

**DRAFT / PRE-PUBLICATION**



**Working for Cumberland Council and  
Westmorland & Furness Council**

## **Schedule 1 Service Specification**

# **Cumbria Substance Use Treatment Service**

VERSION: 18 December 2025 DRAFT

**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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# 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.

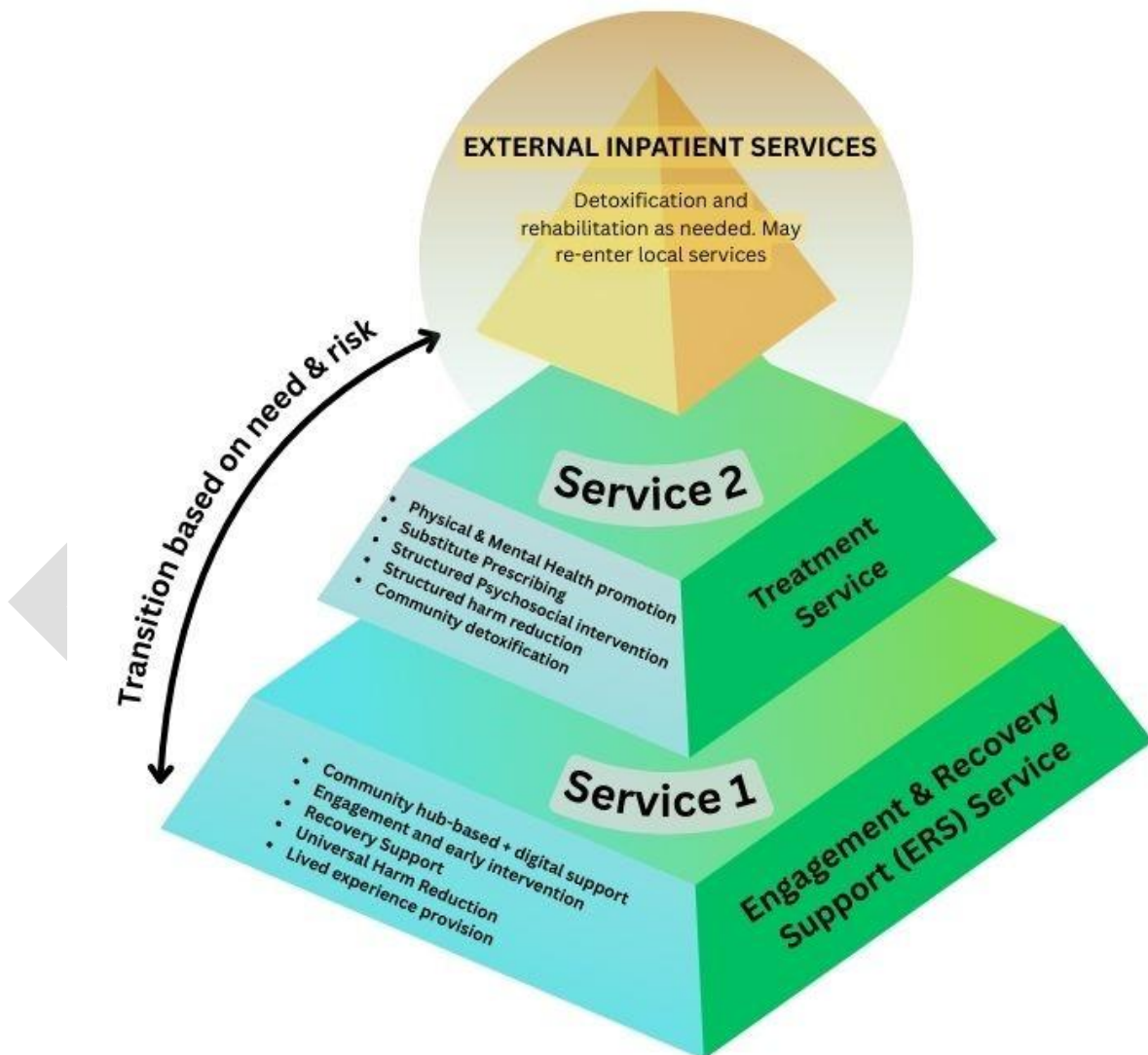


Figure 1: Cumbria Substance Use Service Model

- 1.1.1** This specification sets out the requirements for the Treatment Service ('Service 2' in Figure 1), hereafter referred to as 'the Service'.
- 1.1.2** The Service provides structured, clinically-led interventions and care for individuals requiring clinical and psychosocial support to address substance use (alcohol and drug) issues.
- 1.1.3** The Service delivers safe, time-limited, goal-oriented treatment, including clinical assessment, prescribing, detoxification, and evidence-based psychosocial interventions, in accordance with national standards and guidelines<sup>1</sup>.
- 1.1.4** The Service works in close collaboration with the Engagement and Recovery Support (ERS) Service ('Service 1' in Figure 1)—which represents the community-based, public-facing 'front door' to Cumbria Substance Use services—to ensure seamless pathways and continuity of care, recognising that treatment is one component of a broader recovery journey.
- 1.1.5** Individuals referred into the Treatment Service remain connected to recovery support throughout their treatment episode and beyond—discharge from treatment does not equate to discharge from recovery.
- 1.1.6** To achieve integrated care, the Treatment Service and the Engagement and Recovery Support Service operate shared referral processes, co-location in key 'recovery hub' buildings (other locations where feasible), and joint approaches that promote holistic outcomes for individuals, their families, friends and carers.
- 1.1.7** 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 and the Treatment Service (this Service) for the benefit of residents across Cumbria.
- 1.1.8** 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.
- 1.1.9** This service specification is a key schedule to the contract between Provider and Cumberland Council on behalf of both Councils, setting out the

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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).

responsibilities and expectations of the Provider in delivering the Treatment 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 partners 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 drug and alcohol treatment 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.

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## **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 Treatment Service Aims**

- 2.3.1** Provide structured, clinically-led interventions to reduce harm and support recovery.
- 2.3.2** Deliver safe, evidence-based treatment in line with national standards.
- 2.3.3** Work in partnership with the Engagement and Recovery Support Service and other partners to ensure seamless care pathways and continuity of support.

## **2.4 Treatment Service Objectives**

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

Complete comprehensive clinical assessments within agreed timescales.

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

Deliver goal-oriented treatment episodes tailored to individual needs.

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

Provide prescribing, detoxification, and psychosocial interventions in line with national guidance.

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

Maintain active collaboration with the Engagement and Recovery Support Service and other partners to ensure integrated care and shared planning.

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

Support individuals to transition from treatment to sustained recovery with ongoing wraparound support.

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

Monitor and respond to emerging substance use trends and adapt clinical practice accordingly.

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

Contribute to local and national data collection systems to support intelligence monitoring, evaluation, and inform national policy development

### **2.4.8 Service Objective 8:**

Ensure safeguarding and risk management protocols are consistently applied.

## **2.5 Treatment Service Scope**

- 2.5.1** The Service provides regulated, clinically-led interventions for individuals experiencing harm related to drugs and alcohol. Its primary responsibility is to deliver safe, evidence-based treatment in line with national standards and clinical guidelines.
- 2.5.2** This includes comprehensive clinical assessment, formulation of treatment plans, and delivery of goal-oriented treatment episodes tailored to individual needs.
- 2.5.3** Interventions include prescribing, medication-assisted treatment, and structured psychosocial support aligned with National Institute for Health and Care Excellence (NICE) guidance.
- 2.5.4** The service is also responsible for arranging detoxification—whether community-based or inpatient—through referral to specialist providers or via its own facilities where available.
- 2.5.5** The following are considered within scope:
- clinical assessment and risk management
  - prescribing and medication-assisted treatment
  - arranging detoxification (community or inpatient) and rehabilitation through referral or internal provision
  - harm reduction leadership
  - emergency first aid/ naloxone administration
  - delivery and reporting of structured and non-structured interventions in line with National Drug Treatment Monitoring System (NDTMS) and all relevant legislation and guidance
  - co-location with the Engagement and Recovery Support Service in recovery hubs
  - in-reach<sup>3</sup> provision for those unable to access recovery hubs
  - collaborative care planning with partner services to ensure continuity of support
  - lease/purchase of premises to serve as Recovery Hubs and as a base for staff across the Partnership (including co-located staff from the Engagement and Recovery Support Service).

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<sup>3</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.

### 2.5.6 The following are considered out of scope:

- non-structured recovery support beyond the treatment episode (provided by the Engagement and Recovery Support Service)
- delivery of outreach to non-engaged or disengaged individuals (provided by the Engagement and Recovery Support Service)
- housing, employment, or social reintegration services, except for signposting or referral
- emergency medical care (other than emergency first aid/ naloxone administration)
- or inpatient hospital treatment outside agreed detox pathways
- provision of a single point of contact (SPOC) or reception function (provided by the Engagement and Recovery Support Service on behalf of the Partnership)<sup>4</sup>.

**2.5.7 Boundaries and Interdependencies:** The Treatment Service works in close partnership with the Engagement and Recovery Support Service to ensure seamless care pathways and avoid duplication. While the Treatment Service focuses on clinical interventions, it relies on the Engagement and Recovery Support Service to provide wraparound support before, during, and after treatment episodes. Clear protocols define referral processes, information exchange, and joint planning to maintain safe and effective transitions between services.

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<sup>4</sup> The Engagement and Recovery Support Service will provide the role of centre manager for each hub to ensure consistency and coordination. This role will oversee hub operations, including the front-door SPOC team, general information and advice, referral coordination, peer support activities, and wraparound recovery support. This will not include line management of Treatment Service staff co-located in a hub.

## **3 SERVICE DELIVERY**

### **3.1 Service Eligibility**

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

**3.1.1.a** adults (aged 18 and over) who use, misuse, or 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.b** young People (under 18) who are assessed by young person's substance use services as having complex substance use needs requiring additional clinical support; and/or require prescribing support.

**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** 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** All initial referrals into the Treatment Service come via the Engagement and Recovery Support Service Single Point of Contact (SPOC), which acts as the universal entry point for Cumbria's Substance Use Service.

**3.2.2** Any referral enquiries received directly by the Service are redirected to the SPOC to maintain a consistent and streamlined process.

**3.2.3** The required referral information and format is managed by the Engagement and Recovery Support Service but developed collaboratively with the Treatment Service to ensure it meets clinical requirements without creating barriers to engagement.

**3.2.4** Individuals are able to move seamlessly between the Engagement and Recovery Support Service and the Treatment Service as their needs change. Clear

protocols for transfers and joint working are agreed and documented during mobilisation and reviewed at least annually.

**3.2.5** There may be circumstances where escalation to the Treatment service is required from the Engagement and Recovery Service despite substance use not meeting 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 HM Prison and Probation Service (HMPPS)
- 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

**3.2.6** The Service prioritises referrals from Children's Services (including Early Help, Youth Justice and Child Protection) due to safeguarding risks.

**3.2.7** All individuals entering the substance use services who are known to Children's Services (including Early Help, Child Protection, Youth Justice or other services) or are pregnant are case managed by the Treatment Service. These individuals—and their families, carers and friends—are encouraged to access supplementary input from the Engagement and Recovery Support Service.

**3.2.8** Referral processes support timely access to treatment, based on need and risk. This includes same-day assessment and prescribing for individuals at highest risk of harm, in line with agreed clinical protocols.

**3.2.9** The Service works collaboratively with health partners, supported by the Councils where required, to establish and maintain referral pathways from hospitals, GPs, mental health services and other relevant agencies.

**3.2.10** Referral pathways are supported by clear information and training for partners to promote understanding of the Service and its role in improving physical and mental wellbeing.

**3.2.11** Where consent is obtained, health partners are encouraged to flag and link medical records to support continuity of care and the Shared Partnership Aims.

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

**3.3.1** A universal assessment is completed by the Engagement and Recovery Support Service prior to referral into the Treatment Service. All relevant information from this assessment is transferred securely to the Treatment Service to avoid duplication and unnecessary repetition for the individual.

**3.3.2** The Treatment Service carries out a comprehensive health and wellbeing assessment in line with NDTMS requirements<sup>5</sup>. This assessment informs a Recovery Care Plan, including any structured treatment options.

**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.

**3.3.4** The assessment:

- is dynamic (“living”) and updated as circumstances change
- identifies unmet physical and mental health needs and address these through Recovery Care Planning
- considers physical or mental health problems and medications that may interact with drug or alcohol treatment
- screens for and assesses co-occurring conditions that may impact treatment progress
- gains a detailed understanding of substance use patterns, needs, and associated harms
- holistically assesses housing, familial, social and employment circumstances, and any risks to self or others.

**3.3.5** Immediate risks identified during assessment trigger safeguarding or crisis protocols in line with local procedures.

**3.3.6** Assessments are accessible in multiple formats and settings, including hub locations, primary and secondary care, community venues, and home visits where appropriate. Secure digital platforms may be used where suitable, but not where vulnerabilities, pregnancy, safeguarding, or domestic abuse concerns exist.

**3.3.7** All assessment processes:

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<sup>5</sup> NDTMS (National Drug Treatment Monitoring System) requirements refer to the mandatory national data standards for substance use treatment services in England.

- 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 Care Planning**

**3.4.1** Following assessment, a Recovery Care Plan is co-produced with the individual. The plan:

- outlines treatment goals and aspirations
- identifies needs, risks, and mitigation strategies
- specifies structured treatment interventions and non-structured interventions where appropriate
- includes opportunities for holistic recovery support from the Engagement and Recovery Support Service
- assigns responsibilities and sets realistic timelines for each action.

**3.4.2** Where risks are identified, a risk management plan is incorporated into the Recovery Care Plan.

**3.4.3** Plans and risk assessments are reviewed regularly, with triggers including:

- significant changes in health or social circumstances
- non-attendance or disengagement
- behavioural concerns or safeguarding alerts
- information from partners indicating risk changes
- completion of treatment goals or readiness for transition to recovery support

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

**3.4.5** Where individuals with a caring role are identified they are offered referral or signposting to appropriate local carer services, including support available through the Engagement and Recovery Support Service.

### **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<sup>6</sup> that demonstrate responsiveness to local need.

### **3.5.2 Recovery Hubs**

The Service provides Recovery Hubs in key urban areas. These hubs offer informal, front of house, 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<sup>7</sup>. 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>8 9</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 must be adopted to overcome geographic and transport barriers. The Service uses tools such as SHAPE<sup>10</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.

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<sup>6</sup> The Engagement and Recovery Support (ERS) Service is responsible for service promotion, including a website, on behalf of the Partnership.

<sup>7</sup> The Engagement and Recovery Support Service is responsible for co-locating with the Treatment Service, staffing the front of house spaces on behalf of the Partnership. The Treatment Service will utilise appropriate rooms set up for treatment sessions, accessed from these more informal spaces.

<sup>8</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>9</sup> Although Outreach will be operated from the Engagement and Recovery Support Service, it will take referrals from the Treatment Service, or wider system partners, and will work with people at all stages of the treatment journey. This function will help to meet unmet need for drug and alcohol treatment in Cumbria.

<sup>10</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.

### **3.5.5 Digital Access**

Digital platforms (secure video, phone) may be 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 Engagement and Recovery Support 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.

## **3.6 Recovery Hubs and Co-Location with the Engagement and Recovery Support (ERS) 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 must feel warm, welcoming and accessible to all who require support, whether clinical or not.
- 3.6.2** Staff from both this Service and the Engagement and Recovery Support 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 Service is contractually responsible for securing premises for Recovery Hubs in primary urban areas—see 3.323.31 Premises. The Engagement and Recovery Support Service leads on co-designing internal public recovery spaces with the lived experience recovery community<sup>11</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

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<sup>11</sup> Strong consideration must be given to results of the Councils' own engagement activity around building suitability and psychologically informed environments.

policies are clearly displayed and explained to reduce anxiety for individuals accessing support.

- 3.6.5** The 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 are adopted by all staff across both Services. Issues are escalated to the Partnership Board (see 3.32).
- 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 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 a proactive in-reach function that delivers, as far as possible, the Recovery Hub approach described in section 3.6. This includes engaging individuals at their point of need to ensure equity of provision.
- 3.7.3** In-reach 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>12</sup> and the needs of individuals with complex circumstances when planning and delivering in-reach activities. This includes proactive 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<sup>13</sup> (including reviewing potential venues identified by the Council)

## **3.8 Harm Reduction: General**

**3.8.1** The Service provides overall leadership for harm reduction strategy and practice, including appointing a Harm Reduction Lead.

**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** Harm reduction leadership responsibilities cover:

**3.8.2.a Strategic leadership** – developing a harm reduction strategy and/or action plan for people in and out of treatment, working collaboratively with the Engagement and Recovery Support Service.

**3.8.2.b Information sharing and alerts** – maintaining two-way engagement with the Local Drug Information System (LDIS) and participating in Drug Alert Panel meetings.

**3.8.2.c Learning and safeguarding** – leading engagement with Drug and Alcohol Related Death (DARD) panels, ensuring deaths are recorded and learning implemented across the Partnership, and supporting safeguarding leads to embed harm reduction learning.

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<sup>12</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>13</sup> Decisions on co-locating with the wider system will be informed by data and need.

**3.8.2.d Operational delivery** – coordinating naloxone provision, needle and syringe exchange, and joint work with North West Ambulance Service on non-fatal overdose.

**3.8.3** Harm Reduction is delivered consistently and in line with national legislation and guidance across all settings, whether from a Recovery Hub or through in-reach. In this respect, in-reach teams act as satellites of Recovery Hubs, ensuring continuity of approach and messaging.

**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.

## **3.9 Harm Reduction: Naloxone**

**3.9.1** The Service carries out regular needs assessments for naloxone provision and maintains sufficient stock to respond to increased demand, including incidents involving synthetic opioids.

**3.9.2** Take-Home Naloxone is offered to individuals at risk of opioid overdose, as well as to their families, carers, and friends. Provision also extends to individuals in hostels or temporary accommodation where risk is identified.

**3.9.3** The Service maintains accurate records of naloxone distribution and implements a system for recall and reissue prior to expiry dates.

- 3.9.4** Training on overdose prevention, naloxone administration, and emergency resuscitation is delivered as part of the naloxone programme.
- 3.9.5** The Service seeks opportunities to expand naloxone availability in additional appropriate locations in collaboration with system partners.

### **3.10 Harm Reduction: Needle and Syringe Programme (NSP)**

- 3.10.1** The Service delivers a specialist Needle and Syringe Programme (NSP) for the Partnership in line with latest NICE guidance and based on assessed need
- 3.10.2** Treatment Service staff receive training to operate the NSP, and Engagement and Recovery Support Service staff receive sufficient training to provide basic information and signposting.
- 3.10.3** Needle exchange opening times are clearly advertised within hub premises and promoted through Partnership communications and the Partnership website.
- 3.10.4** The Service supports the provision and expansion of pharmacy-based NSP sites and ensures all NSP activity, including naloxone provision, is recorded in line with NDTMS requirements.
- 3.10.5** The Service works with young person's substance use services to agree safe and appropriate arrangements for individuals under 18 who require needle and syringe provision.
- 3.10.6** NSP provision includes both generic and targeted interventions to meet the needs of specific groups, including women, users of anabolic steroids, crack cocaine and speedball users, people who are rough sleeping or living in hostels, and those not currently in treatment. Provision also responds to new and emerging drug trends and changing patterns of use.
- 3.10.7** The Service ensures NSP delivery is culturally sensitive, inclusive, and stigma-reducing, and identifies and addresses gaps in provision or emerging needs.
- 3.10.8** NSP provision includes sharps bins and advice on safe disposal, a range of injecting equipment, and wound care advice, including access to treatment for injection-site infections.
- 3.10.9** The Service delivers one annual NSP harm reduction event for community pharmacies to enhance knowledge and understanding of harm reduction practices.

## **3.11 Clinical: Prescribing**

**3.11.1** Prescribing forms part of an integrated model of clinical, psychological, and psychosocial treatment and recovery support. Prescribing interventions are not delivered in isolation but offered as part of a broader recovery-oriented package of care.

**3.11.2** Prescribing interventions support medically-assisted recovery and include:

- maintenance and stabilisation prescribing
- prescribing for withdrawal and relapse prevention.

**3.11.3** All prescribing:

- is delivered under the supervision of an appropriately qualified Medical/Clinical Director
- is undertaken by suitably qualified and regulated practitioners
- complies with the latest NICE and other relevant national guidance and regulations
- promotes individual choice in treatment options, while ensuring that the prevention of drug-related deaths remains a key consideration

**3.11.4** The Service ensures same-day assessment and prescribing are available for individuals at highest risk of harm

**3.11.5** The Service notifies individuals' GPs in writing within 24 hours of all prescribing instances and any changes to prescribed interventions.

**3.11.6** Safe storage containers are provided for individuals who have children or vulnerable adults living, or staying regularly, with them.

**3.11.7** The Service maintains an evidence-based and cost-effective prescribing policy and formulary. Any significant changes to substitute prescribing interventions are presented to Public Health in both Councils.

**3.11.8** Continuous improvement in prescribing practice is supported through training, audit, and self-assessment. Findings and resulting changes are made available to the Commissioners on request.

## **3.12 Clinical: Nursing**

**3.12.1** Nursing and other qualified clinical staff are deployed to meet health needs in line with the Drug Misuse and Dependence UK Guidelines on Clinical

Management (Chapter 6) and subsequent updates. This includes, but is not limited to:

- testing, support to access treatment, and where appropriate vaccination in relation to blood borne viruses
- assessment and referral for injecting-related bacterial infections requiring urgent care
- smoking cessation advice and guidance
- identification and response to overdose, infections, cardiovascular and respiratory disease, and mental health problems
- oral health advice and support for dental engagement
- sexual health promotion and referral for Sexually Transmitted Infection (STI) testing, treatment, and contraceptive advice.

### **3.13 Clinical: Shared Care**

**3.13.1** Shared care is delivered in conjunction with local GPs where clinically appropriate to meet Recovery Care Plan needs, ensuring treatment is accessible across Cumbria.

**3.13.2** Shared care responsibilities include:

- providing suitably trained staff to support GPs
- working with primary care, Public Health, and Integrated Care Boards to develop shared care opportunities
- maintaining excellent working relationships through agreed contracts, regular communication, data collection, and transparent feedback mechanisms.

**3.13.3** GPs are advised by the clinical lead from the service, who supports a collaborative planned multi-agency treatment approach.

**3.13.4** Evidence-based psychosocial interventions are delivered by qualified staff.

**3.13.5** Individuals in shared care remain supported by the Engagement and Recovery Support Service.

**3.13.6** Shared care practices must comply with all relevant legislation and guidance.

**3.13.7** The Service meets with GPs at appropriate intervals to review caseloads and arrange immediate transfer back to secondary care where shared care is no longer clinically appropriate.

### **3.14 Clinical: Community Pharmacists and Supervised Consumption**

**3.14.1** Community pharmacy provision complies with the latest relevant community pharmacy national guidance.

**3.14.2** The Service:

- develops effective working relationships with local community pharmacies
- establishes information-sharing protocols and agrees required arrangements
- works with Local Pharmaceutical Committees (or equivalent) to increase supervised consumption sites and expand NSP provision in pharmacy settings.

**3.14.3** The Service negotiates pharmacy fees, including uplifts during the contract, and consults with Local Pharmaceutical Committees on contracts, Service Level Agreements, and related matters.

**3.14.4** Timely and effective communication with pharmacies is maintained, including sharing relevant support plan information and enabling direct referral to Engagement and Recovery Support Service outreach where concerns arise (e.g. missed pick-ups or unusual presentations).

**3.14.5** Decisions about supervised consumption are based on assessment and comply with current national guidance<sup>14</sup>. Systems monitor missed pick-ups to manage risk and retain individuals in treatment.

**3.14.6** Collaborative development with Local Pharmaceutical Committees is considered, including pharmacies undertaking health and wellbeing or medication reviews on behalf of the Service.

**3.14.7** The Service works in partnership with commissioners, ICB colleagues, Primary Care Networks, and GP practices to understand need and capacity to support an appropriate response.

### **3.15 Clinical: Community Detoxification**

**3.15.1** The Service has appropriate assessments, pathways, and processes in place to facilitate safe and effective community-based detoxification.

**3.15.2** Community detoxification:

- is offered as part of a broader, recovery-oriented package of care, not in isolation

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<sup>14</sup> currently [Oral methadone and buprenorphine: recommendations \(GOV.UK\)](https://www.gov.uk/government/consultations/oral-methadone-and-buprenorphine-recommendations)

- is positively promoted as a recovery option, accessed when the individual is ready and never enforced
- includes a proposed post-detox care plan agreed in advance with the individual and the Engagement and Recovery Support Service.

**3.15.3** Suitability for community detoxification is determined through clinical review in line with the latest NICE and Department of Health and Social Care (DHSC) clinical guidelines for alcohol treatment, and in consultation with the individual's GP.

**3.15.4** A comprehensive detoxification assessment is carried out by a suitably qualified clinical professional and includes consideration of the individual's social situation and support networks.

**3.15.5** An initial home visit is completed prior to commencing detoxification to ensure the home environment is safe and appropriate.

**3.15.6** Adequate preparation for detoxification, including pre-detox groups, is facilitated in conjunction with the Engagement and Recovery Support Service.

### **3.16 Clinical: Inpatient Detoxification & Residential Rehabilitation**

**3.16.1** The Service arranges, manages, and finances inpatient detoxification and residential rehabilitation provision, maintaining responsibility for administration and clinical decision making (with the Councils maintaining strategic oversight).

**3.16.2** Assessments for inpatient detoxification (IPD) are undertaken by the Service with input from the case holder and clinical colleagues.

**3.16.3** Eligibility and allocation processes for IPD and residential rehabilitation are clear, equitable, and transparent to individuals and Commissioners.

**3.16.4** The Service ensures pathways are flexible and responsive to individual circumstances, recognising that positive outcomes depend on pre-treatment preparation and robust aftercare support. Aftercare includes specific provision for women with children to build social support networks.

**3.16.5** Adequate preparation for IPD and residential rehabilitation, including pre-detox and other appropriate groups, is facilitated in conjunction with the Engagement and Recovery Support Service.

**3.16.6** IPD and residential rehabilitation is not delivered in isolation but as part of a broader recovery-oriented package of care. Post-treatment care plans are agreed in advance with the individual and the Engagement and Recovery Support Service.

- 3.16.7** The Service liaises with the IPD Consortium<sup>15</sup> which manages OHID-funded inpatient detoxification provision. Once inpatient detoxification costs exceed the consortia allocation; the service is required to cover the additional costs from its overall budget allocation. This is based on assessed need.
- 3.16.8** The Service ensures individuals are placed in the most appropriate facility.
- 3.16.9** Residential rehabilitation placements are arranged on a spot purchase basis and funded through the Service's overall budget.
- 3.16.10** The Service participates in Open Book accounting for all IPD and residential rehabilitation expenditure.

### **3.17 Clinical: Psychosocial Interventions**

- 3.17.1** All structured psychosocial interventions are delivered in accordance with the latest NICE guidelines, which currently includes CG51 and QS23, and updated to reflect any changes in practice standards. The type, length and frequency of interventions is determined by the relevant evidence base, effectiveness, and routine outcome monitoring.
- 3.17.2** The Service offers a range of structured psychosocial interventions to every individual according to assessed need and changing circumstances. Interventions are suitable for people presenting with any substance, including polydrug use and novel psychoactive substances, and align with NDTMS business definitions<sup>16</sup>.
- 3.17.3** All staff delivering one-to-one psychosocial interventions have received appropriate training and demonstrate competence in line with the NHS England Capability Framework for the Drug and Alcohol Treatment and Recovery Workforce.

### **3.18 Clinical: Transition Support**

- 3.18.1** 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>15</sup> The IPD Consortium is currently led by Lancashire County Council on behalf of the region.

<sup>16</sup> NDTMS Business definitions for Psychosocial interventions include: motivational interventions, contingency management, family and social network interventions, CBT-based relapse prevention, evidence-based psychological interventions for co-occurring mental health disorders, psychodynamic therapy, 12-step work, and BACP-accredited counselling.

- 3.18.2** The Service develops clear pathways for young people moving from specialist young person's services into adult treatment and recovery support, ensuring these are person-centred and inclusive.
- 3.18.3** The Service works in partnership with the Engagement and Recovery Support Service and young person's substance use services to ensure appropriate representation in transition planning meetings and avoid duplication.
- 3.18.4** 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.
- 3.18.5** The Service actively supports the Engagement and Recovery Support Service in ensuring continuity of care and avoiding delays in access to community treatment.

### **3.19 Discharge Planning**

- 3.19.1** The Service ensures discharge and aftercare planning from the Treatment Service is undertaken jointly with the Engagement and Recovery Support Service to maximise continuity of support.
- 3.19.2** Discharge planning:
- evolves as the individual progresses through treatment and works towards personal goals
  - is co-produced with the individual at all times
  - includes opportunities for ongoing aftercare, mutual aid, and peer support groups
  - ensures all elements of discharge and aftercare planning are documented and communicated clearly to relevant partners (see 3.31.4).

## **3.20 Trauma-Informed Practice**

- 3.20.1** Trauma-informed practice<sup>17</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.
- 3.20.2** 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.
- 3.20.3** 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.

## **3.21 Equality, Diversity and Inclusion**

- 3.21.1** 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.
- 3.21.2** The Service maintains a current written Equality and Diversity Policy used to ensure compliance with statutory requirements.
- 3.21.3** 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.
- 3.21.4** 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, neurodivergence).
- 3.21.5** The Service ensures:
- awareness of hate crime and ability to support victims

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<sup>17</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.

- 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.

**3.21.6** 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.

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

## **3.22 Tackling Stigma and Promoting Inclusion**

**3.22.1** 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 must be addressed as a priority.

**3.22.2** 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.

**3.22.3** 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 **Error! Reference source not found.**7 Service Promotion).

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

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

## **3.23 Safeguarding**

- 3.23.1** Safeguarding of children and adults underpins all Service practice. The Service complies with all relevant legislation and guidance<sup>18</sup> 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.
- 3.23.2** 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.
- 3.23.3** The Service maintains clear guidance on lawful and appropriate information sharing for safeguarding purposes and ensure staff and individuals attending services understand when and how information is shared.
- 3.23.4** The Service is responsible for notifying the appropriate Council of any significant safeguarding incidents via agreed processes, rather than waiting for routine contract management meetings. The process and eligibility for urgent and notifiable events will be confirmed during contract mobilisation.
- 3.23.5** 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.
- 3.23.6** The Service provides access to advocacy for vulnerable adults and regularly reviews pregnancy status, parental status and child living arrangements as part of ongoing support.
- 3.23.7** The Service and the Engagement and Recovery Support Service work collaboratively to prevent and respond to safeguarding concerns. Providers 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>18</sup> including but not limited to Working Together to Safeguard Children (2018), Mental Capacity Act (2005), Care Act Guidance (2014), Children Acts (1989 and 2004), Sexual Offences Act (2003), and Human Rights Act (1998)

- 3.23.8** There is a named safeguarding lead as the main point of contact with children and family services.
- 3.23.9** 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 who are pregnant and/or 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.

### **3.24 Confidentiality**

- 3.24.1** 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.
- 3.24.2** 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.
- 3.24.3** 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.
- 3.24.4** 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.
- 3.24.5** 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.
- 3.24.6** 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.

## 3.25 Complaints

- 3.25.1** 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.
- 3.25.2** Complaints are logged, monitored, and investigated promptly, with resolution timescales clearly defined and communicated to the complainant.
- 3.25.3** The Service provides a written response to all complaints, outlining the investigation outcome and any actions taken.
- 3.25.4** 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.
- 3.25.5** Complaints data must be reported to Commissioners as part of routine contract monitoring and used to inform continuous improvement.

## 3.26 Serious Incidents

- 3.26.1** The Service maintains and reviews operational policies for reporting and managing serious incidents and never events, with processes to evidence learning and continuous improvement. For clarity, a Serious Incident includes but is not limited to:
- 3.26.1.a 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.
- 3.26.1.b 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.
- 3.26.1.c 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.

## 3.27 Clinical Governance

**3.27.1** The Service maintains robust and auditable clinical governance arrangements to ensure safe, effective, and accountable practice. These arrangements include:

**3.27.1.a Leadership and Accountability**—a named Clinical Lead responsible for all clinical services delivered under this contract; clear and accessible governance policies for staff and people using services, setting out organisational accountabilities and reporting mechanisms

**3.27.1.b Compliance and Standards**—policies and operating procedures ensuring all clinical interventions comply with NICE and OHID/DHSC guidance, clinical standards, and evidence-based practice; regular review of clinical governance policies to reflect national and local policy changes and compliance with CQC requirements and national standards

**3.27.1.c Quality and Continuous Improvement**—a planned programme of service improvement informed by audits, customer feedback, performance data, and evidence for change; processes to incorporate new clinical developments and innovative solutions while maintaining quality and responsiveness

**3.27.1.d Transparency and Engagement**—active participation in local, regional, and national clinical networks; a published organisational complaints policy, whistleblowing policy, and a clearly displayed compliments, comments, and complaints procedure at all service locations.

**3.27.2** The Service liaises and cooperates with the regional Lead Controlled Drugs Accountable Officer as required.

**3.27.3** The Service makes provision for people using services to undertake drug testing to support assessment, care planning, and treatment review, ensuring all testing complies with clinical guidance.

**3.27.4** The Service and any subcontracted arrangements (including laboratory services) comply with all requests from relevant national bodies (including NHSE, MHRA, and UKHSA) relating to the management of national and local incidents and outbreaks.

## 3.28 Service Promotion

**3.28.1** 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.

**3.28.2** Final branding and service name(s) require Partnership approval, based on evidence of community engagement.

**3.28.3** The Treatment Service supports the Partnership's marketing and communications strategy, ensuring:

- clear explanation of all service offers and pathways
- accessible guidance on how to access support
- practical, reassuring descriptions of support
- harm reduction advice and family/carer information
- messaging that actively challenges stigma and promotes engagement.

### **3.29 Workforce**

**3.29.1** 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.

**3.29.2** 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

and may also include:

- peer support workers
- volunteers/students in a supernumerary capacity (i.e. not factored into workforce calculations).

**3.29.3** The Service creates entry-level roles and trainee opportunities within the wider workforce strategy.

**3.29.4** Career progression routes within the Service are clearly communicated to staff and the Partnership. This includes career paths between the Engagement and Recovery Support Service and other allied roles to encourage and motivate the workforce.

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

**3.29.6** The Service prioritises workforce wellbeing and ensures access to high-quality supervision for all staff.

**3.29.7** 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.

**3.29.8** 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.

**3.29.9** 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.

**3.29.10** 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.

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

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

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

**3.29.14** 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.

**3.29.15** 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.

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

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

### **3.30 ICT Systems and Information Governance**

**3.30.1** Mobilisation includes completion of an Information Sharing Agreement<sup>19</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.

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

**3.30.3** The Service ensures Data Entry and Record Management training is available for its own workforce and for the Engagement and Recovery Support Service workforce.

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<sup>19</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.

- 3.30.4** It is the responsibility of the Service to ensure that principal hub buildings are connected to the internet via Wi-Fi at a suitable connection speed—for secure access by all staff across the Partnership—and that any other required ICT infrastructure is in place for contract delivery.
- 3.30.5** The Service operates a secure, NDTMS-compliant<sup>20</sup> case management system for managing client treatment episodes and for producing accurate, timely reports required for national and local information reporting. The system must:
- use a minimum of two NDTMS reporting codes, one for each Council
  - allow adherence to national submission timetables to collect and maintain core datasets
  - implement new datasets as they are adopted across relevant health and social care sectors and any additional datasets agreed with the Commissioners
  - support electronic prescription generation.
- 3.30.6** The Service ensures its case management system can support safe and efficient information exchange with the Engagement and Recovery Support Service systems, either through direct interoperability or secure data export, in line with agreed protocols.
- 3.30.7** The Service complies with all relevant data protection legislation and security standards (as set out in 3.24 Confidentiality) and implements appropriate technical and organisational measures to protect personal data.
- 3.30.8** The Service has a policy that defines standards for record keeping and case file management.
- 3.30.9** 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.

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<sup>20</sup> NDTMS (National Drug Treatment Monitoring System) is the national reporting framework for substance use treatment services in England. Compliance requires accurate, timely submission of client-level data on treatment episodes, interventions, and outcomes in line with national standards (OHID).

**3.30.10** 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.

**3.30.11** 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.

**3.30.12** 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.

### **3.31 Information Sharing and Communication**

**3.31.1** The Service works collaboratively with the Engagement and Recovery Support 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 3.24 Service User Confidentiality.

**3.31.2** All information sharing follows agreed protocols, is lawful, and is 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.

**3.31.3** The Service engages with the Engagement and Recovery Support Service as required when collating case reports for other professionals.<sup>21</sup>

**3.31.4** Discharge summaries are always shared with the individual's GP and other relevant professionals when a treatment episode ends. Where the Engagement and Recovery Support Service has contributed to the individual's recovery plan or ongoing support, the Treatment Service ensures its input is included in the discharge summary.

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<sup>21</sup> The Treatment Service is responsible for providing clinical updates and discharge summaries to GPs, hospitals, pharmacies, and other clinical providers.

**3.31.5** 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.

### **3.32 Premises**

**3.32.1** The Service is responsible for purchasing or leasing all principal 'hub' buildings required for the delivery of the Cumbria Substance Use Service.

**3.32.2** Shared premises with other appropriate organisations are acceptable, provided they meet service delivery requirements.

**3.32.3** Not all hubs are required to operate on a full-time basis, provided that accessibility, service standards, and demand are consistently met.

**3.32.4** The Service provides and maintains premises that are safe, accessible, and fit for purpose to deliver treatment and recovery services across Cumbria.

#### **3.32.5 Location**

Recovery Hubs are located within each Council footprint: as follows:

- Cumberland Council: Carlisle and West Cumbria
- Westmorland and Furness Council: Barrow-in-Furness, Penrith, and Kendal

#### **3.32.6 Building Standards and Compliance**

All premises:

- comply with Care Quality Commission (CQC) registration requirements
- meet infection control and risk assessment standards
- comply with the Equality Act 2010 and Building Regulations 2010 (Part M)
- maintain cleanliness and hygiene in line with the National Specification for Clean NHS Premises
- are fit for purpose and meet DHSC guidance and CQC requirements.

**3.32.7** Consideration must be given to information provided by the Councils (gathered during engagement and co-design activity) regarding building suitability and psychologically informed environments.

#### **3.32.8 Partnership Use and Functionality**

**3.32.9** The Service agrees how the principal hub buildings will be used in partnership with the Engagement and Recovery Support Service.

**3.32.10** Adequate workspace is provided for all staff working in the Cumbria Substance Use Service, with agreed opening times, staffing arrangements, and key holder responsibilities.

**3.32.11** Buildings support:

- delivery of treatment interventions
- activities, groups, and events that promote holistic recovery.

**3.32.12** The Service works with the Partnership to maximise community use and visibility of these buildings.

### **3.33 Cumbria Substance Use Partnership**

**3.33.1** 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 Engagement and Recovery Support 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.

**3.33.2** The Service nominates senior representatives with decision-making authority to attend Partnership Board meetings and ensures consistent participation in these meetings.

**3.33.3** During contract mobilisation<sup>22</sup>, the Service actively engages with the new Partnership. The Service Provider works collaboratively with Partnership members to co-develop and agree shared processes and pathways between services and ensure these are formally documented within an agreed timeframe following contract award.

**3.33.4** 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.

**3.33.5** The Service attends and contributes to regular Partnership delivery meetings alongside the Engagement and Recovery Support Service and the Commissioners to support collaborative service delivery.

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<sup>22</sup> Contract mobilisation is planned to commence four months prior to contract start date.

- 3.33.6** The Service actively shares data, information, and resources with the Partnership to support achievement of shared objectives and Key Performance Indicators (KPIs).
- 3.33.7** The Service ensures that any reporting required under shared KPIs or objectives is submitted to the Partnership in the agreed format and timescales.
- 3.33.8** The Service collaborates with the Partnership on joint improvement plans and contributes to agreed actions arising from shared performance monitoring.

### **3.34 Wider Partnership Working**

- 3.34.1** The Service ensures effective partnerships are established and maintained to deliver a holistic approach to the needs of people using the Service.
- 3.34.2** The Service attends relevant partner and multi-agency meetings on a regular basis and actively contributes to joint planning, problem-solving, and decision-making.
- 3.34.3** Partnership working minimises duplication to ensure efficient use of time and resources. 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.
- 3.34.4** 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.
- 3.34.5** 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.
- 3.34.6** The Service contributes to local intelligence-sharing systems, including the Local Drug Information System (LDIS), to support timely responses to emerging drug-related risks.

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

- 3.35.1** 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.

**3.35.2** The Service provides specialist support for individuals with complex needs, including older adults and those with co-occurring physical or mental health conditions, and works closely with maternity services to support antenatal care planning for pregnant individuals affected by substance use.

**3.35.3** 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 person'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:** HM Prison and Probation Service (HMPPS), HM Courts Service, police, and the 1-Clic 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.

## **3.36 Criminal Justice Pathways**

**3.36.1** 3.343.35The 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.

- 3.36.2** The Service maintains responsibility for all individuals engaged with the criminal justice system and ensures a full suite of service delivery options is available within the criminal justice pathway. These options provide flexibility for those entrenched in the system and are developed in partnership with the Engagement and Recovery Support Service to deliver a holistic offer tailored to each individual.
- 3.36.3** The Service maintains strong operational links with criminal justice partners, including prisons, probation services (including women's centres), and police, to ensure timely coordination of care and effective delivery of treatment within the criminal justice pathway.
- 3.36.4** The Service offers a choice of delivery options for individuals subject to criminal justice orders such as Alcohol Treatment Requirements and Drug Rehabilitation Requirements, including groups, one-to-one support, and bespoke interventions for treatment requirements.
- 3.36.5** The Service collaborates with the Engagement and Recovery Support Service<sup>23</sup> 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.
- 3.36.6** The Service ensures that all relevant referral documentation is completed and utilised in accordance with the established discharging Prisons process. This includes adhering to agreed protocols for information sharing and release planning to support continuity of care and timely engagement with community treatment services.
- 3.36.7** The Service liaises with prisons to ensure naloxone has been offered upon release. Where it has been offered and refused, the Service ensure the offer is made again.
- 3.36.8** The Service liaises with Engagement and Recovery Support Service in relation to attendance at discharge boards/meetings and other internal prison meetings relevant to release preparation, as appropriate, for Cumbria residents in high-release prisons (e.g. HMP Northumberland, Durham, Preston, Lancaster Farms, Holme House, and Low Newton for women).

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<sup>23</sup> The Engagement and Recovery Support Service will provide 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).

**3.36.9** The Service liaises closely with the prison substance use treatment service. Where there are issues, these must be escalated accordingly with the Treatment Service and Drug Strategy Lead within the establishment.

**3.36.10** The Service has appropriate representation at regional Continuity of Care network and other relevant meetings.

### **3.37 Pathways for Children and Young People**

**3.37.1** The Service takes its lead from the young person's substance use services for all under-18 cases and provide clinical input when requested, particularly for structured interventions such as detoxification, residential rehabilitation, or prescribing. Responsibility for case-holding and care coordination for this cohort remains with the young person's substance use services.

**3.37.2** The Service maintains regular liaison with the young person's substance use services through meetings and case discussions for young people under their care. These discussions enable young person's substance use services to raise concerns, seek clinical advice, and highlight individuals approaching transition to adult services, set out in section 3.18.

**3.37.3** The Service works, in partnership with the Engagement and Recovery Support Service, and with the young person's substance use services to maintain a clear, documented transition pathway for individuals moving from children's services to the adult service, ensuring continuity of care.

**3.37.4** Regular meetings between the Service and the young person's substance use services take place to review concerns and identify individuals requiring clinical support.

**3.37.5** The Service maintains strong, responsive pathways with the young person's substance use services to ensure timely interventions.

**3.37.6** All interventions provided by the Service align with individual goals and integrate with holistic support offered by the young person's substance use services.

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

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

**3.38.2** The Service Harm Reduction Lead works with Public Health Commissioners in the Councils to lead Partnership efforts to reduce DARD and embed learning and prevention across the system.

**3.38.3** The Service:

- actively participates in Cumbria DARD panel meetings
- contributes to the Partnership's DARD Reduction Plan
- develops and maintains pathways for non-fatal overdose response under Combating Drugs Partnership governance.

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

**3.38.5** The Service operates a system to identify individuals at highest risk of death due to overdose, ill-health, or other vulnerabilities, and take preventative action. This includes developing clear pathways and interventions to protect people from dying while in treatment.

**3.38.6** The Service works with system partners to ensure high-quality end-of-life care for individuals who require it.

**3.38.7** The Service establishes pathways and linkages with specialist bereavement services for those impacted by substance-related deaths.

### **3.39 Compliance and Inspections**

**3.39.1** 3.343.35 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.

**3.39.2** The Service maintains readiness for inspections and audits by adhering to statutory and contractual requirements, including:

- cooperation with 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 clinical and non-clinical environments
- compliance with the Equality Act 2010 by making reasonable adjustments to ensure accessibility for people using services
- implementation of infection control and cleanliness standards consistent with national guidance for community-based services.

- 3.39.3** The Service maintains full compliance with Care Quality Commission (CQC) registration and Fundamental Standards.
- 3.39.4** 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.
- 3.39.5** The Service ensures prescribing and controlled drug management meets Medicines and Healthcare products Regulatory Agency (MHRA) and Home Office requirements.
- 3.39.6** The Service ensures all clinical staff maintain applicable registration with the appropriate professional body.
- 3.39.7** The Service participates in Council safeguarding inspections, Prevent Duty compliance checks, and any contractual audits required by Commissioners. Health and safety, fire safety, and infection control inspections are also supported.
- 3.39.8** The Service maintains robust governance arrangements, including timely submission of NDTMS data, financial reporting, and participation in Open Book accounting processes. Collaborative working with Commissioners, Integrated Care Boards, and partner agencies is maintained to ensure regulatory compliance.

## **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 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 are 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 XX 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 services and wider stakeholders.
- 4.2.2** The Service maintains an internal quality assurance process, including regular audits and peer reviews<sup>24</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 services, 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 Engagement and Recovery Support Services and people with lived experience to develop and maintain a mechanism for ongoing influence on service design and delivery across the Partnership<sup>25</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>24</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>25</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 will be 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.

### **4.3 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 **Error! Reference source not found.**).
- 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, who 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 uses 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 must not be 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 commences 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 includes, 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.