meetings created to provide a forum for Commissioners to share skills, developments, problems and solutions a three day workshop was designed. The topics were chosen by the Commissioners who also provided additional materials. The three areas selected were:

- Engaging Young People,
- Contract and performance management and
- Financial management.

1.3 The skills development modules have been developed by Skills for Health, through Studio One Consultancy, who worked with trainers to design and pilot the material with Commissioners. Each module can be provided separately but should be implemented by an experienced trainer. They are aimed at those who are new to the role of commissioning young people's substance misuse services or who require specific knowledge or the development of skills.

1.4 We would like to take this opportunity to thank all the Commissioners who participated in the Link Meetings and the residential workshop. They have helped develop the manual through their experiences and provided examples of work which are included in the manual. Leicester, Leicestershire and Rutland Drugs and Alcohol Action Teams and Nottinghamshire County Drugs and Alcohol Action Team provided several examples of Service Specifications and Monitoring Returns which can be found in the appendix to module two. The evaluation by Commissioners of material used in the workshop and its design and content has been used to inform this version of the skills development manual.

1.5 We would like to thank Gerry Hale and Alan Matthews from HIT and David Wilson from Knox Cropper who provided training inputs over the three days and, much of the material used in this manual. We would also like to thank DrugScope for allowing material they have produced to be used.

Studio One Consultancy
May 2004

2. Using the Manual – This section should be used with each module

2.1 The modules described in the manual are designed to be delivered face to face, by an experienced trainer, with knowledge of the particular element they are organising. For example in the piloting of the manual the Financial Management module was provided by a trainer with hands on experience of financial systems and contracting. There are advantages for the trainer to undertake the training with a local person with relevant experience. For example the Engaging Young People module could involve someone who has experience of enabling young people to participate in planning or researching services. This helps root the module in the practical experience of what works.

2.2 The programme structure covers key units and elements and the underpinning skills and knowledge described in National Occupational Standards. The main units used are Section C of the Drugs and Alcohol National Occupational Standards (DANOS). The manual does not focus specifically on commissioning services for individuals and can therefore be used in the wider context of providing for communities and areas. The programme is designed to give insight into the key aspects of each topic area and is focused on young people.

2.3 Trainers providing the modules should familiarise themselves with the programme, the relevant National Occupational Standards, Government guidance and other related materials. They will also need to ensure that they are familiar with relevant practise issues prior to delivering the programme. They may also find it useful to circulate participants with resources provided in the manual such as background information, the bibliography, workbooks and local information, before the sessions.

2.4 Guide times for each session which comprise a module are provided and should be delivered in the sequence as presented in the manual. This does not apply to the section on Financial Management, which uses a Workbook format allowing for flexibility in the elements and material used.

2.5 The modules for Engaging Young People and Managing Contracts and Performance include a bibliography and resource materials. This material is provided to assist both trainer and participants.

2.6 Approximately 10 minutes should be allowed at the start of each module for:

- Welcoming participants
- Introductions (including the trainer)
- Setting out the learning objectives
- House keeping - what to do in case of fire and emergencies; mobile phones; smoking; toilets and the timetable.

2.7 If name badges have not been provided this is an opportunity for people to write their own. Ask each participant what they expect from the module and record this with them as it will provide a checklist at the end. At this stage establish the ground rules for the module which should be agreed and include:

- Confidentiality
- Respect (for individuals and diversity)
- Time keeping

Continuing Practitioner Development
Commissioning for Young People's Substance Misuse Services
Skills and Development Programme

Module
Engaging Young People

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9. Evaluation and Close

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1. Local Population Needs Assessment
2. Competency Checklist
3. Framework for joint strategic planning
4. Local planning
5. Promoting the development of substance misuse services in the local area

1. Introduction

1.1 This module is focused on engaging young people in substance misuse treatment and uses units from the Drugs and Alcohol National Occupational Standards (DANOS), National Occupational Standards for Youth Work and the Youth Justice Board.

1.2 Those who wish to undertake this module will need some familiarity with the strategic development of commissioning for young people's substance misuse treatment services. To undertake this module participants need an appreciation of the national and local history of the development of drug and alcohol strategies, particularly the role and function of the Drug and (Alcohol) Action Team.

1.3 The National Occupational Standards units and elements used in this module are:

DANOS

CA1 Research the needs of the local population for substance misuse services

The elements of this unit are:

CA1.1 Assess the needs of the local population relating to substance misuse.

CA1.2 Make recommendations for substance misuse services based on a needs assessment.

CA2 Develop and review strategies and plans to meet local needs for substance misuse services

The elements of this unit are:

CA2.1 Support the development of strategies to meet local needs for substance misuse services.

CA2.2 Develop plans to meet local needs for substance misuse services.

CA3 Promote the development of substance misuse services in the local area.

The elements of this unit are:

CA3.1 Identify the requirements for developing substance misuse services.

CA3.2 Prepare plans to develop new and additional substance misuse services.

CB2 Monitor and evaluate the quality, outcomes and cost-effectiveness of substance misuse services.

The element of this unit is:

CB2.1 Manage the performance of providers of substance misuse services.

Youth Work

A1 Establish relationships and maintain dialogue with young people.

The elements of this unit are:

A.1.1 Establish contact with young people and maintain a relationship with them.

A.1.2 Enable young people to clarify their situation and express their aspirations.

Youth Justice Service

B 802 Enable children and young people to be supported by substance use services.

The elements of this unit are:

B802.1 Enable children and young people to access and benefit from substance use services.

B802.2 Enable substance use services to support individual children and young people.

Target Group

1.4 Participants should include:

- Young People's Commissioning Managers
- Joint Commissioning Managers
- DA(A)T Co-ordinators
- DA(A)T Administrative support staff
- Service Managers – with Commissioning responsibility
- Members of young people's drug services Joint Commissioning Groups
- Those with an interest in developing Commissioning knowledge and skills

Overall Aim

1.5 The module aims to enable staff responsible for commissioning services for DA(A)Ts and Joint Commissioning Groups, to examine and discuss models of good practice related to engaging young people in substance misuse interventions. It is aimed at staff who are new to commissioning for young people or who have not worked with young people directly.

Learning Objectives

1.6 On completion of this module participants should have:

- An understanding of the principles of engaging young people
- Explored methods by which they can better recognise the needs of young people
- Considered ways in which they are able to carry out needs assessments for young people
- Identified the changing nature of young people's needs in relation to drug and alcohol use and considered mechanisms to ensure that commissioned services remain appropriate
- Understood that commissioning services for young people may require specialist work with vulnerable young people.
- Considered involving young people in service
- Identified the policy implications related to engaging young people.

Method of Delivery

1.7 The module is delivered through face to face contact and provides a range of learning opportunities including:

- Presentation
- Group work and discussion
- Exploration of areas for change and development
- Action planning.

Content

1.8 The training covers six areas:

- The importance of engaging young people
- Recognising the needs of young people
- Carrying out needs assessment
- Understanding trends in youth culture
- Specific needs of vulnerable young people
- Designing services through engagement of young people
- Young People's impact on commissioning policy.

2. Bibliography and Resources

2.1 Through the Home Office Drugs Strategy Directorate programme for Continuing Practitioner Development an electronic Audit Tool has been developed for Young People's Joint Commissioning Groups and Commissioners. This is available from the Home Office website.

2.2 Documents which will be helpful are:

Substance Misuse and Young People

1. Young People and Drugs – Policy Guidance for Drug Interventions. SCODA (DrugScope) and The Children's Legal Centre – 1999
2. First Steps in identifying young people's substance related needs – Drugscope 2003
3. Children and Young People: Substance Misuse Services: the Substance of Young needs – Health Advisory Service - 2001
4. Assessing Young People's Drug Taking: Guidance for Drug Services – DrugScope – 2000
5. The National Evaluation of the Youth Justice Board Drugs and Alcohol Project – Youth Justice Board 2004
6. Findings 190, 191 and 192, Home Office, 2003

Engaging Children and Young People

7. Youth Researching Youth – The Triumph and Success of Peer Research Project – National Youth Agency 2000
8. Hear by Right - National Youth Board 2003
9. Breaking Barriers? Reaching the hardest to reach – The Princes Trust 2003
10. Principles of youth participation – National Council for Voluntary Youth Services.

Diversity

11. National Treatment Agency Training Manual SD18 Working with Black and minority ethnic groups
12. Race Relations and Amendment Act 2000
13. Disability Discrimination Act 1995 – Amendment Regulation 2003
14. Black and Minority Ethnic Communities in England – review of the literature on drug use and related service provision, National Treatment Agency and the Centre for Ethnicity and Health, 2003

3. Timetable

Time	Activity
9.30-10.00	Introductions and overview
10.00-10.30	Why engage young people?
10.30-11.15	Young people's involvement in commissioning services
11.15-11.30	Refreshments
11.30-12.15	Recognising the needs of young people
12.15 -1.15	Lunch
1.15 - 2.15	Carrying out a needs assessment
2.15-2.45	Youth Culture
2.45 - 3.25	The needs of vulnerable young people
3.25 - 3.45	Refreshments
3.45-4.35	Service Design
4.35- 4.45	Evaluation and Close

Session One

Why engage young people ?

**Guide time
30 minutes**

Topics:

**The principles of engaging young people
Good commissioning practice
Developing better targeted services**

Method

4.1 This session is intended to underpin the rest of the programme and to gain commitment from participants in engaging young people. By the end of this session participants should understand that engaging young people is a key part to ensuring the commissioning role is successfully carried out.

4.2 A question should be asked to either the whole or smaller groups;
Why engage young people in drug services?

4.3 Flip charts should be used to record responses and a general discussion facilitated to consider key points. Issues that might arise from the discussion could include:

- To ensure that interventions are appropriate
- To ensure resources are best targeted
- To show young people that their views are valuable and relevant
- Engaging the young person's family
- To identify issues of diversity – race, gender, disability
- Meeting the wider needs of the community
- Cost and difficulty of engaging young people
- Representativeness of young people's engagement
- Discerning local differences
- Changing trends in young people's culture and drug use
- To have a more informed view of what is happening on the ground
- Empowers commissioners to make decisions
- Helps ensure young people are kept out of adult services

4.4 If necessary points made by participants can be challenged e.g. the time that is taken in engaging young people or stating that young people will grow out of drug use if just left alone. Encourage the participants to question one another as a positive approach to challenging services.

4.5 The responses should be summarised prior to moving onto the principles of engaging young people misuse substances. These are outlined in the Standing Conference On Drug Abuse (SCODA), *Young People and Drugs Guide*.

SCODA Young People and Drugs Guide

Principles of engaging young people who take drugs

1. Appropriate interventions

Young people require appropriate interventions to match their circumstances, age and maturity – those young people who take drugs being no different from other young people in this respect. Interventions should be based on assessed needs, including the need for drug education. Interventions should be planned and not reactive.

2. Rapid access to interventions

Whenever young people's drug-related needs are identified, responses should be planned and implemented without delay. Young people's needs and problems may develop and change rapidly. Delaying or failing to deliver interventions may result in young people distancing themselves from service providers.

3. Building relationships

Skills in forming and building relationships with young people are imperative if an ongoing intervention is to be provided. Young people will not appreciate or respond to being talked at or not listened to.

4. Confidentiality

As a general rule, confidentiality should be maintained if a young person approaches a service for simple advice, information or an onward referral. Children and young people are entitled to seek such information without the consent of a parent and services are under no legal obligation to inform parents or social services that a young person has sought advice. However young people should be made aware that if they indicate they are 'suffering or at risk of suffering serious harm', this is likely to be disclosed to social services.

Session Two

Young people and commissioning services

**Guide time
45 minutes**

Topics

Making the link between young people and policy makers Ensuring that young people's voices are incorporated in plans and strategy

Method

5.1 The purpose of this session is to ensure that the views of young people are part of the planning and commissioning of services and their experiences are incorporated into the design and delivery of provision. This session aims to help participants consider how they can involve young people and create a code to meet this purpose. This might be based on principles similar to those provided as examples from DrugScope and the National Council for Voluntary Youth Service.

DrugScope

Ten key policy principles in working with children and young people

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.

National Council for Voluntary Youth Service Principles of youth participation

1. **Young people are involved because they want to be** – The involvement and participation of young people is on a voluntary basis because they believe in the importance of the issue and that their participation will make a difference.
2. **Young people have a choice about how they get involved and at what level** – Young people have the opportunity and choice to get involved at any and all levels of decision making, through activities that are fun and creative and that suit their skills, abilities and interests.
3. **The diversity of young people is valued** – Young people's diversity of experience, background, belief and talent offers a unique resource for organisations, communities and society. Celebration of diversity is a key part of participation and increased understanding and acceptance should be an outcome.
4. **Participation is accessible to all young people** – All young people should be valued equally and opportunities offered fairly. Young people who need extra support to take up these opportunities should be given it. Anyone who discriminates against a young person should be challenged. This also means that decision making processes should be accessible and welcoming to young people, whether in terms of language, location, timing, costs or other factors.
5. **Everyone is honest and open about process** – Adults and staff should be open and honest with young people about what they are trying to do, why they are doing it and how much influence or power young people will have.
6. **There is equal partnership between adults and young people** – Young people and adults can learn a lot from working together. Opportunities for adults and young people to work and learn together should be created and valued.
7. **Young people are encouraged to come up with their own ideas and solutions** – Young people led approaches enable young people to take action themselves on issues they want to address or things they want to achieve, in a way that they feel happy with. This brings enormous benefits for young people and should be encouraged.
8. **Barriers that stop young people from getting involved are challenged** – If the way decisions are made or the way an organisation is set up prevents young people from getting involved and having a say, it should be challenged and where possible changed.
9. **The value of young people's work, ideas and skills is recognised** – It is important to recognise the contribution of young people, value it, use it and ensure that there are real outcomes from young people, both as a group through their impact and individually through their empowerment.
10. **Young people's involvement makes a difference** – Ultimately young people should have made a difference through their involvement and they should know it. Young people should receive feedback, be involved in monitoring, evaluation and deciding what happens next.

5.2 The key principles should be presented and participants asked to discuss what they mean in commissioning services. In presenting the principles consideration should be given to the need to amend or change any to meet local circumstances or to emphasise particular points. Do they work locally and if not what changes are necessary?

5.3 Having examined the principles participants should be asked to provide their reasons for involving young people actively in decision making. The key points from the discussion should be recorded and may include:

- It is young people's right to be involved and have their voice heard in decisions that will impact on them. This right is enshrined in the UN Convention of the Rights of the Child, article 12.
- Participation of all citizens, which includes young people, is essential to a healthy democratic society. This is a particularly relevant reason given the context of declining engagement of young people with traditional political processes (only 39% of young voters going to the polls in 2001).
- Improved, better targeted and more effective services are gained by involving young people in the planning and management. Services can remain relevant and effective as they are based on young people's reality and not only professional perceptions.
- Skills development for young people, who like many, can gain a huge amount of confidence from seeing their opinions and experiences valued and directly contribute to positive change.

5.4 Participants should be asked from their experience, to explore different methods of involving young people. The National Youth Agency, *Hear by Right* publication offers tested standards for the active involvement of children and young people in organisations across the statutory and voluntary sectors to assess and improve practice and policy.

5.5 The outcomes from this session should be summarised on flip charts.

Session Three

Recognising the needs of young people

**Guide time
45 minutes**

Topics:

**Health and social needs of young people
Trends in substance misuse
Local trends**

Method

6.1 Present the picture provided by the *Health Advisory Service report (2001)* which is given in bullet point format. This can be updated through local Needs Assessments, research and other references in the bibliography.

The Needs of Young People

- Whilst most young people will experience improved wealth, health, education and longevity than their parents, a significant minority of young people will experience a 'combination of problems':
- 1 in 4 children by 16 years is likely to have experienced divorce of parents
- 1 in 5 live in lone parent families
- From 77-97 the proportion of children living in households with no earner or no employment doubled
- 3 out of 5 children in every classroom will have witnessed some kind of domestic violence
- Over 58,000 children are accommodated by local authorities

6.2 Present the following from the *Health Advisory Service report on substance misuse (2000)*, which can be updated by national and local data.

Trends in substance misuse in the last decade

Tobacco

- During 90's smoking increased significantly
- Daily use at age 13 – 20% of young people were smoking daily

Alcohol

- More young people drinking regularly (at least once a week)
- Weekly drinkers are drinking more amounts
- Regular young drinkers are drinking more alcohol per session
- Changes in the types of alcoholic drinks consumed (alcopops/designer drinks)

Volatile Substance Abuse

- Lifetime prevalence rate of 15%
- Reduction occurs with age but misuse and associated mortality underestimated

Prescription Drugs

- Upward trend in use of prescription drugs. Young women more likely to misuse these drugs than young men

Illicit Drugs

- Drugs predominantly used are cannabis, followed by dance drugs, amphetamines, LSD and Ecstasy with a minority using heroin and cocaine.
- Poly –drug or 'cafeteria' approach to drug use
- Mid 90's 'unprecedented rise' in youth drug use against background of increasing availability, acceptability and popularity.

6.3 There should be a discussion on the implications of the trends on commissioning and any variables which relate to particular groups of people. For example, participants could be asked to consider how these trends relate to their work, Black and minority ethnic communities, young people who are homeless and disabled young people.

6.4 The final 15 minutes should be for a full group discussion on the needs of young people and how trends in substance misuse are impacting on services.

6.5 The session should be summarised by pulling out the main trends and exploring how these can be used in respect of the availability and acceptance of drugs and alcohol amongst young people. This will provide a focus for the next session which is concerned with carrying out a needs assessment.

Session Four

Carrying out a needs assessment

**Guide time
55 minutes**

Topics:

**Looking at the wider needs of young people
Role of young people's wider connections
Planning mechanisms for carrying out a needs assessment**

Method:

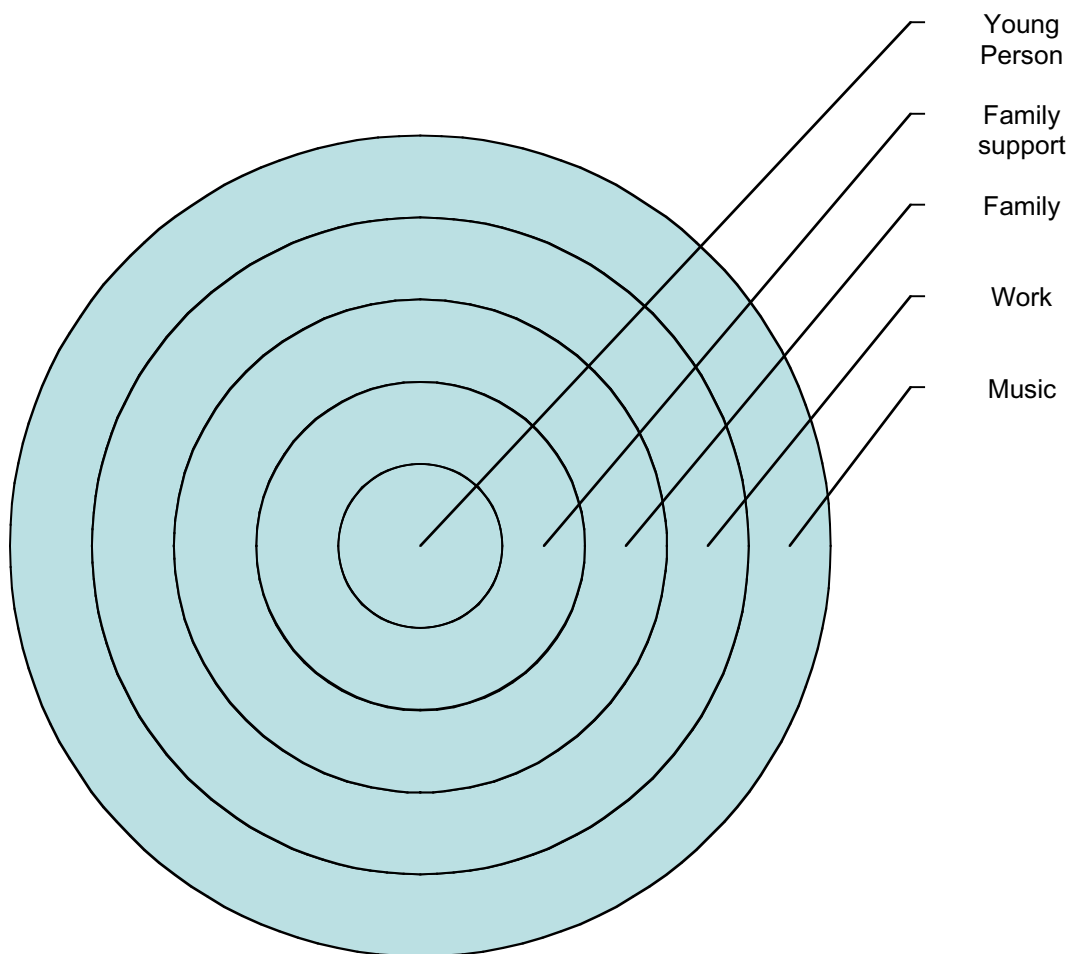
7.1 Participants should be divided into smaller groups ideally trying to get a good mix of experience. Each group using flip charts should be asked to put the young person at the centre of the page and circle them and build up a series of concentric circles with all the aspects that affect the young person.

7.2 These circles could result in the following names on the list which represents a circle.

- Young Person
- Family
- Friends
- Culture
- School
- Sex
- Going out
- Music
- Ambitions
- Crime
- Work

7.3 An example diagram is provided and can have as many circles as the group considers necessary to depict the aspects that influence and affect a young person's life. This mapping exercise can be expanded and each circle developed into more networks e.g. the family circle could include:

- Divorce
- Extended family
- Brothers and sisters
- Social Services



7.4 This exercise should take approximately 20 minutes to complete after which the groups should be invited to look at each others work to see what different approaches can produce.

7.5 A feature of this exercise is to identify both the importance of engaging young people in a needs assessment and building on individual need. The Appendix produced by the National Treatment Agency *Local Population Need Assessment* provides details of the competencies required to undertake the task and describes a framework for *Joint Strategic Planning*.

7.6 Issues of diversity should be clearly identified in respect of race, gender sexuality and disability as some people may experience difficulty accessing services. Examples of studies can be used to highlight the issues along with examples from participants. The Bibliography contains a literature review *Black and Minority Ethnic Communities in England*

7.7 This process should help emphasise a key point in planning which is to use as many different approaches and experiences as possible when preparing a needs assessment. This will help ensure that all aspects are included in the assessment and that the individual is central to the process.

7.8 This should be followed by a group discussion which explores who else would be involved in a local needs assessment exercise. This might include:

- Youth Services
- Young people
- Carer/parent groups
- Planning professionals
- Other related professionals.

7.9 The next stage is a facilitated discussion to look at what steps need to be taken to carry out a needs assessment. If a local needs assessment has been undertaken and is available this would provide a working example. The steps identified might be as follows:

Carrying out a needs assessment:

- Gain support and approval for the needs assessment from the Young Persons Joint Commissioning Group and/or DA(A)T.
- Establish who will be the lead officer and ensure they have adequate time and resources to carry out the task.
- Check what information is available and accessible from across all relevant available nationally, regionally and locally.
- Seek advice from the Drug Strategy Directorate, the National Treatment Agency, Drug Strategy Directorate, Government Regional Offices and colleagues in other authorities who have undertaken similar assessments.
- Consider establishing a steering group for the task comprised of representatives from agencies such as Social Services, the Youth Offending Team, Probation, Police, Youth Services, CAMHS, Voluntary Sector Providers, Education (the Local Education Authority) and young people.
- Set terms of reference for the steering group.
- The focus of each needs assessment will vary from locality to locality and clarity and focus at this stage will help with better commissioning therefore agree the scope by examining:
 - What do you need to know to be able to improve the engagement of young people
 - Patterns and trends of drug use
 - Current use of existing services
 - Why some groups are not accessing services
 - What is working effectively
 - What could be improved
- Consider methods for carrying out the needs assessment:
 - Can it be done with current resources
 - Is it necessary to engage a consultant or can work be carried out in house
 - If it is necessary to tender the needs assessment to a consultant then a brief will need to be prepared.
 - Consider a consultation day or conference with key stakeholders to gain clarity on the major focus.
 - A staged needs assessment with time for feedback at each phase can help formulate a qualitative picture and engagement of the stakeholders.
- Establish a reasonable timetable and monitoring and evaluation mechanisms. Assessments can drift because insufficient thought is given to what needs to be done at the planning phase. Monitoring and evaluation of the process is important to enable the work to be added to at a future date and to assist learning.

7.10 The individual experiences of participants of commissioning research or needs assessments should be used throughout this session. People will learn from each other in particular, where things have not turned out as planned and the time needed to carry out an assessment. The session should be summarised by reiterating the importance of needing to know what young people need if engagement is to happen, be meaningful, well resourced and targeted.

Session Five

Youth Culture

**Guide time
30 minutes**

Topics

Using appropriate methods to engage young people Ensuring that services find ways to stay in touch with changing youth culture

Method:

8.1 This session addresses the real issue of ensuring that young people's services are cognisant of the culture in which young people operate. Breaking into small groups each should spend 15 minutes producing a drawing which symbolises youth culture. These could be representations of dress, speech, music, activities etc.

8.2 Each group should then explain their drawing followed by a discussion for 15 minutes on the trends in youth culture. This could be assisted by a number of questions such as:

- How important it is for services and staff to understand the environment in which young people operate and how they should deal with this?
- How appropriate is it for the young people to be able to relate to staff and how could this be achieved?
- Given that youth culture changes how can services be sufficiently flexible and change focused to be able to adjust to meet these shifting patterns?

8.3 It is not necessary to be an expert on youth culture especially if young people are participating in the planning and monitoring of services, but it is important that consideration is given to language, images which depict young people and where messages are placed. As young people are not a homogenous group with a single culture various methods are required to create connections. It is also important to recognise the diversity of youth culture in respect of race, gender, sexuality and disability.

Session Six

The needs of vulnerable young people

**Guide time
40 minutes**

Topics:

Vulnerable groups

Method:

9.1 The introduction to this session should provide an explanation that vulnerable young people are at risk of becoming drug and/or alcohol users. As a result Commissioners need to ensure that these young people are considered and appropriately engaged by services. This is an important area due to the high risks of substance misuse amongst vulnerable groups. This is an introductory session to consider the needs of vulnerable young people and not a comprehensive examination.

9.2 Describe with participants those groups that may be deemed vulnerable.

Vulnerable Young People

- Little or no supportive contact with social or family networks
- Problems at school
- Non-attendance at school or exclusion
- Family conflict and abuse
- A medical emergency (immediate threat to life or serious permanent damage to health)
- Involvement with the criminal justice system
- Family drug and/or alcohol misuse
- Extent of the young person's substance misuse
- Housing needs
- Involvement in abusive or exploitative relationships
- Mental health concerns

9.3 Participants should be asked what issues need to be addressed when involving vulnerable young people in substance misuse services. The responses should be listed on flip charts and might include:

- Attracting young people
- Holding their interest
- Providing outcomes such as the delivery of appropriate services

Involving Vulnerable Young People in substance misuse services

- Young people can be suspicious of services
- Young person are not able to disclose because of fear of the consequences e.g. taken into care
- There being a lack of understanding between services and young people
- Staff feeling unable to deal with vulnerable young people and not adequately coping with issues that arise
- Services not being geared to work with vulnerable young people
- Lack of partnership working between services.

9.4 Participants should be asked to consider solutions to some of the factors and their responses listed.

9.5 The discussion should consider highly vulnerable young people, who maybe:

- Homeless
- Living in squats or on the street
- Have 'disappeared' from the care system or from home
- Involved in sexual exploitation
- Regularly involved in criminal activity.

9.6 It should be emphasised that the imperative in working with these young people is harm minimisation and relationship building, ensuring that they are not lost to services.

9.7 The group should explore how services can be placed in a difficult situation with highly vulnerable young people as they may be 'suffering, or at risk of suffering, significant harm' although their situation may not be immediately life threatening. Services require protocols and competent staff to deal with these situations. Commissioners and planners need to ensure that services have these in place and guidance is available from experienced agencies.

9.8 Participants should examine how to ensure connectivity between agencies through sharing experiences of what has worked. Examples could include:

- Agencies communicating through Joint Commissioning Groups
- Clarity of different roles of agencies and who is leading on what.
- Maintaining a strategic overview to diminish the possibility of young people doing things differently whilst agencies still operate in the same way.

9.9 Commissioners can assist services with these approaches and monitor elements to reinforce of good practice. Joint working between Commissioners and service providers to find solutions is likely to produce a shared commitment to working with very vulnerable clients.

9.10 This session should close with a summary of the key points and the need to see work with vulnerable young people as being central to planning and service delivery.

Session Seven

Service Design

**Guide time
50 minutes**

Topics:

Service design Thinking from a service user's perspective

Method:

10.1 Break into three groups and allocate to each a Prevention project, Tier 2 service and Tier3/4 service. Ask participants to take young person's perspective and design a service aimed at young people which meets the criteria provided.

10.2 Each group should be asked to consider the following in their service design.

- Service values
- Service aims
- Characteristics of staff to be employed
- A name for the service
- How would the service promote itself

10.3 Each group should take 30 minutes and then feedback on their design with particular emphasis on the learning for commissioning. The results should be recorded by the groups as part of their feedback.

10.4 Examples of this might be:

Service Values

- Equality
- Equity
- Integrity
- Respect (individual and diversity)
- Authentic
- Open access (a place I can get to)
- Not "cliquey"
- Long opening hours
- Offers a wide range of services which I can choose
- Will be Young People led
- Will be free
- Confidential (with clear statements)
- Safe
- Where someone will listen
- Basic provisions e.g. I'm homeless and would like to eat and wash

Service Aims

Somewhere for young people to go (to meet my friends) and I where I can find out things. Somewhere I can hang out and try things out like head massage. Have a cup of coffee listen to different music, and where the staff will keep asking me whether I like it.

Staff

- Someone I can trust and relate to
- Someone I've chosen
- Someone who understands
- Someone who knows what they're talking about
- Someone who's non-judgemental
- Someone "cool"
- Looks like David Beckham!

Names

- Ambiguous but consistent – depends where it is
- Chosen by young people
- Known by that name by everyone
- No naff "youthisms" chosen by out of touch adults
- Link to locality

Promotion

- Get the name right
- Word of mouth especially through users
- Websites – interactive
- Leaflets, cards, displays
- Competitions
- Free vouchers (for a drink?)
- Raise awareness through ALL related professionals

Session Eight

Summary and Evaluation

11.1 Return to the initial learning objectives which were on completion participants should be able to:

- Have an understanding of the principles of engaging young people
- Have explored methods by which they can better recognise the needs of young people
- Have considered ways in which they are able to carry out needs assessments for young people
- Have identified the changing nature of young people's needs in relation to drug and alcohol use and considered mechanisms to ensure that commissioned services remain appropriate
- Have understood that commissioning services for young people may require specialist work with vulnerable young people.
- Have considered involving young people in service design.
- Have thought of the implications on policy development in engaging young people.

11.2 Check with participants that the programme has achieved the objectives and consider with them what future work is needed to build on these areas. These points should be recorded as part of the modules evaluation.

11.3 To complete this module provide and collect the evaluation forms.

Engaging Young People Appendix 1

Extract from the National Treatment Agency for Substance Misuse - Competency Based Learning Modules

LOCAL POPULATION NEEDS ASSESSMENT

a) **What do we mean by needs assessment?**

Needs assessment is a method for estimating the required capacity and range of services at a local or regional level. While account needs to be taken of regional needs the assessment referred to here is primarily **local**. Account must be taken, however, of adjacent or other relevant populations who may impact on local needs.

Needs assessment is not a one-off exercise, but should be part of a cyclical process that will continually give better information on service use and unmet needs. In particular the timing of needs assessment is crucial, since it must fit the **commissioning cycle** to ensure that the needs assessment directly informs commissioning.

Needs assessment must form part of a **cycle of learning**, in which year on year commissioners continually improve their intelligence and needs assessment. It is helpful for commissioners to publish in advance priority areas for learning, and engage with stakeholders in an explicit programme of planned learning.

The needs assessment must take into account **national service provision requirements**. Minimal service requirement for every locality – Commissioners will need to demonstrate by 2004 that they are commissioning a comprehensive range of structured treatments for a diverse client group with diverse needs: Services must be available for opiate and stimulant users, young people, women, drug misusing parents and people from black and minority ethnic communities, people with dual diagnosis, people with poly substance misuse problems (alcohol) The range of services should include: community prescribing services (specialist and GP), structured Day Care and Counselling, In-Patient Detoxification and Residential Rehabilitation, together with risk reduction, health promotion and through and aftercare services

b) What competences are required for effective needs assessment?

A comprehensive needs assessment requires knowledge, understanding and skills in specific areas:

i. Data and Information Gathering:

Ability to use methodologies to gather accurate, relevant and contemporary information and data relating to the levels and types of drug misuse, and levels of unmet needs. This will include:

- epidemiological data
- information on trends and patterns
- demography and mobility patterns
- socio-economic factors
- ethnography
- clinical data
- spacial mapping
- service mapping
- service usage data
- waiting lists data
- substance misusers not in contact with services data

ii. Communication:

The ability to communicate with a wide range of stakeholders requires competency in the following areas:

- consulting with stakeholders formally, including service users
- consulting with stakeholders informally, with particular reference to gathering service user sourced information
- organising and facilitating multi-agency events
- report writing
- knowledge of confidentiality laws and protocols

iii. Analysis:

Ability to use methodologies to analyse data and information to assess local population's needs for substance misuse services:

- assessing impact of substance misuse on the health and social welfare of local populations
- assessing the extent to which existing services meet the current and future needs of local populations
- assessing gaps in the range and capacity of services to meet needs

iv. Knowledge of Substance Misuse:

Knowledge of substance misuse includes:

- the range of different substances and their implications for the provision of services
- national substance misuse policies and priorities
- models of care, including tiers of services
- best practice relating to each service tier
- factors causing changes in demand, such as disruption to local drugs markets, sudden withdrawal of prescribing services by individual practitioners, new patterns of drug misuse, introduction of new funds for treatment

v. Local Knowledge of Substance Misuse Services:

- the range of services being delivered locally
- i) *Non substance misuse specialist services - education and prevention*
- ii) *Open access substance misuse services for services users and relatives/carers*
- iii) Structured community based substance misuse services
- iv) Residential substance misuse specific services
- capacity of each service
- throughput data and information
- characteristics of service users in each service
- detailed design of each service
- delivery mechanisms for each service
- progression and outcome information

vi. Other Local Knowledge

There is a need for a wide range of other related knowledge:

- the range of key stakeholders in the local area, not only the different agencies but who within that agency has the responsibility, knowledge or commitment to substance misuse
- i) *Lead commissioning agencies Youth services*
- ii) *Other Commissioning services:*
- iii) *Adjoining DAAT areas*
- iv) Statutory agencies directly related to substance misuse
- v) Statutory agencies indirectly related to substance misuse
- vi) *Voluntary Agencies – often particularly helpful for gaining information about under represented groups*
- vii) *Service Users, their families and carers*
- the range of different target populations, their different characteristics and needs
- local regeneration initiatives, including neighbourhood renewal, single regeneration budgets
- key local partnerships, such as Local Strategic Partnerships

vii. Legislation

- legal requirements relating to the handling of information
- equal opportunities legislation

c) What principles should guide the Needs Assessment?

The quality of all data and information should be judged in terms of:

- Accuracy
- Relevance
- Contemporary

The gathering of data and information should be completed with due regard to:

- Inclusion – efforts must be made to ensure that information is gathered from those people who are frequently excluded from such initiatives, including substance misusers not currently in service
- Legal constraints on the handling of information
- Commitment to confidentiality

d) Is there a preferred methodology for needs assessment?

There is no single agreed methodology relating to assessing the needs of local populations with regard to substance misuse. The following is therefore provided as a guide:

1. Identify & involve all relevant stakeholders.
2. Ensure that all key stakeholders understand that a needs assessment is being undertaken and make it as easy as possible for them to contribute to it.
3. Agree with key stakeholders the target populations and substances to be covered
4. Identify significant demographic trends within the target populations
5. Estimate the size and composition of the in-need population, taking full account of the diversity of local populations and the rights of individuals to have equal access to substance misuse services
6. Investigate good practice in the commissioning and delivery of substance misuse services and make these explicit in the assessment report
7. Gather information about the target populations' current and likely future use of substances, with full regard to issues of confidentiality
8. Assess the impact substance misuse has on the target populations health and social functioning
9. Identify existing substance misuse services, the extent to which they meet the target populations' current and likely future needs
10. Describe the desired substance misuse system (the desired comprehensive range of services), estimating the demand for each type of service, taking account of national substance misuse policies and priorities
11. Compare the preferred to current demand for each service and devise the means of changing the patterns of services towards the preferred provision
12. Provide all stakeholders with the preliminary results of the assessment and invite responses
13. Consult actively with all key stakeholders on the results of the assessment and incorporate views into the recommendations
14. Acknowledge gaps in the information gathered and identify ways of filling those gaps in future assessments
15. Devise instruments to monitor and evaluate changes and to revise the needs assessment
16. Present recommendations in a way that helps commissioners agree priorities and the strategies needed to achieve them

Engaging Young People Appendix 2

COMPETENCY CHECKLIST

COMPETENCY	CURRENT LEVEL OF ACHIEVEMENT		
	HIGH	MEDIUM	LOW
Data and Information Gathering			
Communication			
Analysis			
Knowledge of Substance Misuse			
Local Knowledge of Substance Misuse Services			
Other Local Knowledge			
Legislation			

Additional Information

The competency checklist can be extended through two additional resources and can be used by Commissioners or Joint Commissioning Groups. There are 7 DANOS Commissioning units which can be accessed via the www.skillsforhealth.org.uk. These have 17 elements which specify the skills and knowledge required to meet the standard.

There is an electronic self assessment Audit Tool available on www.drugs.gov.uk. This was developed through the Home Office, Drugs Strategy Directorate Young Peoples Pooled Budget pilot.

Engaging Young People Appendix 3

FRAMEWORK FOR JOINT STRATEGIC PLANNING

No single framework for joint strategic planning has been presented as the most appropriate one for use with substance misuse services. The following is proposed as one suitable model:

- i) *Historical Perspective:* an acknowledgement of the historical context within which strategic planning is being undertaken helps to establish a culture of openness and transparency. For this to happen commissioners must be willing to accept their own shortcomings in past performance, and in particular acknowledge the difficulties of joint commissioning, when so many different commissioners can have different perspectives and priorities.
- ii) *Current Context:* Strategic Planning takes place within a context of certain constraints, some of which are national (Key Performance Indicators on waiting times, new referrals, completion of treatment and unit costs) while others relate to each DAT's local situation. The context must also lay out clearly the results of the local *population needs analysis*, with particular reference to any gaps that need to be filled.
- iii) *Statement of priorities: a successful strategy requires unambiguous leadership.* For this reason a clear statement on the commissioners' priorities must lie at the heart of strategic planning. On the one hand this will acknowledge the differences that exist between commissioners in their focus, for example certain commissioners will emphasise crime and disorder while others will focus on health and social wellbeing. Rather than being a source of division this can deliver a truly holistic approach to strategic planning, viewing the problems of substance misuse in their widest context.
- iv) *Strategic assumptions:* strategic planning should be underpinned by explicit assumptions about *what works*. It is a responsibility of the strategic planners to take full account of best practice and to build it into their strategic assumptions. This enables service providers to develop services that are designed according to best practice, and which fit the needs of local people.
- v) *Analysis of Current Strategic Funding:* strategic leadership requires a full appraisal of current funding commitments, coupled with an analysis of their appropriateness. A logical alignment is required between strategic intentions and the allocation of resources, and this analysis provides strategic planners with the opportunity to critique current funding levels and arrangements.
- vi) *Proposed Future Funding:* Significant changes in strategic direction require shifts in funding arrangements. It may be necessary to give considerable advance warning of changes that will significantly affect certain service providers. Alternatively incremental shifts, year on year, can achieve much, so long as they are accompanied by a clear rationale.
- vii) *Vision:* Strategic Planning is all about putting into place those things that are required to achieve a compelling vision. Strategic planners should spend some time agreeing how that vision should be communicated

- viii) *Strategic Targets*: They will fall into two basic categories – those relating to service users and those referring to service system reform. Some will be handed down from the centre while others will be very specific to local needs. It may also be useful to differentiate between short term and longer term targets. In all cases the targets should be connected to timeframes.
- ix) *Monitoring arrangements*: Built into the strategy must be the reporting mechanisms and arrangements for service providers, the persons responsible for monitoring the achievement of strategic targets and the review process
- x) *Learning Programme*: Strategic Planners must ensure that their work is directly connected to the commissioning process. Their targets for learning should be explicitly expressed within the strategic plan, as should the process whereby lessons will be learned and changes made to strategic and operational planning.

Engaging Young People Appendix 4

LOCAL PLANNING

Please assess the extent to which in your area you are effective in the local planning of drugs services by attributing the appropriate scoring to each statement.

0 = no evidence

5 = fully in place and working well

From 1 - 5 = the degree to which you agree

	0	1	2	3	4	5
"We have in place a local planning process which operates as a partnership involving commissioners, providers and service users"						
" We have agreed locally a minimum level of service capacity for each of the tiers of service"						
" Local services are integrated and coordinated"						
" All local services have robust performance management systems in place"						
" A system is in place whereby commissioners, providers and service users engage in shared learning and continuous improvement"						

Engaging Young People Appendix 5

Promoting the development of substance misuse services in the local area

The development of substance misuse services in the local area involves the following:

- A. Identifying the need for new or additional substance misuse services and planning how they will be delivered
- B. Investing for innovation and change
- C. Integrating and coordinating service delivery
- D. Training, development and workforce planning

A. IDENTIFYING THE NEED FOR NEW OR ADDITIONAL SUBSTANCE MISUSE SERVICES AND PLANNING HOW THEY WILL BE DELIVERED

- i) The need for new or additional services may be identified through:
 - The local population needs assessment
 - As a result of positive or negative outcomes of existing services
 - In response to innovative ideas and approaches to substance misuse

Although there are many gaps in understanding what sort of treatment works best for whom, and why, research has demonstrated that a wide range of treatment interventions are effective in reducing drug misuse and criminal activity and the health risks that go with it. A key aim of the national drugs strategy is to improve treatment services for people with drugs problems and double the number of people in treatment by 2008. National investment in treatment is increasing, and it is a key responsibility of commissioners to ensure that this new investment, together with existing investments in drugs services are capable of serving more people while at the same time improving quality, equity and accessibility.

Many drug misusers experience chronic health problems and are involved in significant levels of crime. The complex nature of drug misuse means that many drug misusers require a combination of services, and need to be supported along a "treatment pathway". Because drug misuse is often a chronic, relapsing condition recovery is often followed by relapse. Most people will require several episodes of treatment, together with support for related problems, such as mental health or alcohol problems, or difficulties with housing, jobs or relationships. Integrated and coordination of care are therefore essential elements in the promotion and development of local substance misuse services.

It therefore goes without saying that the identification of what services are required and how they should be delivered requires close liaison between health, social and criminal justice agencies. Links between DATs and Primary Care require considerable attention. Currently few GPs work with specialist services to support drug misusers

ii) The range of services required will include:

Education and prevention services
Care and Treatment services

- Rehabilitation and transitional care services
- Services for relatives and carers of substance misusers

iii) Identifying local requirements therefore entails:

- Being explicit about the gaps that have been identified
- Articulating how existing substance misuse services could be improved
- Providing opportunities for local stakeholder to recommend innovative approaches to delivering substance misuse services
- Ensuring that service development is in line with national policies and local priorities
- Agreeing with partner agencies the range of new or additional substance misuse services to be developed

iv) Preparing Plans to develop new or additional services involves:

- Striking a balance between innovation and accepted practice
- Determining the support required by those responsible for developing services
- Articulating clearly who will do what, when and how much money and other resources have been budgeted for service development
- Expressing clearly the appropriate monitoring process and evaluation criteria
- Agreeing plans with partner agencies
- Ensuring that the required funding is available
- Communicating clearly what this investment in development must deliver

B. INVESTING FOR INNOVATION & CHANGE

i) Commissioners as Investors: Adopting an investment approach enables commissioners:

- to become more explicit about their intentions
- more assertive about the results they want to achieve
- more collaborative with investment partners to achieve improvements in people's lives

The process requires, firstly, a *mindset shift*, to view all spending on drugs services as investments that will deliver real changes in people's lives in terms of health and social gains. However this mindset shift must be accompanied by clear investment *behaviours*:

- The completion and publication of a (Joint) Investment Plan

- Commitment of time to develop closer partnership relationships with service providers
- Making training available to service providers to ensure that they are capable of delivering services and outcomes in line with the Investment Plan
- Providing the support and confidence that service providers need to acknowledge areas for development
- Work collaboratively with providers to ensure that they know what they need to improve and how to do it
- Creating a culture of openness and transparency
- Developing an outcome focused approach to commissioning
- Requesting reports from service providers on how service users are progressing
- Creating opportunities for joint learning
- Creating an expectation of continuous improvement and development, by acknowledging development needs of commissioners as well as service providers

ii) Explicit Request for Innovation

- Innovation should be regarded not as novelty but as a change that will bring about improved performance
- Innovation should be an explicit element of the annual commissioning cycle and the commissioners should give a clear lead to providers about the areas where innovation is sought
- Innovation is more likely to be effective if the area where innovation is sought is defined with sufficient parameters to ensure potential innovators remain focused on the issue requiring improvement but sufficiently wide to encourage creativity
- Commissioners should ensure that innovative developments are connected to clear reporting timeframes and agreed reporting formats
- Commissioners have a responsibility to support innovators and to be understanding when success is not achieved
- The identification and celebration of successful innovation and change management should form part of the annual commissioning cycle

C. INTEGRATING AND COORDINATING SERVICE DELIVERY

- The development of Integrated Care Pathways is the preferred way of delivering packages of care within the drug service system
- ICPs are inter-agency pathways that enable service users to access the most appropriate type and tier of service for their current and future needs. This means that the local service system must be sufficiently integrated and coordinated to allow service users to move up and down the system as their circumstances change
- Integrated and coordinated service delivery requires locally agreed protocols between services. Shortcomings, blockages or delays in any part of the local system can significantly impact on the overall efficacy of local drug services.
- The coordination of the local drugs service system requires local agreements around which service users require explicit care coordination and agreed protocols concerning the transfer of care coordination responsibilities
- Specific coordination arrangements must be put in place where it is known that service users are most likely to “get lost” in the system or suffer unreasonable delays. An example of this is coordinating care between prisons and the community. Failure to develop appropriate coordination arrangements leads to the “revolving door” effect. Similar failures are known to be common among drug misusers with mental health problems
- Effective coordination between specialist and primary care has potential for radically influencing the appropriateness, efficiency and efficacy of service delivery. It is a key responsibility of commissioners of drugs services to ensure that there are adequate shared care arrangements locally and that primary care staff receive the training and support required to manage the local delivery of appropriate drugs services. Critical success factors for effective shared care coordination include:
 - i) The production of locally agreed management guidelines that define the roles and responsibilities of GPs and specialist services
 - ii) Good joint working relations between specialist and primary care services
 - iii) A comprehensive training strategy for GPs and other primary care staff, such as community pharmacists
 - iv) Clear arrangements for monitoring and evaluation
 - v) Agreed funding arrangements to offer GPs additional payments to recognise increases in workloads

- Increasingly DATs have been developing improved coordination arrangements with local Crime & Disorder Reduction Partnerships. In some cases the DATs have successfully integrated with C&DRPs. This can open significant opportunities for commissioners of drugs services to improve the coordination of care between drugs specific services and the wide range of associated services required to achieve and sustain improvements in the health and social well being of drugs misusers. At the same time it can improve the direct connection between drugs service delivery and the regeneration of local communities, enabling better informed and more focused commissioning and enabling access to wider funding opportunities

D. TRAINING, DEVELOPMENT AND WORKFORCE PLANNING

In order to commission effective drugs services with confidence it is essential to be reassured about the competence of the local workforce, and that there are sufficient staff at all levels to meet local demands

A priority of The National Treatment Agency is effective workforce planning. In common with the NHS Plan, recruitment, retention and improving the competence of managers and staff is seen as requiring urgent attention. Working with National Training Organisations the Home Office Drugs Strategy Directorate, the Department of Health and others the NTA is undertaking a national Training Needs Analysis to identify staffing shortfalls in competence and capacity.

The NTA has identified the following developments as essential: leadership and development programmes for managers and commissioners; competency based training and developments for practitioners; apprenticeship schemes for new workers; projects to improve human resource management in drug treatment services

Issues critical to effective workforce planning include:

- i) Securing workforce data to complete a comprehensive local workforce map of all staff and managers throughout the local drugs service system
- ii) Mapping the local demand for services
- iii) Analysing anticipated future demand for services
- iv) Completing a local assessment of training needs
- v) Completing a Local Workforce Development Plan which includes capacity, training and staff development measures

Continuing Practitioner Development
Commissioning for Young People's Drug Services
Skills and Development Training Programme

Module

**Managing Contracts and Performance in Young People's
Substance Misuse Services**

Contents

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10. Session Five: Quality and Cost effectiveness
11. Evaluation and Close

Appendices

1. Key Performance Indicators for Young People's services – Home Office
2. Commissioning and performance management – National Treatment Agency
3. Presentation Contract and Performance Management
4. Example Service Level Agreement
5. Example Service Specification Mentoring – Leicester DAAT
6. Example Service Specification Projects Officer - Leicester DAAT
7. Example Service Specification Senior Support Worker Excluded Pupils – Leicester DAAT
8. Example Monitoring Return – Leicester DAAT
9. Example Service Specification and Monitoring Returns – Nottinghamshire County DAAT

1. Introduction

1.1 This module provides materials and a training framework to assist participants develop their skills and knowledge of contracting and performance management of young people's substance misuse services. It uses units from the Drugs and Alcohol National Occupational Standards (DANOS).

1.2 Those wishing to undertake this module will need to be familiar with the strategic development of commissioning for substance misuse treatment services. Participants will also need an appreciation of the national and local history of the development of drug and alcohol strategies, particularly the role of the Drug and (Alcohol) Action Team.

1.3 Although the elements of this module are key parts of a commissioning framework, they need to be used in the context of the developing Joint Commissioning structures for children and young people's services.

1.4 The DANOS units and elements used in this module are:

CB1 Invite tenders and award contracts for substance misuse services

The elements of this unit are:

CB1.1 Invite and evaluate tenders for the provision of substance misuse services.

CB1.2 Negotiate and award contracts for the provision of substance misuse services.

CB2 Monitor and evaluate the quality, outcomes and cost-effectiveness of substance misuse services

The elements of this unit are:

CB2.1 Manage the performance of providers of substance misuse services.

CB2.2 Evaluate and improve the quality, outcomes and cost-effectiveness of substance misuse services.

CB3 Procure substance misuse services for individuals

The elements of this unit are:

CB3.1 Specify services to meet the needs of individual service users.

CB3.2 Negotiate and agree contracts for specific services.

CB3.3 Monitor and evaluate the quality of services provided.

Target Group

1.5 Participants should include:

- Joint Commissioning Managers
- Commissioners of Young People's services
- DAT Co-ordinators
- DAT Administrative support staff
- Service Managers – with commissioning responsibility
- Those with an interest in developing contract and performance management knowledge and skills

Overall Aim

1.6 The module aims to enable staff responsible for commissioning young people's substance misuse services, to examine and discuss models of good practice related to tendering and commissioning services, which can be integrated into their respective commissioning frameworks.

Learning Objectives

1.7 On completion of this module participants should have:

- Identified the range of provider characteristics related to their own commissioning environments
- Examined key elements of Service Specifications and Agreements
- Identified key areas of Performance Management
- Identified fundamental issues related to Quality and Cost Effectiveness in services

Method of Delivery

1.8 The module is delivered through face to face contact and provides a range of learning opportunities including:

- Presentation
- Group work and discussion
- Exploration of areas for change and development
- Action planning.

Content

1.9 The training covers five areas:

- Characteristics of providers of services
- The nature and role of the commissioner
- Service Specification and Agreement
- Performance Management
- Quality agenda in commissioning

2. Bibliography and Resources

2.1 Attached to this module are the Home Office, Drugs Strategy Directorate Key Performance Indicators for Young People's services published in 2003. There is also an extract from the National Treatment Agency for Substance Misuse competency based training modules. This element is focused upon Commissioning and Performance Management and describes process and standards.

2.2 Appendix 5 to 10 includes examples of Service Level Agreements, Service Specifications and Monitoring formats. These contributions are from Leicester, Leicestershire and Rutland DAATs and Nottinghamshire County DAAT.

2.3 Through the Home Office Drugs Strategy Directorate programme for Continuing Practitioner Development an electronic Audit Tool has been developed for Young People's Joint Commissioning Groups and Young People's Joint Commissioners. This is available at the Home Office website.

2.4 Documents which will be helpful are:

1. Commissioning Standards – Drug and Alcohol Treatment and Care, Health Advisory Service Substance Misuse Advisory Service 2000.
2. The Substance of Young Needs - Review 2001 – The Health Advisory Service
3. Hidden Harm – Responding to the needs of Children of problem drug users – Advisory Council for the Misuse of Drugs - 2003
4. First steps in identifying young people's substance related need, DrugScope 2000.
5. National Children's Service Framework, Department of Health
6. Commissioning drug treatment: resource pack for commissioners, National Treatment Agency
7. Commissioning cocaine/crack dependence, National Treatment Agency, Research into Practice No 1b, August 2002
8. The Children's Bill, the first Bill to implement measures contained in the 2003 Green Paper, Every Child Matters
9. Children's Trust Bill 2004
10. Drugs Guidance for Schools Department for Education and Skills, 2004
11. Drummond M.F. et al, Methods for the Economic Evaluation of Health Care Programmes
12. McGuire A. et al, The Economics of Health Care
13. Office of Government Commerce, www.ogc.gov.uk
14. NHS Performance Assessment Framework 1999 and the Healthcare Commission publications.

Diversity

15. National Treatment Agency Training Manual SD18 Working with Black and minority ethnic groups
16. Race Relations and Amendment Act 2000
17. Disability Discrimination Act 1995 – Amendment Regulation 2003
18. Black and Minority Ethnic Communities in England – review of the literature on drug use and related service provision, National Treatment Agency and the Centre for Ethnicity and Health, 2003

3. Timetable

(a) Time	Activity
9.30-10.00	Introductions and overview
10.00-10.40	The strength of commissioning
10.40-11.30	Tendering routes and the nature of providers
11.30-11.45	Break
11.45-13.00	Service Specifications and Agreements.
13.00-14.00	Lunch
14.00-15.00	Performance Indicators.
15.00 -15.15	Break
15.15- 16.15	Quality and Cost effectiveness
16.15- 16.30	Evaluation and Close

Session One

The strength of commissioning

**Guide time
40 minutes**

Topics:

**Markets – consumers and suppliers
Information – consumer reliance on supplier information
Commissioners in the Agent role
Where are we now?**

Method

4.1 This session is intended to underpin the rest of the programme and is focused on presentations of basic market concepts. It uses open discussion with flipcharts and the trainer should start by posing the question:

If a market demands fully informed consumers what are the implications for Commissioners of young people's substance misuse services and service providers?

4.2 Issues that may arise from the discussion might include:

- Who is the consumer?
- What information do we need and how can this be collected?
- Different people need different information
- Is the Commissioner a consumer or supplier or both?
- The Green Paper "Every Child Matters" centralises authority for the leadership and potentially for service provision
- Changes in regulations will have very little or no impact on current market competition?
- There is a need for greater communication and connectivity between agencies.

4.3 As points are fed back the discussion should be opened up and debate encouraged. The issues raised should be examined and there should be plenty of questions arising, which the trainer should either facilitate response from participants or feed into the next question.

4.4 The trainer should ask the question - What is the role of Commissioners?

4.5 Depending on the number of participants this can be discussed in small groups or all together using flipcharts. If using small groups they should be asked to list the roles of the Commissioners and identify whether they are suppliers or consumers.

4.6 Feedback should include discussion of Commissioners acting as agents for the client group and also agents for services themselves in relation to regional and national hierarchies. Attention should be drawn to the following points relating to young people's commissioning.

- Breaking new ground – much of the guidance available is for adult services.
- Some areas leading in using commissioning framework – examples of who is doing what and where will be a valuable contribution.
- Changes currently taking place through legislation, guidance and standards will ultimately need commissioning process and performance management frameworks.

- Where Children's Trusts are established they will need to plan and deliver services performance management systems.

4.7 The trainer should raise the issues of commissioning for young people and start a discussion to ascertain why young people might and why they might not be treated as other consumers. The following points should assist this discussion

- **Consumers**

- Seek a benefit

- Want services that work for them.

- Information about what to do when things go wrong

- Look for flexibility

- Require culturally and age relevant services

- **Are young people viewed as consumers?**

- Does age preclude young people from some services?

- Young people are not a homogeneous group therefore how do you ascertain their views?

- What is the relationship with services when they are required to be involved e.g. Youth Offending Teams.

- What are the positives and negatives of involving young people in the commissioning process?

4.8 The points made should be summarised prior to moving onto tendering routes and the nature of providers.

Session Two

Tendering routes and the nature of providers

**Guide time
50 minutes**

Topics:

Supplier behaviour and current characteristics of providers Tendering routes – Open to all, restricted and preferred provider

Method:

5.1 The trainer should present the characteristics of suppliers in model conditions. There is a benefit in jointly providing this session with a Commissioner of Young People's services or someone from the commissioning team from a local authority or Primary Care Trust.

5.2 The main characteristics include:

- **Suppliers:**
 - Look to meet the demand of consumers
 - Seek to maximise opportunities to deliver services
 - Explore methods to stimulate demand

- **Suppliers can set agendas by:**
 - Constraining development to meet demand
 - Limiting demand recognition
 - Acknowledging demand formally not culturally accepted

5.3 The trainer should raise questions of the participants as to whether current providers of substance misuse services have any of these characteristics and the responses should be recorded on flipchart. The key issues to discuss include:

- Suppliers "know more about the market than commissioners"?
- Suppliers are in a position to control demand – by either increasing capacity or presenting barriers to access. The difference between demand and need should be highlighted.

5.4 The discussion should explore how current providers can influence the nature of commissioning and tendering which will lead to different tendering options.

5.5 The next part of this session is to move into group work using ideally three groups and the trainer should provide 10 minutes for this element. The groups should be asked to list the reasons for using the following tendering routes:

1. Open to all providers
2. Restricted
3. Preferred provider

5.6 The key issues that should be discussed include:

- The possible limitations that historic investment can exert on the opportunities to consider the range of tendering options.
- The need to apply a process to decision making related to opting for a specific tendering option

5.7 Feedback from the groups should be recorded on flip charts.

5.8 The final part of this session concerns exploring the question - Where does this leave the commissioner?

5.9 Three points are provided which should assist this discussion.

- Agent Role - acting on behalf of the consumer because the Commissioner has a more comprehensive knowledge of need and potential service provision.
- If Commissioners act as principal agents for consumers there is a need to recognise that consumers can be engaged in consultation, feedback and evaluation. How will this work with young people?
- How does the Commissioner ensure the needs of diverse communities are met?

Session Three

Service Specifications and Agreements

**Guide time
75 minutes**

Topic:

Structure and content of Service Specifications Fundamental to commissioning Negotiating and developing commissioning relationship

Method

6.1 The trainer should present the key elements of a Service Specification and explore with participants the importance of developing and updating Service Specifications. The use of locally developed Service Specifications will benefit this session. The trainer may wish to consider jointly presenting this session with a local Commissioner or a member of a Young Person's Joint Commissioning Group.

6.2 The presentation should identify the key features and draw on participants practice. An example Service Level Agreement is provided in Appendix 2.

Participants should be asked:

- What are the good points?
- What is missing?
- How could they improve on the example?
- How would it be different for other tiers of service?

6.3 In responding to these questions two additional points can be highlighted

- The need for clarity in strategic aims and
- How should they underpin commissioning

6.4 The trainer should initiate a discussion on the relationship between commissioners and providers. This should examine with participants:

- What is the current position?
- How can the relationship be developed?
- How are variations in contracts managed?

6.5 The session should be summarised by identifying the main points and exploring how these can be used in the participants work. This will provide a focus for the next session which is concerned with performance indicators.

Session Four

Performance Indicators

**Guide time
60 minutes**

Topic:

Key Performance Indicators:

- Activity
- Outcomes
- Costs
- Processes

How information is collected and used

Method

7.1 The main method for this session is group work to assist participants examine the nature of information commissioners look for related to three types of service:

- Tier 1 Youth centre
- Tier 2 Young People's service
- Tier 3 Young People's day programme

7.2 The group(s) should be asked to consider the following questions:

- What are the aims of each service?
- What information do we need to measure performance?
- How can young people be involved in the process?

7.3 Following the discussion time should be provided for feedback and an examination in one group as to how the information directly reports on the aims of the service.

7.4 The trainer should present Key Performance Indicators and other indicators of performance. These include:

- Consumer feedback
- Complaints
- Examination of information that may indicate failings in the service e.g. high discharge of non-compliant clients set against the need for retention of people most at risk

7.5 Participants should be asked to discuss how Key Performance Indicators information should be collected as, good provider reporting is fundamental to overall accurate reporting at a national and local level. This should use examples provided by participants which may include:

- Through National Treatment Drugs Management System
- Via a locally established data hub
- Assessment and outcome monitoring
- Systems built around for example Bomic (database management)

7.6 This session should be summarised and the outcomes recorded on flipchart.

Session Five

Quality and Cost Effectiveness

**Guide time
60 minutes**

Topics:

QuADS – overview and key areas Clarity of purpose – aims - objectives

Method:

8.1 The trainer should present the aims and issues of Quality in Alcohol and Drugs Services (QuADS) and facilitate a discussion on the factors in providing high quality services which are important to the consumers. The consumer does not necessarily want the journey; they want the destination and are therefore interested in:

- Accessibility
- Acceptability
- Equity

8.2 Participants should be asked to consider:

- How do commissioners currently look at improving service quality?
- How can this become a commissioning and provider culture?
- What do they understand the term cost effectiveness to mean?

8.3 The trainer should present a brief examination of Cost Analysis and Cost Effectiveness exploring the importance of using the correct terminology. This should be followed by a discussion for participants to consider how both are tools for economic evaluations but have different inputs and outcomes. This should provide clarity about the two instruments and identify what is meant when the language of efficiency is used in this context.

8.4 The trainer should present and facilitate a discussion on the opportunities of Cost Analysis and provide links to the Home Office, Drugs Strategy Directorate Key Performance Indicators for young people and the unit cost elements. An added value of this exercise is if comparisons can be made by participants of examples of how they measure quality and cost effectiveness.

8.5 As Commissioners operate within commissioning systems provided by Primary Care Trust and local government the examples of Cost Analysis may come in the form of Best Value reviews, Comprehensive Performance Assessments or Healthcare Commission Performance Assessments.

8.6 The trainer should facilitate the identification of problems in the information used to compile cost analysis and examine with participants if it is comparable. This should lead to a final discussion following a presentation by the trainer on how cost analysis needs a clear area of intervention, and cost effectiveness requires clear objectives and outcomes

8.7 The outcome of this discussion should reinforce the importance of establishing clarity in the aims of services and in their objectives when initially contracting with providers.

Session Six

Summary and Evaluation

9.1 Return to the initial learning objectives of the day which were on completion participants should be able to:

- Identify the range of provider characteristics related to their own commissioning environments
- Examine key elements of Service Specifications and Agreements
- Identify key areas of Performance Management
- Identify fundamental issues related to Quality and Cost Effectiveness in services

9.2 Check with participants that the programme has achieved the objectives and consider with them what future work is needed to build on these areas. These points should be recorded as part of the modules evaluation

9.3 To complete this module provide and collect the evaluation forms.

Managing Contracts Appendix 1 NATIONAL DRUG STRATEGY – KEY PERFORMANCE INDICATORS FOR YOUNG PEOPLE

National drug strategy outcome: to reduce the harm that drugs cause to communities, individuals and their families.				
Young people outcome: preventing today's young people from becoming tomorrow's problematic drug users				
PSA (Home Office): Reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people and reduce drug related crime, including as measured by the proportion of offenders testing positive at arrest.				
Generic Prevention: Key Performance Indicator Proposed Local Authority (LEA) to lead	Who will collect data?	Data collection interval.	Link to national PSA/ outcome	Inspectorate Involvement
1. Number of schools assessed as level 3 against the National Healthy Schools Standard, expressed as a percentage of all schools.			PSA (HO)	DfES to monitor quality of teaching through OFSTED (including access to appropriate drug education in schools and PRUs)
Targeted Prevention: Key Performance Indicators Proposed Local Authority (Social Services) to lead				
2. Number of vulnerable young people receiving (targeted) drug education via agency, including harm reduction information, as a percentage of all young people in (insert name of children's agency).			PSA (HO)	
3. Number of young people receiving early intervention and treatment by children agency as a percentage of all young people in children's agency.	Numbers in treatment now recorded by NDTMS		PSA (HO)	
Number of young offenders testing positive for class A substances as a percentage of all young offenders tested on arrest each year.	Police from 2004	Quarterly	PSA (HO)	No

Surveys to measure that part of the young peoples PSA that seeks to reduce drug use amongst vulnerable groups of young people, the Arrestees Survey, the Crime and Justice Survey and the DH Schools Survey all have a contribution to make. Work is underway to produce a basket of measures that can be used to monitor drug use among vulnerable groups of young people using these surveys.

Managing Contracts Appendix 2

The National Treatment Agency for Substance Misuse

COMMISSIONING AND PERFORMANCE MANAGEMENT

COMMISSIONING – THE PROCESS

Although DATs and JCGs have made significant progress in developing structures to enable strategic change to take place, for many, the process of commissioning continues to be managed by Finance and Contracting departments.

It may be appropriate to maintain these arrangements if they are judged to be performing satisfactorily. However, many DATs and JCGs have found a lack of consistency in the nature of commissioning and contracting, which is usually associated with a lack of contract information, service specification or specific outcome or specific audit trail for budgets.

While these are not the ideal circumstances to inherit commissioning responsibility, DATs and JCGs need to ensure that priority is given to:

- Agreeing contracts and service level agreements for all services the JCG commissions
- Agree specific objectives and outcome measures in all SLAs that are SMART and reflect national and local targets
- Develop a robust commissioning framework that reflects the commissioning standards of JCG members.

Although there is a range of guidance related to commissioning standards that DATs and JCGs have access to, turning commissioning intent into reality is often overlooked.

The Standing Orders or Standing Financial Instructions of JCG member organizations should be examined and integrated (or used for specific commissioning) into the commissioning framework.

The SMAS (HAS, 2000) Commissioning Standards sets out many of the steps that DATs and JCGs need to follow to develop a systematic approach to commissioning. The Commissioning Standards 1 to 6 relate to the commissioning function and include:

Standard 1 – Population Needs Assessment

Although conducting comprehensive assessment of need is an important feature of the commissioning function, DATs and JCGs also need to use immediate indicators of need to inform commissioning decisions.

Information that is both objective and reflects service gaps is often available without significant investment in “needs assessment projects”. Information that DATs and JCGs can access includes:

Waiting times for the range of treatment modalities – indicators of supply and demand problems, service capacity issues – which may reflect the need for additional investment, but may also indicate need for changes in models of service.

Number of individuals in active treatment in each treatment modality – indicate actual availability or uptake of specific services. These figures should be available from NDTMS, although reports have been queried by some commissioners and service providers. Notwithstanding, these reporting problems, which providers themselves need to ensure are resolved, the number of individuals in active treatment, gets to the actual number being managed by services.

This figure is particularly important to have reported accurately by Specialist drug treatment services and GP shared care services, to enable commissioners to put capacity and actual numbers into context.

Discharges from treatment services – can highlight the main reasons for discharge and often opportunities to improve quality in service provision. While services may report high percentage of discharge due to DNAs – commissioners may wish to ask for more specific details on the DNA policy to ensure that those clients who are most vulnerable and often most uncompliant are retained in service, as recommended in Models of Care.

Standard 2 – Strategic Planning

Guidance on how DATs and JCGs approach strategic planning emphasizes the need for:

The strategy to clearly identify:

- Local treatment and care requirements
- Interventions and services that will meet local needs
- Means of delivering services
- Measurable objectives and time-scales for meeting them

It is essential that DATs and JCGs engage all commissioners and providers in strategic planning, and also consider models of good practice and cost efficiency from elsewhere.

It is worth remembering that there can be considerable clinical/service parochialism related to the range of treatment modalities, and services may be understandably anxious to protect current investment even if they are not delivering to the DATs strategic objectives.

Further, it is likely that provider organizations may be unfamiliar with the developing performance management style the DAT/JCG is developing, and it is therefore important for them to be informed of changes in commissioning and contracting process.

Standard 3/4 – Service Agreement and Contract Setting/Management

Within the criteria for this standard, commissioners should have dedicated resources for drugs (and alcohol) treatment and care services. Currently DATs and JCGs are through the Drug Treatment Planning process, building a more accurate profile of all areas of investment. The pooled budget is the most easily defined, despite the range of funding sources that form the total pooled budget, however, considerable work needs to be done in identifying mainstream budget investment.

This standard also indicates “joint purchasing is established where appropriate”, which suggests that it is both probable and practical for a combination of purchasing to exist within a joint commissioning framework:

Purchasing by individual JCG members as agreed by the JCG
Joint Purchasing by the JCG by a lead commissioner

In circumstances where individual or joint purchasing is to take place, the JCG must be satisfied that all purchasing is conducted according to good practice related to purchasing and procurement.

While DATs and JCGs may elect to use current individual or lead purchasing arrangements, they need to be aware of the processes that reflect good purchasing procedures. This is particularly important since many “contracts” agreed with provider organizations have been based on historical contracting and renewal, which has often lead to a singular lack of choice or competition in the award of contract for services.

Purchasing and Procurement Principles and Process

1. DATs and JCGs purchasing decisions should be based on the priorities and gaps identified through assessment of local needs, and reflect the objectives of national and local strategy.
2. These objectives should form the basis of all service agreements, and service specifications should include:
 - a. Aims and Objectives of services
 - b. Levels of service
3. Service specifications should be developed for all services, which set specific, measurable and achievable objectives.
 - a. Agreement of what is achievable needs to be agreed by the commissioner and the provider, and advice sought from other agencies if agreement cannot be reached – this may be a particular issue if commissioner are seeking changes in the operational model of treatment services.

4. The service agreement includes not just what should be monitored and evaluated, but detail how monitoring and evaluation will actually take place.
 - a. This will include an emphasis on compliance with NDTMS and other central reporting requirements – which commissioners should make providers aware – will be major sources of evaluation and monitoring in the future.
 - b. It is therefore incumbent that the provider ensures that they have operational systems to report appropriately
5. The service agreement will detail the key performance indicators for the service, which will include:
 - a. Outcomes
 - b. Activity
 - c. Quality
 - d. Cost
 - e. Process outputs
6. All key performance indicators should be considered in the context of the Drug Treatment Plan, and therefore commissioners should ensure that providers are able to monitor and report performance across the range of treatment modalities within the treatment plan, for example:
 - a. A service commissioned to provide specialist drug treatment, GP community prescribing and In patient detoxification – should be required through the service level agreement to report: Outcomes, Activity, Quality, Process outputs and costs by the respective modality within the drug treatment plan.
 - b. This will require the provider to develop specific monitoring systems and financial systems, which should be done in consultation with the JCG.
7. When the service specification/agreement is complete, commissioners should consider the award of the contract based on good principles of purchasing and procurement.
8. The general principle of good practice related to purchasing and procurement is the Transparency of the process.
9. Prior to any contract award DATs/JCGs should be able to demonstrate that an appropriate process of purchasing has taken place.
10. For many DATs/JCGs they will be faced with the question of which route to use to purchase the service they require.
11. Three routes are possible depending on the nature of service:
 - a. Open procedure – which requires that an open tendering process takes place and that all providers who respond to the invitation to tender are invited to tender.
 - b. Restricted procedure, which is appropriate where pre-selection is required because the market is so large. In this case DATs should have specific criteria for their pre-selected organizations. Invitation for tenders from organisations on a list is permitted provided the list is reasonably comprehensive, up-to-date and not discriminatory. If the list

is too large to invite all suitable firms to tender, selection from the list can be made randomly, by rotation or by overall suitability to the particular project.

This is can also include Selective Tendering, which is permitted where there is clearly only a limited number of organizations available that would be capable of carrying out the contract. A notice of intention to invite tenders should be published in the national and the local press. Only organisations that satisfy the appropriate criteria should be short-listed and invited to submit tenders. The list should be sufficient to allow adequate competition

- c. Negotiated procedure, which may be appropriate where the DAT seeks an innovative approach from the provider organization, or where it is not appropriate or possible to specify a detailed requirement in advance.

12. Responding to conditions that limit competition – commissioners should ensure that limitations to competition are effectively addressed to ensure value for money.
 - a. Competition may be limited by factors such as limited number of suppliers, urgency of requirements, need for compatibility with existing services.
 - b. Commissioners may therefore decide on their preferred procurement method based on the limitations they identify.
13. Even in the event of Restricted or Negotiated procedures, the DAT/JCG should ensure a process of invitation and assessment and evaluation of proposal/s takes place.
14. Requirements of purchase – all information required for organizations to prepare a responsive proposal should be made available. Invitations to tender should include:
 - a. The nature of the service to be delivered
 - b. Detailed service specification
 - c. Time frame for delivery
 - d. Where to obtain tender documentation
 - e. Where to submit proposals
 - f. Contact information for further information
15. Tender Period - Adequate time, given the size and complexity of the contract should be allowed for organizations to prepare and submit tenders. Time-scales should be realistic for the potential providers to develop their proposals and also allow DATs/JCGs to evaluate proposals appropriately.
16. Bid evaluation criteria – All criteria for evaluating bids should be transparent and bids should be evaluated and contracts awarded according to these criteria.

17. This is to ensure fairness and integrity and in practice can include:

- a. Setting out in tender documentation all evaluation criteria
- b. Using evaluation criteria in assessment of proposals
- c. Maintaining proper record of decisions

18. The key areas of assessment include:

- a. Capability assessment – does the provider have the capability to deliver? - this is particularly relevant to DATs/JCGs currently, as services are subject to constraints of recruitment problems. Further, the restrictions of choice due to lack of alternative providers can also leave DATs/JCGs sometimes contracting despite known “capability problems” .
- b. Technical assessment – can the provider meet the requirements of the service specification?
- c. Quality assessment – can the provider deliver to appropriate quality standards? – services should be compliant with QuADS or have specific action plan in place to meet QuADS criteria.
- d. Financial assessment – which includes: is the provider likely to remain in business and able to meet the contract needs adequately, and are the financial systems and procedures in place to adequately manage and monitor the service development?
- e. Cultural assessment – can the provider and the commissioner achieve a good working relationship? – this is particularly important for contracts that are likely to develop and change over time, and where it will be necessary for commissioners and providers to work together.
- f. Evaluation Criteria should be prioritized into a hierarchy, the level of detail of the assessment depends on the project itself. In addition the criteria may be weighted according to the priorities of the project – for example, specific decrease in waiting times may be more important than range of access to services. However, weightings should not be divulged to potential providers, in the interests of ensuring an even response.
- g. Depending on the method of commissioning/purchasing – evaluating financial and non- financial factors separately may be considered appropriate. If this is the case, only if the criteria of both financial assessment and non-financial assessment are met by the one proposal should the contract be awarded.

19. Receipt and opening of Tenders/bids -

- a. All tenders should be opened together at the date and time set for receipt of tenders.
- b. No tender should be opened in advance and it is essential that tenders are not left unopened after the closing deadline.
- c. There should be clear policies setting out the circumstances under which they would be invalidated.
- d. Tenders should be opened by a designated opening team.
- e. Assessment of tenders should be undertaken by more than one evaluating staff member
- f. Proposals should be evaluated according to published criteria.

20. Disclosure of interests – personnel involved in any part of the commissioning/purchasing of services should disclose any interest, directly or indirectly possessed, which conflicts or might reasonably conflict or improperly influence their role in evaluating bids/proposals.

21. While such disclosure of interests may appear unnecessary to DATs/JCGs, there may be circumstances where members of the commissioning team do have previous associations with services that are submitting proposals.

22. Further, since commissioners may be former members of provider organizations, or be directly involved in strategic management of services, or on specific management committees - they should ensure that this is disclosed and if a conflict of interest is identified, the person should cease the duties involved.

23. Award of contracts – the award of contracts should again be transparent, in practice this should include:

- a. Publishing the outcome of the tender, including the name of the successful organization and the value of the contract
- b. Promptly notifying unsuccessful organizations of the outcome of their proposals and where and when contract award information is published
- c. Debriefing unsuccessful organizations on request.

24. Record Keeping – proper records should be kept of the entire procurement process, including decisions and actions taken during the process and the reasons for taking them.

25. In practice, matters that should be documented include:
- a. Service Specifications
 - b. Budget related to the contract
 - c. Selection of purchasing/procurement method
 - d. Criteria for evaluating and selecting tenders
 - e. Discussions with potential tenderers before tenders close
 - f. Opening of tenders received
 - g. Names of tenderers who have participated
 - h. Contents of invalid tenders and reasons
 - i. Clarification of tenders, discussions or presentations with tenderers during tender evaluation
 - j. Decision on selection of tenders
 - k. Contract award
 - l. Any variation in contract from original specification
26. This is by no means an exhaustive account of the procurement process, however, as DATs and JCGs become recognized as the commissioning bodies for drug and alcohol services, it is essential that they build their capacity to commission and contract effectively.
27. Although contracts for services have been awarded by individual commissioners in the past, DATs/JCGs should not rely on these being conducted as rigorously as set out here.

Managing Contracts Appendix 3

Presentation Managing Contracts and Performance

Aims

- Identify key features of commissioning framework
- Examine key elements of Service Specifications and Agreements
- Examine key areas of performance management

The strength of commissioning

- Green Paper - Centralises authority for the leadership and potentially for service provision
- Changes in regulation will have very little or no impact on current market competition
- Need for greater communication and multidisciplinary teams

Commissioning function

- Breaking new ground
- Some areas leading in using commissioning framework
- Changes will ultimately need commissioning process and performance management framework
- Even in circumstances where Trusts are established that plan and deliver services performance management needs to be established

Characteristics

Consumers -

- Look for production of benefits from goods or services
- Have full information regarding the product/service
- Have necessary processing ability regarding the benefits of goods/services
- Are young people viewed as consumers?
- Age and service relate e.g. maternity, schools, YOTs
- Conflicts in information regarding product/services

Suppliers -

- Look to meet demand of consumers
- Maximise opportunities to deliver services
- Stimulate demand

Suppliers or deliverers - set agendas?

- Constrains development to meet demand
- Limits demand recognition
- Acknowledging demand formally - not culturally accepted

Where does that leave commissioners?

Agent role - acting on behalf of consumer - because you have a more comprehensive knowledge of comprehensive need and potential service provision

If Commissioners act as principal agents for consumers they need to recognise consumer can be engaged in consultation, feedback and evaluation. How will this work with young people?

Nature of service provision and commissioning

Think about the profile of your current service providers across tiers of service

- 1 Types of organisation
- 1 Nature of service provision
- 1 Evidence of effectiveness
- 1 Organisational or clinical parochialism
- 1 Proactive or complacent
- 1 How much do you really know about what the service does?

Scale of commissioning - Key issues for commissioners to consider

Where intervention is appropriate, the Government will require local changes.

Options will include:

Allowing one agency to take over running services currently delivered by another

Services be exposed to competition, using the Best Value reviewing process

Commissioning function is taken on by another organisation?

Particular budgets should be pooled

Incentivising authorities to set up trading companies to take on commissioning or provision in failing areas

The Commissioning cycle & Joint Strategic Planning

Joint activity

Explicit relevance to each agency

Transparent resources

Commit all current spending to process

Representation at appropriate level

Demonstrable agency commitment

Joint Strategic Planning Framework

Historical perspective

Current context

Statement of priorities

Strategic assumptions

Analysis of current spending

Proposed future spending

Vision

Strategic targets

Monitoring arrangements

Learning programme

Commissioning

Outline the key steps of commissioning to tender for a tier of young people's substance misuse services, listing the reasons for using or not using the following tendering routes:

- 1 Open to all providers
- 1 Restricted
- 1 Preferred Provider

Principles and key factors for success

The key objective of any competitive tendering process is to ensure that the provider who is selected will provide the best value for money, and that that they are:

- Technically and commercially capable of offering an acceptable quality of service
- Financially sound and likely to remain so
- an organisation with whom you would be able to have a good working relationship.
- (Introduction to EC Procurement Rules, published by OGC)

Assessment

Capability assessment – does the provider have the capability (including staff, support systems and experience) to deliver?

Technical assessment – can they meet the requirements set out in the specification?

Quality assessment – can they deliver to appropriate quality standards? The procurement team will be looking for evidence of relevant use of standards, where applicable, such as the internationally recognised standards for project management (PRINCE 2)

Cultural assessment – could the department and the provider achieve a good working relationship?

Financial stability assessment – is the provider likely to remain in business and able to meet our needs adequately?

Service specifications

Outline the key elements you would want to include in a service specification for services that have been delivering a service without any specification at all...or not one you can find!

Tier 1 services

Tier 2 services

Tier 3 services

Service Specifications

Some problems for young persons services

- 1 Historical issues related to service/professional provision
- 1 Specific "roles" related to funding...
- 1 Generic "roles" ... difficult to integrate into other contracts

How do you overcome them

- 1 Agreed core format of service specification with partners
- 1 Specific objectives integrated into other specifications
- 1 Establish commissioning environment ... contract setting – monitoring – review

Specification - key components

- Underlying Philosophy
- Definition of Service
- Aims and objectives of the service
- Client group served, eligibility and priority groups (*transitional arrangements*)
- Care Pathways – assessment, care co-ordination
- Competencies and training
- Policies and Protocols
- Monitoring and review
- Performance Targets/Monitoring
- Contract period and payment procedures

Core elements

- Start date and period of the Agreement
- The Agreement
- Nature of the Service
- Service Users or Clients
- Aims of the Agreement
- Partnership
- Variation
- Use of Pooled Budget Funding
- Payment Arrangements
- Pay and Price Levels
- Sub-contracting or assignment

Specifications - across agencies

- Explicit Aims
- Objectives need to be specific and build on KPIs
- Means of evaluation identified beyond inspectorate involvement
- Identifies who is responsible - performance management

Performance Management

- Do KPIs give us a performance management framework?
- Need explicit aims and objectives
- Outcome not process related (*this may not be politically expedient*)
- Longitudinal evaluation of range of interventions *Likely to be 15 – 25 years before some outcomes may be evident*

Framework

- May be constrained by emerging “on a need to deliver” basis
- Specification and contract linked to formal contract review process
- Quarterly review linked to agreed monitoring information
- Contract payments linked to monitoring information and satisfactory performance review
- Special measures - termination (*not always possible*)

Performance

Tiered approach presents potential for evaluation of previous tier:

- Tier 2 clients' assessment may include evaluation of universal approaches
- Tier 3 clients' assessment may include evaluation of targeted approaches
(*can be linked to adult data set ... first use of ...*)

Evaluation of tier 1 through audit of knowledge of young people and parents related to substance misuse rather than process of education (*expected standard to be defined.*)

Analysis of unplanned discharges from tier 3/ 4 *should be considered a failure in provision....case review mechanisms*

Critical incidents – *usually indicative of care management failure*

Substance related injury/accident/overdose

Performance measures

Identify performance measures and the mechanism for measurement that will measure the effectiveness of:

Tier 1

Tier 2

Tier 3

provision over the long term

Performance management needs

Complete commitment from all commissioners

An agreed and legitimate system for managing poor performance

The commitment to reconfigure, change ...terminate

Broader but explicit views of what services are actually aiming to achieve

Objective outcome information from multiple sources

Service user input to review of service performance

Impact of the Children's Green Paper

Managing Contracts Appendix 4

EXAMPLE OF SERVICE LEVEL AGREEMENT

1. Title /description of grant

2. Principles of care

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

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

3. Quality Statement

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

4. The Service

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

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

4.1 Referral Sources

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

4.2 Assessment

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

As part of the full assessment an extended drug history will be noted along with the impact of substance misuse on other aspects of the young person's life (housing, mental health, criminality, relationships etc). This information will be used to outline the young person's care plan. During full assessment service users will be asked to sign a disclosure form in order that staff can liaise with other related professionals where necessary. At this stage service users will be asked to complete a self-evaluation questionnaire. This will allow young people to 'score' themselves on key indicators such as health, drug use, engagement and motivation. Young people will also be given a copy of the Service Handbook, which includes information about how to access services and what provisions will be offered.

4.3 Care planning and Key working

After full assessment, service users will be allocated a key worker based on their needs and the specialist skills of the worker. During the first one to one session a care plan will be agreed between the service user and the worker based on the key issues for the young person. This will be outlined in writing and will detail tasks for no more than 6 sessions. The care plan will be reviewed and evaluated every six

sessions. At the point of discharge service users will be asked to complete a self-evaluation questionnaire so outcomes can be monitored. All young people will receive a Service Evaluation Questionnaire once every three months as a means of identifying gaps in provision. The sessions will be within a cognitive behavioural/ motivational interviewing framework. The standard six-session package will be extended where necessary. All service users will be given information on the effects of stimulants, triggers and cravings, motivation and empowerment and relapse prevention. Other needs (such as housing etc. will be addressed within one to one sessions). Referrals to external agencies will be made where necessary.

4.4 Group sessions.

Each session will be 'stand alone' which means that service user will not need to have any prerequisite knowledge to access the session. The sessions will form a 'rolling programme' of 6 weeks; young people can start group work at any point during the cycle and can access as many groups as and when they want. The group work will cover: relapse prevention, harm reduction, life skills, gender issues and open process groups (here and now/ check in) groups. The programme will be flexible enough to allow changes to be made as the service develops and in response to the changing needs of the transient client group. At the end of each six week cycle, service users will be offered the opportunity to feedback on the sessions they have attended and staff will evaluate the programme making changes where necessary.

4.5 Complementary therapies.

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

4.6 Satellite services

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

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

It will also contribute to the National Drug Strategy by:

- Improving access to services
- Supporting substance users in overcoming their problems and helping them lead healthier, crime free lives
- Reducing waiting times for admission to services
- Providing a community based, structured, therapeutic programme
- Providing a co-ordinated and flexible service based upon extensive cross agency joint planning and commissioning

Other objectives include:

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

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

5. Service location

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

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

See appendix X – Performance Assessment Framework

7. Service User Profiles

Information regarding clients:

See appendix X – Performance Assessment Framework

8. Milestones for 200X/200X

Quarter one

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

Quarter two

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

Quarter three

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

Quarter Four

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

9. Monitoring

The borough Young People's Commissioning Treatment Group will conduct the monitoring quarterly. The project manager or someone of equal or higher seniority will be invited to attend a pre-arranged monitoring meeting. Quarterly data returns will be expected to be submitted to the DAT Co-ordinator and Young People's Commissioning Manager a minimum of 10 days prior to the monitoring meeting. Any changes to these arrangements will be communicated at the earliest possible time.

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

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

10. Staffing/Organisational Issues

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

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

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

11. Quality Assurance

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

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

In addition,

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

12. Funding

The borough DAT will provide £ plus agreed rental costs for year 1

14. Contact details

Authorised representative of the service:

The borough Joint Commissioning Treatment Group:

Managing Contracts Appendix 5

EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM

OVERARCHING SERVICE PRINCIPLES

Values and Principles

1. The Providers services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
3. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
4. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
5. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
6. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety, risk assessment, equal opportunities, etc.) and specific skills required for their area of work.
9. The Provider must comply with the requirements of Quality in Alcohol and Drugs Services Standards (QuADS) and to ensure that it employs a workforce that meets the professional competencies required by QuADS.
10. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

SERVICE SPECIFICATION

between

Leicester Drug and Alcohol Action Team

MENTORING PROJECT

1.0 NATIONAL STRATEGIC OBJECTIVE

- 1.1 All young people identified as being vulnerable will receive appropriate support within looked after care.

2.0 AIMS AND OBJECTIVES

- 2.1 To provide a mentoring scheme to looked after young people and care leavers aged between 12 and 19 years of age who are identified as being most at risk of substance use.
- 2.2 To prevent early substance use by young people developing into problematic substance use by supporting young people to access specialist drug treatment or advice that will promote a reduction in substance use.
- 2.3 To increase the young persons self-understanding and awareness of their motivation to misuse substances.
- 2.4 To provide support and encouragement for young people to access opportunities that focus on and enhance their educational and employment prospects.
- 2.5 To promote opportunities for young people to receive information and support in respect of drugs and health information.

3.0 OUTCOMES / PERFORMANCE INDICATORS

- 3.1 The aims of the project are to secure sustained improvement in looked after young peoples:-
- a) substance use problem in 100 per cent of all cases.
 - b) physical and psychological health in 75 per cent of all cases.
 - c) attitude towards education and training in 50 per cent of all cases.
 - d) accommodation arrangements in collaboration with other service providers.
 - e) social skills, confidence and self esteem in 70 per cent of all cases.
 - f) relationships with friends and family in 70 per cent of all cases.
 - g) offending behaviour in 40 per cent of all cases.

4.0 ELIGIBILITY CRITERIA

- 4.1 Services will be provided to young 12 to 19 year old people residing in Leicester, who are currently in care or classified as a child in need, moving towards independent living and who have been identified as being most at risk of substance use.

5.0 CASE ASSESSMENT AND REVIEW

- 5.1 All referrals will be from the Social Services Department as part of a detailed Care Plan for each young person. There will be regular progress reports to the Project Manager to outline the action plan between the mentor and the mentee, the frequency and timing of meetings and outcome of reviews.

6.0 SERVICE AVAILABILITY

- 6.1 The service will be provided from the project base at the Leicester YMCA, 7 East Street, Leicester and mentoring programmes will be accessible through various locations in the community in consultation with young people.
- 6.2 The service will be contactable at its administrative base 5 days a week, Monday to Friday 8.30 to 5.00 for 52 weeks per annum except bank holidays. A telephone answering service will be available on those occasions when the base is not staffed. Telephone messages will be recorded and responded within two next working days.

7.0 SERVICE OUTPUTS - OPERATIONAL

The project will aim to provide:

- 7.1 A one-to-one volunteer mentoring scheme that is available throughout the duration of the young persons involvement with the project. Mentors will offer young people, positive, non-judgemental and supportive coaching and encouragement to raise their aspirations, build self-esteem and self-confidence. Young people will be encouraged to reach their individual identified goals through guidance, problem solving and constructive criticism. The scheme:-
- a) will aim to be available on a flexible basis over five days a week to meet individual mentors needs and in consultation with the mentor, mentees and referrer.
 - b) will attempt to match mentors with mentees giving due regard to gender and cultural factors, after initial training, selection and police checks.
- 7.2 Access to structured, skills based group programme and health information services for up to 16 young people per annum utilising:-
- a) brief motivational interviewing and counselling.
 - b) reintegration programmes for young people e.g. anger management
 - c) providing relevant and accessible materials promoting drug education.
 - d) community based activities.

There will be opportunities for mentors and mentees to participate in joint activities and issue based workshops such as anger management. Additional training for mentors and young people will be accessed via the Drug and Alcohol Response Team network (such as Health Promotion Agency).

- 7.3 An ongoing structured training and support programme for up to 15 volunteer mentors in order to equip them with appropriate knowledge and skills to enable them to perform their role competently. Up to three training sessions will be organised each year for mentors. Individual mentors will be required to give a 12 month commitment to:-
 - a) maintain contact with the young person at least once a week.
 - b) keeping up to date records of meetings with young people.
 - c) attend mentor training sessions.
 - d) attend mentor support sessions.
 - e) participate in developmental training sessions.
- 7.4 Tier One and Tier Two Drug Awareness training to enable mentors to identify substance related issues and deal with them appropriately using evidence based practices leading up to appropriate interventions. This training will also lead to an understanding of the level of competence and roles of different agencies when dealing with child protection issues. Training courses will also address confidentiality, motivational interviewing and boundary setting.
- 7.5 Support sessions for mentors every six weeks.
- 7.6 Support, advice and information to up to 15 parents and carers per annum where appropriate and in consultation with the young person and the mentor. Effective links will be made with the New Directions Parents and Carers worker in order to make available resources to parents and carers.
- 7.7 Information and training sessions for those agencies who may refer to the project in liaison with the Social Services Department.
- 7.8 Facilitate referrals to organisations within the Drug and Alcohol Response Team and to ensure the needs of young people are addressed comprehensively.

8.0 SERVICE OUTPUTS - STRATEGIC ROLE

- 8.1 The project will organise a multi-agency steering group to discuss the progress of the project and to address and respond to both concerns and achievements. In order to secure improvements in health, living situation and education, the Project Manager will seek the engagement of statutory and voluntary generic and specialist drugs services (such as Social Services, Housing, Education, Youth Offending Teams, Connexions, New Directions etc).

8.2 The Project Manager will need to co-ordinate their work programme and activities on an on-going basis in order to meet the priorities of the following strategies and structures:-

- a) DAAT Young Persons Substance Misuse Plan and Treatment Plan
- b) Local Healthy Schools Programme
- c) Health Improvement Plans

8.3 An important aspect of the workers remit will be to liaise and work with other agencies within the Drug and Alcohol Response Team through regular attendance at meetings e.g. DART Operational Group, DAAT Drug Reference Groups etc.

9.0 QUALITY STANDARDS

9.1 The organisation must comply with the requirements of Quality in Alcohol and Drugs Services standards (QuADs).

- a) The organisation ensures that staff and volunteers demonstrate competence in the support skills they offer to service users including:-
 - i. communication and engagement with the service user
 - ii. counselling and motivational techniques
 - iii. knowledge of law relating to principles of confidentiality
 - iv. risk assessment and management
 - v. legislation in relation to drug misuse
 - vi. the effects and uses of prescribed drugs
- b) The organisation will ensure there are adequate means of communication and formal supervision to staff and volunteers.
- c) There is a satisfaction audit of other professionals and agencies carried out on an annual basis.
- d) The organisation will have appropriate systems and procedures in place to support the case management and review process.

10.0 PERFORMANCE INDICATORS

10.1 The organisation will establish procedures for service monitoring and review to enable the following statistics to be produced.

10.2 The organisation may be required to participate in the submission of returns required by the DAAT, National Drug Treatment Misuse System (NDTMS) and the revised datasets required by the National Treatment Agency.

10.3 For the purpose of this specification the organisation is required to provide the following information on a quarterly basis (unless stipulated otherwise) and should be categorised (by age group, gender and ethnicity)

(A) Service Details **(QUARTERLY)**

- (i) Total number of referrals received by source.
- (ii) Total number of those assessed.
- (iii) Number of mentor sessions offered.
- (iv) Total number of service users commencing programme each month.
- (v) Number of training sessions attended by mentors.
- (vi) Total number of service users in scheme by duration.
- (vii) Number of service users discontinuing scheme each month with reasons.
- (viii) Number of complaints
- (ix) Number of advice sessions to parents and carers.

(B) Mentors **(QUARTERLY)**

- (i) Total number of volunteers recruited and trained (by gender/ethnicity)
- (ii) Number of volunteer recruitment drives.
- (iii) Number of volunteer training sessions/courses provided.
- (iv) Number of volunteer review and support sessions delivered.
- (v) Number of volunteers discontinuing with reasons.

(C) Service User Perspective **(ANNUALLY)**

Drug Taking

- (i) Reduction in the number of young people reporting drugs as primary issue
- (ii) Reduction in the quantity and frequency of drug taking
- (iii) Increase in number of people reaching controlled or non-dependent stage

Physical

- (i) Number of young people registered with GP.
- (ii) Percentage of young people reporting improvements physical health
- (iii) Percentage of young people reporting improvements psychological health

Living Circumstances

- (i) Number of young people reporting improvement in social functioning (family and other relationships).
- (ii) Number of young people accessing educational and training opportunities.
- (iii) Number of young people reporting improvements in offending behaviour.
- (iv) Number of young people entering tenancies.
- (v) Number of young people reporting improvements in financial situation.

Services Received

- (i) Modifications to services following consultation meetings with users
- (ii) Annual audit of service user satisfaction dealing with:-
 - response times
 - service availability
 - attitude of volunteers
 - how their case was handled
 - usefulness of support

(D) Inter-Agency Work

- (i) Protocols with DART members
- (ii) Number of consultancy events
- (iii) Referrals to other agencies

11.0 Policies and Procedures

11.1 The organisation will be expected to adhere to the policies and procedures that are enshrined within QuADs and these will be implemented and regularly reviewed in the light of operational requirements. The following are highlighted as being of particular significance to meeting the requirements of this specification:-

- a) Locally agreed risk assessment policy
- b) Confidentiality
- c) Complaints
- d) Service users Rights and Responsibilities
- e) Professional Conduct
- f) Violence at Work
- g) Staff Supervision

12.0 DAAT Contribution:

Managing Contracts Appendix 6

EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM

PROJECT OFFICER YOUNG PEOPLE AND SUBSTANCE MISUSE

Values and Principles

1. The Providers services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
3. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
4. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
5. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
6. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety, risk assessment, equal opportunities, etc.) and specific skills required for their area of work.
9. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

PROJECT OFFICER YOUNG PEOPLE AND SUBSTANCE MISUSE

1.0 STRATEGIC OBJECTIVE

- 1.1 To reduce the level of problematic substance misuse amongst young people, children in need, looked after children and substance misusing parents and to improve awareness and knowledge of drugs issues within the Social Services Department.

2.0 OVERALL AIMS AND OBJECTIVES

- 2.1 To produce and help implement a departmental policy on substance use with the support of the Departmental Substance Misuse Group.
- 2.2 To assess the level and nature of the needs of the target group.
- 2.3 To examine Social Services Departments processes in order to develop skills that promote the identification and assessment of substance misuse within the principles of the Framework for Assessment, particularly in relation to children at risk or in the care of the local authority.
- 2.4 To establish, maintain and promote referral pathways and protocols within the department and with other specialist drug and alcohol services.
- 2.5 To act as the referral point for staff seeking to refer a young person for specialist services and to provide advice, information and consultation on substance use issues.
- 2.6 To provide tier two interventions in individual cases (if there is no other provision available) and to contribute towards the development of appropriate interventions and care packages.
- 2.7 To liaise and network with other workers and agencies involved with children and young people in the Drug & Alcohol Response Team and to promote the needs of this target group.
- 2.8 To develop a resource library for staff working with young people to increase their level of expertise and for use during direct work.
- 2.9 To prepare, consult, organise and support the delivery of training on substance use to staff providing services to young people and their families.

3.0 OUTCOMES / PERFORMANCE INDICATORS

- 3.1 To reduce the level of problematic substance use within the target group of 500 looked after children initially with a view to extending the remit to include Children in Need.
- 3.2 To increase the awareness of departmental staff and carers of substance misuse issues and their ability to respond appropriately to its presentation by developing and providing early interventions that address the early stage drug use amongst children and young people.

- 3.3 To improve the access and use of other appropriate generic and specialist services by the target group to ensure that their substance misuse needs are addressed comprehensively.

4.0 INTER-AGENCY LINKS

- 4.1 In dealing with the needs of vulnerable and looked after children and young people, the worker will need to liaise with the:-

- a) Looked After Children Team
- b) Children's Homes
- c) Leaving Care Team
- d) Intensive Support Team
- e) Foster Carers
- f) Child Care Operations, Duty and Assessment Teams
- g) Education Department
- h) DART network (includes Community Drugs Young Peoples Team, Leicestershire Community Projects Trust, Health Promotion Agency, Cut Loose Project, Addaction).
- i) Area Child Protection Committee
- j) Youth Offending Teams
- k) Child Protection Independent Review Services

5.0 SERVICE INPUTS & OUTPUTS

- 5.1 One f.t.e. Project Officer for Young People and Substance Misuse to be based within the Social Services Departments Children's Services Planning Unit who will be responsible for:-

Interagency Liaison

- i. establishing protocols, systems and procedures for managing referrals (external to Social Services), case assessments and reviews and sharing information across statutory agencies, and the voluntary sector.
- ii. devising data collection systems on a multi-agency level that provides accurate and detailed population needs analysis to assist in identifying gaps and overlaps in service provision.
- iii. ensuring that this project has effective operational links with staff and workers in operating in the DART network so that the needs of drug misusers are addressed comprehensively.

Policy Development

- i. Contributing to the production and review of an overarching policy statement regarding substance misuse under the guidance of the Departmental Substance Misuse Group.
- ii. developing practice guidance for staff working with children looked after by the local authority with a target implementation date of September 2003.
- iii. contribute towards the shaping of practice guidance regarding parental substance use by the Area Child Protection Committee.

- iv. attending and supporting the departmental Substance Misuse Group.
- v. ensuring that substance misuse considerations are taken into account within the Young Peoples Vulnerable Children's Service Plan and the Preventative Strategy.
- vi. assisting the Drug & Alcohol Action Teams in developing strategic priorities.

Consultancy, Support and Advice

- i. ensuring substance misuse issues are adequately addressed in planning meetings involving children and young people.
- ii. supporting specialist assessments.
- iii. providing one to one advice and support to departmental staff.
- iv. distributing drugs awareness literature at team meetings.

Resources

- i. gathering and distributing relevant and appropriate information.
- ii. reviewing the accuracy and appropriateness of substance misuse resources.
- iii. delivering substance misuse awareness raising sessions.

Training

- i. identifying the core training needs of the following staffing groups and negotiating with providers such as Health Promotion Agency to ensure that these needs are addressed:-
 - (a) staff working in residential units working with young people.
 - (b) childcare social workers and assessment workers
 - (c) foster carers and contract carers
 - (d) implementation of Practice Guidance and Area Child Protection Committee guidance.
- li participating in the HPA's 'Training the Trainers' course in order to acquire accredited status for delivering internal drug awareness courses.

Assessments for Children of Substance Using Parents

- (i) supporting social work staff in assessing level of parental substance misuse as part of the initial or core assessments. This support will entail:-
 - provision of information on substances, forms of use etc.
 - advising on impact of substance use on childcare.
 - outlining the most appropriate support for parents where substance use has become problematic.
 - ensuring substance misuse issues are adequately addressed in planning meetings involving children and young people.

6.0 QUALITY STANDARDS

- e) The organisation ensures that the Project Officer demonstrates competence in the support skills they offer to service users including:-
- vii. communication and engagement with young people
 - viii. knowledge of law relating to principles of confidentiality
 - ix. risk assessment and management relating to children's services
 - x. legislation in relation to drug misuse
 - xi. the effects and uses of prescribed drugs

7.0 PERFORMANCE INDICATORS

- (a) The organisation will establish procedures for service monitoring and review to enable the following statistics to be produced.
- (b) The organisation may be required to participate in the submission of returns required by the DAAT, National Drug Treatment Misuse System (NDTMS) and the revised datasets required by the National Treatment Agency.
- (c) For the purpose of this specification the organisation is required to provide the following information on a quarterly basis (unless stipulated otherwise).

7.1 STRATEGIC OUTCOMES

Interagency Liaison

- Needs analysis – identify extent of substance misuse problems/service gaps **(Ongoing)**
- Establishment of data collection systems **(November 2003)**
- Develop pilot screening and assessment tools **(November 2003)**
- Identify referral pathways with named agencies **(August 2003)**
- Increase awareness of generic and specialist services in DART.
- Attendance at DART and Drugs Reference Group meetings.

Policy Development

- Develop departmental statement on substance misuse **(September 2003)**
- Develop plan to implement policy to ensure effective dissemination.
- Develop practice guidance in relation to departmental settings
- Attendance at DAAT and Drug Reference Group meetings.

Consultancy

- Number of team meetings attended.
- Number of consultations provided

Resources

- Review and advise on appropriateness of literature in the department.

Training

- Develop training programme for department identifying specific requirements of the different staff groups e.g. residential care workers, foster carers etc.
- Number of departmental staff attending training courses (tier 1-2).

7.2 OPERATIONAL OUTPUT 3

- a) Number of children in the care of local authority
- b) Number of children screened
- c) Number of children receiving targeted prevention

7.3 OPERATIONAL OUTPUT 4/5

- d) Number of children in need but not in the care of the local authority
- e) Number of children receiving drug specific intervention

8.0 LOCAL POLICIES AND PROCEDURES

Assessment Framework for Children and Families
Area Child Protection Guidelines

9.0 FUNDING

Leicester DAAT Prevention Funding £

Managing Contracts Appendix 7

EXAMPLE SERVICE SPECIFICATION FROM LEICESTER DRUG & ALCOHOL ACTION TEAM

OVERARCHING SERVICE PRINCIPLES

Values and Principles

1. The Provider's services should be accessible, acceptable and appropriate to the needs of all service users, including members of ethnic minority communities and hard to reach groups.
2. The Provider will ensure that the services it offers are in line with nationally recognised best practice, locally agreed policies, protocols, guidelines and current evidence of effectiveness, including child protection and vulnerable adult procedures.
3. Services should be co-ordinated and targeted and work within the policies of the DAATs and relevant national requirements.
4. The Provider will work effectively and efficiently with other relevant services and agencies to deliver strategic and service aims and objectives. This will include systems agreed with other providers for referral, needs assessment and shared care/treatment and outcome monitoring.
5. The Provider will recognise both the rights and responsibilities of service users as set out in the SCODA Drug Service User's Charter of Rights and Responsibilities.
6. The Provider will take account of the needs and views of service users and their carers in order to offer an appropriate and acceptable service.
7. The Provider will have in place appropriate local management structures that ensure effective service delivery, appropriate support and supervision of staff, and to promote strategic planning and effective inter-agency collaboration.
8. The Provider will ensure that staff will be appropriately trained to undertake their work. This includes both generic (e.g. confidentiality, health and safety, risk assessment, equal opportunities, etc.) and specific skills required for their area of work.
9. The Provider will demonstrate the effectiveness and cost effectiveness of its services in meeting the service aims and objectives.

SERVICE SPECIFICATION

between

Council Education Department

and

Drug and Alcohol Action Team

SENIOR SUPPORT WORKER (DRUG SUPPORT & ADVICE)

Excluded Pupils

1.0 NATIONAL STRATEGIC OBJECTIVE

- 1.2 To work with disaffected young people and to provide guidance and support within a range of settings that addresses problems arising out of drug misuse in order to place greater emphasis on reducing exclusions.

2.0 AIMS AND OBJECTIVES

- 2.1 To prevent early substance misuse by young people developing into problematic substance misuse.
- 2.2 Where problematic misuse is occurring to work to quickly re-integrate the young person into the mainstream of school and family or other supportive relationships.

3.0 OUTCOMES

- 3.1 A fundamental requirement of this post is to support young people within education services to reduce the risk of permanent exclusion from school and to improve their life chances.

4.0 ELIGIBILITY CRITERIA

- 4.1 Effective early intervention can prevent emerging issues from substance misuse turning into problematic ones. The Senior Support Worker will work with those pupils at Key Stages who have been excluded or are 'at risk' as a result of substance misuse factors.

5.0 SERVICE INPUTS

- 5.1 One full time worker will be located within the Pupil and Student Support Branch (PSSB) of the Council Education Department. There will be joint line management responsibility exercised by the Head of Student Support Service and the Schools Drugs Advisor.

6.0 SERVICE OUTPUTS - OPERATIONAL

- 6.1 To be the first point of contact for all issues relating to drugs advice and guidance for young people and the staff working with them and on their behalf. The Senior Support Worker will offer advice and information about dealing with drug related incidents, resources and training.
- 6.2 Design a system/tool for screening and assessing the drug use of all students engaged with the PSSB and onward referral to other services via the DART team where appropriate and to assume responsibility for the development and ongoing maintenance of the PSSB's Substance Misuse Assessment programme.
- 6.3 Develop and maintain records on the number of students assessed, outcomes and drug related incidents for termly reporting. Other agencies will be involved in a multi-disciplinary assessment as appropriate e.g. Social Services Department.
- 6.4 The Senior Support Worker will be closely involved in co-ordinating services for excluded or at-risk young people and will offer support and work directly with students at all Key Stages on a one-to-one or group basis. Possible practical support can include:-
 - e) brief motivational interviewing and counselling.
 - f) reintegration programmes for excludees either at their existing or new school.
 - g) providing relevant and accessible materials promoting drug education.
 - h) Intensive and family focused services.
- 6.5 The worker will assist schools in setting up appropriate Pastoral Support Plans for those students that become involved with the misuse of drugs or are involved in a drugs incident and meetings to discuss implementation. The worker will be instrumental in suggesting strategies to combat difficult behaviour and to agree this with parents and carers. Monitoring arrangements will be clarified to ensure that the PSP's are meeting the designated targets.

7.0 SERVICE OUTPUTS - STRATEGIC ROLE

- 7.1 The worker will be instrumental for reviewing and updating the Service's Drugs Policy in line with the Local Education Authority and national guidelines on an annual basis and contribute towards the development of appropriate drug education and advice.
- 7.2 The worker will need to co-ordinate their work programme and activities on an on-going basis in order to meet the priorities of the following strategies and structures:-
 - d) Local Education Authority Education Development Plan
 - e) DAAT Young Persons Substance Misuse Plan and Treatment Plan
 - f) Local Healthy Schools Programme
 - g) Health Improvement Plans

- 7.3 An important aspect of the workers remit will be to liaise and work with other agencies within the Drug and Alcohol Response Team through regular attendance at meetings e.g. DART Operational Group, DAAT Drug Reference Groups, and Youth Offending Teams etc. In addition there will be links with Child Behaviour Intervention Teams and Child and Mental Health Services.
- 7.4 To carry out localised needs assessment in areas that have pockets of high social exclusion and to gather evidence to demonstrate the value of a progressive policy on exclusion to mainstream schools.

8.0 DIVERSITY

- 8.1 The Excluded Pupils Project will seek to make positive links with the diverse communities served by the Local Education Authority in order to build into Pastoral Support Plans and other activities additional support from/and for appropriate other projects. This will include working with projects targeted to support pupils from minority ethnic communities and parent/community groups themselves as they seek to support their own young people in addressing the problems of substance misuse and possible exclusion issues. Consideration to including such groups in any planned intervention with individual pupils will always be given and followed through where appropriate and agreed by the individual pupil and their carers. The project will also seek to publicise its services to all groups across the city, as intervention at an early stage can mean that work can start before the prospect of exclusion from school has arisen. The project will seek to publicise its confidential help line so that it can be accessed by head teachers, school staff, pupils, parents/carers and community members as widely as possible.

9.0 TRAINING

- 9.1 The postholder will contribute towards the design and delivery of training programmes aimed at teachers, pupils, parents and governors with specific reference to drug related issues.

10.0 QUALITY STANDARDS

- 10.1 Planned, developed, delivered and evaluated within context of National Healthy School Standard.
- 10.2 Project will be informed and will feed into local plans, planning mechanisms and priorities promoted by the DAATs.
- 10.3 Project will promote and support community involvement in the planning, development, delivery and evaluation of the services, including young people, parents and carers.
- 10.4 Project will develop effective mechanisms for monitoring and evaluating project outcomes.

11.0 MONITORING

11.1 For the purpose of this specification, the organisation is required to provide the following information at the end of each academic term according to age group, drug use, gender and ethnicity.

- a) Implementation of a common screening assessment tool in PRUs
- b) Number of new referrals
- c) Number of new and existing cases
- d) Numbers screened
- e) Numbers assessed as needing intervention + care.
- f) Numbers receiving targeted prevention
- g) Numbers using more than one substance
- h) Number of Pastoral Support Plans set up.
- i) Number of pupils subsequently excluded.
- j) Number of Fixed Term Exclusions reintroduced into mainstream education.
- k) Number of Excluded Pupils in PRUs receiving drug awareness education.
- l) Number of permanent exclusions that are drug related.

12.0 POLICIES AND PROCEDURES

12.1 The service will operate in compliance with the requirements of the following procedures and protocols:-

Department for Education and Skills Circulars

- | | |
|-------|---|
| 9/94 | The Education of Children with Emotional and Behavioural Difficulties |
| 4/95 | Drug Prevention and Schools |
| 10/99 | Social Inclusion: Pupil Support |
| 1/98 | Behaviour Support Plan |
| DfES | Drugs: Guidance for Schools (Circular 0205) |

13.0 FUNDING LEVELS

**EXAMPLE OF MONITORING RETURN FROM
Leicester Drug & Alcohol Action Team**

Leicestershire Drug & Alcohol Action Team

(b) Rutland Drug & Alcohol Action Team

Sub-Regional DAAT Strategic Partnership

(c) This form should only be completed if you are explicitly requested to do so by the DAAT

**Section 1.02 YOUNG PEOPLES SUBSTANCE MISUSE PLAN MONITORING RETURN FOR THE PERIOD.....TO
.....2002/3**

**Section 1.03 Service..... Service
Group:**

**Form completed by Telephone
number.....**

This form consists of three numbered pages

One full form should be completed for each of Leicester, Leicestershire and Rutland.

This form is for

LEICESTERSHIRE

LEICESTER

RUTLAND

PLEASE REFER TO GUIDANCE NOTES.

Appendix 9

**EXAMPLE SERVICE SPECIFICATION FROM
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

Signed.....

Role.....

For and on behalf of
Service Manager

Signed.....

Role.....

For and on behalf of
Newark & Sherwood PCT

Signed.....

Role.....

For and on behalf of
Service Provider

Signed.....

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 of 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 a 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
BA CPN ALCOHOL & FORENSIC	129,707					129,711
sub total	129,707	0	0	0		129,711
DUAL DIAGNOSIS						
Ashfield Sector				40,000		40,000
sub total	0	0	40,000	0		40,000
Grand Total	866,796	490,000	73,333	306,670		1,736,838

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

Appendix 10

Example Nottinghamshire County DAAT

Performance indicator monitoring tools

Key Performance Indicators

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

1. Waiting Time

Definition – The average wait for structured drug treatment for individuals living in the DAAT area, to be measured from the date an individual is referred for treatment to the date an individual begins care planned treatment following assessment in any modality. Maximum waiting times for treatment modalities are as follows:

- | | | |
|----|-----------------------------------|---------|
| 1. | Inpatient detoxification | 2 weeks |
| 2. | Community Prescription Specialist | 3 weeks |
| 3. | Community Prescribing GPs | 2 weeks |
| 4. | Structured counselling | 2 weeks |
| 5. | Structured day care | 3 weeks |
| 6. | Residential rehabilitation | 3 weeks |

Indicator	June 2003	September 2003	December 2003	March 2004
	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard
Section 1.04 Current average waiting time				
Inpatient detox				
Community prescribing				
Community Prescribing GPs				
Structured counselling/intervention				
Structured day care/groupwork				
Residential rehab				
Section 1.05 Longest waiting time				
Inpatient detox				
Community prescribing				
Community Prescribing GPs				
Structured counselling/intervention				
Structured day care/groupwork				
Residential rehab				

Completed by.....Job title.....Signature.....

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

2. New Referrals/Incidence

Definition – No of individuals living in the DAAT area receiving a structured drug treatment and no *that are new to drug treatment services in that financial year.*

Target – To increase no's accessing treatment by 15%

Indicator	June 2003	September 2003	December 2003	March 2004
	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard	Please give written explanation for any non compliance with NTA standard
Total no of individuals receiving structured treatment				
No of new individuals				

Completed by.....Job title.....Signature.....

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

3. Treatment Completion / Planned Discharge Rates

Definition – Clients from the DAAT area that complete treatment or move between treatment providers and/or modalities in a planned way as a proportion of the total no of discharges.

Indicator	June 2003	September 2003	December 2003	March 2004
Treatment completed, drug free.				
Treatment completed				
Referred to other Service				
No of unplanned discharges				

Completed by.....Job title.....Signature.....

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

4. Unit Cost

Definition – The cost per unit of treatment by treatment modality. The units to be costed are:

- Residential rehabilitation Cost/Week per client
- Inpatient (i.e. detoxification) Cost per treatment episode
- Community Specialist Prescribing Cost/Week per client
- Community GP Prescribing Cost per 1 hour session
- Structured Counselling Cost/Week per client
- Structured Day Services Cost/Week per client

Indicator	June 2003	September 2003	December 2003	March 2004
Residential Rehab Cost/Week per client				
Inpatient Cost per treatment episode				
Comm Prescribing Spec Cost/Week per client				
Comm GP Prescribing Cost per 1 hour session				
Structured Counselling Cost/Week per client				
Structured Day Services Cost/Week per client				

Completed by.....Job title.....Signature.....

Current establishment of whole time equivalent permanent staff

Staff	June 2003			September 2003			December 2003			January 2004		
	In post	Vacant	Temp	In post	Vacant	Temp	In post	Vacant	Temp	In post	Vacant	Temp
Joint commissioning staff												
Service managers												
Nurses												
Social Workers												
Psychologists												
Psychiatrists/Doctors												
Shared care GPs												
GP liaison workers												
Outreach workers												
Criminal Justice Workers												
Counsellors												
Administration/Support Staff												
Occupational therapists												
Complementary therapists												
Others												

Instructions

- Column 1 – In post Enter the whole time equivalent permanent staff members in each category
- Column 2 – Vacant Enter whole time equivalent vacancies in each category
- Column 3 – Temp Enter whole time equivalent posts covered by agency or temporary staff

(i) Definitions

- Service managers are individuals with line management responsibilities for a discrete service or component of a large group of services
- Service managers who are also nurses, doctors, social workers etc. must only be counted and entered as service managers

Completed by.....Job title.....Signature.....

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

- The designated professional groups e.g. nurses, social workers, counsellors etc, refer to those who hold the appropriate professional qualification for these roles. These professionals must be working with service users
- Doctors and psychiatrists refers to all doctors who work with service users but does not include GPs
- Shared care GPs is all General practitioners who are treating drug users as part of shared care arrangements
- Criminal Justice Workers includes arrest referral workers, those working in drug testing and treatment order services and any other criminal justice specific staff
- Administration/support staff includes all non-clinical staff e.g. receptionists, administrators, finance officers, cooks, housekeepers etc.
- For residential services and other services which cover more than one DAT, the staffing complement will be reported by the DAT in which the service is located

Staff Ethnicity

For all staff please indicate how many are:	1) June 2003		September 2003		December 2003		January 2003	
	Practitioners	Managers	Practitioners	Managers	Practitioners	Managers	Practitioners	Managers
Asian or Asian British (Bangladeshi)								
Asian or Asian British (Indian)								
Asian or Asian British (Pakistani)								
Asian (Other)								
Black or Black British (African)								
Black or Black British (Caribbean)								
Black (Other)								
Mixed White and Black African								
Mixed White and Black Caribbean								
Mixed White and Asian								
Mixed Other								
White British								
White Irish								
White Other								
Other Ethnic Background								
Total								

- Please enter in each column (1 - practitioners and 2 - managers) the total number of staff in each ethnic group

Completed by.....Job title.....Signature.....

Performance Indicator Monitoring Tool
Example Notts County DAAT
 Name of service

Performance Indicators

Please comment on current position in relation to individual performance indicators.

Indicator	June 2003	September 2003	December 2003	March 2004
Development and drafting of Strategic Business Plan				
Delegation to service team leaders of budgets, SLA and business planning				
Implementation of Models of Care				
Development of service user consultation plans				
Assessment of staff training needs and competencies				
Appraisal and personal development plan in place for all staff				

Completed by.....Role.....Date.....

Performance Indicators

Please comment on current position in relation to individual performance indicators.

Indicator	June 2003	September 2003	December 2003	March 2004
Named leads for four current initiatives				

Completed by.....Role.....Date.....

Continuing Practitioner Development
Commissioning for Young People's Drug Services
Skills and Development Training Programme

Module

Financial Planning and Management

Contents

1. Introduction
2. Using the training programme
3. Session One: Budgeting and understanding accounts
4. Session Two: Contracting
5. Session Three: Pricing
6. Session Four: Tendering
7. Session Five: Audit
8. Session Six: Achieving value for money
9. Session Seven: Measuring performance
10. Session Eight: Evaluation and Close

1. Introduction

- 1.1 This module is focused on financial planning and management and includes contracting and tendering processes. It is based on a one day course which uses units from the Drugs and Alcohol National Occupational Standards and is presented as a workbook.
- 1.2 Those who wish to undertake this module will need to be familiar with the strategic development of commissioning for young people's substance misuse treatment services.
- 1.3 The Drugs and Alcohol National Occupational Standards units and elements used in this module are:

CA2 Develop and review strategies and plans to meet local needs for substance misuse services

The element of this unit is:

CA2.3 Obtain and monitor the use of the funds required

CA4 Develop specifications for substance misuse services

The elements of this unit are:

CA4.1 Gather and analyse existing information on procuring substance misuse services.

CA4.2 Develop specifications for substance misuse services.

CB1 Invite tenders and award contracts for substance misuse services

The elements of this unit are:

CB1.1 Invite and evaluate tenders for the provision of substance misuse.

CB1.2 Negotiate and award contracts for the provision of substance misuse services.

CB2 Monitor and evaluate the quality, outcomes and cost-effectiveness of substance misuse services

The elements of this unit are:

CB2.1 Manage the performance of providers of substance misuse services.

CB2.2 Evaluate and improve the quality, outcomes and cost-effectiveness of substance misuse services.

CB3 Procure substance misuse services for individuals

CB3.1 Specify services to meet the needs of individual service users

CB3.2 Negotiate and agree contracts for specific services.

CB3.3 Monitor and evaluate the quality of services provided.

Target Group

- 1.4 This course is designed for staff working in strategic and commissioning roles related to young people's drug and alcohol services who require knowledge and skills concerning financial planning and management. Since commissioning services is not unique to Commissioning Managers, individuals with responsibility for tendering and commissioning services or individual care packages may find this programme valuable in improving their knowledge of financial matters.

1.5 Participants should include:

- Young People's Commissioning Managers
- Joint Commissioning Managers
- DAT Co-ordinators
- DAT Administrative support staff
- Service Managers – with commissioning responsibility
- Members of young people's drug services commissioning groups
- Those with an interest in developing Commissioning knowledge and skills

Overall Aim

1.6 This course aims to enable those responsible for commissioning services for DA(A)Ts and Young People's Joint Commissioning Groups to explore models of good practice related to financial planning and management. It is aimed at those who are new to commissioning for young people or for staff who need assistance in understanding finance or want to explore new financial tools.

Learning Objectives

1.7 On completion of this module participants should have:

- Understanding of financial terminology
- Understanding of the budgeting process
- Understanding of the key aspects to look for in a set of accounts
- Knowledge of the financial aspects of contracting
- Understanding the factors involved in pricing services
- Knowledge of the approaches to tendering services
- Understanding of the need for adequate audit arrangements and what these might be
- Understanding of the components of Value for Money
- New tools for measuring performance.

Method of Delivery

1.8 The module is delivered over one day through face to face contact. It should be delivered by a trainer with sound knowledge of financial planning and management. The trainer needs to be familiar with the material within the module to be able to extract the key messages. It includes a range of learning opportunities including:

- Presentation
- Group work and discussion
- Exploration of areas for change and development
- Action planning.

Content

1.9 The training content covers nine areas which are related to the skills and knowledge described in the Drugs and Alcohol National Occupational Standards. The content is provided as a workbook which covers:

- Understanding budgets and accounts
- The financial aspect of contracting
- Pricing services
- Tendering services
- Audit requirements
- Value for money calculations
- Measuring Performance
- Recognising the needs of young people
- Young People's impact on commissioning policy.

2. Using the Training Programme

- 2.1 This programme is designed to be delivered by an experienced trainer, with wide knowledge of finance within a commissioning context. It is worth considering using an accountant, a commissioning manager or project manager to deliver the training jointly. This module is designed as a workbook and delivery is adaptable as a result no timetable is provided as the sessions can be “ mixed and matched” to meet participants requirements.
- 2.2 The programme structure aims to cover the key issues outlined in the Drugs and Alcohol National Occupational Standards. Although the programme does not focus specifically on commissioning services for individual clients, it should be noted that the content of the programme can be used for both commissioning services for populations and individuals.
- 2.3 The programme is designed to give insight into the key aspects of each topic area and therefore should not be viewed as a comprehensive exploration of each subject.
- 2.4 Trainers providing this module should familiarise themselves with the training programme and workbook, the relevant Drugs and Alcohol National Occupational Standards units, national and local financial guidance and regulation and other related materials. They will also need to ensure that they are familiar with new materials prior to delivering the programme and where possible use examples provided by participants.

Finance Workbook

Session One:

The budgeting process and understanding accounts

Method

3.1 This first session sets the scene by engaging immediately with a budget, similar to one from a service that participants might commission. Within a large or smaller group participants are asked to look at the budget and notes for the Devonshire Advisory Trust and answer the questions listed below. The trainer then runs through each question, clarifying the terms used.

3.2 The trainer should ask participants what questions commissioners would be asking of an agency if they were presenting this set of accounts.

3.3 At the end of this session participants should have a better understanding of how to interpret a budget and questions they should be asking of services.

Interpreting Accounts

1. Do they have more assets than liabilities?
2. Do they have money in the bank?
3. Who owes them money?
4. Who do they owe money to?
5. When will they have to pay off their liabilities?
6. Are they carrying forward funds to next year?
7. Where do they get most of their income from?
8. Are they heavily dependent on one source of income?
9. What proportion of their income do they spend on staff costs?
10. What proportion of their income do they spend on fundraising and administration?

**DORSETSHIRE ADVISORY TRUST FINANCIAL YEAR 2002/03
BUDGET TO ACTUAL FOR NINE MONTHS TO 31 DECEMBER 2002**

	Budget for Year	Budget for 9 Months	Actual for 9 Months	Variance	Notes to Accounts
	£	£	£	£	
INCOME					
Grants and Fees	244,818	183,614	174,058	(9,556)	1
Shop sales	36,000	27,000	14,966	(12,034)	2
Donations	10,000	7,500	9,930	2,430	3
Fundraising	5,000	3,750	3,713	(37)	
Bank Deposit Interest	1,700	1,275	1,333	58	
Trading Co Receipts	18,000	13,500	6,873	(6,622)	4
Total Income	<u>315,518</u>	<u>236,639</u>	<u>210,878</u>	<u>(25,761)</u>	
EXPENDITURE					
Salaries	220,362	165,272	150,474	14,798	5
Training	2,332	1,749	2,332	(583)	
Travel	1,200	900	663	237	
Recruitment	6,500	4,875	1,301	3,574	6
Volunteers' expenses	1,800	1,350	803	547	
Publicity	2,500	1,875	1,213	662	
Printing	7,500	5,625	3,695	1,930	7
Telephone	6,000	4,500	4,624	(124)	
Postage	4,500	3,375	921	2,454	8
Stationery	3,500	2,625	1,526	1,099	9
Equipment	6,400	4,800	3,667	1,133	10
Accountancy/Audit	8,000	6,000	1,725	4,275	11
Premises	28,885	21,664	6,674	14,990	12
Total Expenditure	<u>299,479</u>	<u>224,610</u>	<u>179,618</u>	<u>44,992</u>	
SURPLUS/DEFICIT	<u>+ 16,039</u>	<u>+ 12,029</u>	<u>+ 32,160</u>	<u>+ 19,231</u>	

DORSETSHIRE ADVISORY TRUST FINANCIAL YEAR 2002/03 FINANCIAL MANAGEMENT REPORT UP TO 31ST DECEMBER 2002.

Budget to Actual For Nine Months – Notes to the Accounts

The budget figures are the budget for the year 2002/03 as approved at the management committee on 13th February 2002. These have been apportioned to nine months by simply taking three-quarters. The actual for Nine Months figures are the accruals basis income and expenditure figures prepared from the accounting records for the first nine months of the financial year.

Significant Variances

The variance column shows the difference between the budget for nine months and the actual for nine months. The notes below explain the significant variances.

1. The grants incomes is less than expected because the council have not yet actioned the increased level of grant funding agreed verbally with them. We assume this will be paid in the final quarter, which is still outstanding.
2. Shop sales are much lower than expected. This seems to be due to over optimistic budgeting and the long sickness of the shop coordinator, causing the shop to be open for fewer hours.
3. Donations are higher than expected for nine months, due to a legacy from one of the users who died last year. However, no further amounts are expected.
4. Trading company receipts are lower than expected because the transfers from the trading company have been delayed. A separate report to the trading sub-committee shows that net income should reach the budget for the year. A significant transfer will be made from the trading company before the end of March.
5. Salaries are lower than expected for two reasons: a) the pay increase had not been implemented on time and this will have to be backdated. This will be put through payroll at the end of January and amounts to £3,456 including National Insurance contributions; b) the post of advocacy coordinator has been vacant for three months and the post of administrative assistant has been vacant on and off for six months. The recruitment for a new advocacy coordinator has been undertaken and a new person will be in post at the beginning of February. The administrative assistant recruited earlier left because she found a better job and a new round of recruitment has commenced.
6. Recruitment costs are lower than expected as the personnel manager has changed the advertising policy and expensive adverts in national newspapers are no longer required. This will affect the budget for the year and projected expenditure on this item can be significant reduced.
7. Printing costs are lower than expected, but this was due to a delay in the reprinting of a large number of forms and stationery items. This will now happen in the last quarter of the financial year.

8. Postage is low compared to budget because the petty cash expenditure was not analysed for these accounts, although a quick review suggests that this will be lower than budget anyway. This is probably because the budget was too high.
9. Stationery is under spent because the budget was too high. It is likely that printing and stationery budgets overlap and some costs have been budgeted twice.
10. Equipment includes maintenance and depreciation. The under spend may well be used up by the end of the year.
11. Accountancy/Audit budget includes the amount for the year end work, which will have to be accrued in the year end accounts, but the accrual is not in these management accounts. The actual expenditure relates to advice during the year, which was not budgeted.
12. Premises costs are under budget, because the correct amount of rent has not been charged by the council. We will have to accrue the full amount in the budget when we do the year end accounts, even if we do not know the actual rent to be charged.

Finance Workbook

Session Two

Contracting

Method

4.1 This session introduces the three types of financial clauses within contracts. The option should be explained and then a discussion invited on the pros and cons of each option and where different options might be appropriate to use at different times.

Options for Financial Clauses

OPTION A	" The purchaser will pay all costs incurred by the provider, up to the maximum sum shown in the attached expenditure budget" .
OPTION B	" The purchaser will pay the provider a fixed price of £XX,XXX for the provision of the service, as described in the attached schedule" .
OPTION C	" The purchaser will pay to the provider £XXX for each unit of care provided" .

The Provider's Viewpoint

	Advantages	Disadvantages
OPTION A	Our costs will be met as long as we do not exceed the budget.	It is hard to be sure that everything is included in the budget, especially overheads. The purchaser might "claw back" unspent funds. Costs may be higher than budgeted, especially if demand for the service is high
OPTION B	We can keep any surplus we make, and use it to improve the service We have a clear agreement with the purchaser about the nature of the service we are providing	We still have to provide the service, even if it turns out to cost more than we expect If demand is higher than we expect, we still have to provide the service within a fixed price
OPTION C	If there is strong demand for our service, we will receive extra payment	Our income will be very low if demand is lower than we expect

The Purchaser's Viewpoint

	Advantages	Disadvantages
OPTION A	<p>All payments are used according to the budget provided</p> <p>We know exactly how much our commitment is going to cost us and we cannot be asked for any extra payments</p>	<p>It is difficult to follow the details of the provider's expenditure budget</p> <p>The provider may not have enough money to provide a good service, if demand is high</p>
OPTION B	<p>We still know exactly what our commitment is going to cost us- we can't be asked for any extra payments</p> <p>We have agreed what service we will receive in exchange for the fee</p>	<p>We have no control over the exact way that the provider spends the fee</p> <p>The fee may not be sufficient if demand is high</p>
OPTION C	<p>We only pay for what we get</p>	<p>If demand is high, the total cost to us could be very high.</p>

Pros and Cons of Different Types of Contracts

Pros	Cons
Unit based contracts	Unit based contracts
Can be linked to an individual's need.	Most costs are fixed and are incurred however many users there are.
Can lead to greater flexibility for the purchaser.	Organisations have to achieve break even point. This factor and the need for some contingency could push price up.
Could lead to greater choice for users. Users could be given a range of possible providers to pick from.	Could require separate negotiations for each user. This would take up time and add to management costs. Assumes that each unit is roughly the same. Units might vary considerably in their demands of the service
Time based contracts	Time based contracts
Easy to manage as the limit is clear	How does the input of time equate to quality?
Easy to monitor output.	Easy to trim some time off and still keep service
Flexible contracting for purchaser	Same disadvantages as for unit based contracts
Contract for specific project or activity	Contract for specific project or activity
Very clear about the service being contracted.	Organisation has to be able to quickly start up and close down projects.
Easy to measure results	What happens when the project ends?
Allows flexibility for purchaser.	Reluctance of some purchasers to pay for the full indirect management costs of the project
Total service agreement	Total service agreement
Feels secure as all of the organisation is dealt with	Having only one funder can make the organisation vulnerable
Negotiation is straightforward.	Difficult to measure outputs and outcomes as it is geared to funding the organisation rather than its services.
Easy for funder to make marginal cuts every year	Grant aid mentality still applies
Useful for work that is interrelated and cannot be easily split into different contracts	Can become complicated if the organisation bids for other work from purchasers. What extent of management costs should they be expected to pay?

Pros	Cons
Outcome based contracting	Outcome based contracting
Focus is on quality	Who says what the outcome is can be a contentious issue.
Allows flexibility of methods to achieve outcomes	Requires skills to assess needs, agree outcome and milestones.
Strong emphasis on measurement is built in.	Can be difficult to accurately project costs and time needed to achieve outcome
Emphasis on achievable results rather than doing things because the contract says no.	Can lead to organisations picking the clients most likely to meet the outcomes

Finance Workbook

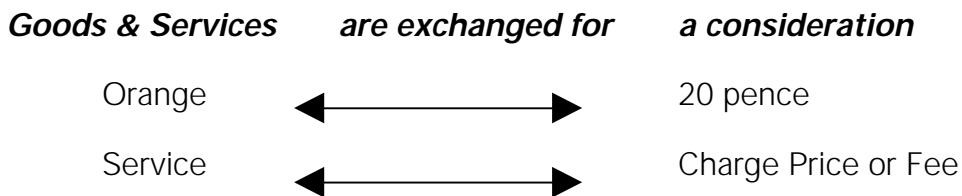
SESSION THREE:

PRICING

Method

5.1 This session starts to look at the pricing of services by showing there are a number of factors to take into account within the cost of a service and a number of ways to price a service. The trainer should work through the examples explaining the different approaches. The examples are:

- Borchester Community Centre
- The cost for running a day centre
- Well Being Drop In Centre



The Cost of an Orange...	The Price of an Orange...
Wholesale cost Transport cost Stall cost Wastage Wages Profit requirement Bank costs <i>...is complex</i>	" 20 pence" <i>...is simple</i>

EXAMPLE

The Borchester Community Centre has three projects and operates from small premises. They employ a permanent Centre Coordinator and project staff are hired on a sessional basis. They have prepared the following information about costs.

- Centre coordinator's salary and national insurance **£16,000**
- Premises fixed costs amount to approximately **£15,000**
- Project A needs sessional staff costing **£3,000** and materials costing **£800**
- Project B needs sessional staff costing **£5,000**, additional telephone costs estimated at **£900** and extra print and stationery costs of **£1,000**
- Project C needs sessional staff costing **£4,000** and additional travel costs of **£500**

This information can be more usefully presented as:

Project Costs	<i>Project A</i>	<i>Project B</i>	<i>Project C</i>	TOTAL
Sessional Staff	£3,000	£5,000	£4,000	£12,000
Materials	£800			£800
Additional Telephone		£900		£900
Extra Print and Stationery		£1,000		£1,000
Additional Travel			£500	£500
Total Direct Costs of Projects	£3,800	£6,900	£4,500	£15,200

Centre Fixed Assets

Centre Coordinator's Salary and NI	£16,000
Premises Fixed Costs	£15,000
Contribution Needed from Projects	£31,000
TOTAL INCOME NEEDED	£46,200

The Facts

<i>Expert Organisation's Expenditure Budget 199X</i>	<i>Consultancy Service</i>	<i>Training Service</i>	<i>Shared Costs</i>
Direct Costs	£90,000	£60,000	£50,000

The Consultants' View

<i>Expert Organisation's Expenditure Budget 199X</i>	<i>Consultancy Service</i>	<i>Training Service</i>	<i>Shared Costs</i>
Direct Costs	£90,000	£60,000	£50,000
Apportionment of Office costs	£30,000	£20,000	-£50,000
<i>Full Costs</i>	<i>£120,000</i>	<i>£80,000</i>	<i>NIL</i>

The Trainers' View

<i>Expert Organisation's Expenditure Budget 199X</i>	<i>Consultancy Service</i>	<i>Training Service</i>	<i>Shared Costs</i>
Direct Costs	£90,000	£60,000	£50,000
Apportionment of Office costs	£30,000	£20,000	-£50,000
<i>Full Costs</i>	<i>£120,000</i>	<i>£80,000</i>	<i>NIL</i>

Costs for setting up and running a Day Centre

TYPE OF COST	SOURCES OF INFORMATION	COST IN £
Fixed Assets Building Conversion Equipment Other Non-Recurring Costs Survey Legal fees Recruitment & training	OTHER PROVIDERS &: Architect Equipment suppliers Surveyor Solicitor Personnel officer	
TOTAL NON- RECURRING COSTS		£

RECURRING COSTS		ANNUAL COST IN £
Variable Costs Refreshments Chiropody Hairdressing	OTHER PROVIDERS &: Meal plans etc Service providers Service providers	
Fixed Cost Staff salaries Heat and Light Cleaning Premises and equipment Maintenance Insurance Office cost Depreciation Equipment Building Conversion	Salary data, pension firm Architect Contractor Architect, equipment Suppliers Insurance broker Administrator Fixed Asset cost & Expected life	
TOTAL RECURRING COSTS		£

Calculations

For the premises apportionment, the space occupied was measured and the relevant percentage of the total calculated.

	Space Occupied m ₂	% Space	Premises Costs £
Information	331	35%	8,750
Advocacy	189	20%	5,000
Newsletter	236	25%	6,250
Outreach	189	20%	5,000
	<hr/> 945 <hr/>	<hr/> 100% <hr/>	<hr/> 25,000 <hr/>

For the other overheads apportionment a similar calculation was undertaken, based on the staff costs of each project

	Staff Costs £	% Staff	Other Overheads £
Information	45,380	25%	19,446
Advocacy	23,577	13%	10,112
Newsletter	32,654	18%	14,001
Helpline	56,027	30%	23,336
Outreach	25,920	14%	10,890
	<hr/> 183,558 <hr/>	<hr/> 100% <hr/>	<hr/> 77,785 <hr/>

Example Cost Centre Expenditure Budget

Direct Costs	Information £	Advocacy £	Newsletter £	Helpline £	Outreach £	Central £	Total £
Salaries	45,380	23,577	32,654	56,027	25,920	52,035	235,593
Training	300	150	500	500	325	500	2,275
Travel	150	150	250	250	800	250	1,850
Recruitment	-	-	-	-	-	5,000	5,000
Volunteers' Expenses	-	-	800	1,000	-	-	1,800
Publicity	-	-	500	500	600	1,000	2,600
Printing	500	250	5,000	-	-	2,000	7,750
Telephone	-	-	-	1,000	-	5,000	6,000
Postage	-	-	2,500	-	-	2,000	4,500
Stationery	-	-	-	-	-	2,500	2,500
Equipment	500	500	2,500	-	-	2,500	6,000
Accountancy/Audit	-	-	-	-	-	5,000	5,000
Premises	-	-	-	5,000	-	25,000	30,000
Total direct costs	46,830	24,627	44,704	64,277	27,645	102,785	310,868
Central Cost Apportioned							
Premises	8,750	5,000	6,250	-	5,000	(25,000)	
Other Overheads	19,446	10,112	14,001	23,336	10,890	(77,785)	
Total Costs	75,026	39,739	64,955	87,613	43,535	-	310,868

**Well Being
Annual Income & Expenditure Budget
Current Year – NEW FORMAT**

	Drop In	Therapy	Advocacy	Management	Unrestricted	Total
£000						
INCOME						
Drop In Grant	50					50
Counselling Contract		15				15
Core Grants					60	60
Publications			5			5
Voluntary donations					10	10
TOTAL INCOME	50	15	5	0	70	140
EXPENDITURE						
Staff Costs	40	10	15	15		80
Service Running Costs	25	5				30
Publicity & Publications			15			15
Office expenses				15		15
DIRECT COST	65	15	30	30	0	140
APPORTIONMENT OF MANAGEMENT COST	18	6	6	-30	0	
FULL COST	83	21	36	0	0	140
OVERALL SURPLUS	-33	-6	-31	0	70	0

Consequences of pricing Decisions for Well Being's Drop In Service

Annual Price	Consequences
Below £65,000	Drop In faces closure without heavy subsidy from elsewhere
£65,000 to £83,000	<p>Drop In able to survive, provided management is subsidised by Well Being</p> <p>Quality of service below both purchaser expectations</p> <p>No resources for developing new services</p>
£83,000	<p>Current level of service assured</p> <p>No capacity for quality improvement or developing new services</p>
£6,000 extra	Pays for depreciation and capital loan costs for a £20,000 refurbishment
£30,000 extra	Buys improvements in service quality sought by both provider and purchaser
£5,000 to £10,000 extra	<p>Drop In able to use surplus to develop capacity for new services</p> <p>Competitors encourage to bid for new services</p>

Finance Workbook

Session Four

Drawing up a Tender Specification

Method

6.1 This session introduces the steps involved in drawing up a specification for tendering a service. The trainer should introduce the topic and work through each section. The content for this section can be organised around a number of possible areas which include:

- Brief description of service.
- Needs of client group.
- Activities and/or outcomes expected.
- Standards required.
- Management arrangements
- Financial arrangements
- Specific expectations of contractor
- Bidding requirements
- Tender criteria and process

6.2 Starting with who does what participants should be encouraged to discuss the elements described and considering How can users and voluntary organisations influence how decisions are made about service plans and specifications? How logical and organised is this process in practice?

The Purchaser **The Provider**

Makes priorities about recognised needs
Bids for the service

Decides by what mechanism service should be delivered.
Proves that they have the capacity to provide service.

Writes specification.

Provides the service.

Decides who should provide the service.

Evaluates its work.

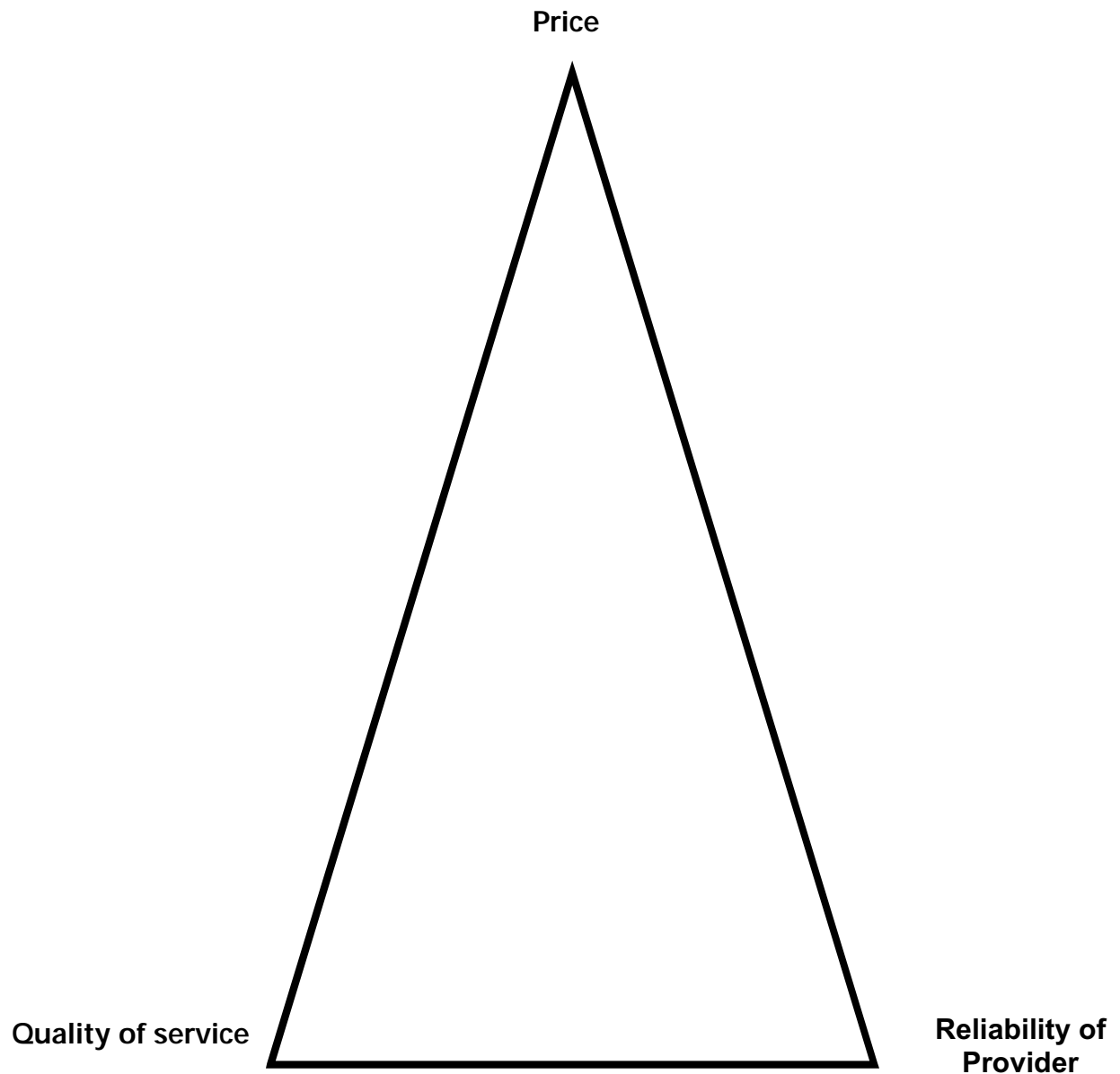
Monitors the service to ensure specification is met.

Evaluates the service.

6.3 Participants may wish to consider two questions at this point:

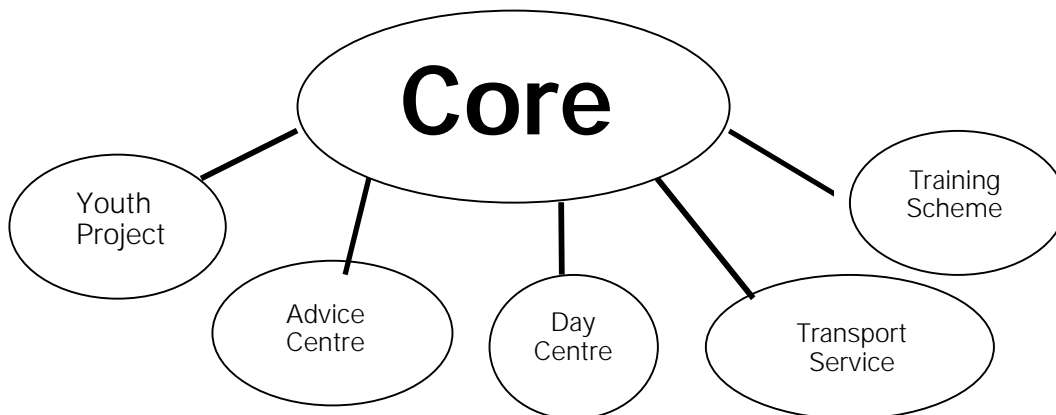
- How can users and providers influence how decisions are made about service plans and specifications?
- How logical and organised is this process in practice?

Factors in a Purchasing Decision



6.4 Commissioners and planners need to know how much a service will legitimately cost; the following gives some idea of the factors to be taken into account.

How much does it cost?



Costing the Advice centre:

Direct Costs:	
Advice workers salary	
Advice resources	
Helpline	
Training costs	
Publicity costs	
Campaign costs	
Direct cost	£33,000
+	
Agreed share of organisational Indirect cost	
Share of indirect cost	£17,000
=	
Total cost	£50,000

6.5 Participants require knowledge of how to test for quality and the reliability of both an organisation and the services provided. The trainer using the example provided should ask participants to discuss the various elements and how they relate to individuals and/or group practices.

Example of Evidence of Quality and Reliability

Quality	Reliability
Quality Assurance System.	Accounts.
Service evaluations.	Business Plan.
Practice Standards.	Management Practice.
External inspections.	Staff development.
External validations.	Track record elsewhere.
Qualified staff.	Contingency arrangements.
User surveys.	
User outcomes.	

6.6 The following points should provide a guide for participants in respect of performance measures. These are set out as questions to assist participants identify a number of key components.

- What is the service/project for?
- What values should influence it?
- What do we want to measure?
- What are the possible indicators?
- How will the information be used and interpreted?

6.7 More than just price, is one possible answer to the question how would you build quality into the tender process? By taking participants through the following points and facilitating discussion they should create a picture of how quality can be built into tenders.

- Evidence of minimum standards that reflect good managerial and organisation practice.
- Evidence of quality systems for working with young people, research design and management and dissemination of findings.
- Evidence of good management practice, staff development and supervision arrangements.

6.8 By working through and discussing the following points participants should identify how they can ensure reliability of each organisation tendering.

- Through reviewing recent annual accounts to check on financial stability and track record.
- Through reviewing the organisation's business or strategic plan to see if management assumptions are realistic.
- Through submission of evaluations of similar projects and activities.
- What more work might you have to do to ensure an effective tender process?

6.9 Participants should be asked the criteria by which they would judge tenders and to list the information that they would request and for what purpose?

Information	Purpose
Business plans, previous accounts and examples of previous projects. Evidence as listed above.	To check that the organisation is reliable.
Estimate of fee and estimates for three years.	To consider budget and value for money.
A project plan setting out how they would undertake it.	To consider their approach.
Evidence of appreciation of relevant policies (e.g. equality, staff development).	To check on their understanding of needs.

Finance Workbook

Session Five:

Audit

Method

7.1 The following is an example of an audit statement. The trainer should explain the key points which are relevant to participants, and follow this by looking at the audit requirements table.

EUROPEAN REGIONAL DEVELOPMENT FUND

GRANT RECIPIENT:

PERIOD 1ST FEBRUARY 2000 TO 31ST OCTOBER 2001

Auditor's Report to the Department of Transport, Local Government and the Regions

We have read the document the financial agreement between the above grant recipient and the Secretary of State of Transport, Local government and the Regions and also guidance notes ERDF8G.

We have audited the above grant recipient's Statement of Grant Expenditure for the period 1st February 2000 to 31st October 2001, which is attached to this report, each page of which we have initialled.

Opinions:

1. The Statement of Grant Expenditure fairly states the eligible expenditure and the source of funding in the period 1st February 2000 to 31st October 2001 and has been prepared in accordance with the financial agreement between the above grant recipient and the Secretary of State for Transport, Local Government and the Regions.
2. During our audit, nothing material came to our attention that is inconsistent with the statements made in the Statement of Grant Expenditure.

Name

Signature Date

Professional Qualification

Chartered Accountant

STANDARD REPORT TO ACCOMPANY ANNUAL INTERIM CLAIMS OR PROJECT CLOSURE REPORTS

(To be sent out under the reporting firm's/organisation's letterhead).

Addressee details:

- (i) The Secretary of State for Work and Pensions (*Government Office*)

Dear Sirs,

EUROPEAN SOCIAL FUND DOSSIER REFERENCE (DOSSIER NUMBER)

We refer to the above mentioned agreement (the "Grant"). Under the terms of the contract arising from the offer letter dated (...200(y)) (ESF Applicant) is required to submit (an annual claim/project closure report) that complies with the requirements set out in Annex 4 and to supply the addressees with a report by its reporting accountant upon its content.

The Director (or equivalent) of (ESF Applicant) have prepared (an annual claim/project closure report), a copy of which is appended to this report, for which they have sole responsibility.

Basis of Report

Our work was conducted in accordance with the framework for reporting in connection with European social Fund ("ESF") grants set out in the Article 4 Verification Certificate guidance.

Our work was based on obtaining an understanding of the compilation of the (annual claim/project closure report) by enquiry of management, reference to the Grant Agreement, comparison of the financial information to the sources from which it was obtained and recomputation of the calculations in the (annual claim/project closure report) which was in accordance with ESF rules and regulations.

For the purpose of providing you with this letter, other than as set out herein, we have not carried out any work by way of audit, review or verification of the financial information nor of the management accounts, accounting records or other sources from which that information has been extracted.

Report

Based solely on the procedures described above, we confirm that:

1. the financial information contained in the accompanying (annual claim/project closure report) has been accurately extracted from the sources identified therein and agrees with the underlying accounting records;
2. with exceptions detailed at (4) below all errors that we identified in the course of our testing have been corrected by the Directors (or equivalent) in the attached (annual claim/project closure report);

3. We have obtained written confirmation from the Directors (or equivalent) of (ESF Applicant) that they have reviewed the (annual claim/project closure report) to determine whether similar errors exist elsewhere and that any such errors have been correct in the attached (annual claim/project closure report);
4. We identified the following errors which have not been corrected by the Directors (or equivalent) in the attached (annual claim/project closure report);

Brief description of error	Value (£)

Our report as set out herein is confidential to the addressees of this letter and should not be made available to any other party without our written consent. It is provided solely for the purpose of the Secretary of State's assessment of (ESF Applicant)'s compliance with the terms of their contract. We accept no liability to any other party who is shown or gains access to this report.

Yours faithfully

(name of accountancy firm)

Signed:

Position in Organisation:

Date:

Cc (ESF Applicant)

EUROPEAN REGIONAL DEVELOPMENT FUND

GRANT RECIPIENT:

PERIOD 8TH OCTOBER 1998 – 31ST DECEMBER 2001

Auditor's Report to the Department of Transport, Local Government and the Regions

We have read the document the financial agreement between the above grant recipient and the Secretary of State for Transport, Local Government and the Regions and also guidance notes ERDF8G.

We have audited the above grant recipient's Statement of Grant Expenditure for the period 8th October 1998 to 31st December 2001, which is attached to this report, each page of which we have initialled.

Opinions:

1. The Statement of Grant Expenditure fairly states the eligible expenditure and the source of funding in the period 8th October 1998 to 31st December 2001 and has been prepared in accordance with the financial agreement between the above grant recipient and the Secretary of State for Transport, Local Government and the Regions and subject to the following notifications:
 - (a) The Revenue Interim claim has been reworked as it was incorrect and is being resubmitted under separate cover.
 - (b) The Capital final claim has no variation from the last interim claim but please note the following variations from initial budget.

	Agreed Grants	Actuals	Variance
Land Acquisition	105,000	90,000	(15,000)
Site Investigation	2,956	2,953	(3)
Building Construction	656,438	670,857	14,419
Plant/Machinery	15,800	17,045	1,245
Fees	82,136	67,259	(14,877)
Others*	198,950	103,776	(95,174)
	<u>£1,061,280</u>	<u>£951,890</u>	<u>£(109,390)</u>

- (c) *VAT on works has not been levied and thus £116,120 has not been claimed.
2. During the audit, nothing material came to our attention that is inconsistent with the statements made in the Statement of Grant Expenditure.

Signature Date:
Chartered Accountants

Name of Hostel –

CERTIFICATE OF AUDITOR

We certify that we have examined the entries in this form and the related accounts and records of the hostel and have carried out the tests we consider necessary and we have obtained such explanations as we consider necessary to provide an audit opinion.

We are of the opinion that the entries are fairly stated and that the expenditure has been properly incurred in accordance with the conditions under which Home Office grant is paid.

Auditor Signature:

Date:

Auditor Contact:

Accounting and Audit Requirements

Unincorporated Charities	Accounts	External Scrutiny
Gross income over £250,000	Accruals basis following SORP	Audit by registered auditor
£10,000 - £250,000	Accruals basis following SORP	Independent examination
£10,000 - £100,000	Receipts and Payments Accounts and Statements of Assets and Liabilities	Independent examination
Less than £10,000	Receipts and Payments basis – No need to submit to CC	No external scrutiny required by statute
Charitable Companies	Accounts	External Scrutiny
Gross income over £250,000	Accruals basis following SORP	Audit by registered auditor
£90,000 - £250,000	Accruals basis following SORP	Compilation report
Less than £90,000	Accruals basis following SORP	No external scrutiny required.

Finance Workbook

Session Six

Value for Money

Method

8.1 This session uses the workbook to explain the components of value for money equations.

Value for Money

- **Economy**

How does the cost of the service compare to the costs of similar services?

Are monies and resources allocated on a sensible economic basis?

- **Efficiency**

Is the service well managed?

Does the service operate in a way that achieves the maximum output?

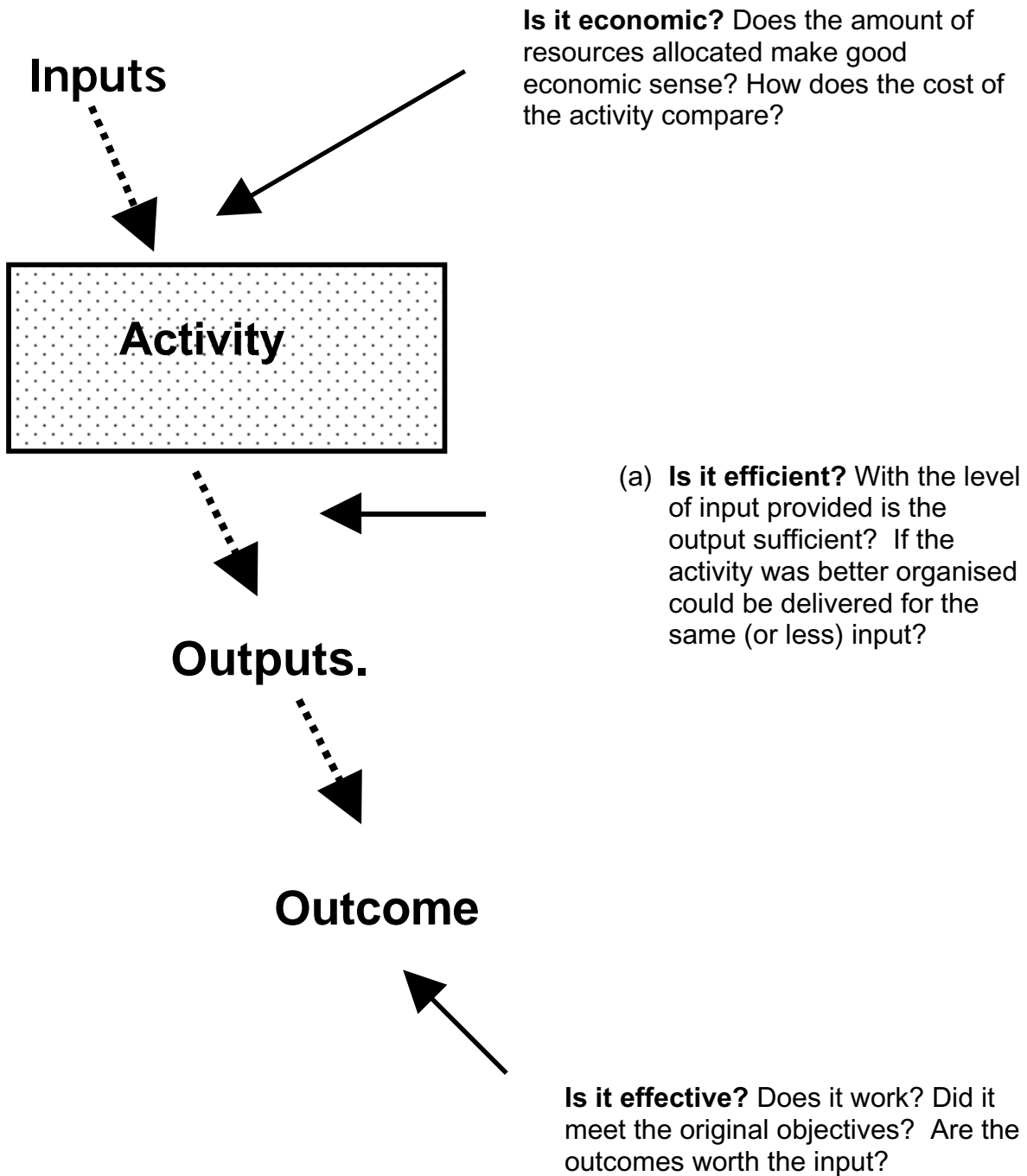
- **Effectiveness**

Does the service work?

Does it achieve the intended objectives?

Are the outputs and outcomes worth the investment?

Inputs, outputs and outcomes and value for money



Finance Workbook

Session Seven

Measuring performance

Method

9.1 This session looks at a variety of measures of performance which participants can use. Several factors can be measured. The form provided is designed to record your current measuring and monitoring activity and identify gaps. An example is shown for an advice service.

	What we measure now	What we need to do	Notes
<p>How we use the input?</p> <p>E.g. Recording total expenditure on advice.</p>			

<p>The volume of the output</p> <p>E.g. How many hours of advice provided?</p>			
---	--	--	--

<p>The reaction of users to the output</p> <p>E.g. What did users think of the advice given?</p>			
---	--	--	--

<p>Short term impact.</p> <p>E.g. Did the service deliver immediate results?</p>			
---	--	--	--

<p>Longer term benefit</p> <p>E.g. Did the service produce longer term benefits?</p>			
---	--	--	--

<p>The link between the outcome and need</p> <p>E.g. Did it meet its original objectives?</p>			
--	--	--	--

Inputs, outputs and outcomes.

How does this framework apply to your organisation?

The activity is -

Inputs

- * money.
- * time.
- * other resources.

Outputs

- * services.
- * products.
- * events.
- * achievements.

Outcomes	
-----------------	--

- * impact.
- * benefits.
- * side effects.
- * results.

Notes:

9.2 Participants should find the following five starting points useful.

- **Does the organisation have clear objectives?**
 Does the organisation have a clear sense of its purpose?
 Does it have aims, objectives and goals that are clear and specific?
 What is the mission?
- **Is there an agreement on what is important about how it should work**
 Do committee members, staff and volunteers have a clear sense of shared values?
 What is important about the way that you work?
- **Is the organisation managed in such a way that allows for good communication and sharing of information internally?**
 The agreement of effective measures and standards will require people to communicate with each other and exchange information. How effective are internal communication systems?
- **Are there processes for reviewing and planning work?**
 What will you do with the information and feedback collected?
 Do the people who manage the organisation have the time and skill to use it properly?
- **Do you know why funding bodies fund you?**
 What are the expectations of the bodies that fund or purchase your services?
 Do you share the same objectives and values?

9.3 Three different approaches which should be discussed and considered by participants are

- Through measuring performance
- Through making comparisons - value for money.
- Through building in quality standards

9.4 Examples of Performance Measures to be shared and considered by participants are:

Unit Cost	Communications audit
Cost of overheads	User panels
Occupancy rate	Case audits
Take up rate	Follow up reviews
Performance against agreed standard	Matching expectations with post experience
Performance against an agreed plan	Policy indicators
User feedback	Referral indicators
	No service given

9.5 Provided is a checklist for using performance measures for participants

Are the Measures:

Related to a specific function or activity.	Agreed in Advance
Capable of being managed or improved	Easy to collect
Measurable	Easy to understand
Reflecting an even and total picture.	Linked into planning
Related to values and objectives	Cost effective.

9.6 It is easy to interpret a simple piece of information in many different ways. Discussion should focus on what interpretation could be made on information and data collected under each indicator.

9.7 Most performance review systems do not have an explicit statement of what kind of interpretation will be placed on the collected information. It may be appropriate to agree to a regular review meeting to look at trends and patterns that emerge from indicators, discuss possible interpretations and identify future action. Examples of performance measurers are provided:

Example

9.8 The following fifteen measures have all been used by different agencies to monitor performance. The description show their possible use and the notes comment on the positive and negative implications of using them.

Type	Description	Notes
<p>Unit Cost</p>	<p><u>Cost of Service</u></p> <p>Number of times used</p>	<p>If a home visiting service cost £6,000 each month and in a particular month carried out 120 visits the unit cost would be £50. Unit costs only make sense if every unit is likely to be relatively similar. If one home visit takes 10 minutes and another takes 3 hours, then the figure of £50 becomes a fairly meaningless average.</p>
<p>Cost of Overheads</p>	<p>Amount of money spent on running costs and administration as opposed to direct service costs.</p>	<p>Assumes that the agency's financial procedures are able to report this information in an accurate and true manner. Can lead to "creative accounting" .</p>
<p>Occupancy rate.</p>	<p><u>Optimum Use</u></p> <p>Actual use</p>	<p>If an arts centre had workshop space for three sessions a day its optimum use level would be sixty sessions in a four week period. If, in one period, it was used for fifty sessions that its occupancy rate would be 83%.</p>
<p>Take up rate</p>	<p>Number of clients, enquiries or users.</p>	<p>Numbers of service users, often broken down further into client profile (age, sex etc.), type of issue or time taken to deal with. Can provide useful information about trends in service use provided interpretation is fair. Often only records how busy the service is rather than how effective it is.</p>

<p>Performance against agreed standard</p>	<p>Numbers of time that a service has met or failed to meet an agreed minimum level.</p>	<p>Often used as part of a quality assurance framework. An agreed “benchmark” is set, e.g. “all initial referrals will be dealt with in four days”. Can be used as a negative indicator to identify when a service is not working to standard.</p>
<p>Follow up reviews</p>	<p>A random sample of past users and clients are contacted to comment on their experience of the service.</p>	<p>Some agencies have developed techniques for keeping in touch with ex-users and tracking their experience.</p>
<p>Matching expectations with post experience</p>	<p>Organised recording of users initial hopes about a service contrasted against their experience of using it.</p>	<p>Asking trainees to record what they hope to learn from a course and comparing it with their experience on completion of it.</p>
<p>Policy Indicators</p>	<p>A positive report on what actions and resource allocations have been given to advancing policy commitments.</p>	<p>An agency would report on how much time and money it had spent on responding to a policy. For example, what it did to implement its anti-racist policy in the past six months?</p>
<p>Referral Indicators</p>	<p>A report on how users first made contact with the service.</p>	<p>An indicator of how users found out about a service by referral routes.</p>

No service given

A report on the occasions when the agency has had to turn potential users away.

Recording demands for a service which were not met. Lost opportunities can also be recorded, "...no available staff time prevented us from....".

Performance against an agreed plan

Reporting on the completion of objectives and tasks.

A plan of work is agreed with written objectives and timescales. Can be useful in activities of a developmental nature e.g. community work. One possible way to avoid the plan becoming too rigid is to build in flexibility by only planning for say 70% of time.

User feedback

Collation of user opinions, reactions and surveys.

Organised collection of the views of users. Thought needs to be given as to who should collect the information and also collecting the views of ex-users.

Communications audit

A survey of an organisations' users to measure their knowledge of it's services and activities

A review of how effectively the organisation informs users about its work. Simple direct questions e.g. "Is there a complaints procedure?"

User Panels

Establishing small groups of users, and clients to comment on services

A more open evaluation technique. Panels act as a point of reference for reviewing the service.

Case audits

Internal and external analysis and reviews of a limited number of cases to ensure that it has been managed in line with agreed practice.

Audits need to have clear standards of what is good practice. Cases could be audited by managers, other staff or independent experts. Clearly confidentiality would need to be managed.

9.9 Participants should now be familiar with performance measurement methods and the linkages to Value for Money. This element explores using Value for Money to make judgments but for it to mean anything participants will need to consider the following factors.

- The original needs and objectives.
- The context in which it operates.

9.10 Most Value for Money studies are used to make a comparison which is sometimes a difficult exercise. Participants should consider some of the more typical comparisons which are:

- Could it be provided on a cheaper basis elsewhere?
- Have more outputs been delivered this year compared to last year?
- Do similar organisations manage to provide the same services at less cost?
- Could the same value be achieved by providing a different (and possibly cheaper) service?

Finance Workbook

Session Eight

Summary and Evaluation

- 8.1 Return to the initial learning objectives of the day which were on completion participants should be able to:
- Have an understanding of financial terminology
 - Have an understanding of the budgeting process
 - Have an understanding of the key aspects to look for in a set of accounts
 - Have considered the financial aspects of contracting
 - Understand the factors involved in pricing services
 - Have considered approaches to tendering services
 - Understand the need for adequate audit arrangements and what these might be
 - Have understood the components of Value for Money
 - Have new tools for measuring performance.
- 8.2 Check with participants that the programme has achieved the objectives and consider with them what future work is needed to build on these areas. These points should be recorded as part of the modules evaluation
- 8.3 To complete this module provide and collect evaluation forms