

APPENDIX B

Service Specification

1. Background

Bracknell Forest lies 28 miles west of London, at the heart of the Thames Valley and within the county of Berkshire. Between 1991 and 2001, the population grew twice as fast as the average for South East England (14% compared to 7%). The population growth rate has slowed considerably since 2001 from 14% to 3%. The current population estimate is 116,567 (Mid-2013 estimates, based on Census 2011). Latest analysis shows the population in Bracknell Forest:

- Has increased by 1,500 (1.3%) since last year; (from 2012 to 2013)
- Has increased by 3,400 (2.9%) from 2011 to 2013;
- Has a median age of 37 years;
- Has the mode quinary age group, (most populated age group), of 50 – 54;
- Is split 49.7% male to 50.3% female;
- Has a population density of 10.7 persons per hectare;
- Experienced net migration of 675 people since last year; (This is the sum of migration into and out of an area)
- The annual population growth rate in Bracknell Forest is 1.3% compared to 0.8% in the South East and 0.7% in England;

Deprivation

The 2011 Census measured four aspects of deprivation, (employment, education, health and disability).¹ The results showed 47% of households in Bracknell Forest were deprived in one or more of these dimensions, (compared with 52% for South East and 57% in England). There were 144 households (0.3%) deprived in all four dimensions, (compared with 0.4% for the South East and 0.5% for England as a whole).

However, there are areas of Bracknell Forest that have relatively high levels of deprivation in comparison with the rest of the borough. The 2011 Census showed parts of Wildridings and Central, Priestwood and Garth, and Bullbrook have higher levels of deprivation, although only two, Wildridings and Central (60%) and Priestwood and Garth, (58%) were slightly above the England average (57%).

¹ [Office for National Statistics, Neighbourhood Statistics, Table QS119EW](#)

Bracknell Forest has relatively low numbers of people living on low incomes and means-tested benefits, with 5.6% claiming key out-of-work benefits, (against 7.1% in the South East and 10.2% nationally)².

2. Introduction

- 2.1 This document sets out the Specification for the Bracknell Forest Drug & Alcohol Recovery Service. We are seeking to appoint a single 'Prime Provider' to deliver or sub-contract as required the services detailed in this Specification.
- 2.2 Certain elements of the treatment system will sit outside of this Contract such as the Pharmacy Needle Exchange and the Supervised Consumption Scheme. The Prime Provider will work in partnership with specialist and non specialist organisations to ensure that the focus of the whole treatment system is recovery and that no part of the treatment system works in isolation.
- 2.3 A Local Area Single Assessment and Referral Service (LASAR) will be based within the DAAT and will act as the single point of contact for all referrals into the treatment system. Appendix A details the services that the LASAR team will be responsible for delivering.

3 DAAT Strategic Objectives

- 3.1 The key strategic principles relating to this Specification are:
 - Commissioning services based on outcomes to enhance quality;
 - Treatment based on individual need;
 - Reducing health inequalities for those accessing treatment;
 - Increasing health promotion and preventative strategies;
 - Increasing harm reduction initiatives;
 - Cost effective treatment delivered effectively;
 - Flexibility within services to meet emerging trends;
 - Reducing crime and anti social behaviour related to drug and alcohol misuse within Bracknell Forest thus improving the quality of life for all members of the community;
 - Effectively manage offenders in partnership with other agencies to reduce their offending rates;
 - Support the Youth Offending Service to reduce levels of re-offending in the under 18 cohort and to reduce the number of new entrants into the criminal justice system;
 - Supporting the family and friends of people who misuse drugs and/or alcohol;
 - Supporting the children who are impacted on by parental substance misuse;
 - Supporting people who misuse drugs and/or alcohol to access education, training and employment;
 - Supporting people who misuse drugs and/or alcohol to gain suitable accommodation and maintain it;

² [DWP benefit claimants - working age client group, May 2014](#)

- To improve the health and well being of People who use the Service;
 - Increase the knowledge of generic workers to increase the early identification of drug and/or alcohol misuse;
- 3.2 The Prime Provider will be expected to promote and enhance partnership working in order to support people in treatment to access all services that are relevant to their individual need in order to maximise opportunities for positive outcomes.
- 3.3 The Prime Provider will be required to sign up to relevant information sharing protocols and actively engage with local safeguarding departments.

4 **Service Aims**

- 4.1 To provide an integrated drug and alcohol treatment service for young people, adults and families and carers which is designed to meet identified needs and is accessible to residents of the Borough which will seek to:
- Support people who wish to become abstinent from drugs and/or alcohol to do so;
 - Support people who are unable to stop using drugs and/or alcohol to reduce their use and become more stable;
 - Reduce the impact of drug and/or alcohol misuse on people who misuse substances, families and communities;
 - Prevent young people from escalating their drug use by providing information which is age appropriate and clearly sets out the harm that misusing drugs and alcohol causes;
 - Prevent the spread of blood borne infections and sexually transmitted diseases;
 - Maintain and improve the health and wellbeing of people who use the Service;
 - Reduce levels of offending and re-offending of people who misuse drugs and/or alcohol;
 - Ensure that each person entering the treatment system have their individual needs met;
 - Work in partnership with other key agencies to ensure that people who misuse drugs and/or alcohol can access and receive all the services required;
 - Improve the local economy by returning people who misuse drugs and/or alcohol into education, training and employment;
 - Reduce levels of anti social behaviour relating to the use of drugs and/or alcohol;
 - To increase the numbers of people from identified hard to reach groups entering treatment;
 - To promote a 'whole family' approach to treatment;
 - To work in partnership with agencies to reduce the number of children subject to safeguarding processes or who become looked after due to drug and/or alcohol misuse;
 - To deliver regular training to generic staff across the Council and other partner agencies to increase their knowledge and understanding of substance misuse;

Scope of the Service

- 5.1 National estimates for drug users suggest that there are 227 Opiate and/or Crack users in Bracknell Forest. In 2014/15 the percentage of opiate and/or crack users in treatment compared to the estimated number was 61.2% which is significantly higher than the national percentage of 52.9%.
- 5.2 In quarter 4 of 2014/15 70.7% of the people in treatment were male and 91.9% were White British. At the end of the same quarter there were a total of 443 people aged over 18 in treatment. 13.5% of them were aged between 18 and 24, 59.1% were aged between 25 and 45, 21.8 were 45 to 59 and 5.4% were over 60.
- 5.3 The average length in time in treatment for opiate users (18 and over) was 1.3 years compared to the national average of 4.5 years. The average length of time in treatment for non opiate users was 3 months compared to the national average of 8 months for non opiate users.
- 5.4 Indicator 2.15 of the Public Health Outcome Framework relates to substance misuse – *Proportion of all in treatment who successfully completed treatment and did not represent within six months*. In quarter 4 2014/15 16.8% of opiate users and 46.6% of non opiate users achieved these outcomes compared to the national figures of 7.6% of opiate users and 39% of non opiate users.
- 5.5 During 2014/15 there was a total of 74 young people in treatment with 50 being new presentations. 43% of referrals came from the Youth Offending Service (YOS) and 27% from Education Services.
- 5.6 The average length of time in treatment for young people was 21.36 weeks compared to the national average of 22.7 weeks.
- 5.7 Thirty seven young people left treatment in 2014/15. Of these twenty three left treatment in a planned way which equates to 62% of all exits.
- 5.8 Personal tariffs will be set for each person that is referred to the Prime Provider by the LASAR service. This means that each person will have a personal tariff and this tariff will be apportioned according to the complexity of their need and the outcomes that have been identified for them.
- 5.9 For people entering treatment there will be three categories of personal tariffs, low, moderate and complex. The table below shows the number of people aged over 18 entering treatment over the previous three years and their category.

Year	Low	Moderate	Complex
Stock	57	63	17
2012/13	173	129	19
2013/14	149	156	24
2014/15	114	105	20

- 5.10 The transfer of the existing people in treatment will take place on 1st April 2016.
- 5.11 The people who are in treatment on the transfer date will not be subject to Payment by Results. This includes young people and adults. For this cohort there will be a fixed contract price. There will, however, be a nominal payment made for each person successfully completing treatment. The contract value will be adjusted at the end of each financial year to take into account the reduction in the numbers in treatment.
- 5.12 To facilitate the smooth transition between the old and new contracts there will need to be liaison between the current provider and the Prime Provider prior to the commencement date of 1st April 2016.
- 5.13 All figures quoted are given for guidance purposes only and may vary. These figures do not indicate any volume of business that may result from this Contract.
- 5.14 The service will not include the following elements. These will remain the responsibility of the DAAT:
- Tier 4 residential rehabilitation placements (Drugs & Alcohol);
 - Tier 4 In patient detoxification placements (Drugs & Alcohol);
 - Needle Exchange Products;
 - Pharmacy Needle Exchange products and payments;
 - Supervised Consumption payments;
 - The purchase of urine testing equipment;
 - The cost of urine and blood tests;
 - Payments to G.Ps for prescribing;
 - Substitute medication costs incurred for prescriptions provided via the Drug & Alcohol Recovery Service;
 - The rental costs, business rates and utility bills for New Hope;

6 Service Requirements

- 6.1 Provision of Case Management
- The services referred to in this section shall be made available to people who misuse drugs, illicit or licit and/or alcohol unless otherwise specified;

- People who use the Service will be allocated a Recovery Facilitator who will be responsible for ensuring that all of the objectives within the agreed Recovery Plan are met;
- The Recovery Facilitator will be responsible for identifying changing needs and supporting people to make the changes required to recover. This may include referral to a specific intervention or providing information on peer support groups;
- People who use the Service must be given the opportunity to change their Recovery Facilitator should this become necessary;
- The Recovery Facilitator will be responsible for liaising with key partners to enhance treatment options;
- The Recovery Facilitator will be responsible for participating in safeguarding processes involving people on their case load as required;
- The Recovery Facilitator will deliver brief and longer term interventions in respect of drugs and/or alcohol misuse as identified or liaise and refer to other agencies to ensure that individual needs are met;
- The Recovery Facilitator will provide harm reduction advice and information throughout the recovery programme according to need;
- The Recovery Facilitator will support people leaving prison who are residents of Bracknell Forest and who misused drugs and/or alcohol before and/or during being taken into custody;
- The Recovery Facilitator will work with young people to provide information, advice and early interventions to prevent an escalation of their substance misuse;
- The Recovery Facilitator will work in partnership with criminal justice agencies to ensure that people on court orders such as Drug Rehabilitation Requirements (DRR's), Alcohol Treatment Requirements (ATR's), YOS and Probation orders and people subject to Integrated Offender Management are managed appropriately with a focus on reducing offending behaviour;
- The Recovery Facilitator will undertake regular reviews of peoples risk assessments, in particular when a significant life event has occurred such as a bereavement or relationship breakdown to ensure that risks have not changed significantly;
- When People who use the Service are at risk of dis-engaging from their recovery journey, the Prime Provider will make every effort to re-engage the person, including the use of contingency management strategies at the earliest opportunity;
- The Prime Provider will deliver services within the community including schools to ensure that the needs of young people and parents are met;
- Where appropriate the Recovery Facilitator may be required to deliver services to engage hard to reach groups on an outreach basis. The Prime Provider will be responsible for ensuring the safety of the Recovery Facilitator in these circumstances;
- The Prime Provider will ensure that the service is available at times which meet the needs of the People who use the Service;

6.2 Prescribing

- The Prime Provider will be responsible for ensuring that People who use the Service who are assessed as requiring prescribing services have full access to assessment and titration, stabilisation, maintenance, reduction, symptomatic and other proven treatments for stimulant users;
- The Prime Provider will ensure that People who use the Service are given the opportunity to access services that compliment prescribing such as

structured psychosocial interventions or support groups where appropriate;

- All prescribing interventions must include regular clinical reviews and must be working towards set recovery outcomes;
- The Prime Provider shall ensure that there is rapid access to prescribing service for people entering the recovery system who have children at risk or in need, people who have been assessed as high risk to themselves or others and offenders within the criminal justice system including those leaving prison;
- The Prime Provider shall be responsible for ensuring that drug testing is undertaken using an approved method of their choice. In cases where there is the involvement of social services testing will be undertaken more regularly and the Prime Provider will be responsible for communicating the results of these tests within 48 hrs by fax or e-mail ;
- The Prime Provider shall liaise with GP's in respect of their patients prescribing programme and share information on drugs prescribed and dosage to reduce the risk of over prescribing of other medication;
- The Prime Provider will liaise with local pharmacies involved with the recovery system and who are supervising the consumption of medication;
- The Prime Provider will support local G.Ps who are delivering shared care prescribing services and will, on request, provide a case management service to their patients;

6.3 Structured Day Programme

- The Prime Provider shall deliver a structured day programme to meet the needs of People who use the Service aged over 18 who are subject to a Drug Rehabilitation Requirement or an Alcohol Treatment Requirement or people that have been identified as suitable for the programme;
- It is anticipated that the programme will be modular and will include one to one work, group work, education, training and real work experience, healthy eating and exercise regimes and that the staff delivering each module will be an expert in that area of work;
- The Prime Provider shall undertake drug or alcohol testing as required by the courts and provide clear and concise reports on attendance and progress made as part of the order review progress;
- The Prime Provider shall maintain a clear dialogue with the National Probation Service and the Community Rehabilitation Company and report lack of engagement at the earliest opportunity and provide any reports required as part of the breach process;
- The Prime Provider shall ensure that People who use the Services who are not subject to a statutory order have equal opportunities to access the Structured Day Programme;

6.4 Psychosocial Interventions

- The Prime Provider shall ensure that there is equal access to structured psychosocial interventions such as Cognitive Behaviour Therapy, Motivational Interviewing, Solution Focussed Therapy and Behavioural Couples Therapy;
- The Prime Provider will tailor programmes to individual and wider group needs and will ensure that these services are delivered to meet the demands of the treatment population i.e. evening or weekend appointments for those people who are employed or have child care issues during normal working hours;

- The Prime Provider will ensure that the family and friends of People who use the Service can access psychosocial interventions in order to support the recovery process;
- The Prime Provider will ensure that children who are affected by parental substance misuse can access psychosocial intervention in a setting in which they are comfortable;

6.5 Dual Diagnosis

- The Prime Provider will ensure that there is access to a comprehensive psychiatric assessment which will be undertaken by a suitably qualified professional based on needs identified by the LASAR service or Recovery Facilitator;
- Should it be identified due to the level of need that ongoing psychiatric support is required the Prime Provider will liaise with the LASAR service and the Community Mental Health Team as to who will provide this care;
- A Community Psychiatric Nurse seconded to the DAAT will support the Recovery Facilitator in their work with people who have low to moderate mental health needs;
- All psychiatric needs must be included within the individual Recovery Plan and should be regularly reviewed;
- The Prime Provider must ensure that they regularly review the risk assessments of people who have mental health needs and that any changes are reported to other agencies who may be working with the individual;

6.6 Stimulants and Other Drugs

- The Prime Provider shall ensure that there are a range of services available for people who misuse stimulants, Novel Psychoactive drugs, over the counter medication and prescribed medication;
- These services may include symptomatic and other proven treatments, alternative therapies such as acupuncture and yoga and psychosocial interventions;

6.7 Recovery Support

- The Prime Provider shall ensure that recovery support services are available on both an individual and group basis;
- This will include providing ongoing support to Young People who are in recovery by way of telephone contact or the use of social media;
- This service will support people to maintain abstinence, identify issues which could potentially lead to relapse and empower people to manage these risks;
- The Prime Provider shall ensure that they provide support to family, friends and the wider community affected by addiction. This may include individual and group support to family members, the identification of young carers within families and referral to other agencies as required;
- Where appropriate the Prime Provider will engage in the Common Assessment Framework(CAF) process to ensure that a whole family approach is taken;
- The Service will also support people to identify and make use of other relevant support services such as Alcoholic's Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery or services provided by local faith groups;

6.8 Wrap Around Support

- The Prime Provider will develop partnerships with local providers of services such as job centre plus, housing support, local education facilities and local businesses which will enhance individual outcomes and improve health and wellbeing;
- The Prime Provider will work with the people that are being seen in services to increase their recovery options by identifying local activities that are open and accessible and provide an alternative to drug and/or alcohol misuse or criminal behaviour by engaging them in volunteering, sporting activities, community based projects or non academic training such a basic cooking skills and IT skills;
- The Prime Provider will identify other support needs such as financial skills and budgeting, personal care & hygiene and accommodation management and ensure that people are empowered to improve all areas of their lives by providing this support or by referring to specific agencies and organisations;
- Access to these wrap around services will be included as part of individual Recovery Plans and will be reviewed regularly;

6.9 Peer Led Support & Involvement

- The Prime Provider will provide advice and support to People who use the Service in order to facilitate the establishment of peer support groups;
- The Prime Provider will consult with People who use the Service and use the information provided to improve service delivery;
- The Prime Provider will ensure that people in recovery can access training to improve and enhance opportunities to be involved in volunteering within services;
- The Prime Provider will use peer volunteers to undertake customer satisfaction surveys on a regular basis;
- The Prime Provider will support people who are in recovery to enable them to become local mentors and recovery champions and utilise their skills when seeking to engage with hard to reach groups;

6.10 Health & Wellbeing

- The Prime Provider will employ a health and wellbeing professional to reduce health inequalities;
- The Prime Provider will ensure that they deliver harm reduction services which will include testing and vaccination for blood borne viruses (BBV's);
- The Prime Provider will support people who have BBV's to access appropriate treatment;
- The Prime Provider will provide testing for sexually transmitted disease and sign post people into appropriate treatment;
- The Prime Provider will ensure that each individual entering treatment has access to a health check;
- The Prime Provider will liaise and support G.Ps to deliver community alcohol detox programmes;

7.0 Eligibility Criteria

Eligibility for this Service will be Children, Young People and Adults who reside within the boundaries of Bracknell Forest and have been assessed by the LASAR as requiring service to assist their recovery from drug and/or alcohol misuse issues. Young People under the age of 18 who are being looked after within Bracknell Forest will also be able to access the Service.

7.1 Exclusion Criteria

People may be excluded from using Services when they have or are demonstrating violent or aggressive behaviour. This will be at the discretion of the Prime Provider, but within a structure of people's rights and responsibilities. Where appropriate, the Prime Provider shall ensure work is carried out to re-engage people in this or other more appropriate services. This applies equally to people whose risk assessment indicates particular issues relating to the safety of Prime Providers staff or others.

8.0 Core competencies

- 8.1 The Prime Provider shall employ or sub contract with other organisations staff who are competent and qualified in relation to their job function, role and responsibility in accordance with good practice guidelines i.e. Drug and Alcohol National Occupational Standards (DANOS) or other equivalent standards for the achievement of successful outcomes. The Prime Provider shall ensure that there is a sufficient number of staff employed or sub-contracted with to deliver the Service. Cover for training, holidays, sickness or other absence will be planned. The Purchaser expects the Prime Provider to deliver consistency to the people who use the Services and the use of agency/temporary staff should only be used in exceptional circumstances with the approval of the Head of Drug and Alcohol Services or the DAAT Team Leader.
- 8.2 The Prime Provider shall ensure that clinicians that they employ or sub-contract have appropriate competencies for their clinical role and shall receive training to achieve those competencies. They must also ensure that regular meetings are held with clinicians to review caseloads and service delivery.
- 8.3 The Prime Provider shall ensure that clinicians that they employ or sub-contract with have appropriate certification, such as specialist registration, and take account of professional revalidation. Addictions psychiatrists have a formal training route now reformed by MMC (modernising medical careers) which provides a six year run through training leading to a certificate of completion and entry to the specialist register. The curriculum and examination of the training are delivered by the Royal College of Psychiatrist and results in gaining the MRCPsych. Following the training the clinician shall need to be registered for CPD (continuous professional development) with the appropriate Royal College. It is essential that the lead clinician is qualified to this level.
- 8.4 The Prime Provider shall ensure that clinicians that they employ or sub-contract with update their knowledge and skills base according to emerging evidence and developments in professional practice.

- 8.5 In respect of the delivery of Psychosocial Interventions the Prime Provider shall employ or sub contract with staff who are British Association of Psycho-social interventions (BAC) accredited, United Kingdom Council for Psychotherapists (UKCP) accredited, National Vocational Qualification (NVQ) qualified or equivalent.
- 8.6 The Prime Provider shall adhere to relevant Codes of Practice, which may include British Association of Psycho-social interventions (BAC) or UK Council of Psychotherapists (UKCP).
- 8.7 The Prime Provider shall ensure that staff that they employ or sub contract with have access to regular supervision and annual appraisal from a suitably qualified person.
- 8.8 The Prime Provider shall ensure that staff that they employ or sub-contract with and volunteers receive appropriate training in respect of data protection training.
- 8.9 The Prime Provider shall ensure that staff that they employ or sub-contract with and volunteers receive appropriate training in respect of safeguarding both adults and young people.

9. Access Diversity & Inclusion

- 9.1 The Prime Provider shall ensure that the planning and delivery of the Service is aimed at meeting the diverse needs of Bracknell Forest. The Service will be sensitive to the individual needs of the people accessing the services in respect of cultural, religious and linguistic needs. Where possible the Prime Provider shall ensure access to interpreters to communicate with people for whom English is not their first language.
- 9.2 The Prime Provider shall ensure that People who use the Service have access to a worker of the same sex in order to ensure that people have confidence in discussing their issues around sexuality and other issues such as domestic abuse.
- 9.3 The Prime Provider shall ensure that staff that they employ or sub-contract with and volunteers receive appropriate training in respect of diversity.
- 9.4 The Prime Provider shall ensure that people who have a disability have equal access to Services which may necessitate delivering Services on an outreach basis.

10. Care Quality Commission

- 10.1 The Prime Provider must be registered with the Care Quality Commission (CQC) in respect of substance misuse.
- 10.2 The Prime Provider must comply, where applicable, with the registration and regulatory compliance guidance of the CQC and any regulatory body.
- 10.3 The Prime Provider must ensure that they allow access to CQC inspectors on request and comply with the inspection regime.

- 10.4 The Prime Provider must respond, where applicable, to all requirements and enforcement actions issued from time to time by CQC or any other regulatory body.
- 10.5 The Prime Provider must consider and respond to the recommendations arising from any audit, death, serious incident report, or patient safety incident report.
- 10.6 The Prime Provider must comply with the recommendations issued from time to time by a competent body.
- 10.7 The Prime Provider must comply with requirements from time to time contained in guidance and appraisals issued by NICE.
- 10.8 The Prime Provider must respond to any reports or recommendations made by Local Healthwatch.

11. Joint Working

- 11.1 The Prime Provider will be responsible for ensuring that People who use the Service benefit from a fully integrated service by involving a range of generic and specialist agencies in order for outcomes to be met and for people to recover from drug and/or alcohol addiction.
- 11.2 The Prime Provider shall work with agencies within the Criminal Justice System to maximise opportunities in diverting people from offending, thus improving outcomes for offenders.
- 11.3 The Prime Provider will work with health professionals such as mental health, G.Ps, midwives and health visitors to maximise opportunities to improve mental and physical health in order to achieve individual outcomes and recovery.
- 11.4 The Prime Provider shall engage with Safeguarding services in Bracknell Forest and will sign up to all relevant protocols to ensure that the People who use Services and their families are not put at risk.
- 11.5 The Prime Provider shall work with the LASAR to reduce the number of people who fail to engage with recovery services.

12. Performance Management and Data Collection

- 12.1 The Prime Provider will be responsible for ensuring that data is recorded on a system compatible to the National Drug Treatment Monitoring System and that data is submitted on a monthly basis.
- 12.2 The Prime Provider is responsible for ensuring that the data it holds is secure and is not accessible by anyone who is not authorised to view or use it.
- 12.3 In the first year of the Contract quarterly performance monitoring meetings will be held. This may be reviewed in subsequent years dependant on progress against agreed outcomes.
- 12.4 The Prime Provider will be expected to support each person in treatment to achieve some or all of the outcomes detailed in Appendix C. It is by

achieving these outcomes that payments will be made. Additional services may be negotiated to meet emerging local trends or identified needs.

12.5 Progress against these outcomes will be monitored by Public Health, the Head of Drug and Alcohol Services and the Drug and Alcohol Strategic Group.

12.6 The Prime Provider will be required to report progress against the following overarching outputs on a monthly basis (this list is not exhaustive):

- Number of people in treatment (Adults and Young People);
- Number of new referrals received;
- Number of those new people taken on to the caseload (Adults and Young People);
- Percentage of people seen within 3 weeks;
- Percentage of people in treatment retained for 12 weeks or more;
- Number of people discharged from treatment (unplanned) (Adults & Young People);
- Number of people discharged from treatment – drug free (Adults & Young People);
- Number of people discharged from treatment – alcohol free (Adults & Young People);
- Number of people discharged from treatment – occasional drug use (not class A) (Adults & Young People);
- Number of people discharged from treatment – occasional alcohol use (Adults & Young People);
- Number of people accessing Blood Borne Virus services;
- Number of people completing Hep B vaccination course;
- Number of people supported to access accommodation (Adults & Young People);
- Number of people supported to access education, training and employment (Adults & Young People);
- Number of people on caseload with Safeguarding involvement (Adults);
- Number of Young People on the caseload who are looked after;
- Number of young people on the caseload who are affected by parental substance misuse;
- Number of people on caseload with Drug Rehabilitation Requirement;
- Number of people on caseload with Alcohol Treatment Requirement;
- Number of young people on the caseload who are subject to YRO's
- Number of Integrated Offender Management's on caseload;
- Number of offenders in custody on caseload (Adults & Young People);
- Number of people on caseload with dual diagnosis (Adults & Young People);
- Number of expectant mothers on caseload (Adults & Young People);
- Number of people on caseload with domestic abuse involvement (Adults & Young People);
- Number of people on the caseload subject to MARAC;
- Number of people on the caseload who are subject to MAPPA;
- Number of complaints received and actions taken (where appropriate);
- Number of people refused the Service and the reason for the refusal;
- Number of young people referred by YOS;
- Number of days between referral and assessment of above;
- Number of days between assessment and start of intervention programme for YOS cases;
- Number of adults in treatment whose children have Child Protection Plans;

- Number of adults in treatment whose children have Child in Need Plans;
- Number of people receiving Tier 2 services;
- The number of parent on the treatment cohort who are receiving support for another agency;
- Number of new referrals made to Children's social Care by the treatment agency;

Appendix A

