

**DRAFT / PRE-PUBLICATION**



## Schedule 1 **Service Specification**

# Cumbria Substance Use **Engagement and Recovery Support Service**

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**1 October 2026 – 30 September 2032**

(with the option to extend 2 further periods of up to 24 months each  
and no more than 48 months—full term 10 years)

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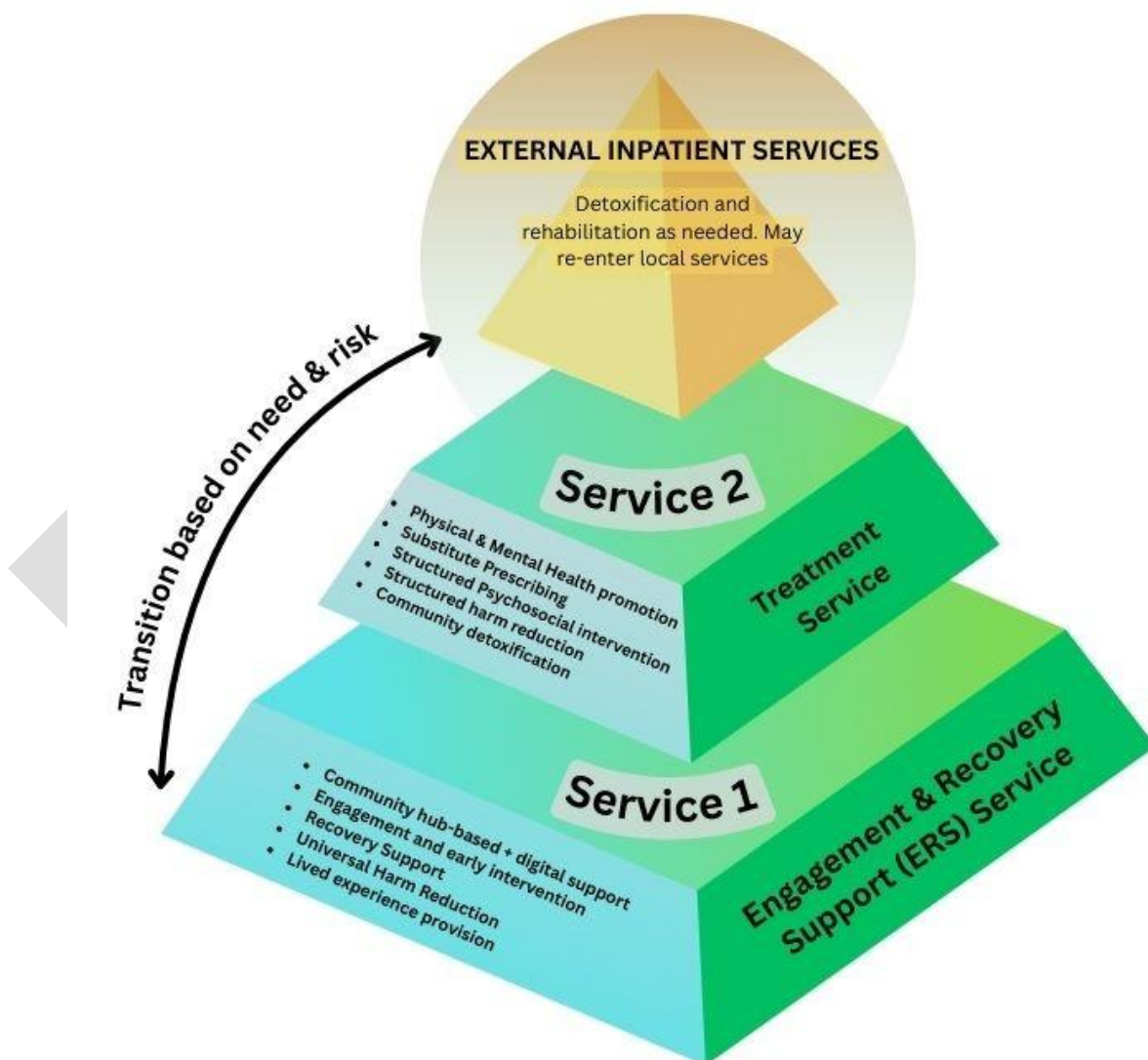
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# 1 SERVICE CONTEXT

## 1.1 Service Overview

1.1.1 The Cumbria Substance Use Service is delivered through the collaborative Cumbria Substance Use Partnership to ensure a coordinated, high-quality approach to substance use support across Cumbria. This Partnership brings together:

- the commissioned providers of two services of equal strategic importance, being jointly responsible for delivery of the Cumbria Substance Use Service
- the two unitary councils serving Cumbria: Cumberland Council and Westmorland & Furness Council, which provide governance and strategic oversight.



### Figure 1: Cumbria Substance Use Service Model

- 1.1.2** This specification sets out the requirements for the Engagement and Recovery Support (ERS) Service ('Service 1' in Figure 1), hereafter referred to as 'the Service'.
- 1.1.3** The Service represents the community-based, public-facing 'front door' through which adults—and their families, friends, and carers—access commissioned Substance Use (alcohol and drug) services in Cumbria.
- 1.1.4** The Service provides non-clinical, community-based support to help individuals begin and maintain their recovery, offering wraparound care for those seeking help with substance use
- 1.1.5** The Service adheres to all relevant national legislation and guidance<sup>1</sup> in its delivery of services. The Service works in close collaboration with the Treatment Service ('Service 2' in Figure 1) for individuals requiring structured clinical and psychosocial interventions. It is acknowledged that not all individuals require this level of treatment.
- 1.1.6** The Service refers individuals into the Treatment Service while continuing to provide longer-term recovery support before, during, and after treatment—individuals are not discharged from recovery into treatment.
- 1.1.7** To achieve integrated care, the ERS Service and the Treatment Service operates shared referral processes, co-location, and joint approaches that enable holistic outcomes for individuals and their families.
- 1.1.8** Cumberland Council and Westmorland & Furness Council (hereafter referred to as 'the Councils' or 'the Commissioners') are jointly commissioning both the Engagement and Recovery Support (ERS) Service (this Service) and the Treatment Service for the benefit of residents across Cumbria.
- 1.1.9** Both Councils jointly designed the Cumbria Substance Use Service and will manage the service contracts throughout their term as equal partners in the Cumbria Substance Use Partnership ('the Partnership'). The provider contracts, however, will be administered by Cumberland Council on behalf of both Councils.

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<sup>1</sup> Relevant national legislation and guidance refers to all applicable standards, laws, regulations, policies, and guidelines in force during the delivery of this Service. These are not listed individually to ensure the specification maintains validity over the term. The Service is responsible for ensuring compliance with all such requirements, including (but not limited to) guidance issued by the National Institute for Health and Care Excellence (NICE).

**1.1.10** This service specification is a key schedule to the contract between Provider and Cumberland Council on behalf of both Councils, setting out the responsibilities and expectations of the Provider in delivering the Engagement and Recovery Support (ERS) Service (the Service) across Cumbria.

## **1.2 National Context**

**1.2.1 National Policy:** The UK Government’s 10-Year Drugs Strategy, “From Harm to Hope” (2021), sets out a whole-system approach to tackling substance use, prioritising health-led interventions alongside enforcement and prevention. The strategy commits to improving access to evidence-based treatment and recovery services, reducing drug-related deaths, and supporting individuals to achieve sustained recovery. These commitments align with the Office for Health Improvement and Disparities (OHID) principles of delivering high-quality, evidence-based, and outcome-focused services that promote health equity and reduce harm.

**1.2.2 Public Health and Commissioning Priorities:** National guidance emphasises the integration of clinical treatment and recovery support within local systems. Commissioning standards require services to deliver structured interventions that address both physical and psychological health needs, while also promoting recovery capital through housing, employment, and social reintegration. The OHID principles reinforce these priorities by advocating for person-centred care, partnership working, and continuous improvement. These priorities are further supported by the National Combating Drugs Outcomes Framework, which sets clear performance measures for treatment and recovery and encourages collaboration across health, social care, criminal justice, and other partners.

**1.2.3 System Reforms and Outcomes:** Recent reforms aim to strengthen accountability, improve workforce capacity, and embed lived experience within service design and delivery. The OHID principles underpin this shift towards a more person-centred, recovery-oriented system that values collaboration between clinical services, community support, and peer-led initiatives. The national outcomes framework focuses on reducing drug-related harm, increasing successful treatment completions, and supporting long-term recovery, ensuring services deliver measurable improvements for individuals and communities.

## 1.3 Statutory Duty

**1.3.1** Although there is no single statutory duty requiring the Councils to commission a recovery engagement and support service, the Service aligns with several national frameworks and statutory responsibilities. These frameworks collectively underpin the Councils' role in improving public health, reducing substance-related harm, and promoting community safety.

**1.3.2** Relevant statutory and strategic frameworks include:

**1.3.2.a Health and Social Care Act 2012** – Duty to improve population health, including reducing substance misuse.

**1.3.2.b Crime and Disorder Act 1998** (Section 17) – Duty to prevent crime and disorder, including drug-related harm.

**1.3.2.c Care Act 2014** – Duties around safeguarding and supporting vulnerable adults affected by substance use.

**1.3.2.d OHID Commissioning Quality Standards (2022)** – National expectations for commissioning high-quality, recovery-oriented services.

## 1.4 Local Strategy

**1.4.1** The Provider shall ensure the Service is delivered in line with the Councils' strategic priorities, policies and procedures (including amendments, re-enactments and updates brought to the attention of the Provider), including, but not limited to the following:

- Cumberland Council Plan
- Cumberland Council Delivery Plan
- Westmorland & Furness Council Plan
- Westmorland & Furness Council Delivery Plan
- Cumberland Joint Local Health and Wellbeing Strategy
- Westmorland & Furness Joint Local Health and Wellbeing Strategy

## 1.5 Document Overview

**1.5.1 Section 1** provided the context for why the Councils are commissioning the Service.

**1.5.2 Section 2** scopes what the Service is to deliver, in terms of aims and objectives.

**1.5.3 Section 3** describes the details of how, when and where the Service is to be delivered. The Provider's response to the tender regarding the detail of how it will deliver the Service will be supplemental to this section and will form part of the Service contract with the Provider.

**1.5.4 Section 4** describes how the quality and performance of the Service will be managed to ensure it continues to offer best value for the people of Cumbria.

## **1.6 Core and Supplementary Service Requirements**

**1.6.1** All requirements in this document are considered core requirements unless otherwise indicated and the Provider will be expected to meet them as part of service delivery.

**1.6.2** *Where requirements in this document are prefixed with '**Supplementary:**' and italicised, these are to be deemed supplementary requirements conditional upon supplemental and/or additional funding being made available by Commissioners to target delivery of these additional requirements at a time agreed by the Partnership.*

**1.6.3** The prioritisation and use of supplemental and/or additional funding by the Commissioners to activate *supplementary requirements* will be agreed by the Partnership to ensure all parties understand the reasoning behind this, and the work involved, with a view to supporting better outcomes for the Service, Partnership and wider system.

**1.6.4** The Service will be expected to provide employment support—providing funding is available for this purpose—please see section 3.10.9.

## **2 SERVICE DESCRIPTION**

### **2.1 Shared Partnership Aims**

- 2.1.1** Reduce the harm caused by drugs and alcohol to individuals, their families, friends, carers, and communities.
- 2.1.2** Enhance recovery capital<sup>2</sup> and improve quality of life for people affected by substance use.
- 2.1.3** Deliver a trauma-informed, stigma-free system that promotes inclusion, hope and the reduction of unmet need.

### **2.2 Shared Partnership Objectives**

#### **2.2.1 Partnership Objective 1**

Provide a coordinated, Recovery-Oriented System of Care with clear pathways between services.

#### **2.2.2 Partnership Objective 2:**

Ensure services are accessible, person-centred, and responsive to local needs, geography and emerging trends.

#### **2.2.3 Partnership Objective 3:**

Actively involve people with lived experience in service design and governance.

#### **2.2.4 Partnership Objective 4:**

Promote early intervention and proactive engagement by increasing system-wide awareness of substance-related harms and stigma to support harm reduction.

#### **2.2.5 Partnership Objective 5:**

Share data, resources, and expertise across providers to deliver holistic outcomes.

#### **2.2.6 Partnership Objective 6:**

Maintain a unified service identity and collaborative governance through a Partnership Board.

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<sup>2</sup> The sum of personal, social, and community resources that support an individual's ability to initiate and sustain recovery from substance use.

## **2.3 Engagement and Recovery Support Service Aims**

- 2.3.1** Act as the community-based 'front door' to substance use services in Cumbria.
- 2.3.2** Support individuals to achieve and sustain recovery through non-clinical, wraparound care.
- 2.3.3** Reduce barriers to engagement and promote inclusion for individuals and their families, friends and carers.

## **2.4 Engagement and Recovery Support Service Objectives**

### **2.4.1 Service Objective 1:**

Ensure timely engagement and initial contact within agreed timescales for all referrals.

### **2.4.2 Service Objective 2:**

Deliver person-centred, trauma-informed recovery support that builds on individual strengths and recovery capital.

### **2.4.3 Service Objective 3:**

Maintain continuity of support before, during, and after treatment episodes.

### **2.4.4 Service Objective 4:**

Facilitate effective referrals into treatment and other services using shared processes.

### **2.4.5 Service Objective 5:**

Provide proactive, accessible and flexible recovery support that adapts to changing needs and promotes sustained engagement.

### **2.4.6 Service Objective 6:**

Involve people with lived experience in service delivery and peer support roles.

### **2.4.7 Service Objective 7:**

Promote community reintegration through system-wide collaboration.

## **2.5 Engagement and Recovery Support Service Scope**

- 2.5.1** The Service functions as the community-based entry point to substance use support, delivering non-clinical, wraparound assistance to individuals and their families, friends and carers. Clinical interventions remain the responsibility of the Treatment Service, ensuring clear role separation and a coordinated Recovery-Oriented System of Care.
- 2.5.2** The following are considered within scope:

- initial engagement, triage and risk assessment for all referrals
- brief interventions<sup>3</sup> and other non-structured<sup>4</sup> psychosocial support
- delivery of harm reduction<sup>5</sup> advice and interventions appropriate to a non-clinical setting
- recovery assessment and planning and ongoing non-clinical support
- wraparound peer support and lived experience involvement, such as mutual aid<sup>6</sup>
- facilitated recovery groups and peer support activities
- practical assistance with housing, employment, social reintegration and access to local opportunities for sustained recovery
- co-location with the Treatment Service in recovery hubs
- in-reach provision<sup>7</sup> for those unable to access recovery hubs
- community outreach<sup>8</sup> and proactive engagement to reduce harm and promote inclusion
- facilitating referrals to, and ongoing liaison with, treatment and other relevant services
- emergency first aid and naloxone administration
- provision of a single point of contact (SPOC) function on behalf of the Partnership.

**2.5.3** The following are considered out of scope as they are delivered by the Treatment Service:

- clinical assessment, prescribing, and detoxification
- structured psychosocial interventions<sup>9</sup>

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<sup>3</sup> A short, structured conversation or set of interactions aimed at motivating individuals to consider change in their substance use and reduce harm, typically delivered in non-specialist settings.

<sup>4</sup> Non-structured support is informal, flexible interaction that does not follow a formal therapeutic protocol.

<sup>5</sup> An approach that aims to reduce the negative health, social, and legal impacts of substance use without requiring complete abstinence.

<sup>6</sup> Mutual aid refers to voluntary, peer-led groups where individuals with shared experiences support each other in achieving and maintaining recovery.

<sup>7</sup> In-Reach refers to delivery of services within existing partner or institutional settings where individuals are already engaged with the aim of making services accessible in environments familiar to the individual.

<sup>8</sup> Outreach refers to proactive engagement in community spaces or public settings to connect with individuals who may not currently access services.

<sup>9</sup> Structured psychosocial interventions are evidence-based, formal, and time-limited interventions delivered by trained practitioners according to a defined protocol or therapeutic model.

- delivery of structured clinical interventions and medication management
- emergency response and crisis medical care (other than emergency first aid/naloxone administration)
- case holding or acting as a substitute for clinical case management—the service provides flexible, non-clinical support without assuming responsibility for formal treatment episodes
- provision of clinical advice or interpretation of medical information
- purchase/lease of premises for Recovery Hubs—this is the responsibility of the Treatment Service.

**2.5.4 Boundaries and Interdependencies:** The Engagement and Recovery Support Service complements the Treatment Service by providing non-clinical support and acting as the first point of contact for individuals seeking help. It ensures smooth referral into treatment when this is needed and maintains continuity of care after treatment episodes. Clear protocols define referral processes, information sharing, and escalation pathways to maintain safe and effective transitions between services.

## **3 SERVICE DELIVERY**

### **3.1 Service Eligibility**

**3.1.1** The Service is for individuals in Cumbria who:

**3.1.1.a** are adults (aged 18+); and

**3.1.1.b** who use, misuse, are dependent on, or are in recovery from substances outlined in 3.1.2 that negatively impact their own or others' safety, health, or wellbeing

**3.1.1.c** or are families, friends or carers of any age who themselves need information, guidance or support in their role caring for someone of any age meeting the criteria in 3.1.1.b.

**3.1.2** Substances in scope:

- alcohol where dependence exists or hazardous/harmful use persists despite brief advice
- any illicit drug
- misused over-the-counter or prescription medication.
- poly-substance use, including combined alcohol and drug use.
- emerging drug trends during the contract term.

**3.1.3** Under exceptional circumstances, young people (under 18) who have been assessed by local young person substance use services (who continue to be the lead service responsible for that individual) may be referred into the Service for relevant and specific support, by agreement of the Commissioners on a case-by-case basis.

**3.1.4** Mental health issues or homelessness are not used as exclusion criteria for accessing support through this Service.

### **3.2 Referrals into Service**

**3.2.1** The Engagement and Recovery Support Service is the community-based front door for the Cumbria Substance Use Service.

**3.2.2** The Service provides a single point of contact (SPOC) into services delivered by the Cumbria Substance Use Service.

- 3.2.3** All referrals—whether self-referrals, professional referrals, or transfers from other agencies—are routed through this SPOC to ensure consistent triage and streamlined access.
- 3.2.4** Pathways into the SPOC are clear and easy to follow for individuals, their families, friends and carers, and professionals. Information on how to access the service is prominently displayed on all promotional materials and on the Service website<sup>10</sup>.
- 3.2.5** Multiple access channels are available including phone, online, email and in-person, ensuring a “no wrong door” approach.
- 3.2.6** The SPOC team:
- conducts initial screening, risk assessment and triage within agreed timeframes<sup>11</sup>
  - ensures referrals are directed to the appropriate treatment or support service without unnecessary delay
  - treats referrals from Children’s Services as a priority due to safeguarding risks
  - provides warm introductions to colleagues to enhance engagement
  - has a clear protocol for urgent cases, including immediate escalation to emergency services where required.
- 3.2.7** The SPOC minimises the need for individuals to repeat their story multiple times to different professionals, by:
- using shared assessment tools and secure information-sharing protocols, where practical
  - maintaining continuity of contact until the individual is successfully engaged with the appropriate service
  - ensuring all information-sharing complies with GDPR, local safeguarding policies and consent requirements<sup>12</sup>.
- 3.2.8** Referral processes are accessible to all communities, including:
- information in multiple languages reflective of local demographics

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<sup>10</sup> Further detail around promotional materials and the service website is provided in the Service Promotion section.

<sup>11</sup> Timeframes will be agreed in the form of KPIs—see Section 4.

<sup>12</sup> Details of information-sharing and safeguarding are covered elsewhere in this section.

- large print and braille available on request
- digital platforms compliant with accessibility standards<sup>13</sup>.

**3.2.9** User feedback on the SPOC experience is gathered regularly and used to improve processes<sup>14</sup>.

**3.2.10** The Service works collaboratively with the Treatment Service to agree the minimum information required for referrals into treatment<sup>15</sup>. This approach ensures that data requirements do not create delays or barriers to engagement. Where appropriate, timely discussions between colleagues across both services take place to enable efficient and warm introductions. Agreed processes are documented and consistently applied.

**3.2.11** All individuals open to Children’s Services (including Early Help, Youth Justice and Child Protection) or who are pregnant are automatically referred to the Treatment Service and case managed by that service.

### **3.3 Holistic, Person-Centred Assessment**

**3.3.1** Following a referral, the Service undertakes a holistic, person-centred assessment capturing:

- needs, aspirations, and goals
- risk factors, including safeguarding concerns and co-occurring mental health conditions
- equality and diversity data (including protected characteristics, armed forces experience, care experience, neurodiversity, rurality).

**3.3.2** Assessments are dynamic (“living”) and updated as circumstances change. Tools may include the Drug and Alcohol Outcomes Star or New Directions Team Assessment, or other evidence-based tools agreed by the Partnership.

**3.3.3** Assessment is allowed to unfold naturally, allowing each individual to share information at their own pace with dignity whilst trust is built with Service staff. Support is not delayed while waiting for a full assessment, beyond identifying any key risks.

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<sup>13</sup> The Web Content Accessibility Guidelines (WCAG) are global standards developed by W3C to make digital content accessible to people with disabilities.

<sup>14</sup> The SPOC team will collect essential data for managing service quality, including referral volumes, average triage times, engagement outcomes and user satisfaction—see Section 4.

<sup>15</sup> See Referrals into Treatment and Other Services.

- 3.3.4** Immediate risks identified during early engagement trigger appropriate safeguarding or crisis protocols (e.g. child and family living arrangements).
- 3.3.5** There may be circumstances where escalation to the Treatment Service is required even when the nature of the substance use does not meet the NDTMS definition of structured treatment. These may include, but are not limited to:
- Child Protection or Children’s Social Care engagement
  - concerns around Self-Neglect or Adult Safeguarding (cuckooing, etc)
  - engagement with the criminal justice system
  - significant concerns in relation to physical health
  - pregnancy and the antenatal/postnatal period, where substance use may pose risks to maternal or infant health.
  - active suicidal ideation and/or recent suicide attempt
  - worsening presentation in relation to psychological wellbeing.
- 3.3.6** Where individuals with a caring role are identified during assessment, they are offered the opportunity to access peer support groups provided by the Service and/or signposted to local statutory carer support services for further support, including a carers assessment if desired.
- 3.3.7** All assessment processes:
- comply with GDPR and consent requirements
  - are accessible in multiple formats (face-to-face, phone, digital, easy-read, and translated materials where required).

## **3.4 Recovery Planning**

- 3.4.1** Following assessment, a recovery support plan is co-produced with the individual. The plan:
- outlines personal goals and aspirations
  - identifies needs and risks, with mitigation strategies
  - translates goals into specific actions and opportunities, including community activities, volunteering, education, employment, and peer support options
  - assigns responsibilities (e.g. service staff, partner agencies, the individual) and sets realistic timelines for each action.

**3.4.2** Plans are reviewed regularly, with triggers including:

- following a reassessment (see 3.3.2)
- non-attendance or disengagement
- behavioural concerns or safeguarding alerts
- information from partners indicating risk changes
- completion of current support goals or readiness for new opportunities.

**3.4.3** The Service adapts interventions to reflect changing drug and alcohol trends and local demand.

**3.4.4** The Service maintains a repository of local opportunities and partnerships to ensure plans are actionable and tailored to individual interests. Where gaps exist, the Service works with Commissioners and partners to develop new pathways.

**3.4.5** Whilst this Service is primarily focused on supporting adults in recovery, the Service encourages young people and their families to access appropriate support opportunities available in the community as part of a whole-family holistic approach.

**3.4.6** The Service maintains clarity on which individuals are actively being supported at a given point in time. Individuals may be identified as not currently receiving support for a variety of reasons, including gradual disengagement, having asked not to be contacted, or as a direct result of successful recovery outcomes. Nevertheless, all individuals remain eligible to re-enter the Service easily should their circumstances change.

## **3.5 Service Access**

### **3.5.1 Opening Hours**

The Service operates flexibly, including core hours that incorporate some evenings and weekends, either in addition to or instead of standard weekday hours. This ensures alignment with peak times when individuals typically seek support. Opening hours are informed by analysis of local demand and feedback from people with lived experience. The Service maintains and publishes clear opening hours that demonstrate responsiveness to local need—see 3.21 Service Promotion.

### **3.5.2 Recovery Hubs**

The Service provides Recovery Hubs in key urban areas<sup>16</sup>. These hubs offer informal, café-style spaces where individuals can safely drop in for support without an appointment. Hubs are welcoming, accessible, and staffed by trained personnel during published operating hours. Opening times reflect feedback from people with lived experience and analysis of local demand patterns to ensure they are convenient and accessible, including consideration of public transport availability.

### **3.5.3 Community In-Reach<sup>17</sup>**

The Service delivers regular support sessions in partner and community settings (such as hospitals, GP practices, and Family Hubs) to ensure accessibility for individuals in rural areas. Innovative approaches are adopted to overcome geographic and transport barriers. The Service uses tools such as SHAPE<sup>18</sup> or equivalent to map premises and maximise transport accessibility. Session times are informed by analysis of local demand and feedback from people with lived experience to maximise engagement. All in-reach activity is recorded and evidenced.

### **3.5.4 Home Visits**

The Service offers home-based support for high-risk or vulnerable individuals, and those with children at home, where attendance at community settings is not immediately feasible. Home visits are time-limited and risk-based, with clear criteria for initiation and review. Scheduling is informed by risk assessment and individual need. The Service implements effective resource management to ensure this provision is safe and sustainable, and all home visit activity is recorded and evidenced.

### **3.5.5 Community Outreach<sup>19</sup>**

The Service undertakes proactive engagement in community settings to identify and support individuals not currently accessing services. This includes attendance at local events, street-level engagement, workplace visits, and

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<sup>16</sup> The Treatment Service is responsible for sourcing and maintaining Recovery Hub premises in key urban areas within each Council footprint:

-Cumberland Council: Carlisle and West Cumbria

-Westmorland and Furness Council: Barrow-in-Furness, Penrith, and Kendal

<sup>17</sup> In-Reach refers to delivery of services within existing partner or institutional settings where individuals are already engaged with the aim of making accessible in environments familiar to the individual.

<sup>18</sup> *Strategic Health Asset Planning and Evaluation* – a web-based tool used by health and care systems to map population data, service locations, and transport networks. It supports planning by identifying gaps in accessibility and optimizing the placement of services to improve equity and reach.

<sup>19</sup> Outreach refers to proactive engagement in community spaces or public settings to connect with individuals who may not currently access services.

visibility in locations where in-reach activity occurs. It also includes re-engaging with people who have disengaged from treatment and recovery services. Outreach planning is informed by local intelligence and feedback from people with lived experience. The Service maintains records of outreach activity and outcomes to demonstrate impact.

### **3.5.6 Digital Access**

Digital platforms (secure video, phone) are used for assessments and interventions where appropriate. They do not replace in-person delivery in cases involving additional physical, mental, or social vulnerabilities, pregnancy or postnatal periods, or where safeguarding or domestic abuse concerns are present. Remote interventions only supplement, not substitute, face-to-face treatment for substance use, as there is currently no clear evidence of equivalent effectiveness or safety when used as a full replacement. Digital and community support options are developed in consultation with people using services and the Treatment Service. This may include secure messaging, video consultations, and other digital tools that promote safety and continuity of care. All digital provision complies with data protection and confidentiality requirements, and usage is monitored and evidenced.

### **3.5.7 *Supplementary accessibility measures may include:***

- *extended opening hours such as breakfast clubs and weekend activities*
- *mobile support to address transport gaps and reach priority cohorts*
- *enhanced secure digital interventions to supplement in-person support.*

## **3.6 Recovery Hubs and Co-Location with the Treatment Service**

**3.6.1** Recovery Hubs represent the community-based, recovery-oriented front door into holistic services for individuals affected by substance use—along with their families, friends, and carers. The front door to commissioned substance use services feels warm, welcoming and accessible to all who require support, whether clinical or not.

**3.6.2** Staff from both this Service and the Treatment Service based at a Recovery Hub work alongside each other as one team. Individuals are assessed and referred for treatment seamlessly, without feeling they are being passed between services.

**3.6.3** The Treatment Service Provider is contractually responsible for securing premises for Recovery Hubs in primary urban areas. The Engagement and Recovery Support Service leads on co-designing internal public recovery

spaces with the lived experience recovery community.<sup>20</sup> All design and expenditure decisions are sanctioned by the Partnership, with costs met by the Treatment Service.

- 3.6.4** The Service within a Recovery Hub is delivered in a welcoming environment that ensures privacy, confidentiality, cleanliness, and maintenance. Confidentiality policies are clearly displayed and explained to reduce anxiety for individuals accessing support.
- 3.6.5** The Treatment Service manages clinical governance and health and safety for the premises, ensuring compliance with its responsibilities as tenant or owner. Relevant policies and procedures relating to building use is adopted by all staff across both Services. Issues are escalated to the Partnership Board (see 3.25).
- 3.6.6** The Engagement and Recovery Support Service provides the role of centre manager for each hub to ensure consistency and coordination. This role oversees hub operations, including the front-door SPOC team, general information and advice, referral coordination, peer support activities, and wraparound recovery support.
- 3.6.7** Each Recovery Hub includes appropriate private areas—separate from the café-style public recovery spaces—suitable for:
- confidential conversations
  - structured and/or clinical treatment delivered by the Treatment Service
  - visiting professionals (e.g. Probation Officers, Housing and Carer Support staff)
  - group activities.

### **3.7 In-Reach, Outreach and Co-Location Opportunities**

- 3.7.1** Where barriers to service access are identified for an individual or group, all reasonable efforts are made to take support to them for as long as those barriers remain.
- 3.7.2** The Service operates proactive in-reach and outreach functions that deliver, as far as possible, the Recovery Hub approach described in section 3.6. This

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<sup>20</sup> Strong consideration must be given to results of the Councils' own engagement activity around building suitability and psychologically informed environments.

includes engaging individuals at their point of need—including those not currently in treatment—to ensure equity of provision.

- 3.7.3** In-reach and outreach delivery should involve either permanent co-location or regular pop-up provision in priority settings, such as
- acute hospital sites
  - probation offices and approved premises
  - primary care locations
  - community mental health services
  - hostels and homelessness services
  - home visits where appropriate.
  - other locations identified through mapping exercises.
- 3.7.4** The Service gives due consideration to hidden harms<sup>21</sup> and the needs of individuals with complex circumstances when planning and delivering in-reach and outreach activities. This includes proactive engagement strategies and collaboration with partner agencies to identify and address safeguarding risks and other vulnerabilities.
- 3.7.5** The Service works with the Partnership to identify appropriate venues (including reviewing potential venues identified by the Councils).
- 3.7.6** ***Supplementary:** In addition to co-locating with the Treatment Service (see 3.6), the Service may be asked to broaden opportunities<sup>22</sup> to co-locate with partners such as Probation, Women’s Centres, VCFSE organisations, Family Hubs, and multi-agency hubs. The aim would be to maximise engagement and reduce stigma by bringing recovery support into familiar, accessible environments.*
- 3.7.7** ***Supplementary:** Recovery Hubs may be asked to provide reciprocal co-location opportunities for other partners, including:*
- *system partners (e.g. housing, criminal justice)*
  - *community-based peer recovery groups*
  - *allied VCSE organisations.*

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<sup>21</sup> Risks or negative impacts that are not immediately visible, often affecting family members or dependents of people using substances (e.g. domestic abuse, child neglect, financial hardship, emotional harm). These harms can remain unseen unless actively identified through engagement and partnership working.

<sup>22</sup> Decisions on co-locating with the wider system will be informed by data and need.

**3.7.8 *Supplementary:*** Targeted engagement activities may be required of the Service based upon needs assessments and gap analyses.

### **3.8 Brief Advice, Harm Reduction and Interventions**

- 3.8.1** Harm reduction underpins the delivery of this Service and is made available proactively at all stages of the recovery journey and via all recovery and treatment pathways. This principle applies regardless of whether an individual requires structured treatment, ensuring that harm reduction is embedded as a core component of engagement and support. The Treatment Service provides leadership and training around harm reduction.
- 3.8.2** Brief Advice, Harm Reduction, and Brief Interventions are delivered consistently and in line with national legislation and guidance across all settings, whether from a Recovery Hub, through in-reach, or via outreach provision. In this respect, in-reach and outreach teams act as satellites of Recovery Hubs, ensuring continuity of approach and messaging.
- 3.8.3** The Service is responsible for providing accurate, accessible, and evidence-based information on drugs and alcohol to individuals, families, and friends, regardless of whether they are formally engaged with the Service or receiving treatment. This includes proactive harm reduction advice across all substances and circumstances, ensuring that individuals have the knowledge and tools to reduce risk and improve health outcomes.
- 3.8.4** Accurate and timely harm reduction advice is offered across the range of substances used, including but not limited to:
- relapse prevention
  - safer injecting
  - safer drinking, including early intervention
  - safer stimulant and recreational drug use (e.g. shared straws/cocaine, polydrug use, start low, go slow)
  - image and performance-enhancing drugs
  - prescribed and over-the-counter medications
  - safer sex
  - blood-borne virus prevention
  - overdose prevention and treatment.

- 3.8.5** All information and advice is presented in a way that is culturally competent, trauma-informed, and tailored to individual needs, to reduce stigma and promote informed choices.
- 3.8.6** The outreach function is responsible for proactively engaging individuals who are not currently accessing the Service but may benefit from support, as well as re-engaging those who have disengaged. Engagement is non-coercive and person-centred, recognising that individuals may not be ready for formal treatment. The approach focuses on building trust, reducing harm, and motivating change.

### **3.9 Counselling Provision**

- 3.9.1** The Service provides a counselling offer that delivers a range of appropriate therapies to individuals using the Service, supporting the achievement of their personal recovery goals in accordance with relevant national legislation and guidance.
- 3.9.2** The type and duration of counselling support is tailored to the individual's needs and matched to the competencies and qualifications of the professional delivering the intervention.
- 3.9.3** The Service develops and implements internal criteria and a referral pathway to determine and prioritise individuals who would benefit most from counselling.
- 3.9.4** Where a need for longer-term counselling support is identified that falls outside the capacity or specialism of the Service's counsellors, the Service refers the individual to appropriate mental health services.
- 3.9.5** All counsellors engaged by the Service demonstrate the required registrations and competencies as detailed in the Capability Framework for the Drug and Alcohol Treatment and Recovery Workforce (NHS England).

### **3.10 Wraparound Recovery Support**

- 3.10.1** Recovery support is integral to sustained recovery. Wraparound support is proactive, holistic, and person-centred, ensuring individuals have access to resources that build recovery capital and promote long-term wellbeing.
- 3.10.2** The Service adopts a whole-person approach that considers family, carers, and friends as part of the recovery network, recognising their role in sustaining positive outcomes.

- 3.10.3** The Service adopts a Whole Family approach in line with national guidance<sup>23</sup>, minimising harm to children and promoting family resilience.
- 3.10.4** Recovery support activities are co-designed and delivered in collaboration with people in recovery, ensuring lived experience informs service development and delivery.
- 3.10.5** The Service works in partnership to address key social determinants of recovery, including:
- supporting individuals in unstable accommodation to secure sustainable housing in collaboration with the local Housing Needs Team
  - working with employment support services to facilitate employment, volunteering, and training opportunities—see 3.10.9
  - promoting access to diverse, meaningful activities that enhance recovery and social capital.
- 3.10.6** All recovery support considers protected characteristics when identifying external activity opportunities, ensuring equity and inclusion.
- 3.10.7** The Service promotes visible recovery within communities to reduce stigma, enhance social inclusion, and encourage engagement.
- 3.10.8** Annual reviews of recovery choices are undertaken to continuously improve the offer and ensure alignment with emerging needs and best practice.
- 3.10.9** ***Supplementary: Specialist Employment Support:*** *The Service will be expected to provide employment support to help individuals accessing the Service to find and maintain meaningful employment, which is a crucial aspect of their recovery—known as the Individual Placement and Support (IPS) service at the time of writing—dependent upon funding—see section 1.6.4*
- 3.10.10** ***Supplementary: enhanced family and carer support may include:***
- ***navigation and triage through a Family Hub offering psychoeducation on substance use, rights and entitlements, and rapid connection to specialist services (e.g. domestic abuse, children’s social care, benefits/debt, housing, carer support)***

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<sup>23</sup> "Safeguarding and promoting the welfare of children affected by parental alcohol and drug use: a guide for local authorities" (Public Health England, 2018) sets out how parental substance use can harm children’s health, development, and safety, and promotes a Whole Family approach. This approach requires adult substance use services to work collaboratively with children’s and family services to minimise harm and improve outcomes.

- **structured interventions and skills development** via evidence-based approaches (e.g. CRAFT<sup>24</sup> or M-PACT<sup>25</sup>), locally informed programmes, and workshops prioritising a whole-family approach
- **collaborative activities and flexible access** developed with Children's Services, Early Help and VCFSE partners, including evening/weekend groups and online options for those with caring responsibilities
- **peer and mutual aid support** through recruitment and supervision of family/carer peers to co-deliver groups and act as advocates, alongside links to existing networks (e.g. Al-Anon<sup>26</sup>, AdFam<sup>27</sup>, SMART<sup>28</sup>)
- **harm reduction training** to improve safety and resilience.

**3.10.11 Supplementary:** Areas for additional recovery support activity may include:

- growth of mutual aid and peer support networks
- secure digital interventions
- innovation micro-grants for co-produced activities (e.g. crafts, fitness, outdoor pursuits)
- Recovery College model<sup>29</sup> for life skills and employability
- development of a formal Recovery Choices Framework to formalise meaningful offers with partners across Cumbria.

## 3.11 Transition Support

**3.11.1** The Service ensures smooth and coordinated transitions for individuals moving between services or settings, minimising disruption and safeguarding continuity of care.

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<sup>24</sup> Community Reinforcement and Family Training (CRAFT) is an evidence-based program teaching communication and coping skills to families of people with substance use disorders.

<sup>25</sup> Moving Parents and Children Together (M-PACT) is a structured, whole-family intervention improving communication and resilience in families affected by parental substance misuse.

<sup>26</sup> Al-Anon Family Groups: A worldwide fellowship offering peer support for family members and friends affected by someone else's drinking. It focuses on sharing experiences and coping strategies rather than giving advice.

<sup>27</sup> AdFam: A UK-based charity providing information, resources, and peer support for families affected by drugs and alcohol. It works through local groups and online communities to strengthen family resilience.

<sup>28</sup> SMART Recovery: A science-based mutual aid program using cognitive-behavioural techniques to help individuals manage addictive behaviours. It also offers dedicated meetings for family and friends affected by someone else's substance use.

<sup>29</sup> An education-based approach to recovery that offers courses and workshops as an alternative to structured treatment. These are co-designed and co-delivered by people with lived experience and professionals, focusing on building skills, confidence, and social inclusion.

- 3.11.2** The Service develops clear pathways for young people transitioning from specialist young person's services into adult recovery support and treatment services. These pathways are person-centred, inclusive, and designed to reduce the risk of disengagement during transition.
- 3.11.3** The Service works in partnership with the Treatment Service and young person's substance use services to ensure appropriate representation in transition planning meetings and avoid duplication of effort.
- 3.11.4** The Cumbria Substance Use Service collaborates with prisons and probation services to ensure continuity of care for individuals leaving custody. This includes proactive engagement prior to release and coordination with relevant partners to maintain recovery momentum. The most appropriate service to lead on this will be determined on a case-by-case basis, however for the avoidance of doubt the Treatment Service will maintain overall responsibility for these individuals.
- 3.11.5** The Service provides in-reach and assessment for Cumbria residents in high-release prisons to support the Treatment Service. This approach prioritises early engagement, harm reduction, and recovery planning to support successful reintegration.
- 3.11.6** *Supplementary: Additional engagement or re-engagement activities for criminal justice cohorts may be identified.*

## **3.12 Trauma-Informed Practice**

- 3.12.1** Trauma-informed practice<sup>30</sup> is essential to achieving successful substance use outcomes, particularly for individuals experiencing multiple disadvantage. The Service operates in a trauma-informed way across all delivery settings, ensuring that interactions, environments, and processes minimise the risk of re-traumatisation and promote safety, trust, and empowerment.
- 3.12.2** The Service ensures all staff receive appropriate training and ongoing learning opportunities in trauma-informed approaches. This includes embedding trauma-informed principles into policies, procedures, and day-to-day practice.

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<sup>30</sup> Trauma-Informed Practice refers to an approach that recognises the widespread impact of trauma, understands its effects on health and behaviour, and responds by creating safe, trustworthy, and empowering environments. It prioritises collaboration, choice, and cultural sensitivity to prevent re-traumatisation and support recovery.

**3.12.3** The Provider is expected to consider nationally recognised trauma-informed guidance as part of service design and delivery, ensuring alignment with best practice and emerging evidence.

### **3.13 Equality, Diversity and Inclusion**

**3.13.1** The Service operates in accordance with Equal Opportunities legislation and demonstrates a clear commitment to the values of equality, diversity, and inclusion in all aspects of service delivery.

**3.13.2** The Service maintains a current written Equality and Diversity Policy used to ensure compliance with statutory requirements.

**3.13.3** The Service uses an evidence-based approach, such as Equality Impact Assessments, to ensure that policies, processes, and services provide benefit without causing disproportionate disadvantage to any individual or group.

**3.13.4** The Service demonstrates understanding of and responsiveness to the needs of local communities across Cumbria, including:

- all protected characteristics under the Equality Act 2010 (age, gender reassignment, maternity/pregnancy, religion/belief, sexual orientation, disability, marriage/civil partnership, race, sex)
- additional characteristics identified locally (armed forces families, care-experienced individuals, rurality, socio-economic inequality, neurodivergence).

**3.13.5** The Service ensures:

- awareness of hate crime and ability to support victims
- awareness of the needs of asylum seekers and refugees
- provision of reasonable adjustments
- access to professional translation and interpretation services, including British Sign Language, Makaton, and assisted communication technology. Informal networks are not used for translation or interpretation due to safeguarding risks.

**3.13.6** The Service delivers appropriate training on Equality, Diversity and Inclusion for all staff, volunteers, and those with legal responsibility for the organisation. The Service reports prejudicial incidents and promotes access to police Hate Incident reporting.

**3.13.7** The Service takes proactive steps to reduce inequalities in recruitment and employment practices, ensuring a diverse and inclusive workforce that reflects the communities served.

**3.13.8 *Supplementary:*** *Additional areas to enhance equity of provision may include:*

- *gender-responsive service provision, such as co-produced women-only spaces, specialised support for women in the criminal justice system, and co-location opportunities for parents and those accessing domestic abuse services*
- *embedding neurodiversity considerations across all aspects of delivery, including physical environments, staff training, and engagement approaches.*

### **3.14 Tackling Stigma and Promoting Inclusion**

**3.14.1** The Service actively works to reduce stigma associated with substance use and related issues throughout all aspects of delivery. Stigma can prevent individuals, their families, friends and carers from accessing potentially life-saving support and is addressed as a priority.

**3.14.2** The Service ensures that people affected by substance use are treated with dignity and respect, in the same way as individuals with other health conditions, without fear of judgement or discrimination.

**3.14.3** The Service adopts inclusive language and communication practices across all settings, including Recovery Hubs, outreach, and digital platforms, to promote positive engagement and reduce stigma (refer to 3.21 Service Promotion).

**3.14.4** The Service works with communities to promote visible recovery and challenge negative stereotypes, supporting social inclusion and parity of esteem for substance use issues.

**3.14.5** Staff and volunteers receive regular training on stigma awareness and inclusive practice, ensuring that all interactions are trauma-informed and person-centred.

**3.14.6 *Supplementary:*** *Additional engagement activities aimed at stigma reduction may include:*

- *community campaigns co-produced with people in recovery*
- *peer-led storytelling and lived experience initiatives*
- *peer-led training for health and care professionals*

- *collaboration with local media to promote positive narratives about recovery.*

### **3.15 Safeguarding**

- 3.15.1** Safeguarding of children and adults underpins all Service practice. The Service complies with all relevant legislation and guidance and adheres to procedures outlined by the Cumbria Safeguarding Adults Board and the two regional Safeguarding Children Partnerships, having due regard to Safer Cumbria. These procedures are embedded within Service policy, practice documents, and records.
- 3.15.2** The Service ensures all staff receive regular and appropriate safeguarding training, including awareness of Child Sexual Exploitation, domestic abuse, Prevent and specific responsibilities for young people aged 13–15 and those under 13, as part of induction and ongoing professional development.
- 3.15.3** The Service maintains clear guidance on lawful and appropriate information sharing for safeguarding purposes and ensures staff and individuals attending services understand when and how to share information.
- 3.15.4** The Service is responsible for notifying the appropriate Council of any significant safeguarding incidents via agreed processes<sup>31</sup>, rather than waiting for routine contract management meetings.
- 3.15.5** The Service participates in multi-agency safeguarding hubs and assessments, prioritises referrals from Children’s Services, and cooperates fully with any safeguarding enquiries as directed by the Councils. Referrals from children and family services into alcohol and drug services are treated as a priority due to potential risk of harm to children.
- 3.15.6** The Service provides access to advocacy for vulnerable adults and regularly reviews parental status and child living arrangements as part of ongoing support.
- 3.15.7** The Service and the Treatment Service work collaboratively to prevent and respond to safeguarding concerns. They ensure staff identify children, young people, and adults who are vulnerable due to care and support needs or other risk factors and who require safeguarding interventions.

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<sup>31</sup> The process and eligibility for urgent and notifiable events will be confirmed during contract mobilisation.

- 3.15.8** There is a named safeguarding lead as the main point of contact with children and family services.
- 3.15.9** The Service works to minimise harm caused by parental substance use in line with national guidelines and works closely with Children’s Services to provide enhanced support to individuals whose children are at risk of becoming looked after (pre-proceedings). This includes joint visits, liaison with Children’s Services, and preparation of chronologies and reports for court submission as required.

### **3.16 Confidentiality**

- 3.16.1** The Service upholds the highest standards of confidentiality in all interactions and processes, ensuring compliance with UK GDPR, the Data Protection Act 2018, and the Data Protection and Digital Information Act (DUAA) 2025.
- 3.16.2** Personal data, including special category data relating to health and substance use, is only processed where a lawful basis exists under UK GDPR and DUAA. Explicit consent or another valid legal basis is obtained and documented before sharing information.
- 3.16.3** The Service implements robust measures for privacy by design and by default, including secure storage, controlled access, and encryption of personal data. Informal or insecure data sharing (e.g. via personal devices or unapproved channels) is strictly prohibited.
- 3.16.4** Individuals are informed of their rights under UK GDPR and DUAA, including the right to access, rectify, and restrict processing of their personal data. The Service has clear processes for handling Subject Access Requests within statutory timeframes.
- 3.16.5** Confidentiality policies are clearly explained and displayed in all Recovery Hubs and outreach settings to reduce anxiety for individuals accessing support. Staff are trained regularly on confidentiality, data protection, and secure handling of sensitive information.
- 3.16.6** Information sharing with partners follows agreed protocols and only occurs where lawful and necessary for safeguarding, continuity of care, or other legitimate purposes. All sharing is documented and auditable.

## 3.17 Complaints

**3.17.1** The Service has a clear, accessible complaints process for people using services, families, and stakeholders. This process is easy to understand and available in multiple formats, including online and in-person.

**3.17.2** Complaints are logged, monitored, and investigated promptly, with resolution timescales clearly defined and communicated to the complainant.

**3.17.3** The Service provides a written response to all complaints, outlining the investigation outcome and any actions taken.

**3.17.4** A comprehensive complaints procedure includes:

- clear reporting routes and categorisation of complaints
- escalation points with named roles or positions responsible at each stage
- a log of all complaints, investigations, and outcomes
- resolution targets and processes aligned with best practice.

**3.17.5** Complaints data is reported to Commissioners as part of routine contract monitoring and used to inform continuous improvement.

## 3.18 Serious Incidents

**3.18.1** The Service maintains and reviews operational policies for reporting and managing serious incidents and near misses, with processes to evidence learning and continuous improvement. For clarity, a Serious Incident includes but is not limited to:

- **Regulatory and Safety Incidents**—any incident reportable to CQC or other regulatory bodies under relevant legislation; incidents defined by Health and Safety Executive guidance HSG245.
- **Harm and Safeguarding**—death or attempted suicide of a staff member, volunteer, or person accessing the service; serious injury requiring medical treatment caused by attack or accident during service provision; incidents requiring safeguarding action for an adult or child; abuse of children or adults.
- **Violence and Emergencies**—use or threat of weapons against staff, volunteers, or people accessing the service; emergencies leading to service restrictions or closures; emergency calls made during service provision relating to an incident.

## **3.19 Referrals into Treatment and Other Services**

- 3.19.1** The Service ensures that referrals made by its staff into the Treatment Service and other relevant services are timely, seamless, and person-centred, while maintaining ongoing engagement and wraparound support.
- 3.19.2** Potential triggers for escalation of an individual to the Treatment Service other than for routine structured treatment are outlined in section 3.3.5.
- 3.19.3** Referral processes prioritise continuity of care. The Service remains responsible for supporting the individual throughout their recovery journey, even after referral to other services, to reduce the risk of disengagement and duplication.
- 3.19.4** The Service maintains and applies clear protocols for referrals into other services—such as housing, mental health, safeguarding, and social care—ensuring individuals receive holistic support. These protocols include secure information-sharing arrangements that comply with UK GDPR, DUAA, and local safeguarding policies.
- 3.19.5** Staff provide warm introductions, particularly for individuals with complex needs or safeguarding risks, to promote trust and engagement during transition.
- 3.19.6** Referral processes are inclusive and responsive to individual needs, including adjustments for language, communication, and protected characteristics. Professional translation and interpretation services are used where required.
- 3.19.7** The Service monitors referral outcomes and gathers feedback from individuals and partner agencies to continuously improve referral processes and reduce inequalities in access.
- 3.19.8** The Service works in partnership with the Treatment Service to develop and deliver a pre-detox group for individuals preparing for community or inpatient detoxification. The group focuses on supporting readiness for detox, promoting engagement, and addressing recovery-oriented needs (e.g. motivation, coping strategies, peer support).
- 3.19.9 *Supplementary:*** *Additional engagement or re-engagement activities for individuals who disengage during referral processes.*
- 3.19.10 *Supplementary:*** *Exploring a joint referral form that would be completed in more detail when entering treatment, if beneficial.*

## **3.20 Service Branding**

- 3.20.1** Developing a professional, unifying brand and name for the Cumbria Substance Use Service—with or without distinct names for the Engagement and Recovery Support and Treatment Services—is led by the Provider of the Engagement and Recovery Support Service through engagement with the local recovery community.
- 3.20.2** Community engagement with the branding exercise is used as an opportunity by the Service Provider to launch the new Cumbria Substance Use Service in advance of contract start date, with a proactive promotional campaign focused on community ownership.
- 3.20.3** In choosing service names, both domain availability and Google and other search engine visibility are considered.
- 3.20.4** The final branding and service name(s) requires approval by the entire Partnership, though will not be unreasonably withheld providing there is sufficient evidence of community engagement and ownership.

## **3.21 Service Promotion**

- 3.21.1** The Service leads marketing and communications on behalf of the Partnership to:
  - 3.21.1.a** explain all available service offers and how they connect to create a holistic support pathway
  - 3.21.1.b** provide clear, step-by-step guidance on accessing services
  - 3.21.1.c** describe what support looks like in practical terms, using reassuring and inclusive language to reduce anxiety and encourage engagement
  - 3.21.1.d** share harm reduction advice in accessible formats
  - 3.21.1.e** offer information for families, carers, and friends on how to support individuals using substances
  - 3.21.1.f** actively challenge stigma around substance use and promote positive engagement with services.
- 3.21.2** The Service works collaboratively with the recovery community and the Partnership to co-produce messaging, content, and language for all written and digital materials. This is conducted on a regular basis, or by request, to ensure materials remain accessible and relevant.

- 3.21.3** Basic information on harm reduction and available services is provided in languages that reflect the local population. Large print formats and tactile writing systems (such as braille) are available upon request to ensure accessibility for all individuals.
- 3.21.4** The Service maintains a comprehensive marketing and communications plan on behalf of the Partnership. The Partnership reviews and approves this plan at least annually to ensure it remains current and aligned with Partnership priorities.
- 3.21.5** The Service proactively engages underserved and seldom-heard communities, including population groups at risk of inequalities in access or outcomes, such as:
- rural and farming communities
  - communities for whom English is not their first language
  - refugee communities
  - young people
  - people with additional communication, cognitive, or sensory needs (including neurodiverse individuals and those with disabilities).
- 3.21.6** The Service supports the delivery of national, regional and local prevention and awareness campaigns.
- 3.21.7** All promotional materials, including the website, clearly state that the Cumbria Substance Use Service is commissioned by both Councils. Council branding assets and guidelines are provided to the Provider for this purpose. The extent of Council branding is reviewed with input from recovery community focus groups and people using the service to balance accessibility and welcoming design with transparency about the service being an official Council provision funded by public money. Recommendations on messaging are presented to and agreed by the Partnership.
- 3.21.8** The Provider demonstrates ongoing promotion of the services to residents of Cumbria. Evidence of promotional activities are reviewed during contract management meetings (see section 4.1). Contract monitoring data is analysed to identify trends in individuals leaving the Service (or becoming inactive) and new individuals seeking support. These trends, alongside marketing activities, are used to assess the effectiveness of promotional efforts.
- 3.21.9** The Service is responsible for developing and maintaining strong promotional channels with partner agencies to ensure awareness and encourage referrals

into the Service. This may include, but is not limited to the following agencies and organisations:

- Adult Social Care and Children's Services
- GPs
- walk-in centres
- hospitals—emergency and liaison services
- community mental health services
- criminal justice partners
- housing services
- Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations
- schools and colleges
- 0-19 services
- maternity services
- family hubs
- libraries
- Citizen's Advice Bureau
- any other organisation/agency requested by the Commissioners.

**3.21.10** If marketing and engagement activities result in a significant increase in individuals requiring support, the Service raises this with Commissioners and/or the Partnership through contract management meetings. An increase in demand is not used as a reason to reduce or stop promotional activities without prior discussion and agreement.

**3.21.11** ***Supplementary:** The Service may be approached to consider targeted promotional activities based upon identified need, such as raising awareness to specific communities (geographic or interest-based) and tackling stigma during the contract term.*

## **3.22 Workforce**

**3.22.1** The Service employs an appropriate number of competent managers, administrators, and non-clinical staff to deliver the Service in line with the agreed service delivery model.

- 3.22.2** The Service maintains a balanced, multi-disciplinary workforce competent to support the recovery population, including individuals with mental and physical health co-morbidities. This workforce includes:
- paid staff in relevant roles
  - peer support workers
  - volunteers/students in a supernumerary capacity (i.e. not factored into workforce calculations).
- 3.22.3** The Service creates entry-level roles with volunteer and trainee opportunities within the wider workforce strategy.
- 3.22.4** Career progression routes within the Service are clearly communicated to staff and the Partnership. This includes career paths into the Treatment Service and other allied roles to encourage and motivate the workforce.
- 3.22.5** The Service builds and sustains a peer support workforce as part of its recovery offer, mitigating challenges such as:
- hierarchical structures
  - stigma and discrimination
  - unclear role expectations and titles
  - high workload and demand
  - low pay, inadequate supervision, and lack of training.
- 3.22.6** The Service takes proactive steps to reduce inequalities in recruitment and employment practices, ensuring a diverse and inclusive workforce that reflects the communities served.
- 3.22.7** The Service prioritises workforce wellbeing and ensures access to high-quality supervision for all staff.
- 3.22.8** The Service ensures all staff are:
- appropriately screened and hold an Enhanced DBS check prior to commencing work, renewed every 3 years
  - competent, skilled, and qualified for their roles
  - basic first aid and naloxone trained
  - accessing effective Continuing Professional Development (CPD)
  - appropriately supervised and appraised

- empowered to hold reflective sessions with colleagues across the Partnership.

**3.22.9** The Service ensures staff behaviours and working practices are:

- positive and proactive in meeting Service requirements
- collaborative with the Councils, the Partnership and other partners
- delivering an accessible, equitable, and safe service
- transparent and accountable.

**3.22.10** The Service has governance arrangements that ensure compliance with:

- health and safety legislation
- consent and confidentiality requirements
- whistleblowing
- fraud and bribery
- equality, diversity, and inclusion legislation and best practice.

**3.22.11** The Service has a comprehensive training, learning, and development programme for new and experienced staff, including:

- mandatory training
- elective elements enabling staff to pursue individual development needs.

**3.22.12** The Service ensures statutory and mandatory training is completed, including safeguarding, anti-racist and anti-stigma approaches, suicide prevention, and domestic abuse awareness.

**3.22.13** The Service maintains a flexible and sustainable workforce model that supports continuity and resilience.

**3.22.14** The Service proactively engages with training and development opportunities relating to emerging trends in drug and alcohol use, including new substances.

**3.22.15** The Service complies with applicable aspects of the Capability Framework for the Drug and Alcohol Treatment and Recovery Workforce (NHS England), including:

- aligning job descriptions and titles with national standards
- providing induction and tailored learning plans for peer support workers
- incorporating reflective practice into supervision for peer support workers

- using the framework to inform workforce planning and skills gap analysis.

**3.22.16** The Service identifies and addresses skills gaps through an annual Training Needs Analysis and Action Plan, shared with the Partnership as part of contract monitoring.

**3.22.17** The Service makes job descriptions and training plans available to the Council upon request for assurance purposes.

**3.22.18** The Service embraces practical partnership opportunities such as joint induction for new staff members, shared workforce development goals, and reciprocal training arrangements with the Treatment Service.

### **3.23 ICT Systems and Information Governance**

**3.23.1** Mobilisation shall include completion of an Information Sharing Agreement<sup>32</sup> and data sharing protocols agreed by the Partnership prior to Service commencement, ensuring referral pathways, processes, and information flows operate effectively from day one.

**3.23.2** The Service ensures all staff and volunteers have access to appropriate ICT equipment to fulfil their roles in hubs, outreach, and co-location settings<sup>33</sup>. This may include laptops, secure storage devices, tablets, and mobile phones.

**3.23.3** The Service operates a secure system<sup>34</sup> for recording engagement and recovery support interactions and for producing accurate, timely reports required for contract monitoring and performance management.

**3.23.4** The Service ensures its ICT system can support safe and efficient information exchange with the Treatment Service, either through direct interoperability or secure data export, in line with agreed protocols.

**3.23.5** The Service complies with all relevant data protection legislation and security standards (as set out in 3.16 Confidentiality) and implements appropriate technical and organisational measures to protect personal data.

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<sup>32</sup> These agreements relate to information exchange between the Service, the Treatment Service, and any other relevant agencies (including mental health services) for continuity of care and safeguarding purposes. The Councils will not require access to personal data held within the Service's systems and will only receive anonymised reporting data for contract monitoring.

<sup>33</sup> It will be the responsibility of the Treatment Service to ensure that principal hub buildings are connected to the internet via secure Wi-Fi at a suitable connection speed and that any other required ICT infrastructure is in place for contract delivery.

<sup>34</sup> While the Service must have its own secure system, the Partnership may agree to use a shared system if this is mutually beneficial and does not compromise the Service's independence or role boundaries. This is optional and cannot be mandated by either party.

**3.23.6** Where the Service deploys its own ICT systems, it ensures compliance with the latest National Cyber Security Centre (NCSC) guidance, including:

- configuration and maintenance of all ICT hardware
- timely software patching
- up-to-date anti-virus and anti-spyware protection
- deployment of appropriate firewall technologies
- access controls for physical and remote log-in security.

**3.23.7** The Service applies minimum controls when transferring personal data, including:

- verifying accuracy and relevance of requested data
- confirming recipients prior to transfer (e.g. agreed mailbox or named individual)
- using secure transfer methods (e.g. encrypted email, secure portal)
- storing data in secure locations with appropriate access permissions.

**3.23.8** In the event of a security incident involving personal data, the Service notifies the appropriate teams within each Council within 72 hours and cooperates fully with any investigation, including provision of audit logs and relevant security event information.

**3.23.9** The Service contributes to the completion of a Data Protection Impact Assessment (DPIA) related to data processed under this Contract, providing all necessary information post-award.

**3.23.10** ***Supplementary:** The Service may explore innovative digital solutions, such as secure platforms for remote engagement.*

**3.23.11** ***Supplementary:** Commissioners may require analytics dashboards for equity monitoring, dropout risk, and outreach planning.*

## **3.24 Information Sharing and Communication**

**3.24.1** The Service works collaboratively with the Treatment Service and other relevant agencies to ensure timely and appropriate information sharing that supports continuity of care, safeguarding, and recovery outcomes, in line with section 3.16 Confidentiality.

**3.24.2** All information sharing follows agreed protocols, being lawful, documented and auditable. Sharing of personal data only occurs where a valid legal basis exists

and in accordance with UK GDPR, the Data Protection Act 2018, and the Data Protection and Digital Information Act (DUAA) 2025.

- 3.24.3** Where individuals are engaged only with the Service, it provides relevant non-clinical updates or attends multi-disciplinary team (MDT) meetings as required.
- 3.24.4** Where individuals are engaged with both the Service and the Treatment Service, any requested report is collated by the Treatment Service as the case holder, with active contribution from the Service<sup>35</sup>.
- 3.24.5** Discharge summaries are always shared with the individual's GP and other relevant professionals when a treatment episode ends. Where the Service has contributed to the individual's recovery plan or ongoing support, it ensures its input is included in the discharge summary through collaboration with the Treatment Service. The Service is not expected to produce formal discharge summaries for its own support, as recovery engagement may continue beyond treatment discharge and is not time-limited.
- 3.24.6** The Service ensures that all staff understand their responsibilities for lawful and appropriate information sharing and receive regular training on confidentiality and secure communication practices.

## **3.25 Cumbria Substance Use Partnership**

- 3.25.1** The Service actively participates as a contractual member of the Cumbria Substance Use Partnership, ensuring collaboration is central to service delivery. This includes working alongside the Treatment Service and the Councils to deliver a unified, Recovery-Oriented System of Care aligned with the Partnership's shared aims and objectives. To achieve this, the Service Provider takes part in a Partnership Board that meets regularly and provides equal representation of decision-makers from both commissioned services and the two Councils, enabling joint governance and strategic oversight.
- 3.25.2** The Service Provider nominates senior representatives with decision-making authority to attend Partnership Board meetings and ensures consistent participation in these meetings.
- 3.25.3** During contract mobilisation<sup>36</sup>, the Service Provider actively engages with the new Partnership. The Service Provider works collaboratively with Partnership members to co-develop and agree shared processes and pathways between

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<sup>35</sup> The Service contributes relevant non-clinical updates where appropriate, ensuring clarity on ongoing support arrangements.

<sup>36</sup> Contract mobilisation is planned to commence four months prior to contract start date.

services and ensures these are formally documented within an agreed timeframe following contract award.

- 3.25.4** Pathways and processes between the two services are reviewed at least annually in collaboration with the Partnership to ensure they remain effective, safe, and responsive to the needs of people using them.
- 3.25.5** The Service attends and contributes to regular Partnership delivery meetings alongside the Treatment Service and the Commissioners to support collaborative service delivery.
- 3.25.6** The Service actively shares data, information, and resources with the Partnership to support achievement of shared objectives and Key Performance Indicators (KPIs).
- 3.25.7** The Service ensures that any reporting required under shared KPIs or objectives is submitted to the Partnership in the agreed format and timescales.
- 3.25.8** The Service collaborates with the Partnership on joint improvement plans and contributes to agreed actions arising from shared performance monitoring.
- 3.25.9** *Supplementary: The Service may be required to lead or co-lead specific Partnership initiatives, such as joint workforce development programmes or enhanced community engagement projects.*

## **3.26 Wider Partnership Working**

- 3.26.1** The Service ensures effective partnerships are established and maintained to deliver a holistic approach to meet the needs of people using the Service.
- 3.26.2** The Service attends relevant partner and multi-agency meetings on a regular basis and actively contributes to joint planning, problem-solving, and decision-making.
- 3.26.3** Partnership working minimises duplication to ensure efficient use of time and resources, and individuals should not have to repeat their story to multiple professionals. Staff coordinate with colleagues across the Partnership to prioritise attendance at essential meetings and share relevant information with those unable to attend.
- 3.26.4** The Service establishes and manages inter-agency referral pathways as a central component of partnership working, ensuring these pathways are clear, documented, and regularly reviewed.

- 3.26.5** The Service participates in multi-agency meetings and forums as required to share information, agree joint actions, and promote integrated pathways. This includes representation at the Cumbria Addictions Board (or equivalent), which reports into the Safer Cumbria Partnership, to ensure strategic alignment and contribution to county-wide priorities.
- 3.26.6** The Service contributes to local intelligence-sharing systems, including the Local Drug Information System (LDIS), to support timely responses to emerging drug-related risks.
- 3.26.7 *Supplementary:*** *The Service may be required to lead or co-lead specific multi-agency initiatives, such as joint training or community engagement campaigns.*

### **3.27 Multi-Agency Collaboration and Specialist Support**

- 3.27.1** The Service provides specialist liaison, training, and support to other services working with people experiencing alcohol and drug problems, ensuring that partnership working strengthens the wider system response. Priority services for this support include mental health services and hospital emergency departments. The Service promotes the use of evidence-based tools where appropriate.
- 3.27.2** The Service builds and maintains effective partnerships with agencies in Cumbria, including but not limited to:
- **health services:** mental health services, primary care and GP practices, hospital liaison teams, sexual health services, maternity services, palliative care services
  - **public health and wellbeing:** wider public health services (e.g. 0–19 services, smoking cessation services, health and wellbeing coaches), Department for Work & Pensions
  - **housing and homelessness support:** local hostels, housing-related support services, street homeless outreach services, and floating support services
  - **children and families:** children and young people's services, adult and children's social care (including safeguarding teams)
  - **community safety and domestic abuse:** community safety teams, domestic abuse and sexual exploitation/sex worker services

- **criminal justice:** integrated offender management, HM Prisons and Probation Service (HMPPS), HM Courts Service, police, and the 1-Click team
- **community groups:** ethnic minority organisations, LGBTQIA+ organisations, armed forces community groups
- **voluntary and peer support:** VCFSE organisations, mutual aid and peer recovery groups
- **emergency services:** North West Ambulance Service, Cumbria Fire & Rescue Service.

**3.27.3 Supplementary:** *The Service may be required to lead or co-lead specific multi-agency initiatives, such as joint training or community engagement campaigns.*

## **3.28 Criminal Justice Pathways**

**3.28.1** The Service ensures criminal justice pathways are delivered in collaboration with the Partnership and relevant agencies to support continuity of care and reduce harm among individuals in contact with the criminal justice system.

**3.28.2** The Service works closely with criminal justice partners, including prisons, probation services (including women's centres), and police, to meet the needs of individuals in the criminal justice system who use substances.

**3.28.3** The Service offers a choice of delivery options for individuals subject to criminal justice orders, including groups and one-to-one support.

**3.28.4** The Service provides in-reach and assessment for Cumbria residents in high-release prisons (e.g. HMP Northumberland, Durham, Preston, Lancaster Farms, Holme House, and Low Newton for women).

**3.28.5** The Service collaborates with prison treatment teams and the Treatment Service to organise prison release support planning and avoid delays in community treatment. For the avoidance of doubt the Treatment Service will maintain overall responsibility for these individuals.

**3.28.6 Supplementary:** *The Service may be required to deliver additional engagement or re-engagement activities for criminal justice cohorts.*

## **3.29 Drug and Alcohol Related Deaths and Non-Fatal Overdose**

**3.29.1** The Service works collaboratively with the rest of the Partnership<sup>37</sup> to reduce drug and alcohol-related deaths (DARD) and respond effectively to non-fatal overdoses, ensuring learning and prevention are embedded across the system.

**3.29.2** The Service:

- actively participates in Cumbria DARD panel meetings
- contributes to the Partnership's DARD Reduction Plan
- develops pathways for non-fatal overdose response under Combating Drugs Partnership governance
- supports the establishment of pathways and linkages with specialist bereavement services for those impacted by substance-related deaths.

**3.29.3** The Service notifies the Councils of any death in service via the system agreed with the Commissioners.

## **3.30 Regulatory Inspections**

**3.30.1** The Service cooperates fully with the Councils, statutory agencies, and relevant inspection bodies during any regulatory inspections or audits, ensuring compliance with all applicable frameworks and guidance.

**3.30.2** The Service cooperates with relevant inspections and audits and adheres to applicable statutory and contractual requirements, including:

- cooperation with any inspections or audits led by the Councils or multi-agency partnerships (e.g. safeguarding reviews, Area SEND inspections)
- adherence to health and safety legislation and premises standards appropriate for non-clinical environments
- compliance with the Equality Act 2010 by making reasonable adjustments to ensure accessibility for people using the service
- implementation of infection control and cleanliness standards consistent with national guidance for community-based services.

**3.30.3** The Service works in alignment with the Capability Framework for the drug and alcohol treatment and recovery workforce and demonstrates this through required reporting and audit processes.

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<sup>37</sup> The Treatment Service will lead on this work through their Harm Reduction Lead.

## **4 SERVICE QUALITY**

### **4.1 Quality and Contract Management**

- 4.1.1** The Commissioners reserve the right to use a range of resources to manage and understand the quality and standard of the commissioned Service.
- 4.1.2** Contract management consists of regular contract management reports submitted by, and meetings with, the Service to evaluate service provision and the extent to which service objectives are being delivered through the monitoring of key performance indicators (KPIs) and other outcome measures and reports.
- 4.1.3** To complement service-specific contract management meetings, Commissioners also convene Partnership Board meetings to contract manage the Partnership's shared objectives, through the monitoring of the Partnership's shared KPIs and other outcome measures and reports.
- 4.1.4** Contract management reports and meetings are required no less than quarterly. Where closer oversight is required, the Commissioners may request more regular meetings even if just on a temporary basis. All such requests made by Commissioners shall be proportionate.
- 4.1.5** The Service provides full transparency regarding staffing and vacancies, and the effect this has on spending plans for the Service and the wider Partnership. Commissioners may choose to work with the Service to redirect funding elsewhere within the Service during any period where there are vacant posts, to ensure best value for public money at all times.
- 4.1.6** The Service provides full transparency regarding headline spending plans against actual expenditure, to help Commissioners ensure the Service is providing best value for public money. Commissioners reserve the right to direct the Service to allocate Council funding differently across the Service where KPIs are not being met.
- 4.1.7** The Key Performance Indicators and Outcomes described in Schedule [PLACE HOLDER] represent the targets set at the commencement of the Service (or subsequently set following adjustments agreed by the Partnership) to appropriately manage the Service (additional detail in 4.2.9).
- 4.1.8** The Service is responsible for immediately escalating to Commissioners and the Partnership any unplanned consequences on contract budget, service provision, or quality risks (including safeguarding concerns, serious complaints and serious incidents) and agree remedial actions within agreed timescales.

## **4.2 Continuous Improvement**

- 4.2.1** In addition to regular contract management activity, an extended Annual Service Review informs a co-produced programme of continuous service improvement. This is based on identified trends, changing national guidance and policy, changing local priorities, and engagement with people using the service and wider stakeholders.
- 4.2.2** The Service maintains an internal quality assurance process, including regular audits and peer reviews<sup>38</sup> and shares summaries with the Partnership Board as part of the Annual Service Review. This process monitors compliance with agreed service and governance standards and identifies areas for improvement.
- 4.2.3** The Service is able to show how the views and experiences of people who use the service, and other relevant stakeholders, have informed its development, delivery, monitoring, and ongoing improvement.
- 4.2.4** To ensure continuous service improvement and responsiveness to population needs, the Service uses a range of methods to seek the views of people using the service, including surveys, focus groups and digital feedback tools, with at least one structured engagement per year to inform service development. The Service produces an annual report of the findings, as part of the Annual Service Review, incorporating the views of key stakeholders in the wider system.
- 4.2.5** The Service works collaboratively with the Treatment Service and people with lived experience to develop and maintain a mechanism for ongoing influence on service design and delivery across the Partnership.<sup>39</sup> This mechanism is co-designed with people with lived experience and reviewed annually for effectiveness.
- 4.2.6** Both local and national data is used to inform a collective understanding of the changing circumstances of the population.
- 4.2.7** The Service ensures that its delivery model, interventions, and clinical/non-clinical practices remain aligned with the latest relevant national legislation and guidance throughout the contract term. The Service reviews and updates its

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<sup>38</sup> Peer reviews refer to structured quality checks carried out by colleagues or equivalent professionals within the Service (or across the Partnership) to assess compliance with agreed standards and share best practice. They typically involve reviewing case files, processes, or service environments, focusing on areas such as trauma-informed practice, safeguarding, recovery planning, and co-production.

<sup>39</sup> For example, a lived experience recovery group could be empowered to review substance use services in Cumbria, with representation at Partnership Board meetings to both influence service development and feedback to members of the recovery community.

internal procedures within three months of any significant change in national guidance and notifies the Partnership Board of actions taken.

- 4.2.8** The Service reports on service access and outcomes by protected characteristics to ensure compliance with the Equality Act 2010. This analysis is presented at quarterly contract management meetings and used to inform actions to address any identified inequalities. A summary of trends is also included in the Annual Service Review.
- 4.2.9** The Commissioners reserve the right to change the targets for the Key Performance Indicators (KPIs) and Outcomes—in full consultation with the Service for Service-specific objectives and the Partnership for shared objectives—at each Annual Service Review, to ensure they remain relevant in light of changing national and local priorities over the term of the contract. This may involve refining the KPIs and Outcomes themselves. Continuous improvement actions are documented and linked to KPI trends and outcome data.
- 4.2.10 *Supplementary:*** *Opportunities for enhancing continuous improvement may include increased co-production of recovery services, support for co-occurring conditions, and formal partnerships with research establishments to pilot innovative approaches.*

### **4.3 Key Performance Indicators and Outcomes**

- 4.3.1** Key Performance Indicators (KPIs) and other agreed outcome measures are used to monitor Service performance against both the shared Partnership objectives and the Service-specific objectives (see section 2).
- 4.3.2** The Key Performance Indicators (KPIs) are used to manage the Service contract, where failing to meet KPIs can have contractual implications for the Service Provider.
- 4.3.3** Failure to meet shared Partnership KPIs is the joint responsibility of both the Engagement and Recovery Support Service and the Treatment Service, that collaborate at a Partnership level to make appropriate improvements as necessary. Failure to act collaboratively may be considered a breach of Partnership obligations and thus the service contract.
- 4.3.4** The Service is expected to use other (non-KPI) outcome measures and reports to help steer Service delivery and improvement, and to foster a collaborative relationship with Commissioners.

- 4.3.5** The Commissioners work closely with the Service to monitor KPIs and manage potential issues around meeting KPI targets, setting expectations to stakeholders as appropriate.
- 4.3.6** As the targets relating to each KPI can change following an annual review, driven by evidence-based service transformation, the KPIs are provided in a separate Schedule to the contract rather than embedded into this Service Specification. This Schedule will be reissued as necessary, following agreement by all parties, during the term of the contract with the 'effective from' date made clear. The shared Partnership KPIs are subject to review and change in a similar way.
- 4.3.7** Please see the latest Schedule [PLACE HOLDER] of the contract for the Table of Key Performance Indicators (KPIs).

#### **4.4 Outcomes and Information Provision**

- 4.4.1** The Commissioners work with the Service during contract mobilisation to agree the content and format of the required contract management reports, which may be revisited during the term of the contract.
- 4.4.2** The Commissioners work closely with the Service to monitor this information, using it to set service direction during the contract term.
- 4.4.3** The Service ensures that data shared with the Commissioners for contract management purposes is not combined in a way that could constitute Personal Identifiable Data (e.g. when reporting data by postcode being careful not to combine with too many other demographics). The Service complies with UK GDPR and local authority data-sharing agreements.
- 4.4.4** The Service undertakes root cause analysis for serious incidents, including drug-related deaths and safeguarding failures, and shares learning with the Partnership Board promptly following the incident. A summary of trends and lessons learned is included in the Annual Service Review to inform continuous improvement actions.

#### **4.5 Succession Planning**

- 4.5.1** Succession planning will commence no later than six months before contract end. The Succession Plan is agreed with the Commissioners no later than four months before contract end and will include, but is not limited to:
- transfer of ownership of applicable material produced during the term of the contract

- transfer of capital assets acquired for delivery of the Service
- transfer of appropriate data to any incoming provider, as required to ensure continuity of service.

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