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SERVICE SPECIFICATION

FOR THE PURCHASE OF

Medway Adult Integrated Substance Misuse Service

(1st July 2014 – 31st September 2017)

This document defines the
Medway Adult Integrated Substance Misuse Service
purchased by Kent County Council on xxxxxx

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Contents

1.	INTRODUCTION.....	3
2.	SERVICE OUTCOMES.....	3
3.	SERVICE OBJECTIVES.....	4
	Screening and Assessment	5
	Recovery planning and review	5
	Interventions	6
	Single Point of Contact.....	8
	Eligibility Criteria.....	8
	Priority Groups	8
	Settings	9
	Equality, Diversity and Accessibility.	9
	Residential Rehabilitation and Inpatient Detoxification and Stabilisation.	10
	Electronic Recording System	11
	Reporting	11
4.	SERVICE STANDARDS.....	11
	Service Delivery Standards.....	11
	Policies and procedures	12
	Clinical Governance	13
	Young People.....	13
	18-25 year olds	13
	Aging population	13
	Accident and Emergency (A&E) Departments and other Secondary care	14
	Mental Health.....	14
	Access to information and Confidentiality	14
	Prisons	14
	Partnership working	15
	Sub-contracting arrangements.....	15
	Capacity or service delivery issues	15
	Serious Incidents.....	15
	Service User and Public Involvement.....	16
	Service User Feedback and Complaints	17
	Family, friends and carers	17
	Workforce Development.....	17
	Workforce Compliance.....	18
	Workforce Recruitment	20
	Premises	20
	Communications	20
	Environment and Sustainability	21
	Business Continuity and Emergency Planning.....	21
5.	PERFORMANCE MANAGEMENT	21
	Performance Management Overview.....	21
	Key Performance Indicators.....	22
1.	FINANCE AND CONTRACT DURATION	1

1. Introduction

- 1.1. The Medway Drug and Alcohol Action Team (MDAAT) Board is a partnership of local public authorities that aims to:
 - a) Prevent problematic substance misuse
 - b) Reduce drug and alcohol related crime
 - c) Enable and support the long-term recovery, rehabilitation and social re-integration of people in Medway affected by substance misuse.
- 1.2. Kent County Council (KCC) is the contracting authority for the Medway Adult Integrated Substance Misuse Service.
- 1.3. We recognise the valuable role that you, the Service Provider, will fulfil in the promotion of services in the community, and the preventative nature of the work. The services funded through this agreement ("the Service/s") are specified in this service specification ("Service Specification").
- 1.4. The Service Provider will establish and run an integrated **substance misuse service** in the district of Medway. **The substance misuse service is to be made available to adult¹ drug and / or alcohol users in Medway as well as their families and carers². From this point on the term *substance* refers to drugs and alcohol.**
- 1.5. Payments for the Service will be subject to satisfactory performance
- 1.6. KCC reserve the right to review the content and detail of the Service Specification on an annual basis to take account of changes in national policy, funding and local substance misuse needs.
- 1.7. This agreement does not prevent Medway Council (MC) entering into other agreements or contracts for specific negotiated services.

2. Service Outcomes

- 2.1. The Service Provider will work in partnership with Kent County Council (KCC) Commissioned Services to contribute towards the following outcomes and will consider all opportunities to enhance the aims of the service outcomes:
 - 2.1.1. Improved long-term mental and physical health, well-being, and quality of life for people affected by substance misuse,
 - 2.1.2. Freedom from substance dependency,
 - 2.1.3. Well-informed and supported families, children and young people,
 - 2.1.4. Reduced substance misuse related crime, anti-social behaviour and re-offending,
 - 2.1.5. Improved public health and reduced health inequalities in Medway, including but not limited to; prevention of substance misuse related deaths and blood borne viruses,
 - 2.1.6. Increased employment and reduced financial burden on local communities and public services,
 - 2.1.7. The ability to access and sustain suitable accommodation.

¹ With the exception where pharmacological management or needle and syringe programmes are provided to a young person in contact with specialist services.

² The term 'carer' and 'carers' includes significant others.

3. Service Objectives

- 3.1. The Service Provider will deliver efficient and effective interventions that meet the needs of service users and contribute to the service outcomes outlined above. The service must be closely integrated with other local services and support networks for children, adults and local communities. In doing this the service should seek to:
 - 3.1.1.1. Prevent problematic substance misuse and dependency,
 - 3.1.1.2. Support and enable service users to become free from substance dependency and sustain long term recovery,
 - 3.1.1.3. Empower service users to get the most out of services, maximise opportunities and support their re-integration into local communities,
 - 3.1.1.4. Provide a seamless journey of care for prisoners from the prison to community services
 - 3.1.1.5. Coordinate the recovery plan for the offender throughout the transition from prison to community services
 - 3.1.1.6. Help service users to improve their personal, social and family functioning, and general mental health,
 - 3.1.1.7. Work with a range of local voluntary and community sector (VCS) organisations to deliver required outcomes,
 - 3.1.1.8. Build links and work with Housing Related Support providers in Medway.
 - 3.1.1.9. Promote substance misuse services and ensure suitable access for those who need them, especially vulnerable groups and / or individuals,
 - 3.1.1.10. Build links with local primary care services, health and social care professionals to ensure clear referral pathways,
 - 3.1.1.11. Establish procedures for the involvement of service users' GPs to ensure all health related matters are addressed in a holistic way,
 - 3.1.1.12. Assess the needs and safety of children living with problem substance misusers and to provide access to appropriate support in line with Every Child Matters Change for Children 2004 and Working Together to Safeguard Children 2010,
 - 3.1.1.13. Support service users in reducing the use of illicit, non-prescribed drugs, alcohol and any new psychoactive substances,
 - 3.1.1.14. Champion a Shared Care provision across Medway,
 - 3.1.1.15. Reduce the risk of prescribed drugs being diverted into the illegal drug market,
 - 3.1.1.16. Minimise the harms associated with substance misuse, including the risks of HIV, hepatitis A, B and C, other blood borne infections, alcohol related illnesses and alcohol related accidents,
 - 3.1.1.17. Reduce the risks of substance misuse related serious incidents,
 - 3.1.1.18. Proactively engage with and support carers and communities to continuously improve services and outcomes,
 - 3.1.1.19. Implement effective practices and integrated approaches to safeguarding, and improving the welfare of children of substance misusing parents in line with National Treatment Agency (NTA)/ Department of Children Schools and Families (DCFS) Joint Working Protocols 2009,
 - 3.1.1.20. Implement effective practices and integrated approaches to safeguard vulnerable adults in line with Safeguarding of Vulnerable Groups Act 2006,

- 3.1.1.21. Actively work to enhance parenting practice and outcomes for families, as part of a holistic package of treatment that supports sustained recovery,
- 3.1.1.22. The service will support and promote the use of peer recovery networks, and family recovery champions across all stages of service delivery and post discharge,
- 3.1.1.23. Manage and maintain the prescribing and medicines budget,
- 3.1.1.24. Refer children using the Common Assessment Framework (CAF) and follow Medway Children's Safeguarding Board Guidelines,
- 3.1.1.25. Develop and maintain positive working relationships with Children and Family Services and contribute to the assessment and continual monitoring of families who are at risk of or subject to child protection plans.

Screening and Assessment

- 3.2. The Service Provider must undertake appropriate levels of screening for substance misusers and those identified as needing structured treatment must be offered a comprehensive assessment using the Kent and Medway Adult Substance Misuse Combined Comprehensive Assessment Form to ensure that Service User's needs and risks are identified and addressed.
- 3.3. The comprehensive assessment will:
 - 3.3.1.1. Identify the service users' needs and goals to aid recovery,
 - 3.3.1.2. Identify relevant family issues that may have a bearing on the service user's recovery and re-integration,
 - 3.3.1.3. Establish which other agencies are involved with the Service User,
 - 3.3.1.4. Identify any need for referrals to other services (e.g. mental health and community family services),
 - 3.3.1.5. Ensure that the service user has read and understood how information about them will be handled and shared,
 - 3.3.1.6. Determine whether or not the service user consents to have their information submitted to the National Drug Treatment Monitoring System (NDTMS¹) and the commissioned services team,
 - 3.3.1.7. Assess risk of self harm or harm to others,
 - 3.3.1.8. Establish whether any risk management plans are currently in place,

Recovery planning and review

- 3.4. The service provider must work with the service user (and other parties as necessary) to develop and agree a suitable recovery and risk management plan on the basis of the comprehensive assessment.
- 3.5. At the recovery planning stage, service users must receive an induction, which must include:
 - 3.5.1.1. Details about the service,
 - 3.5.1.2. Details of service user involvement, peer support and carer support,
 - 3.5.1.3. General expectations,
 - 3.5.1.4. Code of conduct,
 - 3.5.1.5. Policies and protocols regarding suspension or exclusion

¹ The term 'NDTMS' in this document is used to refer equally to the National Drug Treatment Monitoring System and National Alcohol Treatment Monitoring System

- 3.5.1.6. Summary of clients goals and the activities that will be undertaken to enable the service user to achieve them,
- 3.5.1.7. The complaints procedure.
- 3.6. This induction will be revisited after a period of stabilisation and at regular periods thereafter (at a minimum 6 monthly), to ensure clarity and understanding.
- 3.7. The Service Provider must ensure suitable and appropriate care co-ordination and review (including regular completion of a Treatment Outcome Profile¹ throughout a Service User's treatment journey). As part of this, the Service Provider must ensure provision of recovery plan reviews at suitable intervals reflexive of changing needs but as a minimum every 12 weeks.

Interventions

- 3.8. In working towards delivering the service outcomes and aims, the service must, as a minimum offer the following interventions:
 - 3.8.1.1. Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency,
 - 3.8.1.2. Assertive outreach (including street work) to attract substance misusers not currently engaged in services,
 - 3.8.1.3. Assertive inreach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services,
 - 3.8.1.4. A substance misuse Arrest Referral Scheme as part of a cell intervention service (adhering to the expectations of the Drug Intervention Programme requirements and Drug Testing on Arrest where applicable) for substance misusing offenders in all local police custody suites, this will include referring young people to the relevant service,
 - 3.8.1.5. Provision of Prison Inreach Services to offenders released from any prison estate into Medway who present with ongoing substance misuse needs (this service will be funded in addition to the specified contract value, to a value of £65,168 per annum, for a maximum of 2 years),
 - 3.8.1.6. Delivery of an Alcohol and Cannabis Diversion Scheme,
 - 3.8.1.7. Intensive key-working (comprising regular meetings with a nominated professional) to help enable the service user's recovery and re-integration,
 - 3.8.1.8. Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities,
 - 3.8.1.9. A GP with special interest (GPwSI) post, Consultant or Clinical Director post, who will liaise with GPs to provide advice, information and assistance in the management of service users on prescribed medication (e.g. Benzodiazepines), as well as providing support to shared care, in line with clinical governance guidelines,
 - 3.8.1.10. Provision of an Alcohol Liaison Nurse service, operating in key wards within the Medway Maritime Hospital (this service will be funded in addition to the specified contract value),
 - 3.8.1.11. Provision of Prison Inreach Services to offenders released from any prison estate into Medway who present with ongoing substance misuse needs (this service will be funded in addition to the specified contract value, to a value of £65,168 per annum, for a maximum of 2 years),

¹ A Treatment Outcome Profile must be completed at least every 26 weeks

- 3.8.1.12. A Shared Care provision,
- 3.8.1.13. Community detoxification (drugs and alcohol),
- 3.8.1.14. A choice of residential rehabilitation models and packages,
- 3.8.1.15. A qualified, dedicated Social Worker to support service users with social care needs and those accessing residential rehabilitation,
- 3.8.1.16. In-patient stabilisation and detoxification,
- 3.8.1.17. A rolling programme of suitable care planned interventions, individually tailored, according to service user need,
- 3.8.1.18. Residential and community interventions in line with court requirements such as a Drug Rehabilitation Requirement (DRR), or Alcohol Treatment Requirement (ATR) including drug and alcohol testing requirements where required as part of the sentencing framework,
- 3.8.1.19. Structured psychosocial interventions,
- 3.8.1.20. Tailored interventions designed to improve social functioning and enhance life skills (e.g. groups on budgeting, CV workshops, self-esteem and general activities which are not focused on substance misuse),
- 3.8.1.21. Close integration with community resources dealing with provision for improving physical and mental health, education, training, employment and housing,
- 3.8.1.22. Opportunities to promote general physical improvement via access to health care, advice, support and screening (including dental, sexual health and smoking cessation); access to physical exercise programmes/facilities,
- 3.8.1.23. Sufficient provision of accessible needle and syringe programmes throughout Medway (in line with National Institute for Health and Clinical Excellence (NICE) guidance) and provision for safe disposal of used injecting equipment,
- 3.8.1.24. Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- 3.8.1.25. Pro-active relapse prevention advice and support, including prescribing interventions (e.g. Naltrexone, Disulfiram, Acamprosate),
- 3.8.1.26. Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services,
- 3.8.1.27. Liaison with appropriate services e.g. acute medical and psychiatric health services (such as mental health or clinical hepatology services) and social care, children's services (such as child care and housing services and other generic services),
- 3.8.1.28. Provide appropriate services to the Medway Maritime Hospital Antenatal Clinic and liaise with other ante natal services,
- 3.8.1.29. Clinical leadership and pharmacological management and access to needle and syringe programmes for young people in line with current best practice and guidance,
- 3.8.1.30. A full range of post discharge support to help sustain long term recovery, for example,
 - 3.8.1.30..1. Recovery checkups,
 - 3.8.1.30..2. Drop ins,
 - 3.8.1.30..3. Peer led activities.

- 3.8.1.31. Family focused interventions, especially where an adult parent or carer of a young person is accessing specialist treatment.
- 3.8.1.32. Appropriate interventions for increasing and high risk drinkers as defined in Models of Care for Alcohol Misuse 2006 (MOCAM).

Single Point of Contact

3.9. The Service Provider must:

- 3.9.1.1. Ensure provision of a 24/7¹ single point of contact phone number that must comply with DIP 24/7 client single point of contact guidance,²
- 3.9.1.2. Have a named contact for all relevant professional bodies,
- 3.9.1.3. Maintain a single point of contact for secure email and a fax number for referrals.

Eligibility Criteria

- 3.10. The service is open to residents of Medway aged 18 years and above.
- 3.11. Young People (under the age of 18) with a substance misuse problem who are arrested will be referred to the specialist young persons provider through the Arrest Referral Scheme.
- 3.12. The service must address the needs of both service users attending on a voluntary basis and those who are required to attend treatment as part of a court order such as a Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR).
- 3.13. Interventions provided as part of this service must be available for service users' primary substance misuse problems.
- 3.14. In order to access the service the service user must be an ordinarily resident within Medway.
- 3.15. 'Care of' addresses will only be accepted if the service user fulfils the principle of ordinary residence as prescribed in the National Assistance Act 1948³.

Priority Groups

3.16. Priority groups for the service will include, but are not limited to:

- 3.16.1.1. Service users who have not previously accessed structured treatment services,
- 3.16.1.2. Service users in families where there are safeguarding concerns,
- 3.16.1.3. Service users who are prison leavers with current or recent substance misuse problems,
- 3.16.1.4. Prolific offenders with a history of substance misuse problems,
- 3.16.1.5. Service Users with co-existing mental health and substance misuse problems (dual diagnosis),
- 3.16.1.6. Those who present with severe physical co-morbidity, including but not limited to BBV and HIV symptomatic,
- 3.16.1.7. Service users who are pregnant,
- 3.16.1.8. Service users who are currently or have previously been a survivor or perpetrator of Domestic Abuse,
- 3.16.1.9. Ex-Military Personnel,

¹ i.e. to be made available 24 hours a day, every day of the year

² http://webarchive.nationalarchives.gov.uk/20100419085752/http://drugs.homeoffice.gov.uk/publication-search/dip/AC_24-7_CaseStudy?view=Binary

³ See Department of Health Guidance on the identification of the ordinary residence of people in need of community care services, England; March 2010.

3.16.1.10. Sex workers.

Settings

- 3.17. The Service will be delivered in locations that are accessible to service users resident in Medway and will demonstrate a balance of provision to meet local need. This will include provision for the Isle of Grain and other outlying areas, operate during evenings, weekends and bank holiday cover where demand necessitates.
- 3.18. The Service Provider shall ensure that Services are delivered from centres that have appropriate permissions for delivery of substance misuse treatment.
- 3.19. The Service Provider shall endeavour to ensure that a range of other community settings are used for improved access and engagement. These should include (but is not limited to) where appropriate:
- 3.19.1.1. Children's centres,
 - 3.19.1.2. Health centres,
 - 3.19.1.3. Outpatients Departments,
 - 3.19.1.4. Antenatal Clinics,
 - 3.19.1.5. Gateways,
 - 3.19.1.6. Community Mental Health Teams,
 - 3.19.1.7. Community Safety Units (CSUs),
 - 3.19.1.8. Integrated Offender Management Units (IOMUs),
 - 3.19.1.9. Local Authority venues,
 - 3.19.1.10. Other primary care settings,
 - 3.19.1.11. Police custody suites,
 - 3.19.1.12. Healthy Living centres,
 - 3.19.1.13. Carers agencies,
 - 3.19.1.14. Community Centres.
- 3.20. The Service Provider shall ensure that staff working in the Custody Suites in police stations, Prisons and Integrated Offender Management Units (IOMUs) within police and probation areas have the appropriate police/probation/prison clearances.
- 3.21. The Service Provider is expected to produce a service promotion strategy which will include advertising campaigns.

Equality, Diversity and Accessibility.

- 3.22. In carrying out this Service provision for Kent County Council the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities' as a provider to service users and as an employer to its employees.
- 3.23. Services will respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010. These characteristics are Age, disability, gender, gender identity, race, religion or belief, sexual orientation, pregnancy and maternity, marriage

and civil partnership. The Service is expected to engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way.

- 3.24. In the delivery of any services commissioned on behalf of KCC, Service Providers must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in or attempting to access services.
- 3.25. Accessibility relates to (but is not limited to); physical and mental impairment, communication needs, those with a hearing or sight impairment, translation / interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification and respect of faith and beliefs.
- 3.26. The Equality Act 2010 replaces the Disability Discrimination Act 1995 (reviewed 2005). Proof of compliance will be required in the form of a current and up to date Access Audit with an action plan outlining any needs and how these will be addressed.
- 3.27. The Service Provider will be required to collect and submit equalities monitoring information on a quarterly basis. This will be used to ensure that all clients regardless of protective characteristics are accessing the service.
- 3.28. The Service Provider shall be required to complete an Equality Impact Assessment (EqIA) annually. The EqIA will cover these characteristics: Age, disability, gender, gender identity, race, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnership which need to be assessed against delivery.

Residential Rehabilitation and Inpatient Detoxification and Stabilisation.

- 3.29. The Service Provider will offer equal access to residential rehabilitation and inpatient detoxification and stabilisation services to substance misuse service users whether attending on a voluntary or mandatory basis.
- 3.30. The Service Provider will ensure access to both in-patient detoxification and stabilisation as appropriate to the service users needs utilising only providers that are registered with and regulated by the Care Quality Commission (CQC) to provide in-patient detoxification/stabilisation
- 3.31. The Service Provider will ensure access, monitoring and review of residential rehabilitation packages appropriate to the service users needs (at a minimum 12 weekly period), utilising only providers that are registered with and regulated by the Care Quality Commission (CQC) to provide residential rehabilitation.
- 3.32. The Service Provider must ensure that any provider of inpatient services or residential rehabilitation submits accurate, timely data that is fully compliant to the National Drug Treatment Monitoring System (NDTMS).
- 3.33. Referral to inpatient and residential services must be part of the range of interventions regularly offered and reviewed with clients at recovery plan reviews.
- 3.34. The Service Provider will ensure that any client accessing residential or in patient treatment, is provided with a choice of providers and clear information regarding the services and the expectations of them.
- 3.35. The Service Provider must ensure a discharge plan appropriate to the service users needs is in place as part of the admission process. This discharge plan is reviewed as the service user progresses and must include aftercare planning and/or forward referral as appropriate.
- 3.36. The Service Provider must ensure that any provider of inpatient or residential has a policy in place that supports clients with regards to planned and unplanned exits, that ensures service user safety is accommodated for.

Electronic Recording System

- 3.37. The Service Provider must record all structured treatment activity and performance information on a suitable database that is fully compliant with National Drug Treatment Monitoring System (NDTMS) requirements.
- 3.38. The Service Provider must record all needle and syringe programme activity and performance on Needle Exchange Monitoring System (NEXMS).

Reporting

- 3.39. The Service Provider must submit NDTMS return(s) for any structured treatment activity through the NDTMS File Upload Portal and submit a copy to the KCC Commissioned Services Team each month by the deadlines set out by the Drug Treatment Monitoring Unit (DTMU). The return must:
 - 3.39.1.1. Provide an accurate representation of the structured treatment activity delivered or funded by the Service Provider for Medway residents in the preceding 18 months,
 - 3.39.1.2. Comply with the most recent Core Data Set issued by the National Treatment Agency (NTA),
 - 3.39.1.3. Comply with the relevant KCC Commissioned Services Team and DTMU guidance and requirements for NDTMS submissions,
 - 3.39.1.4. Include the full postcode of Service Users in structured treatment,
 - 3.39.1.5. Include up to date activity information for all interventions (modalities) that the agency is commissioned to provide in Medway,
 - 3.39.1.6. Include Treatment Outcome Profile (TOP) at treatment start, review and exit stages for all service users for whom the Service Provider is the care co-ordinator,
 - 3.39.1.7. Meet the specified data quality standards of 100% load quality and 100% data quality.
- 3.40. The Service Provider must ensure prompt reporting of structured treatment activity. Information on new treatment starts must be reported to NDTMS within one month of the triage date.
- 3.41. The Service Provider must use the Drug Intervention Record (DIR) suite of forms to record drug intervention programme (DIP) activity and submit relevant information to DIRWeb in accordance with Home Office requirements and reporting standards.

4. Service Standards

Service Delivery Standards

- 4.1. Interventions delivered or funded by the Service Provider must comply with the following service standards/guidelines:
 - 4.1.1.1. Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007,
 - 4.1.1.2. NICE Technology Appraisal 114 (Methadone and Buprenorphine for the Management of Opioid Dependence),
 - 4.1.1.3. NICE Clinical Guidance 51 (Drug Misuse: Psychosocial interventions),
 - 4.1.1.4. Routes to Recovery: Psychosocial Interventions for Drug Misuse - a framework and toolkit for implementing NICE-recommended treatment interventions (commissioned by the National Treatment Agency (NTA) from the British Psychological Society (BPS),

- 4.1.1.5. NICE Technology Appraisal 115 (Naltrexone for the Management of Opioid Dependence),
 - 4.1.1.6. NTA Models of Care for the treatment of adult drug misusers 2002 and update 2006,
 - 4.1.1.7. NICE Clinical Guidance 52 (Drug Misuse: Opioid detoxification),
 - 4.1.1.8. Models of Care for Alcohol Misuse 2006 (MOCAM),
 - 4.1.1.9. NICE Clinical Guidance 100 (Alcohol use disorders: Diagnosis and clinical management of alcohol-related physical complications),
 - 4.1.1.10. NICE Clinical Guideline 115 (Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence),
 - 4.1.1.11. NICE Public Health Guidance 24 (Alcohol use disorders: Preventing harmful drinking),
 - 4.1.1.12. Good Practice in Harm Reduction,
 - 4.1.1.13. NICE Public Health Guidance 18 (Needle and syringe programmes: providing people who inject drugs with injecting equipment),
 - 4.1.1.14. NICE Clinical Guidance 110 (Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors),
 - 4.1.1.15. The DIP operational handbook,
 - 4.1.1.16. The Alcohol Arrest Referral guidelines,
 - 4.1.1.17. Supporting and Involving Carers – Best Practice Guidance (NTA, 2008).
- 4.2. Essential standards of quality and safety – guidance about Compliance (Care Quality Commission, 2010) Interventions that require Care Quality Commission registration must have this in place to deliver that intervention.
- 4.3. New guidance documents are published periodically and as such the Service Provider is expected to keep abreast of these and implement where necessary and/or appropriate.
- 4.4. The service will be provided in line with the Medway Children’s Safeguarding Board Guidelines.

Policies and procedures

- 4.5. The Service Provider must have in place suitable and appropriate policies, procedures and protocols covering the following areas:
- 4.5.1 Safeguarding children,
 - 4.5.2 Safeguarding adults,
 - 4.5.1.1. Complaints and Grievances (staff and service users),
 - 4.5.1.2. Service user and carer complaints,
 - 4.5.1.3. Equalities and Diversity,
 - 4.5.1.4. Business continuity and emergency planning,
 - 4.5.1.5. Health and Safety,
 - 4.5.1.6. Induction and Training,
 - 4.5.1.7. Recruitment and Selection,
 - 4.5.1.8. Disciplinary / Capability (staff),
 - 4.5.1.9. Data Protection, Confidentiality and Information Security,

- 4.5.1.10. Serious Incidents,
- 4.5.1.11. Workforce supervision, appraisal and/or performance management,
- 4.5.1.12. Peer support and volunteering (including handling of expenses for service users and carers),
- 4.5.1.13. Bullying and Harassment ,
- 4.5.1.14. Professional boundaries,
- 4.5.1.15. Risk assessment and risk management.

Clinical Governance

- 4.6. Clinical governance is an established system in the NHS and the independent healthcare sector to deliver and demonstrate that quality and safety of its services are of a high standard that is continually improving.
- 4.7. Kent County Council is committed to improving the quality of clinical interventions through a systematic approach. The Service Provider, Service and individual clinicians have to take account of both formal and informal clinical governance structures.
- 4.8. The Service Provider and Service should abide by local and national arrangements for clinical governance (e.g. PCT or provider Trust arrangements, NTA Standards and Inspection Unit). Managers will ensure quality through appropriate clinical governance arrangements.

Young People

- 4.9. A person under the age of 18 who requires treatment will normally access a young person's service. The exception to this is where a young person requires a pharmacological intervention. These interventions must be managed in a joint care planned way between the Adult and Young Persons service and any other relevant agencies to ensure all safeguarding issues are accounted for.
- 4.10. The transition between Young Persons and Adult services can be an important time for young people engaged in services. A smooth referral and transition must take place between young person's and adult services. This must be followed with an agreed joint care plan and working process between the Young Persons and Adult teams for as long as is determined necessary.
- 4.11. Where there are familial substance misuse issues, the Service Provider must ensure links are made with any service working with children of the family.

18-25 year olds

- 4.12. There is a need to proactively engage this age group in adult treatment services to reduce longer term problematic substance misuse. In addition parents within this age group are more likely to have younger children for whom intervening early would result in significantly improved outcomes. This service must be accessible to meet the needs of this group and should offer individualised care.

Aging population

- 4.13. There is a need to recognise and address the aging population of substance misusers in Medway. This is in relation to high risk and dependent drinkers as well as long term problematic drug users due to the significant health implications that long term misuse has on individuals and their families.
- 4.14. The Service Provider must be able to demonstrate how the service will engage with these substance misusers.

Accident and Emergency (A&E) Departments and other Secondary care

- 4.15. The Service Provider must proactively seek referrals from Accident and Emergency (A&E) departments for any patient presenting with substance misuse problems or related injuries. This must include providing training opportunities for A&E staff and liaison psychiatry teams.
- 4.16. The service provider must liaise with other secondary care departments, providing advice, information and accepting referrals as appropriate.

Mental Health

- 4.17. Service users with a dual diagnosis of mental health and substance use often have multiple and complex needs, which require a comprehensive, coordinated, seamless, multi-agency response. The Service Provider must:
 - 4.17.1.1. Comply with the Kent and Medway Joint Protocol for co-existing Mental Health and Substance Misuse Disorders.
 - 4.17.1.2. Contribute to the development of clear pathways with mental health and primary care services to improve levels of joint working for those identified with a dual diagnosis.
 - 4.17.1.3. Ensure Service Users' involvement with other agencies is identified, explored and followed up during assessment and review processes.
 - 4.17.1.4. Ensure mental health issues are assessed and care delivery is co-ordinated or managed for service users with common mental health and substance misuse problems.
 - 4.17.1.5. Ensure substance misuse advice and support is provided to mental health agencies that are responsible for co-ordinating care delivery for service users with severe and enduring mental illness.

Access to information and Confidentiality

- 4.18. The Service Provider must comply with the Kent and Medway Information Sharing Agreement.
- 4.19. Information collected and recorded by the Service Provider (or sub-contractors) in regard to Medway service users who attend and/or engage with treatment will be made available to members of the KCC Commissioned Services Team or other appointed persons by KCC Commissioned Services on request in line with the Kent and Medway Information Sharing Agreement.
- 4.20. The Service Provider must adhere to the Kent and Medway Information Sharing and Data Handling Policy.
- 4.21. The KCC Commissioned Services Team (or its appointed persons) will make anonymous any data and information gained as a result of this access. Any information obtained is for the sole purpose of informing the continued development and improvement of services which are commissioned by the KCC Commissioned Services Team.

Prisons

- 4.22. The Service Provider must work in partnership with Substance Misuse Services in prisons to ensure continuity of care for service users being transferred between community and prison settings.
- 4.23. The Service Provider must provide a link worker(s) who will ensure smooth transitions from custody to community for substance misusing clients

Partnership working

- 4.24. The Service Provider is required to work in partnership with the full range of health or social care organisations in the community and in prisons to support service users and/or their families in pursuit of the Service Outcomes.
- 4.25. Representatives from the Service Provider are expected to attend relevant partnership meetings to improve the effectiveness of the service.
- 4.26. The Service Provider will be required to work in close collaboration with any persons appointed by KCC Commissioned Services to undertake an evaluation of the Service.
- 4.27. The Service Provider must ensure all health and social care professionals involved in the service user's care or associated care are kept fully informed of the service user's progress.
- 4.28. The Service Provider must work with identified education establishments to support education and volunteering opportunities for service users.

Sub-contracting arrangements

- 4.29. The Service Provider is encouraged to sub-contract delivery of services where appropriate and where such an arrangement is likely to lead to a better quality intervention for service users and/or more efficient service delivery.
- 4.30. The Service Provider must ensure the effectiveness and efficiency of the entire substance misuse service delivery in Medway and will remain accountable for all services whether provided directly or sub-contracted to other providers.
- 4.31. The Service Provider must be responsive to requests and expressions of interest from potential sub-contractors. The Service Provider will be required to report the number and type of such requests it has received to the KCC Commissioned Services Team.
- 4.32. The Service Provider must ensure that any sub-contractors have the necessary registrations and licences needed to provide regulated interventions.

Capacity or service delivery issues

- 4.33. The Service Provider will alert commissioners to any capacity or service delivery issues in a timely and appropriate way.
- 4.34. The Service Provider must inform the KCC Commissioned Services Team of any urgent issues that arise. The Service Provider will work with the KCC Commissioned Services Team to agree and implement solutions as necessary.

Serious Incidents

- 4.35. The Service Provider will have policies in place with respect to governance, reporting mechanisms and responsibilities, investigation, learning and dissemination of information about serious incidents.
- 4.36. Serious incidents¹ requiring investigation are:
 - 4.36.1.1. Unexpected or avoidable death of one or more service users or staff, visitors or members of the public
 - 4.36.1.2. Serious harm to one or more service users or staff, visitors or members of the public where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm.
 - 4.36.1.3. A scenario that prevents or threatens to prevent the Service Provider's ability to continue to deliver substance misuse services, for example, actual or potential

¹ National Patient Safety Agency (2010), National Framework for Reporting and Learning form Serious Incidents Requiring Investigation.

loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.

4.36.1.4. Allegations of abuse.

4.36.1.5. Adverse media coverage or public concern about the Provider organisation.

4.36.1.6. Serious incidents involving controlled drugs.

4.36.1.7. Breach of information security.

4.37. The Service Provider must comply with the KCC Commissioned Services Team requirements for Serious Incident management and reporting. The Service Provider must ensure that all serious incidents are reported to the KCC Commissioned Services team, using the relevant reporting mechanism.

4.38. The Service Provider must attend the relevant KCC Commissioned Services meetings as required. The outcome of Serious Incident investigations should inform Service Provider improvement programmes if they are highlighted and evidence of these improvements should be provided to the KCC Commissioned Services Team.

4.39. Substance Misuse Alerts

The KCC Commissioned Services Team aims to work in partnership with local and national stakeholders to prevent future substance misuse related harm and death. This is achieved through verifying and assessing intelligence received about substance misuse dangers. The Service Provider will be expected to contribute to the development of an early warning and alerts system using the KCC Commissioned Services Substance Misuse Early Warning Form as well as contributing to the processing of intelligence and distribution of confirmed substance misuse alerts.

All substance misuse alerts will be displayed prominently within the services as well as disseminated to service users via alternative methods. Substance misuse alerts will be removed upon expiry.

4.40. Safeguarding

The Service Provider must comply with the requirements of the Safeguarding of Vulnerable Groups Act 2006, associated regulations and guidance provided by the Independent Safeguarding Authority (ISA) and the Medway Safeguarding Children Board Guidelines. The Service Provider has a duty to ensure that referrals are made to the ISA whenever necessary in line with ISA guidance.

The Service Provider will have policies and procedures in place to deal with Safeguarding issues. The policies and procedures safeguard service users from any form of abuse or exploitation and staff will be familiar with and follow these procedures.

4.41. There are procedures for responding to suspicion or evidence of abuse or neglect which reflect multi-agency policies and procedures, including the involvement of the Police and other appropriate parties, in accordance with the Public Interest Disclosure Act 1998 and the Department of Health Guidance "No Secrets".

Service User and Public Involvement

4.42. The Service Provider must ensure appropriate and effective service user and public involvement in the development and delivery of services in line with the principles of the Duty to Involve. The Service Provider must comply fully with Section 242 of the NHS Act 2006.

4.43. Service users' representatives are expected to be supported to attend the KCC Commissioned Services Service User and Carer meetings as well as Service User and Carer consultation events.

Service User Feedback and Complaints

- 4.44. The Service Provider will seek the views of service users, their families and carers to help ensure that services are effective and responsive to the changing patterns of need. The Service Provider will seek and review levels of service user satisfaction. This involvement will be documented and sent to commissioners' on a quarterly basis to evidence how service users are influencing service provision.
- 4.45. The Service Provider is required to have a comprehensive complaints procedure in place. The Service Provider will share information and any lessons learned relating to service user complaints with the KCC Commissioned Services Team.

Family, friends and carers

- 4.46. The Service Provider will ensure that carers are identified, and where appropriate assessed and engaged. The Service Provider should be able to demonstrate evidence of carer's interaction with services and adhere to the aims of Medway's Young Carers Joint Policy and Protocol¹.
- 4.47. The views of family and friends will be sought by the Service Provider to ensure that services are appropriate and responsive to the changing patterns of need. This involvement will be evidenced in an agreed format at performance monitoring. The service must comply with the requirements of all relevant carer's recognition legislation².
- 4.48. If a Service User wishes to be accompanied by either a family member or friend to assessments, care planning or care plan reviews this request will be respected by the Service Provider.
- 4.49. The Service Provider will encourage and support family, friends and carers to attend the KCC Commissioned Services Service User and Carer meetings as well as Service User and Carer consultation events.
- 4.50. The Service Provider will work in partnership with local carers' agencies to ensure family; friends and carers access the range of support available.

Workforce Development

- 4.51. Developing a competent substance misuse workforce is crucial to ensuring a high standard of service delivery for service users.
- 4.52. The Service Provider will develop and support staff to adopt recovery-orientated practice and deliver evidence based psycho social interventions alongside medical interventions and make constructive use of peer role-models and peer support.
- 4.53. The Service Provider will have a Workforce Development Strategy in place. This must include:
- 4.53.1.1. Trainee protocols to ensure:
- All trainees are supervised by a fully competent practitioner as defined in section 4.55,
 - All trainees are fully competent within two years of employment commencement as defined in section 4.55,
 - No trainee works with complex need Service Users until fully competent.
- 4.53.1.2. An annual Training Needs Analysis and actions plans to ensure:

¹ Young Carers Joint Policy and Protocol between Children, Families and Education and Medway Adult Social Services, March 2009

(http://www.clusterweb.org.uk/UserFiles/CW/File/Childrens_Services/Young_Carers/young-carers.pdf)

² The Carers (Recognition and Services) Act 1995, The Carers and Disabled Children Act 2000 and The Carers (Equal Opportunities) Act 2004.

- All workers and their line-managers must be competent in the substance misuse field, in line with Workforce Compliance requirements,
- Continuous professional development of the workforce,
- All workers and their line-managers have completed, or are undertaking, a training course regarding child protection that is consistent with the Kent and Medway multi agency procedures manual 2007 and any new guidance or legislation that may be introduced,
- All line-managers have completed, or are undertaking, a training course in line-management,
- All workers and their line managers are competent in the requirements of the Kent and Medway Information Sharing Agreement and Substance Misuse Standard Operating Procedure in line with the joint NTA/Home Office Development Plan and best practice principles of the NTA's National Skills Consortium.

4.53.1.3. The Service Provider must record evidence of competence of all staff employed. This must include:

- Core generic competence to work with adults and/or children & young people (depending on their client group)
- Competence in the units from the Drug and Alcohol National Occupational Standards (DANOS) and other relevant National Occupational Standards (NOS) appropriate to their specific role.

Workforce Compliance

4.54. The Service Provider will be required to submit workforce statistics and evidence of workforce competence to KCC Commissioned Services on request.

4.55. The Service outlined in this specification requires competent practitioners who must have occupational competences in line with DANOS and other relevant NOS.

4.56. All practitioners must meet the following standard of competence.

Table 1: All practitioners' minimum competence standards.

Old Code	New Code	Unit Title
AA1	Unchanged	Recognise indications of substance misuse and refer individuals to specialists
AA2	(HSC233)	Relate to and interact with individuals
AA3	(HSC330)	Support individuals to access and use services and facilities
AA4	(HSC311)	Promote the equality, diversity, rights and responsibilities of individuals
AA5	(GEN21)	Interact with individuals using telecommunications
AA6	(HSC35)	Promote choice, well being and the protection of all individuals
AB1	(HSC226)	Support individuals in who are distressed
AB2	Unchanged	Support individuals who are substance users
AB3	Unchanged	Contribute to the prevention and management of abusive and aggressive behaviour
AB4	(HSC335)	Contribute to the protection of individuals from harm and abuse
AB5		Assess and act upon immediate risk of danger to substance users
AB7	Unchanged	Provide services to those affected by someone else's substance use
AB8	(HSC395)	Contribute to assessing and act upon risk of danger, harm and abuse
AC1	(HSC33)	Reflect on and develop your practice

AC2	(GEN36)	Make use of supervision
AC3		Contribute to the development of the knowledge and practice of others
AC4	Replaced with (GEN33) & (GEN35)	(Old title) <i>Support and challenge workers on specific aspects of their practice</i> (New title) Enable other workers to reflect on their own values, priorities, & interests and effectiveness (New title) Provide supervision to other individuals

Old Code	New Code	Unit Title
AD1	Unchanged	Raise awareness about substances, their use and effects
AF1	Unchanged	Carry out screening and referral assessment
AF2	Unchanged	Carry out assessment to identify and prioritise needs.
AG2	Unchanged	Contribute to care planning and review
AG3	Unchanged	Assist with the transfer of individuals between agencies
AG4	Unchanged	Retain individuals in contact with substance misuse services
AG5	Unchanged	Implement policies to manage risk to individuals and third parties
AH3	Unchanged	Supply and exchange injecting equipment for individuals
AH4	(HSC225)	Support individuals to undertake and monitor their own health care
AH7	Unchanged	Support individuals through detoxification programmes
AH10	Unchanged	Carry out brief interventions with alcohol users
AI2	Unchanged	Help individuals address their substance use through an action plan
AJ1	Unchanged	Help individuals to address their offending behaviour
AK1	HSC347	Help individuals to access employment
AK2	HSC348	Help individuals to access learning, training & development opportunities
HSC33 1	Unchanged	Support individuals to develop & maintain networks and personal relationships

4.57. Additional competence for any practitioner undertaking motivational approaches and brief interventions.

Table 2: Motivational approaches and brief intervention minimum competence standards.

Old Code	New Code	Unit Title
AB6	Unchanged	Support individuals to deal with relationship problems
AD2	ENTO L10	(Revised title) Enable learning through presentations.
AD3	ENTO	(Revised title) Enable group learning.
AD4	Unchanged	Develop and disseminate information and advice about substance use, health and social well being
AE1	Unchanged	Test for substance use.
AF3	Unchanged	Carry out comprehensive substance misuse assessment
AG1	Unchanged	Develop implement and review care plans for individuals
AH7	Unchanged	Support individuals through detoxification programmes
AI3	Unchanged	Counsel groups of individuals about their substance use using recognized theoretical models
AJ2	Unchanged	Enable individuals to change their offending behaviour
AK2	(HSC348)	Help individuals to access learning

Old Code	New Code	Unit Title
AK3	Unchanged	Enable individuals to access housing and accommodation
AK4	Replaced With (HSC345) & (HSC346)	(Old title) Support individuals to manage their financial affairs Support individuals to manage their financial affairs Support individuals to manage direct payments

4.58. Substance misuse specialists and consultant psychiatrists (or other consultants) working in addiction should have training and competencies in line with both guidance from the Royal College of Psychiatrists (monitored through appraisal and professional revalidation procedures), DANOS and other relevant NOS.

Table 3: Substance misuse specialists and consultant psychiatrist's additional competence standards

Old Code	New Code	Unit Title
AH1	Unchanged	Prescribe controlled drugs for substance users
AH11	Unchanged	Prepare prescriptions for controlled drugs

Workforce Recruitment

4.59. During recruitment all job descriptions, person specifications and recruitment processes will be expressed in line with DANOS and other relevant NOS. The Service Provider will be able to demonstrate that an appropriate level of funding is allocated to the training and development of staff at all grades, including managers.

Premises

4.60. All premises used in the delivery of the Services will be fit for purpose and compliant with the Equality Act 2010. Access audits and action plans relating to them will be forwarded to commissioners as evidence.

Communications

4.61. The Service Provider must have in place a comprehensive communications plan and structure. It should include, but is not limited to:

- 4.61.1.1. Proactive communication
- 4.61.1.2. Quick and effective responses to media enquiries, of which the KCC Commissioned Services Team must be informed and kept up to date at all times
- 4.61.1.3. Innovative communication activity to effectively engage service users
- 4.61.1.4. Regular communication with partners regarding ongoing treatment provision and access to services.
- 4.61.1.5. Specifically tailored communication to those individuals who require information in different formats.

4.62. The Service Provider will also co-ordinate and deliver activities that promote, within Medway, national drug and / or alcohol campaigns and/or initiatives. The Service Provider is also expected to participate in local Public Health activities, campaigns and initiatives.

Environment and Sustainability

- 4.63. The service should seek to operate in an environmentally sustainable way and minimise any adverse environmental impact it causes.
- 4.64. The Service Provider is expected to be prepared for changing climate and should have in place a robust environmental policy and risk based approach that covers the climate impact.

Business Continuity and Emergency Planning

- 4.65. The Service Provider must have comprehensive and adequately tested business continuity plans in place in order to ensure continuation of critical services in the event of severe weather, adverse event or major service disruption.

5. Performance Management

Performance Management Overview

- 5.1. The Service Provider must performance manage the service effectively in order to ensure that it meets the required standards, delivers the necessary outputs and contributes to the required service outcomes.
- 5.2. KCC will make payments for the service quarterly in advance for the first three quarters and monthly thereafter in arrears for the final quarter subject to satisfactory performance (see Appendix 1)
- 5.3. Additional Performance Incentivisation payments will be made quarterly in arrears to the service provider on the achievement of agreed KPIs which have been set by commissioners or have been proposed by the provider through the tendering process. These additional payments will not exceed 20% of the annual contract value in any one year. (see Appendix 1)
- 5.4. Performance in delivering the service outputs and outcomes will be measured by:
 - 5.4.1.1. The key performance indicators in the areas of Activity, Quality and Outcomes (as set out in table 4)
 - 5.4.1.2. NDTMS data (including NTA quarterly reports)
 - 5.4.1.3. Activity and performance monitoring data submitted by the Service Provider
 - 5.4.1.4. Unit costing data and value for money information
 - 5.4.1.5. E-Pact data and costs of prescribing
 - 5.4.1.6. Feedback from service users, carers and other stakeholders including complaints, comments, compliments, survey information and personal representations
 - 5.4.1.7. Evidence of compliance with relevant clinical and service standards and progress towards delivering agreed actions.
 - 5.4.1.8. The Service provider will provide a brief qualitative report to commissioners which describes work that is being undertaken to achieve the service outcomes which is not specifically addressed within the Performance Monitoring Framework
- 5.5. The Service Provider must complete a performance monitoring schedule on a quarterly basis in line with the KCC Commissioned Services guidance and return to the KCC Commissioned Services Team via secure email (kdaat.returns@kent.gov.uk.cjism.net).
- 5.6. The Service Provider must ensure that performance and activity information reported to the KCC Commissioned Services Team, NDTMS and DIRWeb is accurate and is submitted within the required timescales. Failure to meet the KCC Commissioned Services or NDTMS submission deadlines or data quality standards may be judged to constitute unsatisfactory performance.

- 5.7. The Service Provider representative will be required to attend a quarterly contract review meeting with members of the KCC Commissioned Services Team. The purpose of the meeting is:
- 5.7.1.1. To review service activity, quality and outcomes
 - 5.7.1.2. To review actual and forecast spend against contract values and discuss any variances
 - 5.7.1.3. Identify performance issues.
 - 5.7.1.4. Highlight areas of learning and good practice
- 5.8. The Service Provider may be required to develop an Action Plan setting out the steps that will be undertaken to address any performance issues identified. Regular or consistent underperformance may result in termination of contract.
- Key Performance Indicators
- 5.9. The Key Performance Indicators (KPIs) for the Medway Adult Integrated Substance Misuse Service are grouped into the following three categories:
- Activity
 - Quality
 - Outcomes
- 5.10. The following tables set out the performance monitoring information and KPIs for each category¹. The Service Provider shall collect the information required for each KPI and shall regularly report such information back to the KCC Commissioned Services Team in accordance with clause 17.

Table 4: Key Performance Indicators (Activity)

1. Activity	Performance Targets	
	Minimum expectation	Bidder proposal
Information, Advice and Brief Interventions		
Brief Interventions		
1.1. Number of individuals receiving advice, information and/or brief interventions	-	
Number of sessions attended – brief interventions	-	
Number of individuals receiving brief interventions by district of residence	-	
Number of individuals receiving brief interventions by substance category	-	
1.2. Number of individuals receiving extended brief interventions	-	
Number of sessions attended – extended brief interventions	-	

¹ KPIs are numbered

1. Activity	Performance Targets	
	Minimum expectation	Bidder proposal
Number of individuals attending extended brief interventions by all protected characteristics, substance category, all by district of residence	-	
Number of individuals identified as smokers and/or referred to NHS Smoking cessation service, by district of residence	-	
Number of individuals taken onto the DIP caseload by primary substance	-	
Referrals source outline of new DIP contacts	-	
Total number of individuals seen via cell interventions by substance category (DIP)	-	
Number of individuals offered and/or accepted triage assessments (via DIP)	-	
Number of conditional cautioning referrals received and/or appointments attended	-	
Number of referrals received, referrals engaged and care plans agreed following contact from the prison substance misuse service	-	
Number of calls received on the 24/7 helpline	-	
Needle Exchange		
1.3. Number of individuals accessing needle and syringe programmes (NSP)	-	
1.4. Number of needle exchange visits	-	
Number of individuals accessing NSP by gender and main drug injected, all by site type (pharmacy/fixed)	-	
Number of individuals registered by site type	-	
Number of syringes distributed by drug/steroid use and by site type	-	
Number of syringes returned by site type	-	
Number of individuals given harm reduction advice and information	-	
Harm minimisation		
1.5. Number of Hepatitis B tests delivered by district of residence (all services)	-	
1.6. Number of Hepatitis B vaccinations delivered by district of residence	-	
1.7. Number of Hepatitis C tests delivered by district of residence (all services)	-	
Substance Misuse Recovery Service		
Structured Treatment Interventions		
1.8. Number of Primary Drug Users accessing structured treatment	-	
1.9. Number of structured treatment intervention starts (by treatment intervention type)	-	
Number of individuals commencing prescribing	-	

1. Activity	Performance Targets	
	Minimum expectation	Bidder proposal
services by the medication prescribed and by district of residence.		
Number of individuals accessing prescribing services by length of time in prescribing, the medication prescribed	-	
Number of individuals commencing relapse prevention intervention by medication	-	
Number of individuals accessing and completing community detoxification by district of residence and substance category	-	
Number of individuals accessing structured psychosocial interventions (1:1 SPI) by substance category and by district of residence	-	
Number of carers and/or significant others referred to, accessing and exiting SPI services	-	
Number of individuals on Drug Rehabilitation Requirements referred into, accessing and exiting other structured treatment by district of residence	-	
Number of individuals on Alcohol Treatment Requirements referred into, accessing and exiting other structured treatment by district of residence	-	
Number of key working hours delivered, by the district of residence of the individuals	-	
Number of group work sessions delivered by location of session (district)	-	
Number of individuals receiving shared care and GP.w.S.I services by medication prescribed, length of time accessing and exiting, all by district of residence	-	
Number of GPs and GP.w.S.I delivering the services by district	-	
Number of community detoxification successfully completed via shared care	-	
1.10. Number of Opiate and Crack Users in Effective Treatment (YTD)	-	
1.11. Number of Adult Drugs Users in Effective Treatment (YTD)	-	
1.12. Number of Adult Primary Alcohol Users accessing structured treatment (YTD)	-	
Number of clients accessing and ending inpatient detoxification / stabilisation by substance category, district of residence, exit status and treatment facility	-	
Number of clients accessing and ending residential rehabilitation by substance category, district of residence, exit status and treatment facility	-	
Comprehensive and diverse profile of Individuals accessing structured treatment, to age, disability, gender, gender identity, race, religion or belief, sexual	-	

1. Activity	Performance Targets	
	Minimum expectation	Bidder proposal
orientation, pregnancy and maternity, marriage and civil partnership		

2. Quality and Outcomes	Performance Targets	
	Minimum expectation	Bidder proposal
Information, Advice and Brief Interventions		
2.1. Of those receiving extended brief intervention, number reporting reduction in drug use or excessive alcohol consumption	-	
Of those receiving extended brief intervention, number reporting improvements in psychological health, physical health and overall quality of life.	-	
2.2. Proportion of Service Users engaged through police cell interventions referred to structured treatment services	-	
Substance Misuse Recovery Service		
2.3. Waiting times between date referred to modality and date of first appointment offered.	-	
2.4. Percentage of Service Users completing Hepatitis B vaccination	-	
2.5. Percentage of Service Users currently or previously injecting who have a Hepatitis C test	-	
2.6. Number of Opiate and Crack Users completing treatment successfully* (as a proportion of the total exiting treatment)	-	
2.7. Number of Adult Drug Users completing treatment successfully* (as a proportion of the total exiting treatment)	-	
2.8. Number of Primary Alcohol Users completing treatment successfully** (as a proportion of the total exiting treatment)	-	
2.9. Self reported improvement in overall quality of life for primary alcohol clients	-	
2.10. Self reported improvement in physical health for primary alcohol clients	-	
2.11. Self reported improvement in psychological health for primary alcohol clients	-	
2.12. Rate of abstinence in drug use at treatment exit by substance	-	
2.13. Rate of significant improvement in drug use at treatment exit by substance		
2.14. Rate of abstinence from alcohol use at treatment exit	-	
2.15. Rate of significant improvement in alcohol use at treatment exit		

2. Quality and Outcomes	Performance Targets	
	Minimum expectation	Bidder proposal
2.16. Percentage of Service Users who reported an acute housing risk at treatment start, no longer reporting a need when successfully completing treatment	-	
2.17. Percentage of Service Users successfully completing treatment reporting at least 10 days paid employment in 28 days prior to exit	-	
2.18. Number of drug users*** successfully completing treatment who do not re-present to treatment within 6 months	-	

* Abstinent from all presenting problematic substances at the last two TOP reviews including cessation of injecting behaviour.

** Within the safe drinking criteria at the last two TOP reviews: Men <21 units of alcohol p/wk, <4 units in any one day, 2> alcohol-free days p/wk. Women <14 units of alcohol p/wk, <3 units in any one day, 2> alcohol-free days p/wk. Pregnant women, <1-2 units of alcohol once or twice a week.

***This service level relates to drug users only until alcohol data become available in the future

3. Performance Incentivisation - KPI's	Performance Targets	
	Minimum expectation	Bidder proposal
3.1 Number of Primary Drug Users accessing structured treatment	-	
3.2 Number of adult Primary Alcohol Users accessing Structured treatment	-	
3.3 Non-representations of Primary Drug Users	-	
3.4 Primary Drug Users exiting structured treatment successfully*	-	
3.5 Primary Alcohol Users exiting structured treatment successfully**	-	

Appendix 1

1. Finance and contract duration

- 1.1. The Medway Adult Substance Service will be funded by the Commissioned Services team (KDAAT Partnership) from a combination of national pooled treatment budget funds and local Delegation of Authority.
- 1.2. The total contract value is up to £XXXX over 3 years. Payments will be split between fixed up-front funding (core activity) during the first two years of the contract and Performance Incentivisation (PI) quarterly in arrears. The PI component will account for an increasing share of the total over the life of the contract (see table below). This will ensure appropriate financial incentives whilst allowing time for the market to develop and respond to PI.

Table 1: Medway Adult Integrated Substance Misuse Service - Funding Allocation

Year	Core Activity		Performance Incentivisation		Annual Total
Jan 2014-Mar 2014	100%		0.0%		
2014/15	100%		0.0%		
2015/16	90%		10%		

- 1.3. The service provision will be expected to run from January 2014 until December 2015 with the possibility of a further one year extension until December 2016, subject to satisfactory performance
- 1.4. The contract duration will be expected to run from October 2013 to allow the Service Provider to undertake a transition period, until March 2016 (to allow for the Service Provider to submit final performance reports after the service provision is complete) with a possibility of a further one year extension until March 2017 subject to satisfactory performance.
- 1.5. Core activity funding will be fixed for the first two years of the contract (January 2014-December 2015). In the third year of the contract the council reserve the right to begin to impose Performance Incentives. There will be performance measures which determine the payment of the PI allocation. These measures will be discussed and subject to change on an annual basis (if contract is extended past the third year) but the total level of PI funding will be capped at the levels shown in the table above.
- 1.6. The council reserves the right to cancel this service provision if funding for the service is withdrawn.