APPENDIX C

READING BOROUGH COUNCIL

Comprehensive Drug and Alcohol Recovery and Treatment System

Service Specification

1st October 2014 – 30th September 2017

CONTENTS PAGE

Service User Quote

An ex service user has kindly written the following to show what we are trying to achieve in Reading.

"Help me live, teach me to master bad habits with good habits. Discipline is my friend and not my enemy.

Regret does nothing but steal the victory over breaking bad habits. Regret steals the victory you have over building a new life full of joy. Regret stops us remembering that what we have been through has equipped us for hard times.

If you say "I can't", you can't. When you say "I'm willing" you can and you are on the road to recovery.

I humbly accept all your help. Thanks"

D.B. October 2013

SECTION ONE

Information and adherence

1. Introduction.

Reading is a large market town with strong retail, business sectors and Reading University. Reading Borough Council, encompassing the town and immediately surrounding urban residential areas, has a diverse population of 155,700 (Census 2011), which is split almost equally between male and female.

Those describing their ethnic group as White British account for 66.9% of the population and White Other (7.9%), Mixed (3.9%), Asian/Asian British – Pakistani (4.5%), Asian/Asian British – Indian (4.2%), Black/African/Caribbean/Black British: African (4.9%) and Asian/Asian British: Other Asian (3.9%) are the other best-represented ethnic groups, (Census, 2011).

In addition, Reading has a large population of Eastern Europeans, including a particularly prevalent Polish community; 2.5% of Reading's populations were born in Poland and 7.9% are classified as 'other white' (Census, 2011).

Reading has a higher than England (and the South East) average of its population in the 0-4, 20-39 year age bands and lower than average in the 10-14 and 45+ age bands (Census, 2011).

In addition, Reading has very good transport links and a thriving night time economy, which attracts large numbers to the town during evenings and weekends. There is a term-time population of around 20,000 students and in addition, Reading hosts a major music festival each August, which also attracts a transitory community.

Further information on Reading Borough Council can be found at the Reading Borough Council website using the following link:
http://www.reading.gov.uk/council/key-statistics/

2. Commissioning the Contract

Reading Drug and Alcohol Action team (Reading DAAT) as commissioners of substance misuse in Reading recognise that, while action on drugs and alcohol is fundamentally health and community-led, there is an equally important criminal justice focus.

In order to commission effectively, Reading DAAT use a series of cyclical activities covering strategic planning, procuring services and monitoring and evaluation, all elements of the cycle are sequential and equally important. The commissioning process is equitable and transparent, and open to influence from all stakeholders including ongoing dialogue with service users and providers.

Commissioning activity carried out by Reading DAAT is delivered observing the principles set out below:

- To approach the commissioning of drug and alcohol services in a transparent way, that respects the views of service users.
- To ensure that drug and alcohol services relevant to need is available to all residents in Reading, including homeless people if they have a local connection to Reading. *(*See section two, 2.7 Accessibility and Inclusion for Reading's criteria).
- We seek to enable substance misusers to move away from a culture of dependency.
- We aim to offer choice and opportunity to service users with a range of harm reduction and recovery options.
- Within a context of limited resources, Reading DAAT seeks to invest on the basis of evidence based good practice, and the importance of responding to the most pressing needs.
- Reading DAAT seeks to ensure that provision is high quality and offers good value for money.
- Reading DAAT are using an outcome based approach to commissioning and will seek full service user involvement in setting outcomes and the monitoring of work towards them.
- Reading DAAT work to ensure that commissioning activity addresses market development encouraging choice for service users and value for money.

In line with the above principles, rather than define how we want the services to be conducted, we will consider bids for this contract based on the proposed methods or approaches used to achieve outcomes that we have stated in this specification.

The successful tenderer (known from here on as 'the Provider') must clearly detail an evidenced programme of activities, over the length of the contract, that will be used to achieve the agreed outcomes, including timescales and who will be responsible for delivering the proposed actions (*the scoring template will be available at ITT stage of the process*). It should also describe the relationship between outcomes and outputs and when particular milestones may be achieved.

3. Reading Drug and Alcohol Team (Reading DAAT)

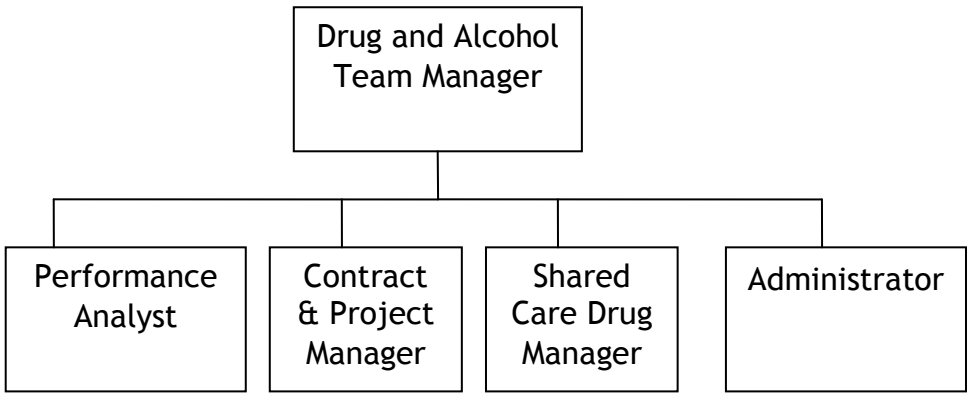
The Reading **Drug and Alcohol Action Team (Reading DAAT)** oversee substance misuse treatment services in Reading and report treatment performance to the Drug and Alcohol Delivery Group (DADG), Public Health England (PHE) and the Police and Crime Commissioner (PCC).

We support local treatment agencies in the delivery of the National Drug Strategy 2010 and to reduce the harm that drugs (including alcohol) cause to

substance misusers and their families as well as the local community and society.

Reading DAAT report to the Drug and Alcohol Delivery Group (DADG) which oversees the multi agency DAAT partnership made up of representatives of the Police, Public Health, Probation, Youth Offending Team (YOT) and Housing & Community Care. Reading DAAT also report to the Health and Wellbeing Board when required.

Reading Drug and Alcohol Team Structure



Reading DAAT staff team is based within Reading Borough Council. The council has a Corporate Plan (see link http://www.reading.gov.uk/council/strategies-plans-and-policies/corporate-plan-2009-2012/) with the following aims:

Safer and Stronger Communities
Aim: To make Reading a safer place for those who live, work and visit here through a reduction in crime, disorder and anti-social behaviour.
Strategic objectives:
• Support Reading to be a safe town
• Reduce violent crime and increase the reporting of domestic violence
• Develop the neighbourhood management of crime

Healthy People and Lifestyles
Aim: To improve the health of the population, prevent and treat ill-health and promote good health and lifestyle for people of all ages.
Strategic objective:
• Reduce the negative impacts on health from drugs and alcohol

The Corporate Plan is subject to changes in the near future. It is expected that the Provider will work towards and show commitment to these aims.

Reading DAAT completes an assessment of local drug and alcohol needs and also contributes to the Public Health Joint Strategic Needs Assessment (JSNA) on an annual basis. This assessment sets out the key goals and priorities for drugs and alcohol treatment in Reading. The Provider will be required to input into Reading DAAT's Need Assessment.

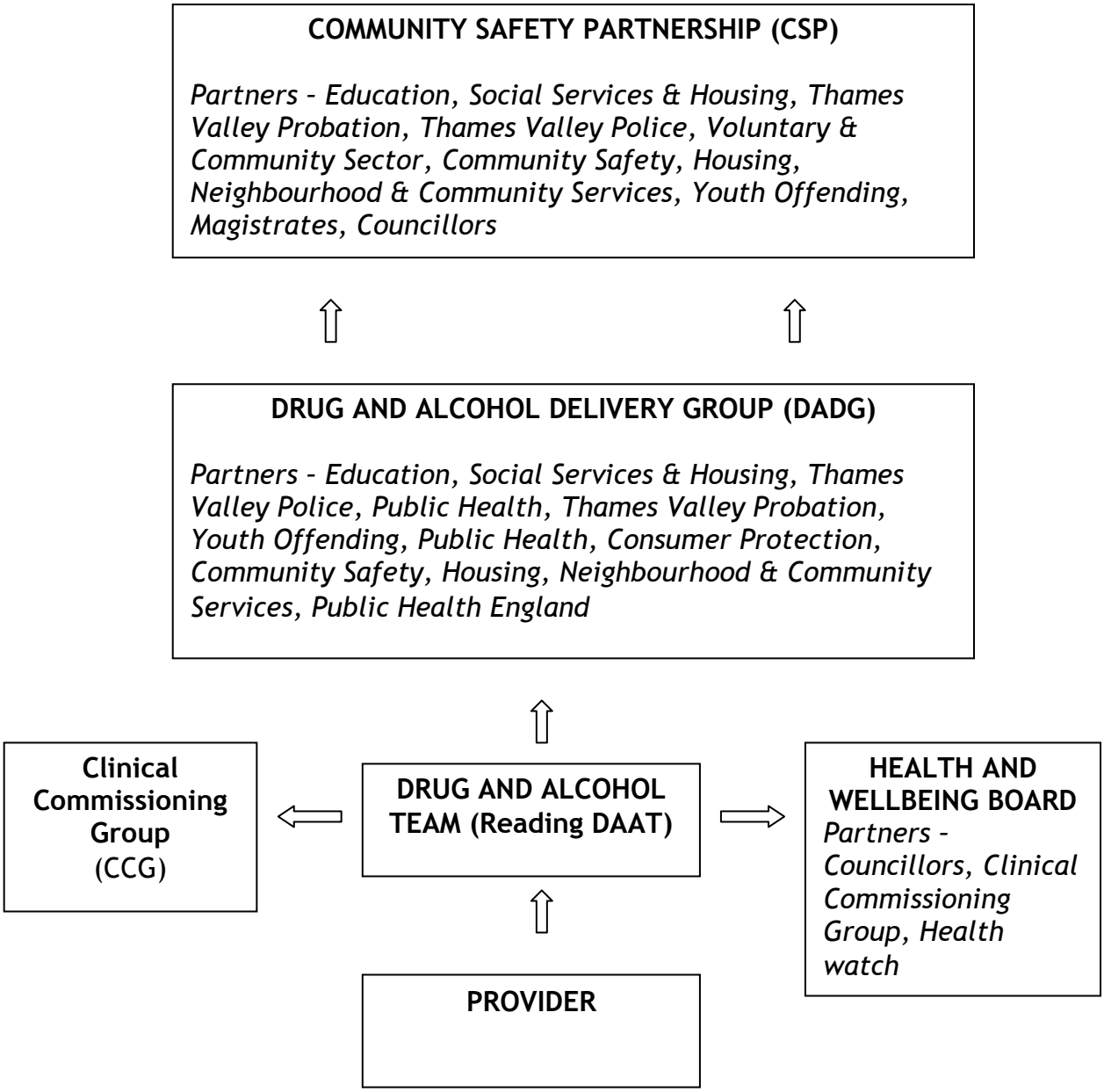
4. Governance, partnership working and accountability

The provider will become integral to the partnership and will share accountability, given the impact of this contract on the aims of those partnership organisations within the DADG.

The provider will have a shared responsibility towards reducing drug related crime, domestic violence and anti social behaviour and the effects this has on the local community. The Provider must evidence robust joint working arrangements with the DADG Partnership organisations and work as a Partner to achieve their aims and objectives.

The provider will be accountable to the Drug and Alcohol Delivery Group and will report on progress and developments to reduce offending behaviours, tackle drug and alcohol misuse as well as achieving successful completions.

Governance Structure



5. Performance Management

The Provider will be required to attend quarterly performance management meetings with Reading DAAT (as detailed in Section Six, Targets, Monitoring and Review) but they must also evidence the ability to performance manage themselves, be ambitious to improve and show innovative solutions to improve the service by improving outcomes for substance misusers as well as the effects their behaviours can have on their families and the local community.

6. Partnership Groups

Reading has identified high risks groups which the local agencies work together to support. These include domestic violence, sex workers, alcohol,

harm to children, harm to self and anti-social behaviour. Reading has a number of partnership strategic boards in place to address high risk areas which include:

- MARAC – Multi agency risk assessment conferences. This is where information about high risk domestic violence victims is shared between local agencies.
- MAPPA - Multi agency public protection arrangements. This group manages registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.
- Street Populations Case Management Group – This group case manage beggars, rough sleepers and street drinkers to ensure that services are working together to reduce incidents of anti social behaviour.
- Integrated Offender Management (IOM) – All local and partner agencies ensure that the offenders, whose crimes cause the most damage and harm locally, are managed in a coordinated way.
- Child Protection Conferences – All agencies involved discuss individuals where children are at risk of injury, neglect or abuse.
- Bradley Group - Local agencies have developed an action plan to improve early identification and assessment of mental health problems and learning difficulties based upon the recommendations in the Bradley Report 2009.
- SWAG – Sex Workers Action Group - Local agencies co-ordinate pathways into treatment and ways to support sex workers.
- Health and Well Being Board – Key strategic leaders from Health and Care system work together to improve the health and wellbeing of Reading.
- West of Berkshire Safeguarding Adults Partnership Board – Co-ordinates safeguarding adults including development of Berkshire policies and procedures and conducting safeguarding adult reviews.
- Priority Treatment Group – All local and partner agencies meet monthly to manage a cohort of complex drug and alcohol users to support them into/sustain housing alongside treatment.

It is expected that the Provider will contribute in a pro active way towards all these groups to represent the needs of substance misusers and address the needs of Reading's community. Performance around these high risk areas will be jointly managed by the Partnership.

SECTION TWO

Contract Overview requirements

1.0 The Service (also known as the "contract")

The Provider will be required to provide a recovery focused service for drug and alcohol users including all classifications of drugs, those with poly-substance misuse and those using new psychoactive substances ('legal highs') as well as those dependent on prescription and over the counter medicines. The integrated service will be provided to substance misusers with a range of complexities such as poly-drug use, mental health problems, pregnancy, involvement with criminal activity and those leaving prison.

Largely, the contract will be provided to those over the age of eighteen with a smaller group of under eighteens who may require a specialist pharmacological service (Indication of demand for this service is shown in Section Five). This contract will be required to work with SOURCE, Young Peoples Drug and Alcohol service (Section Ten) to ensure the transition from children services to adult services is smooth, that treatment is consistent and risks are minimised for the individual.

The service must ensure equality of access for all substance and alcohol users including older people, women, black and minority ethnic communities, lesbian, gay, bisexual and transgender (LGBT) communities, disability and mental health and other marginalised groups.

1.1 Aims

The aim of a comprehensive drug and alcohol service is to deliver evidence based treatment to address the harms of drugs and alcohol on substance misusers and the impact this has on the local community. It will also deliver an effective, recovery focused drug and alcohol misuse treatment system to enable service users to access appropriate and timely treatment resulting in successful treatment completion. This will include the delivery of an effective aftercare and support service.

1.2 Objectives

The objective of this specification is to provide a service which is continually improved via effective consultation with service users, their families and other stakeholders in order to increase the numbers of people accessing effective treatment, increase the numbers of people leaving treatment in a planned way and not representing (although pathways back into treatment should be clear and accessible) and improve outcomes for substance misusers, their families and the community.

Section three contains further details of the specific services required.

2.0 Description

2.1 Overview

The Provider will create a recovery system which must be delivered in line with an evidence based practice model that attracts and engages substance and alcohol misusers into treatment, meets process-driven targets (as described in section three), and promotes full recovery and freedom from dependency on drugs and alcohol for good.

As part of this recovery system, an emphasis must be placed on addressing offending and harm to the community caused by anti-social behaviour. The service will promote wellbeing, citizenship, and freedom from dependence thereby promoting a culture of ambition, and a belief in recovery.

The Provider will need to articulate and display a vision for drug and alcohol treatment in Reading that meets the needs of the using population including those currently in treatment and for those as yet not engaged with treatment and reintegration services. Recovery will be visible to the service user from the moment of entering treatment. We expect the Provider to deliver interventions that are accessible and appropriate to substance and alcohol misusers at every stage of their recovery journey. It is vital that the Provider can demonstrate and promote a culture that is recovery focussed and shared by the entire workforce.

2.2 Stigma

There is emerging research evidence that stigma negatively affects access to treatment and chances at recovery and reintegration (Ref: http://www.ukdpc.org.uk/publication/getting-serious-about-stigma-problem-stigmatising-drug-users-summary/).

The Provider will be aware of and manage the stigma associated with drug and alcohol addiction and treatment services by engaging with the local community to challenge negative stereotyping, and ensuring that premises are safely and effectively managed.

In addition, for example those dependent on alcohol might not want to associate themselves with those dependent on drugs, and could be discouraged from seeking treatment if the service does not manage this effectively.

2.3 End to End Treatment

The Provider is required to deliver ‘end to end’ support from the point of entry into treatment through to, and inclusive of aftercare, with a balance between overcoming dependence and reducing harm to ensure both objectives properly coexist.

Most substance misusers come into treatment wanting to become free of their drug or alcohol dependency but there are also those who don't wish to enter treatment but require harm reduction services. This contract needs to achieve an appropriate balance, equally comfortable with positively routing those who are capable of benefiting quickly through abstinence based treatment, and retaining those who are not yet able to leave treatment.

2.4 Wider treatment system partnerships

There must be close links with criminal justice partners such as the police and probation and seamless transitions between, in-patient, residential treatment providers, statutory services such as housing, voluntary services, healthcare and the community.

It is the Provider and Partnership organisations responsibility to work together to ensure service users are encouraged and motivated to access treatment and harm reduction services.

2.5 Outreach

Outreach work and interventions are required to be flexible and focus on hard to reach groups who are not engaging with support or structured treatment. The Provider will be required to make contact with substance misusers who do not necessarily access mainstream services due to a wide range of factors including stigma, criminalisation, fear of judgemental attitudes, health and physical abilities, lifestyles and being elderly. Assertive outreach will be required to re-engage with those who have/ or are at risk of leaving treatment prematurely or in an unplanned way.

The Provider must produce a policy based on reducing and managing risk to staff and service users and this must be made available to Reading DAAT prior to outreach work commencing.

2.6 Community relations

The Provider is required to attend meetings as requested around Reading e.g. Neighbourhood Action Groups (NAG) as requested. A Neighbourhood Action Group (NAG) is a multi-agency problem-solving body focused on tackling the top three priorities as identified by the community.

The Provider is expected to deliver this contract with due respect and consideration to both the local residents, communities and businesses. In the event of harassment, nuisance or inconvenience directly related to this contract, the Provider must take positive and pro active action to attain a mutually acceptable solution. This must be done in consultation with Reading DAAT.
The Provider will be expected to input into media enquiries regarding local community issues, in consultation with Reading DAAT.

2.7 Accessibility and Inclusion

The Provider must produce its own clear inclusion and exclusion policy in line with Reading Borough Council's local connection policy. This must include how the needs of service users with multiple complex needs including co-morbid mental health problems will be met. This policy must be developed in partnership with third party organisations involved in drug and/or alcohol treatment. It must be publicly available and shared with referral agencies and stakeholders including service users and carers and will be subject to regular review.

The criteria for a local connection to Reading Borough Council are:

- Personal residency in Reading for 6 out of the last 12 months or 3 yrs out of the last 5 years
- Connection through close family member: mum/dad/grown up child/brother/sister who live and have lived in Reading for the last 5 years – some exceptions e.g. if a dependent relative lived in the Borough
- Employment – actual current work place with a permanent contract in Reading

If a service user presents outside of this category, access to the service must be agreed in consultation with Reading DAAT.

The Provider must ensure services are available during core hours; Monday Friday 9am – 5pm (52 weeks per year, excluding public holidays). Staff and literature must be used to ensure that service users understand what they can access/do in an emergency. Additional opening times must be sufficient to meet the needs of service users who cannot attend during weekdays. Weekends/ evening openings are welcomed to meet the changing needs of users and to aid recovery i.e. evening support groups, mutual aid groups, Recovery Cafes etc.

The contract must be flexible and provide a service to those who are unable to travel to this service i.e. those with a disability or childcare reasons. Note: premises at 159 Oxford Road have crèche facilities (see Section Nine).

The Provider will ensure waiting times for structured treatment are as short as possible and are within the prescribed waiting times as required by Public Health England guidelines (NTA (2006). *Models of care for treatment of adult drug misusers: Update 2006*. (Department of Health/Home Office).

2.8 Complaints

The Provider must ensure it has a robust and fair complaint, comments and compliments procedure in place. This policy must be developed in partnership with service users and carers. It must be publicly available and shared with Reading DAAT and stakeholders and will be subject to regular review.

2.9 Care Quality Commission (CQC)

The Provider must comply with and register this service with CQC as appropriate, no later than 12 weeks prior to contract start date. Evidence must be shown to Reading DAAT upon request. The Provider must inform Reading DAAT of the outcomes of any inspections, visits or concerns regarding compliance. In such cases of non compliance, an action plan of how risks will be managed must be produced for Reading DAAT within one working day.

If the Provider fails to gain CQC registration, Reading Borough Council reserve the right to terminate the contract and recover all expenses incurred in re-tendering this contract.

2.10 Insurance Requirements

Elements of the specification in Section Three require different levels of insurance. These have been split into Type A and Type B. Type A is classed as a 'Medical and Structured Psychosocial' element requiring the higher level of insurance and Type B is 'Non Medical' requiring a lower level of Insurance. This is indicated in Section Three. Levels of insurance required for the Provider (or any sub contractors/ consortium constituent members) are detailed in the Terms and Conditions of this Contract.
If the Provider (or any subcontractors/ consortium constituent members) are delivering elements of both Type A and Type B, they are expected to have insurance levels at the higher level – that is Type A.

Reading Borough Council reserves the right to amend the Types of insurance for any element of the specification at any time and to require a subcontractor/ consortium constituent members to increase their level of insurance to Type A at any time should the Council deem Type B level of insurance is insufficient.

SECTION THREE

Specific Services to be delivered

In order to deliver a recovery focused integrated drug and alcohol treatment system, the Provider must as a minimum provide the following elements and consistently deliver a range of evidence based interventions for all service users based on needs, innovative solutions and risks:

1. Assessment, care planning, co-ordination, pathways and review. (Type A insurance)
2. Harm reduction, specialist needle exchange and prevention of drug related deaths or injury and overdose. (Type A insurance)
3. Structured Psychosocial interventions (Type A insurance)
4. Pharmacological interventions and delivery of a shared care system (Type A insurance)
5. Interventions to reduce crime, re-offending and anti social behaviour (Type A insurance)
6. Support to achieve freedom from dependence on alcohol (Type A insurance)
7. Access to residential detoxification, treatment and aftercare (Type B insurance)
8. Focus on children and families, carers and safeguarding (Type B insurance)
9. Recovery and aftercare (Type B insurance)
10. Effective user and carer involvement (Type B insurance)
11. Access to mutual aid and peer support (Type B insurance)
12. Support to access employment, training, education and volunteering (Type B insurance)
13. Support to access and sustain suitable accommodation (Type B insurance)
14. Interventions aimed at improving mental and physical health and wellbeing (Type A insurance)

Further explanations of these elements and minimum delivery requirements for the contract are described below.

1. Assessment, care planning, co-ordination, pathways and review

Done well, assessment, care planning and review are more than exercises in form completion. As well as gathering vital information and assessing risk, assessment can be an important therapeutic process in its own right.

It can give people in treatment objective feedback on their situation and help them gain a different perspective or a more objective view of their lives and the impact that their behaviour has on the local community – effectively a process of self-assessment and self-evaluation of their situation. This shared or joint assessment can then act as a platform on which to review and develop goals, and from which a recovery-focused care plan is agreed collaboratively.

First impressions are important and the service will need to make it quick and easy for people to be assessed, start to receive treatment and address their presenting concerns, such as benefits or a forthcoming court appearance.

The process should be a detailed and collaborative exploration of resources, goals, strategies, options, benefits and risks. These useful processes can set out the framework for further recovery care planning and review.

Minimum delivery requirements for the contract:

1.1 Assessment

1.1.1 The Provider is responsible for the development of the assessment framework which will be used for both drug and alcohol service users. The assessment framework must include validated screening tools, a triage tool, risk assessment and a full comprehensive assessment.

1.1.2 The Provider must ensure the assessment effectively responds to needs that arise from any protected characteristics such as age, gender, disabilities, sexual orientation, culture, language needs, religion/belief and maternity/ family circumstances.

1.1.3 The maximum waiting times for initial screening will be 2 working days. Those presenting with immediate risk, the maximum wait will be 24 hours (Monday to Friday). The Provider will be required to record this data locally and it will need to be available upon request from Reading DAAT.

1.1.4 The Provider will ensure the first assessment considers the service users needs and the impact their behaviour has on others as well as the community and identify the most appropriate type of intervention. The Provider will ensure all service users have a named care co-ordinator.

1.1.5 Service users must have one single case file throughout their treatment journey.

1.1.6 The Provider will ensure all assessments are recovery focused and outcome focused and will include the service user's recovery capital.

1.1.7 The Provider will be required to consider joint assessments and these will be conducted collaboratively with other agencies where appropriate and in agreement with the service user. This may include mental health services, children's services, housing or other relevant agencies.

1.2 Care planning

1.2.1 The Provider must deliver effective keyworking including recovery care planning, case management, advocacy and risk management, and collaborative interventions that raise the insight and awareness of service users and help them plan and build a new life. Recognise that recovery care plans should be personally meaningful documents, developed over a period of comprehensive assessment, and reviewed and adapted

regularly, so that they are important to and owned by the service user. Care plans should be focused on developing recovery capital.

1.2.2 The Provider will ensure that the service user and their families/carers where appropriate understand their care plan and receives a full explanation of confidentiality and the reasons when this may be broken.

1.2.3 The Provider will ensure an individual's activity while in a treatment programme is understood in relation to the phase of treatment they are in, the next phase to be attained, and the full context of a recovery journey that engages with and is supported by wider community structures.

1.2.4 The Provider will ensure all care plans identify areas of risk to the individual and the local community and include risk management plans where appropriate. The Provider must seek consent from service users to share care plans where appropriate with other agencies.

1.2.5 Every six months, the Provider will undertake a care plan audit and a case file audit to ensure compliance with national guidelines. The audits will be shared with Reading DAAT and an action plan will be produced for any improvements needed and discussed at performance meetings.

1.2.6 The Provider will ensure exit planning is part of the service users care plan.

1.2.7 The Provider must ensure the planning of treatment exit and post-treatment support starts early, well before the end of structured treatment, and will be detailed and realistic. This planning will be required to be phased into aftercare treatment.

1.3 Co-ordination

1.3.1 The Provider will ensure all service users are allocated a care co-ordinator within 5 days from first assessment.

1.3.2 The Provider will ensure measures of recovery in addition to Treatment Outcome Profiles (TOP) are recorded to present a better picture of individual recovery e.g. finances, relationships, risk and safeguarding issues.

1.3.3 The Provider will ensure families, carers and significant others are encouraged to be part of the care planning process, where appropriate and with consent.

1.4 Pathways

1.4.1 The Provider must produce in consultation with service users an appropriate welcome pack for the service user to inform what the treatment system can offer, how to complain, how to provide comments and compliments, and the expectations of the service user.

1.4.2 The Provider must demonstrate assertive processes to re-engage users who fail to attend their appointments.

1.4.3 The Provider will ensure that rapid re-capture avenues are in place and are understood and acceptable to the service user, in the event of disengagement.

1.4.4 The Provider will ensure onward referral where appropriate and with consent of the service user.

1.4.5 The Provider will ensure clear pathways through treatment are available and understood by service users.

1.4.6 The Provider must work with service users to organise resources required for their treatment journey.

1.5 Review

1.5.1 The Provider will ensure care plans are reviewed jointly by staff and the service user every 6 weeks as a minimum.

1.5.2 The Provider will ensure data collection and quarterly reviews of the client group (drug and alcohol service users) is carried out to ensure that the diversity of Reading's population is represented within the cohort of service users in treatment . This must include age, ethnicity, race, religion/ beliefs, sexual orientation, disability.

(Please note: There are no references for this section)

2. Harm reduction, specialist needle exchange, the prevention of drug related death or injury and overdose.

Evidence based harm reduction interventions should be available to all drug and alcohol users, including those who may not yet be motivated to participate in structured treatment or recovery orientated services. They will often provide a first point of contact with professional drug treatment services (for example, needle exchanges may provide the only contact that injecting drug users have with health and social care). Harm reduction provision may provide a gateway into more structured treatment and it can and should be integrated into the balanced treatment system and recovery-orientated framework.

The Provider is responsible for supporting the partnership with the reporting, recording and reviewing of drug related deaths or injury and overdose.

Reading Asian BBV Champions Project – The Asian BBV champion's project was developed in 2010 due to the need to increase testing in the Substance Misuse community. The National Treatment Agency recommended that all service users accessing services should be offered Blood Borne Virus testing each year. This project employs an administrator for 20 hours per week. The aim of this post is to increase the quantity and quality of data collected, improve the support of the Champions, improved marketing of the projects and to centrally organise the logistics of the projects.

In the Asian community the project has increased the numbers being tested for HCV. Most of the 100 people tested would not have accessed testing and

had poor knowledge about Hepatitis C and its effects. The disease causes stigma and worry among the community and the awareness has built confidence amongst the community to come forward for testing.

This project is effectively engaging with the local community and raising awareness with a view to reducing infection and transmission rates. It provides ongoing advanced training to current champions and has recently completed training with 10 new champions meaning there are over 60 BBV champions in Reading. This project also has the ability to transfer easily into other communities who are deemed hard to reach.

Minimum delivery requirements for the contract:

2.1 Harm reduction and prevention of overdose

2.1.1 The Provider must deliver testing for blood borne viruses including Hepatitis B and Hepatitis C and HIV screening. Testing must be offered and recorded annually for all service users. The Provider must also provide information, advice and counselling as appropriate for hepatitis and HIV testing.

2.1.2 The Provider must ensure harm reduction provision is designed to prevent the spread of blood borne viruses and reduce other serious health risks associated with alcohol or drug use and the administration of drugs.

2.1.3 The Provider must provide advice on safer injecting practices, encouragement to switch to non-injecting methods of drug taking and the safe disposal of injecting equipment.

2.1.4 The Provider will advise on the safe storage of all (legal/illegal/prescribed/non-prescribed) drugs and paraphernalia and where deemed appropriate will purchase and provide safe storage boxes for all service users accessing and requiring the service (See Section Five for indication of demand). The Provider must complete the 'Safe Storage Agreement' form (see Appendix 5) for every box handed out and send a copy to Reading DAAT. The Provider must report the number of safe storage boxes handed out on a quarterly basis (see Section Six).

2.1.5 The Provider must employ a Harm Reduction Nurse (TUPE information will be available at ITT stage). The post holder will:

- Lead in assessing need at a community level for BBV interventions including, awareness, testing, management, reporting and research.
- A lead role in raising awareness of BBVs to other professional agencies, service users and the local community.
- Provide a focus on prevention of BBVs and to guide in the development of organisational policies relating to BBVs.
- To lead in conducting contemporary and valid research in BBVs
- To ensure that local strategies and protocols adhere to Government and Statutory guidelines and that robust data is collected and deployed.

- To inform and develop training for the service at an organisational level.
- To foster and develop links with service user representatives to maximise service user interface.
- To develop and monitor clinical pathways into primary care services and specialist services for example Royal Berkshire Hospital (RBH) i.e. to liaise with phlebotomy to organise blood testing.

2.1.6 The Provider will provide free condoms, lube and any other sexual health harm reduction products for anyone accessing the service (Section Five).

2.1.7 The Provider must promote sexual health initiatives on a regular basis and incorporate this within key worker sessions.

2.1.8 The Provider will provide prevention advice and advice on how to avoid overdose to all service users.

2.1.9 The Provider must continue and support the work of Reading Asian BBV Champion Project (See above and TUPE information will be available at ITT stage).

2.2 Needle exchange

The Provider will be required to audit and monitor the needle exchange service to ensure it meets the health needs of people who inject drugs and ensure it addresses the concerns of the local community as well as distribute injecting equipment either loose or in packs, with written information on harm reduction (for example, on safer injecting or overdose prevention).

Reading DAAT has entered into two separate contracts; one with Frontier Medical Group and one with SRCL. Frontier Medical Group supply and deliver needle exchange equipment and SRCL provide the clinical waste disposal service (See Section Five for needle exchange indication of demand and Section Ten). The Provider will be required to work alongside Reading DAAT in any future commissioning of needle exchange equipment and clinical waste disposal.

There are eleven pharmacies in Reading who provide a needle exchange service. The Provider must put in place joint working mechanisms with the pharmacies in the needle exchange scheme.

Minimum delivery requirements for the contract:

2.2.1 The Provider will be required to ensure all staff working within needle exchange services are appropriately trained and supported to do so.

2.2.2 The Provider will offer a fixed site needle exchange service for all injecting drug users including opioids (for example, heroin) and stimulants (for example, cocaine) separately or in combination (“speedballing”), non-prescribed anabolic steroids and other performance and image-enhancing drugs (PIEDs).

2.2.2 The Provider must ensure the quantities of injecting equipment dispensed to each service user meets the individual's needs.

2.2.3 The Provider will ensure that the needle exchange provision is fully stocked and available at all times in line with the service's opening hours with the full range of equipment required by service users.

2.2.4 The Provider will ensure sharps containers are distributed to service users and that they are encouraged to return used equipment.

2.2.5 The Provider will ensure the effective disposal of needle exchange equipment.

2.3 Drug related deaths or injury

2.3.1 The Provider must adhere to the Partnerships drug related death process and protocols (Appendix 3 and 4). This will include attendance at all meetings where discussions are held around drug related deaths and the supply of any information which is requested.

2.3.2 As soon as any drug related death or serious untoward incident is apparent, the Provider must report this immediately to Reading DAAT.

2.3.3 The Provider must ensure that appropriate support is available to any service user, carers and staff including volunteers who may be affected by a drug related death or injury and any serious untoward incidents (SUI). This must not be limited to occupational health services and in-house counselling services. (*Note*: A serious untoward incident is defined as an incident which occurs in un-expected or avoidable death, serious harm to a service user, staff, visitors or members of the public or an outcome which requires life-saving or major surgical/medical intervention; permanent harm, a reduction in life expectancy, prolonged pain or psychological harm; a scenario that prevents or threatens to prevent a Provider organisation's ability to continue to deliver healthcare services, e.g., actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure; Allegations of abuse; Adverse media coverage or public concern).

REFERENCES

- Building recovery in communities: a summary of the responses to the consultation. NTA 2012.
- Needle and syringe programmes: providing people who inject drugs with injecting equipment, NICE public health guidance 18 NHS, Feb 2009,
- Improving services for substance misuse Commissioning drug treatment and harm reduction services, May 2008 Commission for Healthcare Audit and Inspection.

- Drug-related deaths: setting up a local review process, NTA 2010.

3. Structured Psychosocial Interventions

Psychosocial interventions employed within the therapeutic relationship and journey undertaken by a service user and key worker must be evidence based and recordable on the National Drug Treatment Monitoring System (NDTMS). Staff must be appropriately trained to the required level to deliver psychosocial interventions. Service users assessed as needing interventions beyond that which can be offered by the contract must be assisted in accessing the appropriate psychiatry/psychology service required.

Psychosocial interventions must be tailored to address the service users understanding of their behaviours as well as the impact this has on others and the local community.

Minimum delivery requirements for the contract:

3.1.1 The Provider will provide a clear, recovery focused suite of structured, evidenced based psychosocial activities agreed by the service user and be dependent upon the individual's need.

3.1.2 The Provider will ensure that prescribing interventions will be delivered alongside psychosocial interventions in a joined cohesive manner.

3.1.3 The Provider will provide structured day programmes and care-planned day support (e.g. interventions targeting specific groups) where evidence proves the benefit of such services.

3.1.4 The Provider will ensure psychosocial interventions are available in a group setting where deemed appropriate but also available for service users individually.

3.1.5 The Provider will ensure all staff are trained to deliver psychosocial interventions of a type and intensity appropriate to their competence and are supervised accordingly.

3.1.6 Following successful opioid detoxification, and irrespective of the setting in which it was delivered, the Provider will offer all service users continued treatment, support and monitoring designed to maintain abstinence. This should normally be for a period of at least 6 months. Refer to NDTMS business definitions to ensure that this is recorded appropriately.

3.1.7 The Provider will ensure that service users have access to bespoke counselling services including bereavement counselling for service users, families, carers, couples and significant others. The duration and level of counselling must depend upon assessment of need. Any counselling service must ensure that counsellors and volunteers are accredited and have systems in place for on going training and supervision of counsellors.

3.1.8 The Provider must record all psychosocial evidence based treatment on NDTMS.

REFERENCES

- Medications in recovery re-orientating drug dependence treatment. July 2012.

4. Pharmacological Interventions and delivery of a shared care system

All pharmacological interventions must be delivered in line with NICE guidance ensuring psychosocial interventions are included and sit alongside the individual's care plan.

All clinicians must manage risk to individuals and the wider community, but they must also promote a culture in which all service users are supported and challenged to move towards recovery. This must always be undertaken in a way that supports each individual to make an informed choice that is relevant to their personal situation and is based on an accurate description of the available options.

The service must ensure an availability of a range of Opioid Substitution Therapy (OST) medications, and of supervised consumption, to tailor treatment to individual needs, incentivise participation, maximise retention in structured treatment, and ensure safety.

Medication to support abstinence from illicit drugs will remain a necessary component of treatment for many but medication alone is unlikely to be sufficient to support an individual achieving recovery. Neither is abstinence alone.

At initial assessment, the intention of many people coming into treatment will be on relieving acute distress or addressing urgent issues, and the Provider will be required to minimise acute health risks such as overdose. In many cases, initial stabilisation on opioid substitution treatment (OST) will be a key priority as an early step to recovery. For others, active support for detoxification, followed by relapse prevention, may be appropriate.

However, assessment and recovery care-planning is an ongoing process and, once initially stabilised on OST, collaborative and active care planning (e.g. using mapping tools and motivational approaches) to consider options across a wide range of personal recovery goals will be an important part of a recovery-orientated culture. This needs to be the case whether a service user is in specialist prescribing or prescribed in shared care where their own GP provides a substitute prescription whilst the shared care worker provides support for the service user's social and emotional needs.

Clinical leadership will be provided by a named individual with a defined role within this service. Clinical leadership is essential and will be in place to provide:

- leading clinical governance and innovation,
- supervision, appraisal and training, and

- Leading service development to improve outcomes for service users.

With adequate specialist involvement in supervision and clinical governance, generalist and intermediate doctors can support larger numbers of people with more severe and complex needs.

It is essential that The Provider employs a GP with special interest in substance misuse (GPwSI) to ensure that clinical leadership and GP compliance within the Shared Care scheme is adhered to through the lifetime of this contract and that absence for any reason of this individual(s) is covered in full. The Provider must ensure that the ability of the service to prescribe within the specialist service is not reliant on the GPwSI being able to prescribe as the GPwSI is an additional post to be used as described in 4.3.

The clinical leader for the specialist service and the GPwSI must work together to ensure that pathways between the specialist service and shared care scheme are seamless and robust with the ability to work in both directions.

Minimum delivery requirements for the service

4.1 General

4.1.1 The Provider will deliver a specialist prescribing service in Reading in line with best practice contained within *Drug Misuse and Dependence – Guidelines on Clinical Management 2008.* Accurate notes will be recorded and appropriate communication will be made with the referrer, pharmacist and other professionals involve to ensure ongoing assessment and supervision of the treatment of service users within the specialist service.

4.1.2 The provider will ensure anyone using drugs or alcohol will have access to specialist doctors. Access to appropriate care should be equally available to all, including those with severe and complex needs.

4.1.3 Treatment must be delivered within clear and accountable clinical governance structures. Clinical governance structures will ensure engaged, stable clinical leadership that provides clear goals and maintains the cohesion, focus and engagement of clinicians to sustain a therapeutic relationship in which to optimise recovery. Clinical governance arrangements in Reading will also ensure that all doctors working with drug and alcohol users are working within their competency for the roles they carry out.

4.1.4 Due consideration, including robust clinical governance agreement, will be given to medications that can contribute to:

- The prevention of co-morbidity, such as vaccines against blood-borne viruses (this is covered in more detail at Section

Three, Harm Reduction, specialist needle exchange, the prevention of drug related death or injury and overdose.)

- Replacing (if only temporarily) a drug on which someone has become dependent, including replacement therapies and existing or new formulations of opioid agonists
- The prevention of relapse to illicit drug use following a course of treatment, including different formulations of naltraxone and possible future vaccines
- The treatment of the complications and consequences of drug misuse, including hepatitis C treatment and naloxone.
- Medications should be considered at different points in a treatment journey such as before or during someone going into a particular treatment setting, immediately following a course of treatment or in the longer term, following treatment.

4.1.5 The Provider will ensure they have a policy and procedure in place to work with those who have lapsed, taking into account their personal needs i.e. those who are parents. This will ensure that those that have lapsed can be quickly engaged back into treatment with a prescription if appropriate in a clinically safe way.

4.1.6 Drug testing during treatment will be made available and used where appropriate to confirm treatment compliance (e.g. that someone is taking prescribed medication as directed) and/or as an indicator of progress in treatment.

4.1.7 The provider must record every service user's dosing regimen and ensure that it is considered in line with the recommended guidance in *Drug misuse and dependence, UK guidelines on clinical management 2008*. The provider will be required to report to the DAAT the number of service users being prescribed to within and outside of the recommended dosing regimen for each prescribed medication every quarter (See Section Six).

4.1.8 Evidence will be available to show that all service users receive psychosocial interventions aimed at motivating and promoting ambition to come off medication with appropriate planning, when they are ready.

4.1.9 Following successful opioid detoxification, and irrespective of the setting in which it was delivered, all service users should be offered continued treatment, support and monitoring designed to maintain abstinence.

4.1.10 The Provider will ensure access to an adequate numbers of specialist, intermediate and generalist doctors in the right proportions across the service both in terms of core services and shared care arrangements to ensure a comprehensive and cost-effective service. These posts will be covered by suitable supervision and clinical governance arrangements.

4.1.11 The Provider will develop and build joint working relationships with pharmacies regarding dispensation and supervised consumption in line with clinical guidelines and agreed protocols. In the majority of cases the person supervising

consumption of medication prescribed by the Provider will be a community pharmacist, although the Provider may wish to employ their own pharmacy or nursing staff to provide on-site supervised consumption. There should be multi-agency protocols in place to ensure a consistent high standard of service is provided. As part of the service, there should be systems in place to ensure information about service users can be fed to and from the prescriber and keyworker, as well as agreement from the service user that confidential information can be shared between the pharmacist and named members of the multidisciplinary team.

4.1.12 The Provider will liaise with a GP and pharmacist on behalf of the service user and provide advocacy if needed. For every service user who receives a prescription from this service there must be an up to date agreement entered into by the service user, the Provider, the service user's GP and the pharmacists who will be dispensing to the service user. This is known locally as the '4-way agreement' Where there is an indication that GPs or pharmacies are not carrying out their duties in line with the signed 4-way agreement this must be brought to the attention of the Reading DAAT Shared Care Drugs Manager or equivalent DAAT Officer .

4.1.13 The Provider must build upon and maintain joint working relationships with GPs to ensure previous medical history is taken into account so that effective and safe prescribing within the specialist service can take place. This gathering of information should be done as part of entering into a 4-way agreement.

4.1.14 Short term prescribing of medications such as pain relief or antibiotics will be permitted under robust clinical governance procedures and must be prescribed only upon consultation with the service users own GP or in the event that a service user is not registered with a GP, the Provider must liaise with the GPwSI.

4.2 Shared Care

4.2.1 The provider must co-ordinate Reading's Shared Care Scheme, providing key worker support for all service users in substitute prescribing. This support must be delivered in GPs surgeries where possible. Service users being seen in a primary care setting must not mean that there is less opportunity for recovery or less focus on the service users needs.

4.2.2 Upon referral into shared care, it is likely that they will already have a care pathway plan in place. The shared care worker will provide a support role in helping the service user to follow their care plan. They will not take on key-worker/care coordinator role or responsibilities. Upon acceptance into the Shared Care Scheme the shared care worker will ensure that all assessments are up to date and will

recommend a programme of treatment to the GP for their consideration. It is essential that the shared care worker has the clinical knowledge and expertise in order to be able to provide this support to the GP as well as a receiving ongoing support and development from the GPwSI.

4.2.3 Shared care workers must be able to demonstrate a proactive, mutually supportive and progressive relationship with the GPs that they support and the surgeries that they work within.

4.2.4 The Provider will ensure that service users are moved into shared care based on their reduced clinical need for specialist prescribing only. The ratio of service users in specialist prescribing and shared care prescribing will be dictated by service user need. Clear effective pathways enabling two way movement between both settings will be developed by the GPwSI in consultation with clinical governance staff and service users and will be reviewed every six months for its ongoing effectiveness.

4.2.5 Ongoing, evidenced support to GP's providing treatment within shared care arrangements will be provided by the GPwSI and other appropriate staff in order to support appropriate standards of care to service users and to develop knowledge and expertise.

4.2.6 The Provider will work closely with the DAAT Shared Care Drugs Manager or equivalent DAAT Officer and relevant Clinical Commissioning Groups (CCGs) to contribute to the planning and delivery of training to GP's involved in the treatment of substance misusers and to groups of GP's who have indicated an interest in this area of work.

4.3 GP with Special Interest (GPwSI)

4.3.1 The Provider will employ a GPwSI to support the work of other clinicians involved in the provision of treatments within specialist services for service users with substance misuse problems in Reading.

4.3.2 The Provider will need to be able to demonstrate the competency level achieved by the GPwSI in order to be able to carry out the above work. The GPwSI must be trained to RCGP level 2 and be committed to undertake and evidence ongoing professional development to ensure that they are able to provide the appropriate level of leadership to this service.

4.3.3 The GPwSI will support and enhance the clinical expertise of GP's and pharmacists by offering advice, support and training to all those who are involved in the delivery of treatments to service users within shared care. For example, advising GP's about dependence on over the counter or prescribed opiates and other drugs such as ketamine or other substances. Support will include at least a quarterly meeting for all GPs and pharmacists involved in the shared care scheme. The GPwSI will be expected to develop and chair this group. The GPwSI

will also be required to assist the DAAT Shared Care Drugs Manager or equivalent DAAT Officer in ensuring that all shared care GPs are qualified to RCGP level 1 and provide training if this is not the case.

4.3.4 The GPwSI will lead on the dissemination of clear treatment approaches for the treatment of substance users in shared care treatment.

4.3.5 The review of protocols governing the movement of service users between primary and Shared Care will be lead by the GPwSI.

4.3.6 The GPwSI will work proactively with the Shared Care Drugs Manager or equivalent DAAT Officer within Reading DAAT team, implementing and developing the local and national strategies on substance misuse.

4.3.7 The GPwSI will allocate at least one day a week to communicating with existing GPs within the Shared Care Scheme or those GPs who are interested in joining. The Shared Care Drugs Manager or equivalent DAAT Officer will be involved in these meetings when appropriate and will be kept informed of the outcomes when not in attendance.

4.3.8 Other duties to be carried out by the GPwSI will include the running of a clinic for those service users who are returning to the specialist service after being prescribed within Shared Care and a clinic for service users who are stable but unable to be moved to shared care for example if their own GP is not signed up to the scheme.

REFERENCES

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- Delivering quality care for drug and alcohol users: the roles and competencies of doctors, A guide for commissioners, providers and clinicians. September 2012, Royal College of Psychiatrists
- Drug Misuse and Dependence – Guidelines on Clinical Management 2008. September 2007, Department of Health.

5. Interventions to reduce crime, reoffending and anti social behaviour

Reducing drug-related crime is one of the main objectives of the government's drug strategy[1]. This recognises that the provision of good quality drug and alcohol treatment, combined with stable housing and employment, can be very effective in preventing high volume acquisitive offending. Good quality drug and alcohol treatment ensures that all substance misusing offenders receive, appropriate and co-ordinated interventions at every point of the criminal justice system and that a pathway of end-to-end treatment is maintained through the criminal justice

[1] http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy/drug-strategy-2010

system into community services. In order to do this partnership working is essential. Robust partnership working must be in place with but not limited to:

- Thames Valley Police
- Her Majesty's Court Service
- Thames Valley Probation*
- Prisons, specifically prison healthcare and CARAT teams to support users at point of release from custody
- Crown Prosecution Service
- Reading Borough Council's Community Safety Partnership.

*Due to the Ministry of Justice Transforming Rehabilitation Programme, probation services will be undergoing substantial changes throughout part or all of this contract term. Any affect that this may have on the Provider and the services that they are able to offer will be considered in full consultation with the Provider and a resolution suitable to all will be sought.

Exposure to effective treatment reduces recidivism, the greater the successful engagement in treatment, the greater the observed reduction. By focusing on engaging service users and promoting successful completions, drug treatment can help to maximise reductions in (re)offending by service users receiving help for their addiction, particularly if they use opiates and/or crack cocaine.

The Provider will be required to ensure that service users are not discriminated against for either being involved or not being involved in criminal activity. There may be a difference in the interventions that are required but the access to and content of interventions and aftercare must be equivalent.

The Patel report (2010) found that drug users identified lack of, or poor, care planning on release from custody as a factor that could influence their progress. More integrated care planning and greater joined up services between prisons and the community, including end-to-end management, were cited as improvements that drug users would like to see.

The government introduced the Drug Intervention Programme (DIP) in 2003 as a key part of its strategy for tackling drugs and reducing crime via the criminal justice system. It bought together a range of agencies including the police, courts, prison and probation services, treatment Providers, government departments and Drug and Alcohol Action Teams (DAATs) to provide tailored treatment for offenders with drug problems.

The Police Reform and Social Responsibility Act 2011 meant that, from November 2012, the elected Police and Crime Commissioners (P&CC) have an overall responsibility for setting their local crime reduction priorities and spending plans, including those currently focused on tackling drug-related crime and offending. This policy change has resulted in the end of the DIP as a national, Home Office-funded initiative as of the 31st of March

2013. However the need to address (re)offending is still a crucial part of drug and alcohol service delivery and needs to be embedded within all parts of the contract to ensure equity for all service users.

Despite the end of DIP as a recognised programme the processes delivered under the previous banner of DIP and those carried out in Reading due to our intensive DIP status do remain and are still locally enforceable. These enforceable processes are;

Required Assessments (RA)
When an adult tests positive for heroin or cocaine following their arrest the police can require them to attend up to two assessments with a drug worker. Failing to attend and remain at the assessment is a criminal offence. Thames Valley Police commission a Custody Intervention Programme (CIP) which is currently delivered by SMART CJS who proactively engage with adults who have been arrested and are in police custody to provide initial interventions, drug testing and where possible an Initial Required Assessment to all adults who are mandated or chose to have a drug test for heroin or cocaine use. The CIP Programme also delivers screening, advice, information, brief interventions and referral into treatment for alcohol users. The follow-up assessment following a positive drug test and an initial RA occurring in custody and any subsequent assessment or intervention will be carried out by the Provider. More information on the CIP can be found in section nine – 'Services Provided by Partners in Reading'.

Restrictions on bail (RoB)
Offenders, who test positive for drugs such as heroin, crack and cocaine may be denied bail unless they agree to have relevant treatment as outlined below in minimum delivery requirements for the contract.

Drug Rehabilitation Requirements (DRR)
Under Section 209 of the Criminal Justice Act 2003, a DRR, comprising structured treatment and regular drug testing, is available to courts as a sentencing option for offences committed on or after 4 April 2005. A DRR can be made as part of a Community Order (CO) or a Suspended Sentence Order (SSO) for a minimum period of six months and a maximum of three years. It must be supervised by a suitably qualified or experienced individual. Before making the requirement, the court must be satisfied:

- The offender is dependent on or has the propensity to misuse illegal drugs
- The offender requires and would benefit from treatment
- Necessary arrangements have been or can be made for treatment
- The offender expresses his/her willingness to comply with the requirement

The DRR can be used for low, medium and high sentencing bands. The amount and intensity of the drug treatment delivered under the DRR can be tailored to individual treatment needs regardless of the seriousness of the offence. The content and duration of the total CO should provide the overall

restriction of liberty which is commensurate with the seriousness of the offence. Under Section 210 of the Criminal Justice Act, the court may provide for the review of any DRR and must do so in the case of requirements lasting twelve months or more. The review should take the form of a written report to be provided to the court which includes the results of the offender's drug tests.

Alcohol Treatment Requirements (ATR)
An Alcohol Treatment Requirement (ATR) can be made as part of a Community Order (CO) or a Suspended Sentence Order (SSO). The following requirements must be met:
• The offender is dependent on alcohol
• This dependency is such that it requires and may be susceptible to treatment
• Arrangements have been or can be made for treatment
• The offender expresses willingness to comply with its requirements.

An ATR is usually made for a six month period - the minimum duration – although the maximum possible duration is three years as part of a CO, or two years as part of an SSO. The court does not have to be satisfied that alcohol caused or contributed to the offence in order to impose an ATR. Testing cannot be made a compulsory part of the ATR. An ATR attached to a CO cannot be subject to review by the court, although progress on an ATR can fall within the overall review of an SSO. An ATR must be carried out by or under the direction of a specified person having the necessary qualifications or experience. Core treatment should be at tiers 3 or 4 of the Models of Care for Alcohol Misusers (MoCAM), as defined by the National Treatment Agency in 2006, although some tier 2 preparatory and/or post-treatment work may be included.

Minimum delivery requirements for the Provider in terms of their role in the delivery of RAs, RoBs, DRRs and ATRs are given below.

Minimum delivery requirements for the contract:

5.1 The Provider will develop a joint working agreement with SMART CJS or any such subsequent organisation who deliver the CIP in Reading. This agreement will include but is not limited to the transferring of confidential information between organisations, timescales and processes for referral into the Provider and the process for notifying CIP who liaise with Thames Valley Police in terms of reporting non-attendance of mandatory assessments, known as a 'breach'. This working agreement will facilitate a smooth transition from police custody into the Provider and will enable SMART CJS or any such subsequent organisation who deliver the CIP in Reading to represent Reading's treatment services in a positive way to potential service users.

5.2 The Provider will be required to complete an initial RA if it has not been conducted in custody and complete the follow up RA

as well as other assessments or interventions conducive with entering treatment and induction into the engagement phase of a programme of structured care such as risk assessment and screening. Both initial and follow up RAs require the completion of the following forms:

- RA2 – This is the form if the initial or follow-up assessment time is varied
- RA3 – this is the form to document whether someone attends and remains at Both the initial and follow up RAs

All template forms will be available to the Provider on commencement of the contract. Confirmation of attendance at both initial and follow up RAs must be sent to SMART CJS or any such subsequent organisation who deliver the CIP in Reading.

5.3 The Provider will work with Reading Magistrate Court and Thames Valley Probation to contribute to the effective and appropriate sentencing of substance misusing offenders. The Provider will work with Reading Magistrates Court to ensure that reports are provided in advance and during hearings to cover service user's adherence with RoB, RA's, DRR's, ATR's and any other appropriate information which may be of benefit. A nominated member of staff who is appropriately qualified and skilled must be available to service users receiving a sentence with any treatment requirement or for the purposes of referral.

5.4 The Provider will ensure they are represented at Reading Magistrate Court by a member of staff as and when required.

5.5 All offenders eligible for RoB will be identified and assessed prior to their first court appearance by the Provider. The provider will support those placed on RoB so that they comply with their conditions and successfully complete their period on bail. Reports and advice will be given to the court and court clerks to inform bail decisions and any subsequent disposal along with appropriate information to Probation Officers to support the preparation of pre-sentence reports and the option of community sentencing. All breaches of bail conditions will be reported immediately to the appropriate police and court officers.

5.6 The Provider will follow the guidelines set out by the Government for the delivery of RA, RoB and any other Home Office schemes[2] observing changes to these policies and acting accordingly. This will include the completion of a DIR, activity or RA Minimum Data Set form or any subsequent tool used to ensure that data is uploaded via Theseus which is the database commissioned by Reading DAAT which the Provider will need to use for all data recording, to the national database (currently

[2] DIP Operational Handbook - http://www.nta.nhs.uk/uploads/dip_operational_handbook.pdf

DIRweb) for all service users who are seen by this contract and are involved in the criminal justice system.

5.7 The Provider will provide a Drug Rehabilitation Requirement (DRR) programme in line with Thames Valley Probation and Reading DAAT's requirements and targets. Service Users subject to a DRR will be able to access the same services, interventions and opportunities as all other drug service users with the Provider observing the following additional Thames Valley Probation and Reading DAAT requirements:

- Conduct assessments for suitability for DRR.
- Co-ordinate and deliver appropriate elements of the DRR including treatment appointments, lifestyle and health interventions, in line with national Probation guidance.
- Deploy a flexible approach in the delivery of the DRR, particularly with regards to an offender's treatment compliance and punctuality.
- Only withdraw treatment services for service users following consultation with the Probation Offender Manager (OM).
- Provide witness statements to support court proceedings where an offender has failed to attend an appointment.
- Attend court if requested when breach proceedings take place.
- Fully participate in sentence plan reviews.
- Provide appropriate reports to Probation and the Courts as required in relation to engagement in treatment and further work being undertaken with the service user.

All template forms for DRRs will be available to the Provider on commencement of the contract.

5.8 The Provider will provide an Alcohol Treatment Requirement (ATR) programme in line with the following Thames Valley Probation and Reading DAAT requirements. Service Users subject to an ATR will be able to access the same services, interventions and opportunities as all other alcohol service users with the Provider observing the following additional Thames Valley Probation and Reading DAAT requirements:

- Offer 3 ATR assessment appointments per week. One of these assessments can be undertaken at the specialist all female provision, Alana House (see Section Nine) if the client is female. The Thames Valley Probation Offender Manager (OM)/referrer will provide a copy of the AUDIT screening and a signed consent form and the Providers referral form both of which will be supplied by the provider. Currently this can include completing an assessment in custody via video link at the Reading Probation Office. An initial comprehensive assessment will be completed to assess suitability for an ATR. The Provider will provide a written assessment to the OM within 2 working days of assessment taking place. If suitable for an ATR, a 3 way meeting will be agreed and included in the report.

- Female service users will be required to undertake all ATR activities at Alana House. This will include: assessments, 3 way meetings, group facilitation, 1-1 keywork sessions. It will not include: evening appointments (as Alana house does not open late), liver function testing or complimentary therapies
- A three way meeting between the OM, offender and the provider will take place within 2 weeks of ATR being imposed. The purpose of the said meeting is to plan Recovery, ensure clarity of Recovery outcomes, joint working, responsibilities and transparent information sharing.
- The client will be seen by the Provider within 2 working days of the ATR being imposed.
- Each service user will receive weekly/fortnightly 45 min sessions with a named key worker for the maximum of 6 sessions and weekly structured group interventions where appropriate. Appointments to be set in advance: regular time and venue offered. The Key worker will ensure that each appointment is signed for and the OM is informed of the appointments daily via secure email. The provider will be expected to report back to probation attendance and non attendance of each session.
- If the client is not suitable for structured group, the Provider will provide additional support to prepare the service user for the group. If the service user remains unsuitable for structured group then the Provider will make arrangements to undertake the sessions on a 1-1 basis as part of key work sessions and if necessary, offer additional key work sessions.
- A joint approach will be taken by the Provider and the OM to re-engage service users who have dropped out of the programme.
- Departure planning and onward referral/sign posting should be a planned element of the programme and discussed and agreed with the OM and offender.
- The provider may need to provide witness statements when breach action is taken. OM's will contact the Provider to discuss proposals for the breach especially if such proposal may lead to a significant deviation from the offender's current recovery package.
- The Provider will refer offenders to their OM if the service user produces evidence for missed ATR sessions. The status of absence remains the OM decision regarding acceptability of evidence. The Provider will not take evidence and will refer service user to their OM.
- Where an ATR is revoked and custodial sentence is imposed, the provider will contact the service user in custody and assist them in gaining the relevant support in the establishment. Probation will notify the provider of custodial sentences so that they can perform this task.

- The Provider will complete an offender feedback questionnaire regarding the quality of the ATR provision. This information will be made available to Probation and Reading DAAT on a quarterly basis as part of contract management. The Provider and Probation will use this information to enhance services being offered to offenders.
- The Provider will prepare a post programme report and this will include a post ATR AUDIT assessment. The Provider, the OM and offender will undertake a final review meeting where the report will be discussed and identify further areas of work. All template forms for ATRs will be available to the Provider on commencement of the contract.

5.9 The Provider will provide a Single Point of Contact (SPOC) for prisons referring service users back to Reading as their area of residence and will provide assertive in-reach into prisons where possible to ensure that a service user's transition into treatment in the community including the continuation of prescriptions for OST or symptomatic relief is seamless and supportive. This will include an initial appointment prior to an individual leaving custody.

5.10 The Provider will work in partnership with Thames Valley Probation including providing one FTE equivalent worker to Reading Probation (TUPE information will be available at ITT stage) to ensure a robust interface between substance misuse treatment, enforcement and supervision of offenders and to represent substance misuse as part of the Integrated Offender Management partnership which is tasked with ensuring; all partners are tackling offending together, delivering a local response to local problems, offenders facing their responsibilities, or consequences, making better use of existing programmes and governance and that all offenders at high risk of causing serious harm and/or reoffending are 'in scope'. This post will also provide advice and a pathway into treatment for non-statutory offenders. (Note: The Provider and Reading DAAT will need to clarify the ongoing necessity of this post following award of contract).

5.11 The Provider will work in partnership with Alana House (See Section 10) including providing one FTE equivalent worker to Alana House to represent substance misuse services and work with sex workers and other women at risk of offending. (Note: The Provider and Reading DAAT will need to clarify the ongoing necessity of this post following award of contract).

5.12 As with all service users the Provider will following-up cases that seem likely to end in unplanned discharge at the earliest opportunity (e.g. following the first missed appointment) to reduce the likelihood of relapse or offending behaviour.

5.13 The Provider must proactively work alongside Police initiatives following discussions with them around appropriate expectations.

REFERENCES

- Employment and housing: resource pack for needs assessment, NTA, 2010.
- Estimating the crime reduction benefits of drug treatment and recovery, NTA 2012
- The impact of drug treatment on reconviction, NTA, 2012.
- Reducing drug-related crime and rehabilitating offender's recovery and rehabilitation for drug users in prison and on release: recommendations for action, Professor Lord Patel, 2010.
- Breaking the link, The role of drug treatment in tackling crime. NTA, 2010.

6. Freedom from dependence on Alcohol

Drinking patterns change as individuals move through life, in response to changing social groups, partners, family, or work pressures. Life events such as becoming a parent, divorce, bereavement, or a health scare may influence drinking patterns and can affect people in different ways. It has become acceptable to develop a habit of routinely using alcohol for stress relief, putting many people at risk of chronic diseases, such as liver disease; diabetes; cardiovascular disease; and cancers of the breast and gastrointestinal tract.

The latest estimate is that up to 70,000 people could die avoidably over the next twenty years if the wrong actions are taken. Alcohol dependence is also associated with increased criminal activity and domestic violence, and an increased rate of significant mental and physical disorders. Drinking during pregnancy can also have an adverse effect on the developing foetus. The resulting problems can include lower birth weight and slow growth, learning and behavioural difficulties and facial abnormalities.

The impact on other family members can be profound, leading to feelings of anxiety, worry, depression, helplessness, anger and guilt. For example, it can lead to financial worries and concern about the user's state of physical and mental health, as well as their behaviour. It can also affect the family's social life and make it difficult for family members to communicate.

The Alcohol Strategy 2012 states "Communities should not have to tolerate alcohol-related crime and disorder. Almost a quarter (24%) of the public thinks that drunk or rowdy behaviour is a problem in their local area. Individuals should not expect to be able to ignore their responsibilities when drunk". Alcohol treatment needs to challenge individuals and enable them to understand it is not acceptable to drink in ways that could cause harm to themselves or others.

This service must provide a comprehensive programme of support for adults and their families affected by alcohol use. This includes those who are

drinking in a harmful way which has not escalated to dependence through to those who are dependant and need medical interventions to support them through detoxification, ultimately resulting in recovery for all those drinking at harmful or dependant levels which will mean that individuals are no longer drinking alcohol at all or continue to drink but within safe levels.

Minimum delivery requirements for the service

6.1 The Provider will ensure that they deliver the following alcohol treatment services to treat those with mild, moderate or at times severe alcohol dependence and that they are available for services users to access at the appropriate stage in their recovery:

- Identification and brief advice (IBA).
- Assisted alcohol withdrawal in the community utilising a range of evidence-based prescribing interventions, in the context of a package of care, including community-based medically assisted alcohol withdrawal (detoxification) and prescribing interventions to reduce risk of relapse. The Provider may utilise appropriate and supportive measuring of breath alcohol as part of treatment.
- All service users requiring an assisted alcohol withdrawal in the community must begin the process of assisted withdrawal within 2 weeks of being assessed as ready to proceed.
- Assisted inpatient alcohol withdrawal at Prospect Park Hospital in Reading[3]. Two beds are available for the use of inpatient alcohol detox and coordination of the admission, discharging and management of the bed spaces and the care coordination of service users must be arranged through Joint Working Agreements with Prospect Park Hospital with assistance from Reading DAAT if required.

6.2 The Provider will ensure that alcohol services are compliant with NICE guidance and quality standards on the management of harmful drinking and alcohol dependence.

6.3 Not all service users will be in a position to undertake an assisted alcohol withdrawal in the community or assisted inpatient alcohol withdrawal. Whilst the Provider must maintain an ambitious care planning approach to reach the stage of a managed alcohol withdrawal, in the interim the Provider will deliver appropriate, recognised, evidence based, extended psychosocial interventions, information, advice and

[3] Prospect Park Hospital is the main hospital for people in Berkshire who suffer from mental illness. The hospital provides a number of admission wards, a therapeutic day service, a specialist unit for people with learning disabilities, specialist wards for older people, and both high dependency and rehabilitation wards.

support relevant to an individuals alcohol intake and to address co-existing conditions, such as depression and anxiety.

6.4 To improve the identification, assessment and intervention offered to people at greater risk of alcohol related problems screening tools for Identification and Brief Advice (IBA) such as the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) questionnaires must be used for every new presentation and where appropriate thereafter in order to reduce alcohol-related harm to the service user and others and to identify and monitor any further treatment that may be required.

6.5 Alcohol Treatment Pathways (ATPs) must be developed locally, taking account of local service configuration and priorities. They must be evidence-based; client-focused; and agreed and championed so as to ensure ownership by managers, practitioners, Reading DAAT and the key stakeholder who can influence success. ATPs will also be developed for specific groups of service users who may experience difficulties or delays in gaining access to treatment because they have complex needs. Such potentially vulnerable or more excluded service user populations for whom ATPs should be developed will need to reflect local circumstances and need but may include:

- People with combined alcohol and mental health problems
- People with alcohol problems who also experience domestic abuse
- Homeless people who need alcohol treatment
- Service users in drug treatment who also have alcohol problems.

ATPs will clearly show a single point of access for all referrals but especially primary care and an identified process for the access to, preparation for and aftercare from, community or inpatient detoxification.

6.6 Small numbers of alcohol users create a disproportionate strain on existing health and community care services due to presentation at GP/A&E (often referred to in hospital setting as ‘High Impact Users’ or due to antisocial behaviour like hoarding or street drinking. The Provider will consult with other service providers and stakeholders such as Safeguarding Adults within Reading Borough Council around this issue to examine the remit of existing services and identifying the gaps in provision. They will also develop a holistic care pathway which covers the range of service providers and agencies which provide care for these service users with complex issues to reduce the risk to these individuals and to reduce the impact on services.

6.7 The Provider will give information on the value and availability of the various community support networks and self-help groups (for example, Alcoholics Anonymous or SMART Recovery)

6.8 Reading experience a high level of alcohol-related recorded crimes and alcohol-related violent crimes compared to both the regional average and the England average. The Provider will evidence that (re)offending is addressed with service users as a matter of course and will evidence the impact that this has had on the level of alcohol related anti social behaviour and crime such as domestic violence in the borough.

6.9 Working in partnership with staff from other health and social care services is essential to ensure joint care of individuals, jointly conducting interventions where appropriate as a preferred model of care. This could include, for example, situations when obtaining a consensus on treatment of service users with co-morbid problems could further improve care delivery, or where more standardised processes for the entry to and management of community or inpatient detoxification will be likely to improve patient experience and the efficiency of care delivery. Joint working will ensure that agreements are reached over roles, care responsibilities and optimal means of liaison and communication through the service user's treatment journey.

6.10 Joint working with GPs within the borough is of particular importance within this contract. The Provider will support GPs to assess new presentations to their surgery or existing service users where there is concern using the AUDIT questionnaires: FAST or AUDIT-C. The Provider will ensure that GPs have a clear process to follow to refer their patients into this service and that they can assure commissioners those GPs have been made aware of and are utilising these referral pathways. The Provider will also assist the GPs within the borough to be compliant with any optional or mandated scheme designed to address alcohol (or drug) use by their patients such as the current 2013/14 General Medical Services (GMS) contract for the delivery of an alcohol clinical directed enhanced service (DES).

6.11 Provide structured day programmes and care-planned day support (e.g. interventions targeting specific groups) and outreach support for alcohol service users where evidence proves the benefit of such services.

6.12 Ensure well developed liaison services are in place, e.g. for acute medical and psychiatric health services (such as pregnancy, mental health or hepatitis services) and social care services (such as child care and housing services and other generic services as appropriate).

6.13 Alcohol use is a taboo in some religious cultures, which may lead to reluctance to discuss, openly recognise or seek help for, alcohol problems. Prevailing attitudes in some cultures

may make those in need reluctant to discuss personal issues with someone outside their religion, family or gender group. The Provider must evidence recognition of this barrier to treatment and evidence ways in which it seeks and succeeds in addressing it.

6.14 The Provider will employ 1 x FTE Alcohol Detox Nurses to be based at Royal Berkshire Hospital A & E Department to deliver alcohol interventions (TUPE information will be available at ITT stage). The Royal Berkshire Hospital is a large hospital which receives patients from surrounding area including Wokingham and West Berkshire. This post will be required to make assertive referrals to other areas where the patient is not a Reading resident. The Provider will be required to work with other areas to have an informed understanding of their treatment system and the ability to capture the number of referrals who go on to receive treatment. The funding for this post is subject to continued funding from the Public Health Grant. It is an aim of the service to prevent further unnecessary hospital admissions by achieving increased detection of alcohol-related problems thereby facilitating timely and appropriate interventions including optimising the medical management of service users withdrawing from alcohol. The post will be an expert in alcohol harm reduction and treatment work and will have the responsibility and qualifications to deliver specialist alcohol services to the patient/client group who may present in A&E and the wards such as patients who are presenting with injuries through accidents, illnesses (acute or chronic) which are alcohol related or alcohol-specific. Patients may include existing service users, those currently disengaged or unknown to services. It is envisaged that patients on the wards would be seen by the Alcohol Detox Nurses if their condition is or could be linked to alcohol or where service users are undergoing unplanned detoxification. Activities will include screening, engagement, brief and extended brief interventions and community reintegration. The provider will ensure effective promotion of the service within the Royal Berkshire Hospital to ensure acute staffs are aware of the care pathway and are confident in making referrals. The provider will work in conjunction with Hepatology and Gastroenterology to ensure full and effective access to treatment for Hepatitis B and C.

REFERENCES

- The Government's Alcohol Strategy, HM Government, March 2012.
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE 2011.
- Alcohol-use disorders: preventing the development of hazardous and harmful drinking, NICE 2010

- Models of care for alcohol misusers (MoCAM), NTA 2006.
- 2013/14 general medical services (GMS) contract, NHS England 2013
- Local Routes: Guidance for developing alcohol treatment pathways, Dept oh Health 2009
- www.alcohollearningcentre.org.uk 2013
- Local Alcohol Profiles for England www.lape.org.uk 2013

7. Access to residential detoxification, treatment and aftercare

(Funding for Residential detoxification, treatment and aftercare is not included in the value of this contract)

Staff and service users need to be aware of the full range of options available for residential and non-residential rehabilitation, the benefits and how it might be used at different phases of the treatment journey. There is a wide range of different types of residential rehabilitation available, and services differ widely in terms of their philosophy, intensity, inclusion criteria, programme content and duration.

The funding for residential rehabilitation is not part of this contract and is funded via Reading DAAT. The Provider must work with service users to complete the Partnership's residential rehabilitation application forms (Appendix 7) as well as arranging visits to rehabilitations prior to commencement of treatment. Reading DAAT fund two visits to the clients preferred residential rehabilitations for the client and keyworker. The Provider is responsible for continuing treatment until a rehab placement commences and is expected to review the placement and engage with the service user should they decide to return to Reading for treatment services, follow up treatment or to further engage with support. The Provider will also ensure that the residential rehabilitation provider has recorded the service user's outcome correctly on NDTMS.

Minimum delivery requirements for the contract:
7.1 Rehabilitation

7.1	The Provider will be required to work in consultation with Reading DAAT to update the residential rehabilitation application forms on an annual basis, play an active part in reviewing the process and training of their staff.
7.2	The Provider will ensure that residential rehabilitation is a viable consideration in terms of cost effectiveness and potential benefit at any point of an individual's treatment journey.
7.3	The Provider will assess the need for rehab with service users and complete the Partnerships process and application form for rehabilitation funding. Service user's applying for funding must comply with Reading Borough Council's Eligibility Criteria (http://www.reading.gov.uk/residents/care-and-support-for-

adults/DrugsandAlcohol/SupportandInformation/Alcohol/fair-access-to-care-services-eligibility-criteria/).

7.4 The Provider must ensure the information requested in the Partnerships rehabilitation application form is complete and available for the evaluation panel (Integrated Review Panel). This will include assessment and preparation for rehabilitation, research of the rehabilitation programmes most suitable for the service user, representation at panel hearings, evaluation and reviewing of placements as well as ensuring appropriate aftercare packages is available.

7.5 The Provider will be responsible for monitoring and reviewing the service user's rehabilitation programme and reporting progress or concerns to Reading DAAT.

7.6 The Provider will follow up and provide aftercare support for those service users who return to Reading following rehabilitation treatment.

7.7 The Provider must ensure that the service users rehabilitation treatment is recorded on TOPs and any other data collection recording as appropriate.

REFERENCES

- The role of residential rehab in an integrated drug treatment system, NTA 2012.

8. Focus on children & families and carers and safeguarding

In a system that 'thinks family' contact with any service should offer an open door into a broader system of joined-up support. This does not mean that every problem is solved by every service, but that staff see any moment of engagement as an opportunity to identify need and direct support to the individual and their wider family.

Problematic substance misuse is strongly associated with socio-economic deprivation and other factors that may affect parenting capacity, and often compromises children's health and development. The adverse consequences for children are typically multiple and cumulative. They include: failure to thrive; blood borne virus infections; incomplete immunisation and otherwise inadequate health care; a wide range of emotional, cognitive, behavioural and other psychological problems arising from poor and insecure attachments; early substance misuse and offending behaviour; and poor educational attainment.

This contract must break inter-generational paths to dependency by supporting vulnerable families. "In families where alcohol or other drugs are being abused, behaviour is frequently unpredictable and communication is unclear. Family life is characterised by chaos and unpredictability. Behaviour can range from loving to withdrawn to manic. Structure and rules may be either non existent or inconsistent. Children, who may not

understand that their parent's behaviour and mood is determined by the amount of alcohol or other drugs in their bloodstream, can feel confused and insecure. They love their parents and worry about them, and yet feel angry and hurt that their parents do not love them enough to stop using" (American Academy of Experts in Traumatic Stress, 2012).

Playing a more positive role in their child's upbringing is often a motivating factor for making a full recovery. Parents are the single most important factor in a child's wellbeing and therefore it is critical that children and adult services work together, which in some cases will enable the child to remain living safely within their family whilst their parent's substance misuse is being addressed. When parents, or others in the home, stop taking drugs children can be particularly vulnerable. For example, the withdrawal symptoms both physical and psychological may interfere, at least for a while, with parent's capacity to meet the needs of their children. However a significant proportion of children who live with parents who are problem drug users will show no long term behavioural or emotional disturbance.

Having a relative or friend who is a drug or alcohol misuser is an extremely stressful experience, which can affect physical health and psychological wellbeing, finances, social lives, and relationships with others. These impacts often mean that families, kinship carers and other carers need help in their own right, to enable them to cope better with what are often ongoing, long term issues.

Some drug users never access formal treatment and recover or attempt recovery with only the support of family and friends. Reaching and supporting these family members and carers has the potential to aid the recovery of people in groups that are hard to engage through traditional services. However it must be recognised that there is research evidence showing that for some people, historic and current family dysfunction is an impediment to recovery. Families and carers may or may not be in contact with the drug user but have separate and distinct needs from users, which may conflict with them.

This contract must be able to provide a service to all those affected by the drug or alcohol use of someone they care about and ensure that the service is advertised and available should they wish to engage. The Provider will also be required to refer those who require services not covered by this contract where appropriate i.e. Berkshire Carers Service (Section Ten).

Reading Borough Council has a parental substance misuse team and this contract is not required to provide a separate parental substance misuse service (See Section Ten).

159 Oxford Road location provides crèche facilities for parents to access treatment. Parents must remain on site at 159 Oxford Road to use the Crèche. The Provider must ensure flexibility so that Parents can access the treatment they require and access the crèche service. The Provider will be required to request qualified child care workers through Oxford Road

Children's Centre (part of the Council) and the Provider will be expected to fund these costs and pay Oxford Road Children's Centre directly (see Section Five Indication of demand).

Minimum delivery requirements for the contract:

8.1 Children and families and carers

8.1.1 The Provider will offer family members and carers an assessment of their personal, social and mental health needs. The Provider will be required to document and evidence that this has been offered even if not accepted.

8.1.2 The Provider will establish whether the individual concerned is a parent or lives with children, act on this and the implications this has for the service that is required. Staff must be alert to wider individual and family risk factors and consider the causes and wider impacts of presenting problems. The contract will build on the strengths of families, increasing their resilience and aspirations.

8.1.3 The Provider will work in partnership with children's services in order to provide support around the needs of the whole family. The contract must work closely and make referrals to the Parental Substance Misuse Team where appropriate (see Section Ten).

8.1.4 The Provider will ensure that all services working with different family members are aligned; using shared assessments and information across agencies to give a full picture of a family's needs and help to ensure support is fully co-ordinated giving a consistent message and working towards the same outcomes.

8.1.5 The Provider will provide substance misusing parents with harm reduction information and advice in relation to parenting.

8.1.6 The Provider will provide verbal and written information and advice on the impact of drug misuse on service users, families and carers and what can be done to support positive influences and how to manage negative influences.

8.1.7 The Provider will provide information and advice about detoxification and the settings in which it may take place as well as the potential role that families and carers will have on the service user's treatment.

8.1.8 The Provider will provide information and advice and facilitate contact with support groups, such as self-help groups specifically focused on addressing families and carers' needs.

8.1.9 The Provider will ensure this contract links in with Reading Borough Council's Children Services objectives, aims and priorities.

8.1.10 The Provider will ensure that service users have access to behavioural couple's therapy where there is an identified need.

8.1.11 The Provider will sign post families and carers to access mainstream carer entitlements they may be eligible for.

8.1.12 The Provider must be aware of domestic violence and identify any family members or carers for appropriate support and/or provide staff with training to enable workers to work with the issue themselves.

8.1.13 The Provider will ensure ongoing family and carer training is provided to all staff and volunteers.

8.1.14 The Provider will ensure this contract or referrals to other services are available to every individual member and to family groups as a whole, to enable them to work through issues as a family.

8.1.15 The Provider will provide specific support relating to bereavement and refer to or offer appropriate services as required.

8.1.16 The Provider will ensure there is a robust information sharing policy which is communicated with the client, family members and carers.

8.1.17 The Provider must enquire about young people affected by the adult's drug misuse and refer any young people to appropriate local services i.e. Young Carers Project (see Section Ten)

8.1.18 The Provider must take proactive steps to ensure that they can evidence a carer friendly and family focused service.

8.1.19 The Provider must ensure that families and carers have been fully considered when providing harm reduction advice and interventions such as the delivery of the Naloxone Training Programme.

8.1.20 The Provider must record the number of children, (including their age) with substance misusing parents seen by this contract and report quarterly to Reading DAAT (Section Six)

8.2 Safeguarding

8.2.1 The Provider must identify and respond to the safeguarding of children and vulnerable adults at all times when delivering treatment.

8.2.2 The Provider must be aware of safeguarding adults and children policies and that family members who are vulnerable adults may be at risk of financial and physical and psychological abuse from substance misusers.

8.2.3 The Provider will ensure that protocols and joint working agreements between agencies are in place to ensure that partners share accountability for improving the outcomes of families at risk.

8.2.4 The Provider will act in accordance with local safeguarding procedures. The Provider will work in partnership with and within Safeguarding Adult and Child Protection legislation and local protocols, links to these are provided below: http://www.reading.gov.uk/search/?k=Child+protection&w=1&d=0

http://www.reading.gov.uk/search/?k=safeguarding+adults&w=1&d=0

8.2.5 The Provider must attend all meetings where the Provider has been invited to discuss adult safeguarding and child protection cases.

8.2.6 The Provider must ensure joint working with the PSMS service and meet with the PSMS team on a weekly basis to identify safeguarding issues and discuss cases involving children.

REFERENCES

- Think Family: Improving the life chances of families at risk, Cabinet Office, 2008.
- Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services, NTA, 2011.
- What works in promoting good outcomes for children in need where there is parental substance misuse? Social Services Improvement Agency, Wales 2007.
- Drug strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. HM Government, 2010
- Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. Dept for children, schools and families, March 2010.
- Supporting and involving carers. A guide for commissioners and Providers. National Treatment Agency for Substance Misuse. September 2008.
- The NTA overdose and Naloxone training programme for families and carers, NTA 2011.
- Recovery from drug and alcohol dependence: an overview of the evidence, Advisory Council on the Misuse of Drugs, December 2012

9. Recovery and aftercare

Some people entering treatment have a level of personal and other resources that will enable them to stabilise and leave treatment more quickly than others as long as they are provided with the support they need. This is often called 'Recovery Capital' and relates to:

Social capital - the resource a person has from their relationships (e.g. family, partners, children, friends and peers). This includes both support received, and commitment and obligations resulting from relationships;
Physical capital - such as money and a safe place to live;
Human capital – skills, mental and physical health, and a job; and
Cultural capital –values, beliefs and attitudes held by the individual.

Many others have long-term problems and complex needs – their recovery may take a longer time and require treatment to build their recovery

capital. Treatment services must ensure recovery is person centred and that service users are actively involved in their own recovery as well as creating the therapeutic conditions and optimism in which the challenge of initiating and maintaining change can be met, especially by those with few internal and external resources. Recovery can be measured by assessing and then tracking improvements in severity, complexity and recovery capital, and by using this information to better understand how to tailor interventions and support to improve an individual's chances of and progress in achieving recovery. Recovery can be contagious, service users are most motivated to start on their individual recovery journey by seeing the progress made by their peers. Those already on the recovery journey are often best placed to help.

The Provider will be expected to support and continue the work of the existing Recovery Champions group in Reading. The Recovery Champions Group is a multi-agency group whose members have a particular interest in making Recovery a reality and promoting this throughout Reading. The members of the group comprise of representatives from Reading DAAT, Providers and frontline workers from treatment services, Volunteers, Peer Mentors and Service Users.

The Provider must deliver an aftercare programme with its **own clearly defined identity** which will support service users in the community. This programme must provide aftercare for those who have left treatment in a planned way as well as those who have not needed to enter the treatment system but are identified as needing the support on offer.

The Provider is required to be innovative in developing evidence based and anecdotal methods and models of meaningful re-integrative activities and community based support mechanisms and networks.

Minimum delivery requirements for the contract:

9.1	The Provider will ensure successful exits and positive experiences of treatment are displayed and visible to service users from the minute they walk through the door of this service.
9.2	The Provider must evidence safe and effective processes for employing former service users.
9.3	The Provider must train, recruit and effectively manage and support volunteer recovery mentors and coaches or facilitators of SMART recovery groups etc. This provides opportunities to fulfil pro-recovery social roles, which in turn can inspire others in their recovery journeys.
9.4	The Provider will develop and communicate a locally agreed ethos and narrative of recovery.
9.5	The Provider must actively engage and be aware of the current Recovery Champion group already existing in Reading and ensure the work and development of this group continues

alongside this contract. The Provider is expected to support the group and assess and manage the Recovery Fund applications as well as recording outcomes and account for all expenditure (Section Ten)

9.6 The Provider will encourage recovery champions to challenge partnerships and services at both a system and service level and assist in retaining the focus of all parties on the recovery agenda.

9.7 The Provider must deliver an aftercare programme with its **own clearly defined identity** which will support service users in the community.

9.8 The Provider will provide check ups to those service users in recovery i.e. phone calls to (or other contact with) people who have left structured treatment.

9.9 The Provider will ensure support services are available for all service users moving on from this contract.

REFERENCES

- **Medications in recovery** re-orientating drug dependence treatment. July 2012.

10. Effective user and carer involvement.

Independent service user and family involvement within services strengthens the services accountability to all stakeholders and services that genuinely respond to the needs of users and family members and fosters a sense of ownership and trust. No person or organisation can talk and act on behalf of service users like their peers, which is why peer-led councils and groups have such a pivotal role in the drug and alcohol treatment system.

The contract must provide a formal framework for harnessing the knowledge and experience of service users and their families with forums and opportunities to feed back their experiences from their substance misuse treatment, and help shape and influence the development and design of the service.

It is expected that this contract will evidence it's work in a range of areas, including: reaching and supporting the most disadvantaged groups including families and those from Black Minority Ethnic groups; work to increase consistency in the level of support services offered; improve multi-agency working; raising the quality of drug and alcohol treatment; and employing and training new and qualified staff.

The term 'User' has been adopted below rather than 'Service User' as the requirements apply to drug and alcohol users both inside and outside the drug treatment system (at times these terms are used interchangeably).

Minimum delivery requirements for the contract:

10.1 The Provider will provide and develop a user and carer involvement advocacy service which has its **own clearly defined identity** and is independent. It must have a robust mechanism in place to ensure outcomes from the user and carer involvement advocacy service inform the treatment service. The minimum range of services is specified in 10.2

10.2 The Provider will have to provide a minimum range of services, including, but not exclusively: Provide advocacy services for service users, families and carers:

- Ability to make complaints and comments about services on behalf of service users, families and carers
- Consult with service users in order to assist the development of the Comprehensive Drug and Alcohol Treatment System (this contract),
- Provide peer-led support, education and training
- Co-ordinate access to mutual aid, for example the SMART Recovery Project.
- Deliver substance misuse related workshops to professionals, volunteers and service users
- Support with opportunities for voluntary work and peer mentoring
- Assist service users, families and carers to understand recovery and to advertise recovery activities and events
- Help to change public perception of drug and alcohol use/ users in local area.

10.3 The Provider will identify where user and carer involvement can be provided on a voluntary basis, and also where due to the level of skill, time and commitment required the person should be offered a payment for their expenses. The Provider must ensure that users and carers are not financially penalised in terms of benefits for participation in work for the service for which they will be paid.

10.4 The Provider will ensure that the contribution users and carers make are recognised and valued such as being formally thanked and recognised, positive feedback and acknowledgement, practical assistance, training, personal development or seeing the impact of the work and changes made as a result of involvement. These responses to involvement must be recorded, reviewed and reported to

Reading DAAT at the quarterly performance meetings. (Section Six)

10.5 The Provider will maintain a duty of care towards users and carers who become involved. This duty of care is paramount, and includes ensuring that the individual is able to meet the demands of the involvement without causing undue stress, financial hardship, risk of lapse/relapse, or otherwise disadvantaging the individual.

10.6 The Provider will ensure that all involvement work undertaken by users and carers on behalf of the service will take place in a safe and well managed environment.

10.7 The Provider will provide ongoing supervision, support and feedback during the period of the involvement work.

10.8 The Provider will provide expertise, information, time, administrative and financial resources to support effective user and carer's involvement.

10.9 The Provider will ensure that all members of staff within the service receives relevant training to ensure they are aware of the obligation contained within this specification in terms of user and family member involvement and follow it in practice. Staff and volunteers for this contract must receive training in respecting Service User confidentiality and this must be recorded and reported quarterly to Reading DAAT (Section Six)

10.10 The Provider will ensure independent advocacy based services are available to any service user or carer who lives within Reading. There are several types of advocacy including peer, group, individual, formal and legal advocacy and all must be available when required in the form of delivery or signposting if more appropriate. The range of services delivered must be recorded and reported to Reading DAAT on a quarterly basis along with any outcomes from the service which can inform future DAAT commissioning or contract/performance management. (Section Six)

10.11 The Provider will co-ordinate the use of users and carers to provide Peer-led support, education and training and substance misuse related workshops to professionals, volunteers and service users

10.12 The Provider will be required to develop effective mechanisms for engaging with those service users and carers who choose not to access existing services, understanding the perceived or actual barriers they encounter with existing styles of provision and use their views, skills and experience to influence treatment planning which they would find more acceptable.

10.13 The Provider will ensure service user and carer feedback about treatment delivery is reported to Reading DAAT on a quarterly basis or immediately in the event of risks or malpractice (Section Six).

10.14 The Provider will enable service users and carers to analyse the Provider's complaints procedure for the contract including

their input into recommendations and actions that are agreed and review this on a regular basis.

10.15 The Provider will liaise between Reading DAAT and service users to identify further opportunities for service users to positively engage and to be involved with monitoring and evaluating services. The Provider must feedback information to Reading DAAT on a quarterly basis (Section Six).

REFERENCES

- NTA POLICY ON INVOLVEMENT OF USERS AND FAMILY MEMBERS, NTA, March 2008
- Ref: "Nothing about us, without us" The English user representatives' report from the 2007 International Harm Reduction Association Conference, NTA, 2007.

11. Access to mutual aid & peer support

Interventions that seek to strengthen community integration and develop recovery capital are essential within this contract. Ownership of plans and their fulfilment should be located firmly with the individual, a progression which should have started in the early stages of treatment. Making recovery visible – through peer role-models (including recovery champions, recovery coaches, networks of peer-based recovery support and mutual aid groups) will, for many, effectively improve understanding, heighten people's treatment ambitions and motivate them to work towards recovery. It is also important that substance misusers can identify with someone whose place in their recovery journey is not too remote to their own. Someone who has been abstinent for many years and in stable employment can be a beacon of what can be achieved in the long term but their experiences may be different and mutual identification may be difficult.

Minimum delivery requirements for the contract:

11.1 The Provider will optimise and integrate the benefits of self-help approaches and promote choice by developing good relationships with existing local mutual aid networks and other peer-based recovery support groups and encourage the development of new local groups/services in the community and within the treatment population.

11.2 The Provider will explicitly link this contract (Upon an identified need) to recovery communities that have grown organically from achieving recovery in Reading.

11.3 The Provider will strengthen and develop service user's social networks, involving families where appropriate.

11.4 The Provider will facilitate access to mutual aid by, for example, providing information, transport, or premises for meetings, by bringing local recovery champions and representatives from

mutual aid groups into the service to meet service users and developing a network of recovery champions within the service.

11.5 The Provider will Increase the visibility of recovery and not restrict the recovery examples associated with a reintegrated abstinent end state, but seek to make visible the 'hand and footholds' at each stage of recovery.

11.6 The Provider will continuously improve the knowledge and understanding of peer support and mutual aid among staff.

11.7 The Provider is required to train peer mentors and volunteers to an accredited level to promote an opportunity to gain paid employment. Peer mentors and volunteers must receive supervision, ongoing placement and opportunities to develop.

REFERENCES

- **Medications in recovery** re-orientating drug dependence treatment. July 2012.

12. Support to access employment, training, education and volunteering.

Good partnership working with third party organisation relating to employment, training, education and volunteering is key to success, crucial both to addressing the employment-related needs of substance misusers and to contributing to positive employment, treatment and recovery outcomes. Where there are strong joint-working arrangements between all agencies, service users are more likely to be supported in complying with their benefit conditionality or any interaction with Jobcentre Plus (JCP) or Work Programme Providers. Treatment Providers can raise the profile of employment as an integral part of the recovery pathway. Through their own services, local recovery communities or partnerships with others they can introduce people to work, training, education and volunteering experience in ways that are flexible and appropriate to substance misusers needs.

Staff must understand the support and role of Job Centre Plus (JCP) and Work Programme Providers to effectively promote the benefits of closer working and information exchange. Staff may also need to challenge some of the historical barriers and perceptions of JCP that may exist among their client's when required and if appropriate

<u>Minimum delivery requirements for the contract:</u>

12.1 The Provider is required to work with the JCP and/or the Work Programme Provider to establish opportunities to accrue 'social capital' via work experience placements or employment, training opportunities, volunteer work, etc whilst ensuring service users still meet benefit conditions and that

these are not compromised in any way nor access is adversely affected.

12.2 The Provider is required to facilitate closer working, mutual referral routes and information sharing arrangements between people in treatment, Jobcentre Plus (JCP) and/or the Work Programme Provider. The Provider will be required to meet with JCP on a bi-annual basis or more regular if required to ensure open dialogue and positive relationships are maintained.

12.3 The Provider will be required to gain consent from the client to share their employment related information with Jobcentre Plus or the Work Programme.

12.4 The Provider will be required to support employed substance misusers to retain their job and support those who have experience, qualifications or registrations to keep these up to date and relevant.

12.5 The Provider will identify individual employment, training and skill needs as early as possible during a recovery journey, so appropriate provision and funding can be put in place at the right time.

12.6 The Provider will identify opportunities for shared training and shadowing where possible to increase mutual understanding across the Partners of the provision that is available to service users and the ways in which each service can support the client's recovery journey.

12.7 The Provider will support service users with the changing landscape of Welfare reform and its associated requirements.

REFERENCES

- **Medications in recovery** re-orientating drug dependence treatment. July 2012.
- **Employment and recovery a good practice guide,** NTA, 2012.

13. Support to access and sustain suitable accommodation

Home is supposed to be where the heart is. In the often chaotic life of a drug or alcohol user, housing can often be the only stability there is. Stable accommodation can mean the difference between staying in treatment and returning to crime and anti-social behaviour. In particular, evidence shows that those leaving drug treatment or custody without their housing needs being assessed and met are more likely to relapse and re-offend. Even those who are housed are likely to lose their accommodation if they do not receive the right support to sustain their tenancy.

Hostels and other types of supported accommodation for homeless people in Reading have joined together to form a 'Homelessness Pathway'. The aim is to give the right amount of support at the right time so that they can get

their own independent accommodation as soon as they are ready. There are different levels of support stages with stage one being the highest level of support. Substance misusers must be referred for supported accommodation by a support worker or other professional working with them. Referrals to these services are via the Access Panel and the Provider will be required to refer and support service users through the homelessness pathway (Section Ten and Appendix 1).

Reading Borough Council has Floating Support contract in place until March 2015. The Provider is required to work alongside these contracts and refer and support service users requiring floating support services. (Section Ten and Appendix 2)

Minimum delivery requirements for the contract

13.1 The Provider will refer and support service users into and through the homelessness pathway and floating support system. This will include completing the CAF paperwork (Appendix 1)

13.2 The Provider will ensure appropriate levels of in-reach into hostels and other homelessness services to ensure those at risk of homelessness or who are homeless who also have substance or alcohol misuse issues have access to support and structured treatment where necessary and also to minimise threat of eviction.

13.3 The Provider will write landlord references following a request from the service user who is moving into accommodation to evidence engagement with drug and alcohol services, testing results etc.

13.4 The Provider will work with external agencies to prevent homelessness. In the event of a service user presenting as homeless or threatened with homelessness, the Provider will refer to local services immediately, including the Council's Housing Advice Service (Section Ten).

13.5 The Provider will report substance misusers who are rough sleeping immediately to the Street Outreach team (Section Ten).

13.6 The Provider will assess housing-related need at entry to treatment and review it in line with the developed care plan.

13.7 The Provider will provide training and support (or access to them) in the skills needed to maintain a household and tenancy, including finance and debt management to ensure rent is paid or other factors as they emerge.

13.8 The Provider will provide advice, information and advocacy to ensure people in treatment are being paid appropriate housing benefits.

REFERENCES

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- A guide to improving practice in housing for drug users, Drugscope

14. Interventions aimed at improving mental and physical health and wellbeing

For some people – and especially as the treatment population ages – physical health problems may be an actual or potential persistent barrier to recovery. The provision and organisation of physical (as well as mental) healthcare for those in drug treatment needs to reflect the problems of access and stigmatisation commonly faced by drug users. Primary health care services can play a pivotal role in providing for the physical health needs of drug users but may need support from drug services.

In terms of dual diagnosis, a fundamental problem is a lack of clear operational definitions. In many areas a significant proportion of people with severe mental health problems misuse substances, whether as "self medication", episodically or continuously. Equally, many people who require help with substance misuse suffer from a common mental health problem such as depression or anxiety.

Integrating services therefore requires a clear and locally agreed definition of dual diagnosis supported by clear care pathways (care coordination protocols). It is essential to acknowledge that gate keeping by specialist services is a valid activity which enables them to focus their efforts, and agreed and justifiable gate keeping practice with clear accountability should ensure that service users are included in the right services, rather than excluded from services they desperately need. There is research evidence that substance misusers experience other problems of psychological health and wellbeing, such as disordered sleep, lack of exercise, mental health problems and chaotic lifestyles. There is emerging evidence that substance misuse treatment, treatment for mental health issues, mutual aid and public health initiatives can reduce these problems.

There is emerging evidence that improving wellbeing will improve rates of recovery.

<u>Minimum delivery requirements for the contract:</u>

14.1 The Provider will provide multidisciplinary coordination of care for people with intractable mental health or physical health problems.

14.2 It is essential that the Provider has robust joint working arrangements with Berkshire Healthcare Foundation Trust (BHFT) (Section Ten) to deliver a joined up service for service users who have a dual diagnosis of substance misuse and mental health issues. Evidence of the joint working

arrangements and how it is being utilised will form an essential part of the quarterly reporting (Section Six).

14.3 The Provider will work in partnership with DIVERT scheme in Berkshire which is a community mental health service working with those who are involved in criminal activity and also have a mental health problem or learning disability (Section Ten). This must include providing a full time equivalent to the scheme (TUPE information will be available at ITT stage) to ensure a robust interface between substance misuse treatment the criminal justice system and mental health services. The Provider must liaise with the DIVERT Manager to agree what this role will be required to deliver.

14.4 The Provider will ensure coordination of care includes joint-working arrangements with local Community Mental Healthcare Teams and Talking Therapies (IAPT) (Section Ten).

14.5 The Provider will screen, assess and identify treatment needs for mental health problems. Those with severe problems should have high quality, patient-focused care, delivered through close collaboration with mental health services. The Provider must ensure there are robust systems in place for joint working with mental health services at all times.

14.6 The Provider will assess and identify treatment need for physical health problems, and work closely with Primary healthcare Providers to treat physical diseases that may be affecting multiple systems in the body.

14.7 All staff whose function brings them into direct contact with service users are required to provide brief interventions and referral for smoking cessation in line with NICE guideline PH1.

14.8 All staff whose function brings them into direct contact with service users are required to provide interventions and referral to relevant sexual health services in line with NICE guideline PH3.

14.9 The Provider will encourage proactive communication and advocacy, and when appropriate through direct provision of care within drug treatment services, support service users to effectively use health and care services.

14.10 The Provider will provide specialist support, “consultancy”, and training to mental health services to support “mainstreaming” of service users with severe mental health problems.

14.11 The Provider will ensure all staff within the contract are fully trained and skilled to work with dual diagnosis.

REFERENCES

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- Mental health policy implementation guide: Dual diagnosis good practice guide, DoH, May 2002

- Recovery from drug and alcohol dependence: an overview of the evidence, Advisory Council on the Misuse of Drugs, December 2012

SECTION FOUR

Staff Competencies, Recruitment, Selection and ongoing employment

The Provider will ensure that all staff display motivation, are able to support and sustain change and have the appropriate qualifications (as a minimum staff must have or be working towards DANOS standards which cover the remit of their role) and confidence in their skills. Any deficit in skills must be identified via a training needs analysis and a process put in place to rectify within two months.

Systems and efforts must exist to recruit staff that have recovered from problematic drug or alcohol use and be effectively supervised by competent clinicians and managers.

Staff must believe in the treatment they are delivering, have a genuine interest and concern for the people they work with and respond empathically towards them. Staff will treat service users with respect and dignity that allows them to develop a different image of themselves, and have a belief in their capacity to change, and a sense of their role in fostering that change.

Volunteers, properly supported, will be a vital resource to the organisation. Often motivated by personal experience, they can bring skills and knowledge borne of hard experience, flexibility and dedication in working practices and a high level of empathy with service user and colleagues.

The Provider will ensure that they have a suitable skilled, balanced and qualified clinical workforce to meet service user's general healthcare needs, complex mental health problems and manage complex cases of co-morbidity (particularly dual diagnosis). The competencies and skills required are for drug and alcohol practitioners where staff are working exclusively with specific groups for example dual diagnosis or pregnant service users and demonstration of their skills and capabilities in the form of evidenced training and qualifications must be available.

The Provider will adhere to the FDAP (Federation of Drug and Alcohol Professionals) code of Practice as a baseline set of expectations for drug and alcohol workers (in addition to core competencies). The code of practice can be found at http://www.fdap.org.uk/code_of_practice.php.

Reading DAAT recognises that key workers have a crucial role in creating therapeutic conditions. This will mean working differently with people at different points in the treatment journey but will include: goal setting, empathetic listening, exploring the impact and negative consequences of current behaviour and the benefits of change, strategic use of problem recognition to amplify ambivalence about their current position and behaviour, managing rewards and negative contingencies, and involving social networks.

Reading DAAT recognise that facilitating an individual's recovery starts with the first treatment contact, harnessing the motivational momentum that led to that contact.

Minimum delivery requirements for the contract:

1. The Provider will ensure that regular and competent supervision is provided for all staff every 4 weeks. It is particularly important that supervisors have the appropriate competences to supervise all the techniques or interventions being used by the practitioners they are supervising.
2. The Provider must ensure that there is an induction programme in place for new team members and that this reflects the treatment systems philosophy. The Provider must ensure all staff attends the induction programme when this contract commences.
3. The Provider will map job descriptions for every staff member (paid and unpaid) against the relevant DANOS (Drug and Alcohol National Occupational Standards) standard.
4. The Provider will ensure that staff have access to appropriate information and training about mutual aid organisations with the opportunity to attend (open) meetings if required.
5. The Provider must evidence that clinical leadership roles provide:

   - risk assessment and management
   - cost effective triage
   - quality evidence based practice and governance
   - management of more complex and challenging service users
   - a key role in training, supervising, supporting and developing other staff members as well as acting as clinical recovery champions.

6. The Provider must ensure that any doctor's levels of specialist competency is well matched to the roles and responsibilities of the job they undertake, which will include;
   a. Regulatory requirements
   b. Quality and outcomes
   c. Cost-effectiveness
   d. Risk
   e. Is on the appropriate specialist register i.e. RCGP (Training delivered by Reading DAAT)
7. The Provider will ensure monitoring and evaluation of treatment adherence and practice competence is carried out at every staff review.
8. The Provider will ensure that all staff are aware of and comply with relevant sections of national legislation governing their roles and responsibilities.
9. The Provider will recruit all staff in accordance with best practice and following safe recruitment pre-employment and

during employment checks (i.e. medically fit to work, qualifications, right to work etc), such as Health Care Professions Council for social workers and other professional registrations as applicable. The Provider's recruitment and selection process must demonstrate a commitment to equal opportunity and non-discrimination.

10. The Provider must require each person interviewed to complete a declaration regarding any previous criminal convictions. It is the Provider's responsibility to ensure this has been carried out.
11. The Provider will ensure all staff has obtained the relevant checks in accordance with the Disclosure and Barring Scheme (DBS) and check the individual against the relevant barring lists in accordance with all current and future requirements of legislation and guidance.
12. The Provider will enforce codes of conduct for its staff.
13. The Provider will take appropriate disciplinary action against any person employed by the Provider who transgresses such codes and procedures.
14. The Provider will inform Reading DAAT of any serious or persistent transgressions by staff members immediately and shall regularly update Reading DAAT on the progress and outcome of actions taken.
15. Reading DAAT reserves the right to request the Provider to immediately suspend and investigate a staff member from the Service if :-

    i.) That staff member has failed to disclose any previous criminal convictions (unless exempted from doing so under the Rehabilitation of Offenders Act 1974);

    ii.) The council receives a complaint that the staff member has acted in a discriminatory manner in the provision of the contract; and

    iii.) The staff member has acted in a manner that has put a Service User or other vulnerable person at risk of harm (whether physical, emotional, financial or other harm (this list is not exhaustive and an example of when action/ investigations are implemented)).

    Reading Borough Council shall not in any circumstances be liable to the Provider or any of its employees for the removal of a staff member from the Service in accordance with paragraph 15.15 above.
16. The Provider must have policies & procedures (including whistle blowing) in place to support their staff in the event of misuse of substances within their workforce.

SECTION FIVE

Indication of Demand

1. PREVALENCE OF DRUG USE IN READING

Figures given as indications of demand are as accurate as possible but no guarantee can be given as some figures are subject to change and fluctuation. Figures may also change as a result of the tendering process or upon the delivery of services under the new contract.

1.1 Heroin and Crack Use

The latest official estimates of number of heroin and/or crack users in Reading (2010/11) are as follows:

Of a population of 110,100 aged 15-64, Reading has an estimated:

1,363 opiate and/or crack users (12.38 per 1,000 population)
1,155 opiate users (10.49 per 1,000 population)
739 crack users (6.71 per 1,000 population)
415 injecting drug users (3.77 per 1,000 population)

This compares to other areas in the South East as follows.

Local authority	15-64 population	OCU		Opiate users		Crack users		Injecting	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Bracknell Forest	80,400	305	3.79	260	3.23	258	3.21	90	1.12
Brighton and Hove	183,700	2,290	12.47	1,884	10.26	902	4.91	685	3.73
Buckinghamshire	319,800	1,666	5.21	1,420	4.44	967	3.02	242	0.76
East Sussex	309,900	2,264	7.31	1,865	6.02	1,210	3.90	813	2.62
Hampshire	830,800	4,088	4.92	3,540	4.26	1,385	1.67	1,446	1.74
Isle of Wight	85,500	697	8.15	572	6.69	140	1.63	298	3.48
Kent	912,900	4,617	5.06	4,290	4.70	2,862	3.14	1,656	1.81
Medway	172,400	1,467	8.51	1,272	7.38	772	4.48	486	2.82
Milton Keynes	164,400	932	5.67	846	5.15	413	2.51	221	1.34
Oxfordshire	432,900	2,882	6.66	2,510	5.80	2,308	5.33	786	1.82
Portsmouth	147,000	1,283	8.73	1,188	8.08	620	4.22	459	3.12
Reading	110,100	1,363	12.38	1,155	10.49	739	6.71	415	3.77
Slough	89,800	1,066	11.87	989	11.01	584	6.50	134	1.49
Southampton	172,700	1,554	9.00	1,505	8.71	950	5.50	433	2.51
Surrey	732,500	2,962	4.04	2,601	3.55	2,069	2.82	786	1.07
West Berkshire	101,300	541	5.34	489	4.83	199	1.96	221	2.19
West Sussex	497,800	2,336	4.69	2,124	4.27	1,638	3.29	651	1.31
Windsor and Maidenhead	96,000	500	5.21	452	4.71	366	3.81	103	1.07
Wokingham	109,700	356	3.24	299	2.73	202	1.84	82	0.75
South East	**5,549,300**	**33,170**	**5.98**	**29,260**	**5.27**	**18,583**	**3.35**	**10,007**	**1.80**

These prevalence estimates were developed on behalf of the National Treatment Agency for Substance Misuse (NTA) (now Public Health England)

and the Department of Health (DH) to support development of drug policy and are based on various sources of information about drug users in each Local Authority area.

1.2 Other drugs

While there are no official estimates on local prevalence of use of other drugs, analysis of information collected in the Crime Survey for England and Wales (British Crime Survey) 2011/12 can be used to provide an indication of levels of drug use. BCS analysis suggests that some 8.9% of 16-59 year olds had taken an illicit drug in the last year and 5.2% in the last month. Cannabis was the most commonly used in the last year (6.9%), followed by powder cocaine, (2.2%), Ecstasy (1.4%), Amyl Nitrate (0.8%) and Amphetamines (0.8%).

Applying these estimates to Reading's population of 131,500 (Census 2011) aged 16-59 gives the following crude estimates of drug use prevalence in the locality.

Total Population (Census 2011)	131,500
Adult using illicit drugs in the last year (8.9% - BCS estimate)	11,703
Adults using Class A drugs in the last year (3% - BCS estimate)	3,945
Adults using cannabis in the last year (6.9%)	9,073
Adults using powder cocaine in the last year (2.2%)	2,893
Adults using Ecstacy in the last year (1.4%)	1,841
Adults using Amyl Nitrate in the last year (0.8%)	1,052
Adults using Amphetamines in the last year (0.8%)	1,052

It should be noted, naturally, that these data have not been adjusted according to likely local needs, and moreover that information collected by the survey is self-reported and has a 76% return rate, meaning that the results may not be wholly reliable.

Please note that this total population estimate is drawn from Census 2011 data and differs from that used in official prevalence estimates.

1.3 Alcohol

In its report 'Topography of Drinking Behaviours in England' (2011), The North West Public Health Observatory (NWPHO) estimates that the population in Reading is divided amongst the Department of Health alcohol drinking categorisations and definitions as follows:

- 17.9% Abstainers

- 59.2% Lower risk (men who regularly drink no more than 3-4 units a day or 21-50 units per week and women who regularly drink no more than 2-3 units per day or 14-35 units per week)
- 17.2% Increasing risk (men who regularly drink over 3-4 units a day or 21-50 units per week and women who regularly drink more than 2-3 units per day or 14-35 units per week)
- 5.6% Higher risk (men who regularly drink more than 8 units a day or over 50 units per week or women who drink more than 6 units a day or 35 units per week).

Applied to the population estimate for Reading for those aged 16-59 (Census 2011) the following crude estimates of the number of drinkers in each category in Reading can be made:

Total Population (Census 2011)	131,500
17.9% Abstainers	23,538
59.2% Lower risk	77,848
17.2% Increasing risk	22,618
5.6% Higher risk	7,364

NWPHO has ranked 326 Local Authorities against various indicators of related to alcohol use, where 1st is best and 326th is worst. Reading is ranked 307th for levels of higher risk drinking and 213th for binge drinking and scores significantly worse than the England average for alcohol-related recorded crimes and alcohol-related violent crimes. However, overall admissions to hospital for alcohol-specific and alcohol-attributable conditions are better than average, with Reading ranked 29th out of 326 for admission episodes for alcohol-attributable conditions.

http://www.nta.nhs.uk/uploads/prevalence_estimates_201011bylocalauthority[0].xlsm

https://www.gov.uk/government/publications/drug-misuse-declared-findings-from-the-2011-to-2012-crime-survey-for-england-and-wales-csew-second-edition

http://www.reading.gov.uk/council/profile-of-reading-borough/2011-census-statistics/

http://www.lape.org.uk/downloads/alcoholestimates2011.pdf

http://www.lape.org.uk/LAProfile.aspx?reg=j

2. TREATMENT POPULATION IN READING

574 individuals were recorded on the National Drug Treatment Monitoring System (NDTMS) in structured adult drug treatment in Reading during 2012/13. Key demographic information for these individuals is provided below:

Gender	Number	%
Male	401	70
Female	173	30

Ethnicity	Number	%
White British	457	80
White Irish	5	1
Other White	11	2
White and Black Caribbean	13	2
White and Black African	1	0
White and Asian	3	1
Other Mixed	8	1
Indian	2	0
Pakistani	18	3
Bangladeshi	1	0
Other Asian	7	1
Caribbean	12	2
African	2	0
Chinese	0	0
Other	17	3
Not Stated	8	1

Age Group	Number	%
18	5	1
19	3	1
20-24	46	8
25-29	93	16
30-34	130	23
35-39	128	22
40-44	80	14
45-49	47	8
50-54	31	5
55-59	7	1
60-64	4	1
65+	0	0

Main drug	Number	%
Heroin	444	77%
Methadone	48	8%
Cannabis	24	4%
Crack	20	3%
Prescription drugs	16	3%
Second drug		
None	198	34%
Crack	180	31%
Alcohol	47	8%
Heroin	46	8%
Benzodiazepines	15	3%

https://www.ndtms.net/Reports.aspx?time=Q&theme=5&type=REG&shaName=Q38&level=dat&code=J02B&year=2012&quarter=4 (NOT PUBLICLY AVAILABLE)

149 individuals were recorded on the National Drug Treatment Monitoring System (NDTMS) in structured adult alcohol treatment in Reading during 2012/13. Of these, 106 presented to treatment during the year.

Most were self-referred or referred through family or friends (50 individuals – 47% of new treatment journeys), 22% (23 individuals) were referred through the criminal justice system and 18% (19 individuals) through other substance misuse services.

64% of those presenting to treatment (68 individuals) had never before received treatment for alcohol use, 25% (26 individuals) had been in treatment once before, 8% (9 individuals) had been in treatment twice before and 3% (3 individuals) had been in treatment three times or more.

Almost all individuals received a structured psychosocial intervention, 15% received community detoxification, 4% started treatment in residential rehabilitation and 2% started an inpatient detoxification.

Key demographic information for all those in treatment is provided below:

Age Group	**MALE**		**FEMALE**	
	Number	**%**	**Number**	**%**
18-24	3	2	4	3
25-29	14	9	9	6
30-34	13	9	7	5
35-39	17	11	7	5
40-44	14	9	8	5
45-49	14	9	8	5
50-54	14	9	10	7
55-59	3	2	2	1
60-64	0	0	1	1
65+	0	0	1	1
TOTAL	92	60	57	39

Ethnicity	**Number**	**%**
White British	127	85
White Irish	0	0
Other White	6	4
White and Black Caribbean	3	2
White and Black African	0	0
White and Asian	0	0
Other Mixed	1	1
Indian	1	1
Pakistani	0	0
Bangladeshi	0	0
Other Asian	2	1
Caribbean	2	1
African	2	1
Chinese	0	0
Other	3	2
Not Stated	2	1

Adjunctive drug use – all in treatment	Second drug		Third drug	
	Number	%	Number	%

Adjunctive drug use – all in treatment	Second drug		Third drug	
	Number	%	Number	%
Heroin	10	7	5	3
Methadone	6	4	1	1
Other opiate	1	1	0	0
Benzodiazepine	0	0	0	0
Amphetamine	4	3	0	0
Cocaine	9	6	4	3
Crack	3	2	3	2
Hallucinogens	1	1	0	0
Ecstasy	1	1	1	1
Cannabis	12	8	5	3
Solvents	1	1	0	0
Barbituates	0	0	0	0
Major Tranquiliser	0	0	0	0
Anti-depressants	0	0	0	0
Other drug	0	0	0	0
Poly drug	0	0	0	0
Prescription drugs	0	0	0	0
No second/third drug	81	54	104	70
Missing	20	13	26	17

https://www.ndtms.net/Reports.aspx?time=Q&theme=2&type=REG&shaName=Q37&level=htla&code=00MC&year=2012&quarter=4 (NOT PUBLICLY AVAILABLE)

3. ALCOHOL TREATMENT

In the 2012/13 financial year:

3.1 Those service users who are receiving psychosocial intervention for mild, moderate or severe dependence (estimated figures as complete figures are not available).

- Number of referrals received: 235
- Number of new referrals receiving support per quarter: 209
- Numbers referred to clinical support for detox: 33
- Numbers leaving treatment in planned way: 46
- Percentage of service users who are alcohol free/abstinent at the end of their input: 23 (with 11 drinking below guideline levels)

3.2. Those service users who are receiving clinical interventions for either community detox or in-patient detox.

3.3 Community detox
Figures are shown for 2012/13

Number of referrals received: 77

Number of new referrals receiving an assessment: 52

Number of community detox starts: 13

Number of community detox completed: 13

3.4 Inpatient detox – please note that inpatient detox figures are shown below for the final three quarters of 2012/13.

Number of assessments resulting in a referral for inpatient detox: 16

Number of inpatient detox starts: 16

Number of inpatient detox completions: 16

3.5 The number of service users seen by specialist workers situated with A&E at the Royal Berkshire Hospital.

- Number of referrals received from A&E and wards: 747
- Number of new referrals receiving an assessment and/or screening: 639 (some duplication within these figures is possible)
- Numbers referred to specialist services in the community: 190 (roughly 58% were referred into services in Reading; other referrals went to other Local Authorities).

Please note that numbers given for each element of current alcohol intervention may well include duplicated client who may have been seen at each stage of the service.

4. BLOOD BORNE VIRUSES (BBVs)

4.1 Prevalence

The prevalence of the Hepatitis B Virus (HBV) in the UK is estimated to be low at between 0.1% and 0.5% of the UK population, or 0.6% for people who inject drugs (PWID). Applied to Reading's estimated population of 415 injecting drug users (see 'Prevalence' section above), this suggests only 2 or 3 individuals with a current HBV in Reading. However, the Health Protection Agency has highlighted a greater risk amongst populations arriving in the UK from other areas of the world where prevalence is higher.

The Health Protection Agency reports that around 216,000 individuals are chronically infected with the Hepatitis C virus (HCV) in the UK and that injecting drug use continues to be the most important risk factor with an

infection level of an estimated 45% amongst this group. Applied to Reading's estimated population of 415 injecting drug users, this suggests some 187 individuals in Reading with a HCV infection.

The Health Protection Agency estimates that 96,000 people in the UK are living with diagnosed or undiagnosed HIV infection. Of these, some 2,300 are estimated to be amongst those who inject drugs (1,900 diagnosed and 400 undiagnosed). The report also suggests that injecting drug users are more likely than other high risk groups to receive a late diagnosis. The overall prevalence of HIV infection in 2011 was 1.5 per 1,000 population, giving a crude estimate of around 234 individuals with a HIV infection (diagnosed and undiagnosed) in Reading.

http://www.hse.gov.uk/biosafety/blood-borne-viruses/hepatitis-b.htm

http://www.hpa.org.uk/webc/HPAwebfile/HPAweb/HPAweb_C/1317136882198

http://www.hpa.org.uk/webc/HPAwebfile/HPAweb_C/1317135237219

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137857334#256,1,HIV in the United Kingdom: 2012 Overview

4.2 BBV testing and access to treatment

During 2012/13 101 Hep C tests and 21 HIV tests were carried out in drug treatment services in Reading.

BBV testing is principally carried out by 'BBV Champions' – members of staff or volunteers at drug treatment services who are given specialist training to deliver advice and information as well as carrying out tests with individuals considered to be at risk.

Performance information reported by NDTMS during 2012/13 indicates that 86% of those in treatment reporting previous or current injecting (353 individuals) received a test for Hepatitis C.

5. DRUG USERS IN THE CRIMINAL JUSTICE SYSTEM

Between April 2012 and March 2013, 549 required assessment appointments were made following arrest and screening by The Custody Intervention Programme (CIP) who are a custody based intervention team commissioned separately through Thames Valley Police and currently provided by SMART CJS and/or assessment by the community based Criminal Justice Intervention Team (the role of the CJIT forms part of this specification, see section xxx). 326 of these were for an initial required assessment and 223 for a follow-up assessment. 242 initial assessments were attended (74%) and 132 (59%) of follow-up appointments were attended. (72 (22.09%) initial assessments and 132 (59.19%) follow-up assessments were not attended, 12

(3.68%) initial assessments and 30 (13%) follow-up assessments had no status recorded).

(Theseus DAAT Reports/Theseus CJ Reports/DIP/DIP009. Offered and Attended RAIA or RAFA Run: 10/09/2013, 08:52:34.)

In the same period, 299 care plans were agreed with CJIT, of which

- 135 community referral – required assessment
- 106 community referral – voluntary assessment
- 58 referral from prison

(Theseus DAAT Reports/Theseus CJ Reports/DIP/DIP008. New Care Plans Agreed [Date Care Plan Agreed (Start): 01.04.2012, Date Care Plan Agreed (End): 31/03/2013] Run: 10/09/2013, 08:40:02.

5.1 Alcohol Treatment Requirements and Drug Rehabilitation Requirements

In the 2012/13 financial year:

Referrals received for an ATR assessment: 82
Commenced an ATR: 38

Completed ATR (alcohol free, reduced alcohol use or alcohol use remaining the same): 66%
Transferred during ATR: 15%
Dropped out of ATR: 18%

DRR commencement: 63
DRR successful completion: 40%

6. SUCCESSFUL COMPLETION OF DRUG TREATMENT

Successful Completion of Drug Treatment is a key measure of improvement in population health used by Public Health England, local public health teams and DAATs in local authorities and is one of 65 national outcome indicators chosen by the Health Secretary to set the direction for the public health system.

The measure is defined in two indicators in the Public Health Outcomes Framework as 'the number of users of (i) opiates and (ii) non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a percentage of the total number of opiate users in treatment.'

The data used for reporting performance against this indicator are collected through the National Drug Treatment Monitoring System (NDTMS) and local performance information is freely available from www.ndtms.net. See

https://www.ndtms.net/Reports.aspx?time=M&theme=f&shaName=Q37&level=htla&code=00MC for Reading's latest performance.

6.1 What is a Successful Completion?

An individual is considered to have successfully completed drug treatment if they meet the following criteria:

- They have been discharged from structured drug treatment (defined as one or more pharmacological interventions and/or one or more psychosocial interventions provided alongside case management and keyworking) by a specialist drug treatment provider(s).
- The drug treatment provider providing structured treatment has recorded a discharge reason of 'treatment completed – drug free' or 'treatment completed – occasional user (not heroin and crack)' on NDTMS.
- The individual is not in structured treatment with any other specialist drug treatment provider.
- The individual does not re-present to structured drug or alcohol treatment within six months of discharge.

6.2 Drug-Free Exits from Treatment

In order to provide timely information on performance against this measure, the Partnership monitors drug-free exits from treatment on a month-by-month basis. 'Drug-free exits' are defined as occasions where an individual has been discharged from structured drug treatment with one or more specialist drug treatment providers with a final discharge reason of 'treatment completed – drug free' or 'treatment completed – occasional user (not heroin or crack)'.

The partnership monitors drug free exits through the Partnership Successful Completions report, published on www.ndtms.net (NOT PUBLICLY AVAILABLE) and through information recorded locally. Treatment exits occurring between April 2012 and March with discharge reasons, as reported by NDTMS Partnership Successful Completions report for March 2012/13, are provided in the table below.

Discharge Reason	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Treatment completed - drug-free	2	3	6	2	4	4	0	0	5	0	3	4
Treatment completed - occasional user (not heroin or crack)	1	3	1	1	0	0	1	1	1	1	0	0
Transferred - not in custody	4	3	1	6	3	5	1	2	4	2	1	0
Transferred - in custody	1	0	1	2	1	1	3	2	5	0	2	0
Incomplete - dropped out	2	4	3	1	3	4	2	3	13	6	1	1
Incomplete - retained in custody	0	0	0	2	1	0	0	0	1	0	0	0

Discharge Reason	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Incomplete - treatment commencement declined by client	0	0	0	0	0	1	0	0	1	0	0	0
Incomplete - treatment withdrawn by provider	0	1	0	0	0	0	1	0	1	0	0	0
Moved away	0	0	0	0	0	0	0	0	0	0	0	0
Incomplete - client died	0	0	1	1	0	0	1	0	1	0	1	0
No appropriate treatment available	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0
Not known	0	0	0	0	0	0	0	0	0	0	0	0
Inappropriate referral	0	0	0	0	0	0	0	0	0	0	0	0
Transferred to another partnership	1	0	0	1	1	3	1	0	2	2	1	0
Transferred - not in custody (within 21 days of end of month)	0	0	0	0	0	0	0	0	0	0	0	4

6.3 Exits from alcohol treatment in Reading

98 individuals left structured alcohol treatment in Reading during 2012/13. 52% (51 individuals) left treatment with a planned exit after an average of 156 days in treatment, 28% (27 individuals) left treatment with an unplanned exit after an average of 164 days in treatment). (20 individuals (20% of all exits from treatment) had a final discharge reason of 'transferred', indicating that they continued their treatment elsewhere. This may be in prison, or with a treatment provider outside of Reading.)

Department of Health (DH) (2012). Public Health Outcomes Framework Autumn 2012. https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

http://www.nta.nhs.uk/news-2012-PHEoutcomes.aspx

https://www.ndtms.net/Reports.aspx?theme=e&time=M&month=March

http://www.nta.nhs.uk/uploads/adultdrugtreatmentbusinessdefinitionv11.03.pdf

http://www.nta.nhs.uk/uploads/ndtmstechnicaldefinitionv1102revised.pdf

http://www.nta.nhs.uk/uploads/guidetoimplementingcdsjv2.0.pdf

https://www.ndtms.net/Reports.aspx?time=Q&theme=2&type=REG&shaName=Q37&level=htla&code=00MC&year=2012&quarter=4 (NOT PUBLICLY AVAILABLE)

7. PHARMACOLOGICAL SERVICES AND THEIR DELIVERY

7.1 Specialist prescribing

The number of adult service users receiving specialist prescribing per month:

Sept 2012	**Oct 2012**	**Nov 2012**	**Dec 2012**	**Jan 2013**	**Feb 2013**
364	365	357	359	350	354
Mar 2013	**Apr 2013**	**May 2013**	**Jun 2013**	**July 2013**	**Aug 2013**
368	371	365	361	372	350

7.2 GP shared care

The current number of GPs currently signed up to the shared care scheme – 15. Shared Care GPs currently have a combined caseload of 76 service users as at November 2013.

N.B. This information is indicative only and numbers may fluctuate during the lifetime of the contract.

7.3 Supervised Consumption –

The number of service users on supervised consumption at pharmacies

Sep-12	Oct-12	Nov-12	Dec-00	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
364	365	357	359	350	354	368	371	365	361	372	350

8. YOUNG PEOPLE

8.1 SOURCE

- The number of under eighteens who have required a specialist pharmacological service – **4 (2009- 2012)**
  NB. This information is indicative only and numbers may fluctuate during the lifetime of the contract.

- No of young people transitioned from Young Peoples service to adults services over the past three years – 2 (2009 -2012)

9. PARENTAL SUBSTANCE MISUSE SERVICE

This table shows the number of service users who received one-to-one support from the parental substance misuse team but does not include all those who attended the group sessions.

Month	Active caseload	New referrals
Apr-12	41	3
May-12	41	7
Jun-12	38	4
Jul-12	41	6
Aug-12	31	1
Sep-12	No data available	1
Oct-12	43	10
Nov-12	45	6
Dec-12	45	3
Jan-13	30	6
Feb-13	No data available	7
Mar-13	18	9
Average	**37**	**5**

9.1 Safe Storage Boxes
The number of boxes given out per year – approximately 100 per year

10. CRECHE
The crèche opened in July 2010 and is run by 2 workers employed by Reading Borough Council; the children are managed and supervised by Oxford Road Children's Centre. The Provider will be required to manage the day-to-day running of the Crèche including organising crèche workers to be available as and when required. It is on the OFSTED voluntary register (registration for this facility is not compulsory but it is good practise to align to these standards).

The facility at 159 Oxford Road is available for the children of clients attending the service (or meeting a worker from within this contract). The capacity of the crèche is up to 6 children per session, with the age range between birth and 5 years old (up to 8 years during school holidays).

There are 6 X 2 hour sessions per week, Monday-Friday (1 per afternoon plus an additional morning session).

The crèche is a safe space self contained with separate access from the main client entrance. Children attending the crèche are dropped off by their parent/carer (for a maximum of two hours), who can then attend treatment sessions or one-to-one appointments at 159 Oxford Road. Crèche workers complete all necessary records, and adhere to session plans.

The hourly rate for running the crèche (2 x crèche workers) = £21.00
No of crèche worker hours purchased through Oxford Road Children's Centre over past 2.5 years:
April 2011 – March 2012 – 476 hours
April 2012 – March 2013 - 257.51 hours
April 2013 – October 2013 – 128hours

The Crèche must have a telephone line and the Oxford Road Children's Centre will also charge the Provider £15.00 per month for this service.

11. NEEDLE EXCHANGE

11.1 Fixed site needle exchange

All needle exchange equipment is provided by Frontier Medical Group. This is an indication of the number of equipment ordered by the specialist needle exchange service over the past 12 months.

Item	**BD Syringe 5ml**	**BD Orange Needle 25g x 5/8"**	**Black Carrier bag for Pick+Mix**	**019003 Alcohol Pre Injection Swabs**	**BD 2 ml Plastipak Syringe**
No. of boxes	2	43	6	211	50
Item	**Sharpsafe® 0.45 Litre**	**Sharpsafe® 0.2 Litre**	**BDMicrofine 1ml Syringe 29gx½"**	**BD Plastipak 1 ml Syringe**	**Water snapper**
No. of boxes	6	4	25	20	201
Item	**BDMicrofine 1ml Syringe 29gx½"**	**Nevershare 1 ml Syringe**	**BD Grey Needle 27G X 1/2"**	**Spoon (with Filter)**	**Water for Injection (HAMELN)**
No. of boxes	25	115	1	14	17
Item	**BD Blue Needle 23g x 1 ¼ "**	**Water snapper**	**BD Orange Needle 25g x 1"**	**BD Green Needle 21g x 1½"**	**Vitamin C**
No of boxes	34	201	21	17	2
Item	**Citric Acid (Bulk)**	**Water Snapper**	**BD 5ml Plastipak syringe**		
No of boxes	11	100	4		

12. SEXUAL HEALTH

Sexual health items such as condoms and lube have cost an estimated £300 during 2011 – 2013. Service users have requested these items via the fixed site needle exchange service.

SECTION SIX

Targets, Monitoring and Review

Monitoring and Review.

The contract will be subject to contract monitoring throughout the contract term, the main aim of this being to ensure that all requirements are adhered to.

The key requirements of this contract as shown in Section Three will be measured via the following:

- NDTMS and NATMS data sets.
- Treatment outcome monitoring such as Treatment Outcome Profiles (TOPs).
- Adherence with *Drug Misuse and Dependence – Guidelines on Clinical Management 2008*.
- Local police data.
- Local Probation data
- Local Authority data
- Reviews as described below

Primarily, this monitoring will involve the following:

Annual Strategic Review

Assessment of strategic relevance to treatment and other partnership priorities, as defined by local needs assessments.

Quality and Performance Quarterly Review

The purpose of the Quality and Performance Quarterly Review Meeting is to consider performance in relation to the service specified in the contract, to verify the achievement of the standards, targets and expectations within the contract and identify opportunities for improvement. The Provider will make available evidence of relevant quality assurances and provide clinical governance and quality assurance to the DAAT through the Quality and Performance Return (shown in a table in Section Six) on a quarterly basis or any other such basis as shown on the return template. It is for Provider to ensure that all required data and information is available and any costs incurred in gathering the information is the Providers responsibility. Any new or changes to existing performance targets will be discussed with the Provider and a mutually acceptable approach will be agreed that is both achievable yet ambitious and focuses on the needs of service users.

The Quality and Performance Quarterly Review Meeting will also:

- Oversee the implementation and transition to the new service, ensuring milestones are achieved and the new service is fully operational from the 1st of October 2014
- Ensure the standards, targets and expectations within the contract are achieved.
- Consider feedback from service users and carers.
- Consider feedback from other stakeholders allowing a culture of continuous improvement by using feedback and performance data to improve services.
- Ensure the continuous development and provision of safe, effective services.
- Work collaboratively to resolve performance issues.
- Agree the content of any Service Improvement Plan or Data Quality Improvement Plan required to address any performance gaps and consider whether the actions included in any Service improvement Plan or Data Quality Improvement Plan are being achieved satisfactorily.
- Review the performance of the contract and negotiate development plans for the services and other variations as required.

The minutes of the meeting shall be formally recorded and reported to the DADG Partnership.

Membership of the Quality and Performance Quarterly Review Meeting will include the DAAT and any other members of the DADG partnership as seen to be necessary on an ad-hoc basis. Membership will also include the Provider, at a minimum the manager(s) of the service including those responsible for the elements of the service with their own identity namely the Recovery and aftercare element and the Effective user and carer involvement element. There must be representation from Service Users and carers where possible for all reviews.

Equality

The Provider will be required to collect data related to age, gender, religion/ belief, sexual orientation, race and disability. This information will be recorded on Theseus and Reading DAAT will review this data on a quarterly basis to inform future commissioning and inform service development for the needs of Reading.

Targets

In line with national funding attributed targets this contract will be performance monitored and given targets to achieve on the following indicators; (These may be subject to changes/ updates)

National outcomes – Public Health Outcome Framework

Reading DAAT has the responsibility for delivering against the following national outcome locally:

- 2.15: Successful completion of drug treatment

These are;
The number of users of opiates that left drug treatment successfully (free of drug(s) of dependence), who do not then re-present to treatment within 6 months, as a percentage of the total number of opiate users in treatment. (PHO Framework 15i)

And
The number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence), who do not then re-present to treatment within 6 months as a percentage of the total number of non-opiate users in treatment. (PHO Framework 15ii)

It is also anticipated that Reading DAAT may also have some responsibility for delivering against the following national outcomes locally:

- 2.16: People entering prison with substance dependence issues who are previously not known to community treatment.

- 2.18: Alcohol-related admissions to hospital (Placeholder)

Outcomes 2.16 and 2.18 are yet to be finalised and therefore it is not clear what indicators will be required from the Provider in the form of performance measures. Any update to this information will be discussed with the Provider and a mutually acceptable approach will be agreed.

Local outcomes

There are a number of quality standards and performance targets that the contract must achieve. These are set out below:

QUALITY AND PERFORMANCE RETURN

1. Assessment, care planning, co-ordination, pathways and review.

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Proportion of waiting times for initial screening within 2 working days recorded for primary drug and primary alcohol service users	95%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Proportion of waiting times for those presenting with immediate risk, within 24 hours (Monday to Friday) recorded for primary drug and primary alcohol service users	95%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Proportion of waiting times (first intervention) within 21 calendar days of referral recorded for primary drug and primary alcohol service users	100%	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	% of service users who are allocated a care co-ordinator within 5 days from first assessment.	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

5	Number of service users with a treatment episode for primary drug use open during the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	Number of service users with a treatment episode for primary alcohol use open during the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	Number of service users starting treatment (a first modality start date in that quarter) for alcohol	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	Number of service users starting treatment (a first modality start date in that quarter) for drugs	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Number of primary alcohol service users with a recovery support intervention open during the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

				appropriateness	
10	Number of primary drug service users with a recovery support intervention open during the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
11	% of care plans started for service users entering structured treatment	100%	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
12	% of care plans reviewed within 6 weeks of the plan commencing or its latest review.	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
13	% of care plans developed jointly with agencies outside of the treatment system for alcohol service users	60%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
14	Results of bi-annual care plan and case file audits.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement	1 month after quarter 1 and 4 ends and two weeks prior to the Quality and Performance Quarterly Review Meeting

				Plan reviewed with the DAAT on a monthly basis.	
15	Proportion of service users with a 'START' Treatment Outcomes Profile completed broken down into primary drug and primary alcohol service users.	90%	Provider QUARTERLY report. NATMS/NDTMS agency report to validate	Any QUARTER when threshold not reached: Data Quality Improvement Plan required.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
16	Proportion of service users with a SIX MONTH REVIEW Treatment Outcomes Profile completed broken down into primary drug and primary alcohol service users.	100%	Provider QUARTERLY report. NATMS/NDTMS agency report to validate	Any QUARTER when threshold not reached: Data Quality Improvement Plan required.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
17	Number of service users with an outstanding Sub-Intervention Review broken down into primary drug and primary alcohol service users.	0nder 10%	Reported MONTHLY by DTMU via the 'dropbox'	Any QUARTER when threshold exceeded: Data Quality Improvement plan required.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
18	Numbers in effective treatment for this quarter.	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
19	Compliance with the current NATMS and NDTMS core data sets	100% load 99% Data quality	Monthly review / DTMU report	Any QUARTER when threshold exceeded: Data Quality	1 month after quarter end and two weeks prior to the Quality

				Improvement plan required.	and Performance Quarterly Review Meeting

2. Harm reduction, specialist needle exchange and prevention of drug related deaths or injury and overdose.

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Number of service users in contact with the fixed site needle exchange service this month; for a primary drug of: ➢ opiates or crack ➢ 'performance or image enhancing' drug ➢ other primary drug – please specify	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of new service users in contact with the fixed site needle exchange service this month; for a primary drug of: ➢ opiates or crack ➢ 'performance or image enhancing' drug ➢ other primary drug – please specify	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Volume of items	Baseline in	Provider	Service	1 month after

	(syringes, needles, sharps containers and so on) distributed; for a primary drug of: ➢ opiates or crack ➢ 'performance or image enhancing' drug ➢ other primary drug – please specify	first quarter, then review	QUARTERLY report. Local Theseus report	Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of packs distributed; for primary drug of: ➢ opiates or crack ➢ 'performance or image enhancing' drug ➢ other primary drug – please specify	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	Volume of sexual health harm reduction products such as condoms and lube distributed to service users	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	% of new treatment episodes offered a hepatitis B vaccination	95%	Provider QUARTERLY report. NDTMS (provider by residence) report to validate.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

				target appropriateness	
7	% of new treatment episodes offered and refused a hepatitis B vaccination	10% or less	Provider QUARTERLY report. NDTMS (provider by residence) report to validate.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	% of new treatment episodes offered and accepted who have at least one dose of hepatitis B vaccination	90%	Provider QUARTERLY report. NDTMS (provider by residence) report to validate.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	% of new treatment episodes offered and accepted who have finished a course of hepatitis B vaccination	75%	Provider QUARTERLY report. NDTMS (provider by residence) report to validate.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
10	% of Injecting Drug Users (new treatment episodes) offered a Hepatitis C test	95%	Provider QUARTERLY report. NDTMS (provider by residence) report to validate.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
11	% of Injecting Drug Users (new treatment episodes) offered a Hepatitis C test who refuse	10% or less	Provider QUARTERLY report. NDTMS (provider by residence) report to	Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly

			validate.	Review of target appropriateness	Review Meeting
12	% of new treatment episodes offered a HIV screening	95%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
13	Activity undertaken by the Harm Reduction Nurse	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
14	Number of safe storage boxes given out with a completed 'Safe Storage Agreement' provided to the DAAT.	30 per quarter.	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
15	Activity undertaken by the Asian BBV Champion Project including the resulting number of vaccinations and screening undertaken as a direct result of this project.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

16	Number of drug related deaths	N/A	All drug related deaths must be reported immediately to the DAAT	N/A	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
17	Number of serious untoward incidents	N/A	All serious untoward incidents must be reported immediately to the DAAT	N/A	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
18	Attendance at Drug Related Death meetings	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

3. Structured Psychosocial interventions

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Number of primary alcohol service users with an NDTMS recordable psychosocial intervention open during the quarter and the type of intervention given	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of primary drug service users with an NDTMS recordable psychosocial	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate	Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance

	intervention open during the quarter and the type of intervention given		Local Theseus report	Review of target appropriateness	Quarterly Review Meeting
3	Groups available to primary alcohol service users and attendance during the quarter	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Groups available to primary drug service users and attendance during the quarter	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

4. Pharmacological interventions and delivery of a shared care system

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Number of primary drug service users with a pharmacological intervention open during the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of primary alcohol	Baseline in first	Provider QUARTERLY	Service Improvement	1 month after quarter end and

	service users with a pharmacological intervention open during the quarter	quarter, then review	report. NATMS agency report to validate Local Theseus report	Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	two weeks prior to the Quality and Performance Quarterly Review Meeting
3	The number of service users receiving specialist prescribing in the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of service users in specialist prescribing being prescribed to within and outside of the NICE guidelines recommended dosing regimen for each prescribed medication during the quarter	N/A	Provider QUARTERLY report. Local Theseus report	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	The number of service users receiving prescribing within the shared care scheme in the quarter	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	Number of service users in the shared care scheme being prescribed to within and outside of the NICE guidelines	N/A	Provider QUARTERLY report. Local Theseus report	Any non-reporting or lack of acceptable performance will require a Service Improvement	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

	recommended dosing regimen for each prescribed medication during the quarter			Plan reviewed with the DAAT on a monthly basis.	
7	The number of service users on supervised consumption in this quarter broken down by month.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	% of service users receiving a pharmacological intervention who have a current 4-way agreement.	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Activity undertaken by the GPwSI.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

5. Interventions to reduce crime, re-offending and anti social behaviour

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Proportion of Criminal Justice service users who start treatment	90%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT	1 month after quarter end and two weeks prior to the Quality

	within 5 days of referral		Local Theseus report	on a monthly basis. Review of target appropriateness	and Performance Quarterly Review Meeting
2	Number of service users referred to the service for; • A Required Assessment Initial Assessment (RAIA) • A Required Assessment Follow up Assessment (RAFA)	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of RAIA and RAFAs completed	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of RAIA and RAFAs resulting in a referral to structured treatment	85%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	Number of breaches of RAs that the CIP are notified of and the resulting action taken by Thames Valley	Baseline in first quarter, then review N/A	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

	Police			target appropriateness	
6	% of reports required for all community sentences that are delivered on time for hearings at Reading Magistrates Court	95%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	Number of Criminal Justice presentations to the service referred to treatment	85%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	Number of assessments carried out by the service to assess for RoB eligibility.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Number of RoBs given by Reading Magistrates Court	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
10	Number of RoBs successfully completed	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly

				Review of target appropriateness	Review Meeting
11	Number of RoBs where conditions have been breached.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
12	Number of service users starting a Drug Rehabilitation Requirement	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
13	% completing a Drug Rehabilitation Requirement in a planned way	75%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
14	Number of Drug Rehabilitation Requirement where conditions have been breached.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
15	Number of service users starting a Alcohol Treatment Requirement	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance

				Review of target appropriateness	Quarterly Review Meeting
16	% completing a Alcohol Treatment Requirement in a planned way	75%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
17	Number of Alcohol Treatment Requirement where conditions have been breached.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
18	Number of service users being transferred from prison to community treatment.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
19	% of known prison releases to Reading who required continued community treatment who are retained in treatment and do not leave in an unplanned way	80%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

6. Support to achieve freedom from dependence on alcohol

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Number of instances of Identification and Brief Advice (IBA) given	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of assessments carried out at the Royal Berkshire Hospital (RBH) A&E	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of assessments carried out at the Royal Berkshire Hospital wards	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of referrals made to Reading treatment services from the RBH nurse posts	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	% of RBH nurse post referrals who attend their first	75%	Provider QUARTERLY report.	Service Improvement Plan reviewed	1 month after quarter end and two weeks prior

	appointment in the community.			with the DAAT on a monthly basis. Review of target appropriateness	to the Quality and Performance Quarterly Review Meeting
6	Number of referrals made to out of area treatment services from the RBH nurse posts	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	% of RBH nurse post referrals who attend their first appointment in out of area community services.	75%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	Number of assessments for community alcohol detox	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Number of community alcohol detox starts and number of starts within 2 weeks of being assessed as ready to proceed	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
10	% of community alcohol detox	80%	Provider QUARTERLY	Service Improvement	1 month after quarter end and

	successful completions		report. NATMS agency report to validate Local Theseus report	Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	two weeks prior to the Quality and Performance Quarterly Review Meeting
11	Number of assessments for inpatient alcohol detox	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
12	Number of inpatient alcohol detox starts	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
13	% of inpatient alcohol detox successful completions	80%	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

7. Access to residential detoxification, treatment and aftercare (Funding for Residential detoxification, treatment and aftercare is not included in the value of this contract)

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Number of Service users undertaking the application	Baseline in first quarter,	Provider QUARTERLY report.	Service Improvement Plan reviewed	1 month after quarter end and two weeks prior

	process for residential rehabilitation	then review	Local Theseus report	with the DAAT on a monthly basis. Review of target appropriateness	to the Quality and Performance Quarterly Review Meeting
2	Number of service users who start residential rehabilitation	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of service users who successfully complete residential rehabilitation	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

8. Focus on children and families, carers and safeguarding

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Improved relationships as evidenced through the TOP	Baseline in first quarter, then review	Provider QUARTERLY report. DTMU TOP report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	High data completeness/quality for all parenting fields (demonstrating issues are being	95% completeness	Provider QUARTERLY report. NATMS/NDTMS agency DATA COMPLETENESS	Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance

	addressed).		report to validate Local Theseus report	Review of target appropriateness	Quarterly Review Meeting
3	Number of children whose parents or an adult that they have regular contact with are seen by the service and the ages of those children.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of referrals made to children's services and/or the parental substance misuse service and the proportion accepted.	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	The number of child protection case conferences the Provider is invited to	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	% of child protection case attended and number of written reports for conferences provided	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

7	Number of referrals made to safeguarding adults and the number of safeguarding adult case conferences staff are invited to, number attended and number of written reports for conferences provided.	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	Number of assessments of personal, social and mental health needs offered to family members, carers or any one in a significant relationship with a service user	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Numbers referred to or receiving Behavioural Couples Therapy.	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

9. Recovery and aftercare

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Number of people with a recovery support intervention open during the month	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

			report	target appropriateness	
2	Activity undertaken to ensure that successful exits and positive experiences of treatment are visible to serviced users.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of volunteers, peer mentors or other non-paid staff.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Activity undertaken by the Recovery Champions including meeting dates and attendees.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	Number of Recovery Fund applications including the number that are accepted and the outcome for the service user or	Baseline in first quarter, then review N/A	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

	community.			target appropriateness	
6	Number of follow-up contacts made with those who have been closed to the service.	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	Number of service users accessing the aftercare programme.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	% of service users within the aftercare programme who return to structured treatment within six months of leaving the treatment system.	Less than 25%	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	Proportion of service users leaving treatment in a planned way with an EXIT Treatment Outcomes Profile completed broken down into primary drug and primary alcohol service users.	90%	Provider QUARTERLY report. NDTMS TOP Exception report to validate. Local Theseus report	Any QUARTER when threshold not reached: Data Quality Improvement Plan required.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
10	Number of OCU drug users completing treatment drug free	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate	Service Improvement Plan reviewed with the DAAT on a monthly	1 month after quarter end and two weeks prior to the Quality and

			Local Theseus report	basis. Review of target appropriateness	Performance Quarterly Review Meeting
11	Number of non-OCU drug users completing as an occasional user of drugs or drug free	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
12	Number of alcohol users completing treatment alcohol free	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
13	Number of alcohol service users completing as drinking within guideline limits	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
14	Number of representations of OCUs service users who start a new treatment episode anywhere in England within six months of completing treatment	Baseline in first quarter, then review	Provider QUARTERLY report. NDTMS monthly 'representations' (provider, client type: opiates) report YTD to validate	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
15	Number of representations of	Baseline in first	Provider QUARTERLY	Service Improvement	1 month after quarter end and

	non-OCUs service users who start a new treatment episode anywhere in England within six months of completing treatment	quarter, then review	report. NDTMS monthly 'representations' (provider, client type: opiates) report YTD to validate	Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	two weeks prior to the Quality and Performance Quarterly Review Meeting
16	Number of representations of Alcohol service users who start a new treatment episode anywhere in England within six months of completing treatment	Baseline in first quarter, then review	Provider QUARTERLY report. NATMS monthly 'representations' (provider, client type: opiates) report YTD to validate	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
17	Public Health Outcomes Framework Indicator 2.15 – Successful completion of drug treatment	Upper quartile performance for cluster group (opiates and non-opiates)	NDTMS and Public Health England	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

10. Effective user and carer involvement

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Number of individuals worked with by the user and carer involvement advocacy service, the nature of the contact and whether the individual was/is accessing treatment services	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

2	Number of complaints and comments received by the Provider and their resolution	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of instances of advocacy for users or carers	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Referrals made by the user and carer involvement advocacy service and where the referrals were for	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	Instances of training or consultation and numbers reached e.g. number of attendees for training or replies for consultations.	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	Other activities of the user and carer involvement advocacy service including instances of promoting	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly

	recovery and challenging negative public perceptions.			Improvement Plan reviewed with the DAAT on a monthly basis.	Review Meeting
7	Number and description of instances of recognition for user and carer contributions to the service such as being formally thanked and recognised positive feedback and acknowledgement , practical assistance, training, personal development or seeing the impact of the work and changes made as a result of involvement.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	% of staff and volunteers who have been trained in respecting Service User confidentiality and understanding the obligations contained with in the specification.	100%	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
9	User and carer feedback on existing services and further opportunities for engagement, monitoring and evaluation of services.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

11. Access to mutual aid and peer support

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Number of assertive referrals to mutual aid groups for primary alcohol service users	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	% of primary alcohol service users accessing mutual aid	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of assertive referrals to mutual aid groups for primary drug service users	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	% of primary drug service users accessing mutual aid	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
5	Number of assertive referrals to support groups	Baseline in first quarter,	Provider QUARTERLY report.	Service Improvement Plan reviewed	1 month after quarter end and two weeks prior

	for family members, carers or any one in a significant relationship with a service user	then review		with the DAAT on a monthly basis. Review of target appropriateness	to the Quality and Performance Quarterly Review Meeting
6	% of family members, carers or any one in a significant relationship with a service user known to be accessing mutual aid.	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

12. Support to access employment, training, education and volunteering

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Improved employment as evidenced by TOP	Baseline in first quarter, then review	Provider QUARTERLY report. DTMU TOP report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Details of the number of volunteers and mentors within the treatment system, and hours worked on average.	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Joint working activity undertaken by the	N/A	Provider QUARTERLY report.	Any non-reporting or lack of	1 month after quarter end and two weeks prior

	Provider and employment, training, education or volunteering organisations.			acceptable performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	to the Quality and Performance Quarterly Review Meeting

13. Support to access and sustain suitable accommodation

	Quality Performance Indicator	**Threshold**	**Method of measurement**	**Consequence of breach**	**Report/data Due**
1	Improved housing as evidenced by the TOP	Baseline in first quarter, then review	Provider QUARTERLY report. DTMU TOP report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
	% of those who are NFA or have a housing problem at the start of treatment That are no longer reporting a housing problem at treatment exit.	75%	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of service users referred to the Access Panel.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Joint working activity undertaken by the Provider and	N/A	Provider QUARTERLY report.	Any non-reporting or lack of acceptable	1 month after quarter end and two weeks prior to the Quality

	hostels or other homelessness services.			performance will require a Service Improvement Plan reviewed with the DAAT on a monthly basis.	and Performance Quarterly Review Meeting

14. Interventions aimed at improving mental and physical health and wellbeing

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Improved physical and mental wellbeing as evidence through the TOP	Baseline in first quarter, then review	Provider QUARTERLY report. DTMU TOP report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
2	Number of service users presenting with a mental health problem requiring treatment.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
3	Number of referrals made to local Community Mental Healthcare Teams and Talking Therapies (IAPT).	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Number of service users presenting with a physical health problem	Baseline in first quarter, then review	Provider QUARTERLY report.	Service Improvement Plan reviewed with the DAAT	1 month after quarter end and two weeks prior to the Quality

	requiring treatment.		Local Theseus report	on a monthly basis. Review of target appropriateness	and Performance Quarterly Review Meeting
5	Number of referrals made to primary health services for physical health problems.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	Joint working activity undertaken by the Provider and mental health services.	Baseline in first quarter, then review	Provider QUARTERLY report. Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	% of General Healthcare Assessments completed within 2 weeks of structured treatment starts.	100%	Provider QUARTERLY report. NATMS/NDTMS agency report to validate Local Theseus report	Service Improvement Plan reviewed with the DAAT on a monthly basis. Review of target appropriateness	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
8	Improved recording of dual diagnosis.	Data completeness of 95%	Provider QUARTERLY report. NATMS/NDTMS agency DATA COMPLETENESS report to validate Local Theseus report	Any QUARTER when threshold not reached: Data Quality Improvement Plan required.	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

15. Miscellaneous

	Quality Performance Indicator	Threshold	Method of measurement	Consequence of breach	Report/data Due
1	Confirmation of CQC registration	N/A	Provider QUARTERLY report. CQC registration confirmation	Immediate remedial action. Possible breach of contract which may lead to premature ending of contractual arrangement	Annually at the 1st quarter end
2	Evidence of compliance with Insurance requirements as detailed with the terms and conditions of this contract.	N/A	Provider QUARTERLY report. Relevant and up to date insurance certificates.	Immediate remedial action. Possible breach of contract which may lead to premature ending of contractual arrangement	Annually at the 1st quarter end
3	Accounts detailing contract spend to date and forecast for the next 6 months.	N/A	Provider QUARTERLY report. Provider accounts	Immediate remedial action if accounts are not forthcoming. Possible breach of contract which may lead to premature ending of contractual arrangement	1 month after quarter 1 and 4 ends and two weeks prior to the Quality and Performance Quarterly Review Meeting
4	Explanation of any changes made to the format of assessment tools including: ➢ Screening Tool,	N/A	Provider QUARTERLY report.	N/A	1 month after quarter 1 and 4 ends and two weeks prior to the Quality and Performance Quarterly

	➢ Triage Tool, ➢ Risk Assessment ➢ Full Comprehensive Assessment ➢ Care Plan ➢ Any documentation used to support the review of any of the above documents. ➢ Complaints procedure.				Review Meeting
5	Staffing changes	N/A	Provider QUARTERLY report.	N/A	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
6	Premises concerns or updates.	N/A	Provider QUARTERLY report.	N/A	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting
7	Any other matters to be brought to the attention of the DAAT.	N/A	Provider QUARTERLY report.	N/A	1 month after quarter end and two weeks prior to the Quality and Performance Quarterly Review Meeting

Adhoc reports such as Drug Related Death reports will need to be supplied to the DAAT as per the requirements contained within section three of the specification entitled 'Specific Services to be delivered'.

Local Theseus reporting is subject to the quality of the data input onto the system and will also be subject to Cyber Media's ability to provide such reports.

SECTION SEVEN

Data, Data Storing and Information Sharing.

Contract management and performance monitoring is an integral part of the contract and its continuation or termination.

The Provider is required to have its own internal performance management regime to monitor, improve performance and report through the Partnerships governance process.

The Provider must demonstrate a robust information governance system and be NHS Toolkit Compliant or ISO27001/2 to ensure compliance with all relevant legislation concerning information governance, see https://www.igt.hscic.gov.uk/about.aspx?tk=415695987352890&cb=14%3a21%3a48&clnav=YES&lnv=5

1.1 Data.

Data in relation to local and national targets must be supplied to the council as requested within agreed time frames and any additional costs in the production of such other data should be agreed with the council prior to the provision of that data.

Funding is dependent on the Provider maintaining performance standards as required by the council.

The Provider will ensure performance returns are submitted quarterly as per the council's requirements. This will consist of a report covering successful outcomes, referrals, recovery innovation, service developments and enhancements and other information about the service as considered necessary.

It is the Provider's responsibility to ensure adequate records are kept to ensure the completion of reports that meet the Council's requirements. This data is collected to allow the council to ensure that there are no blockages in referral routes, to identify if our services are reaching all potential Services Users, to allow for a commentary so that Reading DAAT can keep abreast of trends and cycles within service provision as well as ensuring the contract is providing best value for money.

Submission of annual audited account and grant spend will be required every 6 months or available upon request.

The Provider will be responsible for the accurate inputting of data which will record information about each Service User and the service they receive. The Provider must use the partnerships Theseus database as provided by Cyber Media or any such database as may be commissioned by Reading DAAT during the lifetime of this contract. The Provider is also responsible for ensuring that they upload data from Theseus to NDTMS or any such drug and alcohol monitoring system as may be in place during the

lifetime for this contract. The Provider is responsible for ensuring that a suitably authorised and qualified data controller is responsible for that database and that all its staff are trained to use the system to the required standard as per their role within the service. Within the first 8 weeks of the contract commencing, the DAAT will fund training on Theseus for 2-3 key staff who will then train all staff within the Provider's organisation. The Provider will be required to inform the DAAT of a date for such training to take place once contract has commenced.

Reading DAAT own the data contained within the database and as such has access to this data. Reading DAAT collects data by requiring the Provider to provide data to a prescribed format that matches NDTMS (National drug treatment monitoring system) and NATMS (National alcohol treatment monitoring system) specifications. The information recorded on Theseus will include a copy of the service users Care Plan which includes risk assessments and outcomes of subsequent reviews, recorded using the TOP.
Any guidance or amendments that are issued by the council about data collection should be considered as an addendum to this specification.

The Provider will be required to comply fully with guidance describing data collection processes to record all aspects of the care pathway – assessments, care planning, care delivery, care plan reviews and discharge from care.

It is the Provider's responsibility to ensure service users are aware of and able to give informed consent and sign the Confidentiality form (Appendix 6)

1.2 DATA Storing

The Provider will be the data controller for the life of this contract and are responsible for the processing and pertaining service user information in receipt of care and information used for reporting purposes. At cessation of the contract, the Provider will return all data, both soft and hard data to Reading Borough Council.

The Provider will be responsible for all data storing which includes storage and confidentiality of information held on any such IT equipment i.e. PCs or hand held equipment and will be held accountable in the event of a breach of data handling.

The Provider will further ensure their confidentiality procedures and protocols regarding Exchange of Information/Confidentiality Form(s) are complied with on every occasion.

The Provider must fully indemnify Reading Borough Council against all losses, actions, claims, proceedings or damages of whatsoever nature arising from a breach.

1.3 Information Sharing

Information sharing is needed to assure continuity of care and treatment. It is important to ensure consistency in the way in which information is shared.

The Provider will develop clear and robust information sharing protocols with relevant partners and third parties that clearly define under what circumstances confidentiality may be breached.

The Provider must comply with the Data Protection Act 1998 and Human Rights Act 1998.

SECTION EIGHT

Minimum service standards

The following documents have been consulted with to frame this specification. This list is not exhaustive and other relevant guidelines should be considered and adhered to.

Harm reduction, specialist needle exchange, the prevention of drug related death or injury and overdose.

- Building recovery in communities: a summary of the responses to the consultation. NTA 2012.
- Needle and syringe programmes: providing people who inject drugs with injecting equipment, NICE public health guidance 18 NHS, Feb 2009,
- Improving services for substance misuse Commissioning drug treatment and harm reduction services, May 2008 Commission for Healthcare Audit and Inspection.
- Drug-related deaths: setting up a local review process, NTA 2010.

Structured Psychosocial Interventions

- Medications in recovery re-orientating drug dependence treatment. July 2012.

Pharmacological Interventions and delivery of a shared care system

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- Delivering quality care for drug and alcohol users: the roles and competencies of doctors, A guide for commissioners, providers and clinicians. September 2012, Royal College of Psychiatrists
- Drug Misuse and Dependence – Guidelines on Clinical Management 2008. September 2007, Department of Health.

Interventions to reduce crime, reoffending and anti social behaviour

- Employment and housing: resource pack for needs assessment, NTA, 2010.
- Estimating the crime reduction benefits of drug treatment and recovery, NTA 2012
- The impact of drug treatment on reconviction, NTA, 2012.
- Reducing drug-related crime and rehabilitating offender's recovery and rehabilitation for drug users in prison and on release: recommendations for action, Professor Lord Patel, 2010.
- Breaking the link, The role of drug treatment in tackling crime. NTA, 2010.

Freedom from dependence on Alcohol

- The Government's Alcohol Strategy, HM Government, March 2012.
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, NICE 2011.
- Alcohol-use disorders: preventing the development of hazardous and harmful drinking, NICE 2010

- Models of care for alcohol misusers (MoCAM), NTA 2006.
- 2013/14 general medicalservices (GMS) contract, NHS England 2013
- Local Routes: Guidance for developing alcohol treatment pathways, Dept oh Health 2009
- www.alcohollearningcentre.org.uk 2013
- Local Alcohol Profiles for England www.lape.org.uk 2013

Access to residential detoxification, treatment and aftercare

- The role of residential rehab in an integrated drug treatment system, NTA 2012.

Focus on children & families and carers and safeguarding

- Think Family: Improving the life chances of families at risk, Cabinet Office, 2008.
- Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services, NTA, 2011.
- What works in promoting good outcomes for children in need where there is parental substance misuse? Social Services Improvement Agency, Wales 2007.
- Drug strategy 2010 Reducing Demand, Restricting Supply, Building Recovery : Supporting People to Live a Drug Free Life. HM Government, 2010
- Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. Dept for children, schools and families, March 2010.
- Supporting and involving carers. A guide for commissioners and Providers. National Treatment Agency for Substance Misuse. September 2008.
- The NTA overdose and Naloxone training programme for families and carers, NTA 2011.
- Recovery from drug and alcohol dependence: an overview of the evidence, Advisory Council on the Misuse of Drugs, December 2012

Recovery and aftercare

- Medications in recovery re-orientating drug dependence treatment. July 2012.

Effective user and carer involvement.

- NTA POLICY ON INVOLVEMENT OF USERS AND FAMILY MEMBERS, NTA, March 2008
- Ref: “Nothing about us, without us” The English user representatives’ report from the 2007 International Harm Reduction Association Conference, NTA, 2007.

Access to mutual aid & peer support

- Medications in recovery re-orientating drug dependence treatment. July 2012.

Support to access employment, training, education and volunteering

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- Employment and recovery a good practice guide, NTA, 2012.

Support to access and sustain suitable accommodation

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- A guide to improving practice in housing for drug users, Drugscope

Interventions aimed at improving mental and physical health and wellbeing

- Medications in recovery re-orientating drug dependence treatment. July 2012.
- Mental health policy implementation guide: Dual diagnosis good practice guide, DoH, May 2002
- Recovery from drug and alcohol dependence: an overview of the evidence, Advisory Council on the Misuse of Drugs, December 2012

SECTION NINE

Location of services for this contract

The contract will operate in a variety of locations to facilitate all the needs of Reading and its population. All locations should provide a reception that generates a warm, welcoming, non judgemental and comfortable atmosphere with non-authoritarian and informed reception cover at all times. The reception is a critical service which will promote recovery and will be monitored in line with performance and contract management. Protocols should be in place to ensure that confidential conversations are not discussed openly and that staff safety is a priority at all times balancing this with an engaging service.

The following locations are initially to be provided by Reading Borough Council to the Provider at a peppercorn inclusive of the rent for the delivery of this contract to service users. Reading Borough Council has deducted an appropriate amount from the total budget value of the contract in order to cover the rent at:

Skylight House,
Waylen Street
Reading
RG1 7UR
The building is owned by Reading Borough Council.
(Services currently working from this location are Criminal Justice Intervention Team, Prescribing Team and Advocacy Services. A mental health team called Working Together For You (Not part of this contract), also occupy this building and it is expected that they will continue to share the building with drug and alcohol services.)

Estimate number of professionals who work from this building – 38

159 Oxford Road
Reading
RG1 7UY
The building is leased in by the Council on a Lease which expires on 20 April 2015. The Lease does not have security of tenure and therefore there is no guarantee that the owner will renew the Lease.
(Structured day programme team and the Crèche currently operate from this building)

Estimate number of professionals who work from this building - 26

38 Queens Road
Reading
RG1 4AU
This building is leased in by the Council on a lease which expires 12 May 2016. The lease does not have security of tenure and there is no guarantee that the owner will renew the lease in 2016.

On 6 months notice in writing to the owner, the Council may terminate the lease in the event that it has been refused further funding for such service.

(Open access and Tier 2 Team currently work from this building. There is a Floating Support Team (Not part of this contract) who also occupies this building and it is expected that they will continue to share this building with drug and alcohol services.)

Estimate number of professionals who work from this building – 20

In some cases, the Provider may be required to make arrangements to provide services for their service user outside the building in the community or in client's own homes. The necessary risk assessment and policies must be in place for this to take place.

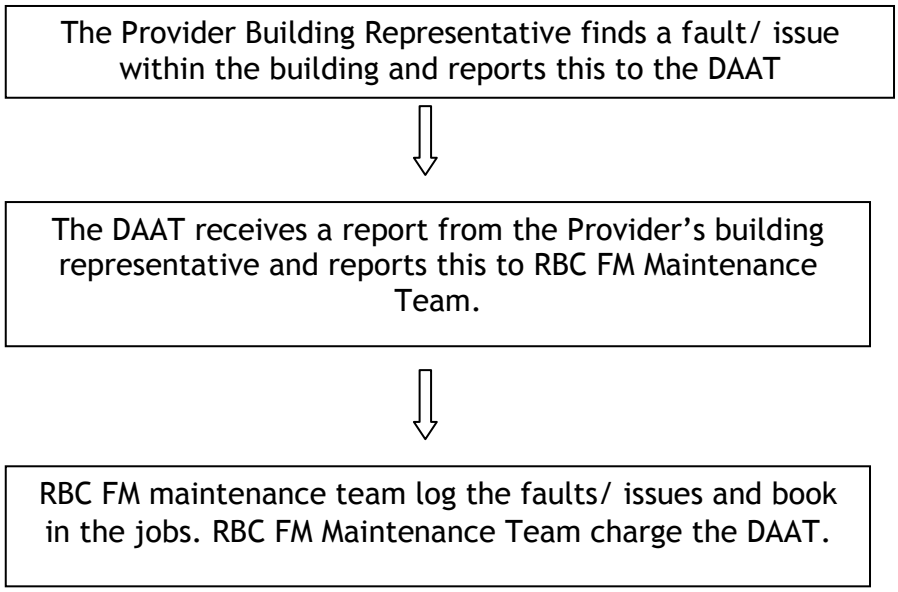
Locations are subject to change but full consultation and support will be offered should this location be changed at any time during the contract period.

Use of 159 Oxford Road and 38 Queens Road will be by way of a sharing agreement with the Council in accordance with the terms of the lease.

In the event any of the above locations prove to be unavailable the Provider will be required to find suitable accommodation, and obtain the necessary planning consent if necessary, in Reading Town Centre in consultation with Reading Borough Council as to suitability and cost (cost to be reimbursed).

Maintenance – Reporting Mechanism Procedure

The Provider will be required to nominate a building representative who will liaise with and contact Reading DAAT to report any maintenance issues within any of the three buildings listed above. The DAAT will cover all maintenance costs except in circumstances where the Provider is at fault by accidental or deliberate damage.



List of Provider responsibilities for all buildings

The Provider will be responsible for the following charges:

- Cleaning – This will be provided by Reading Borough Council Cleaning Department and costs will be re-charged to the Provider. Note: This does not include consumables. Reading Borough Council will invoice the Provider on a quarterly basis for all cleaning costs and consumables ordered.
  The following are estimates (subject to change) of the cleaning costs for each premises:
  127 Oxford Road/ 4 Waylen Street – Approx pa £ 13,481.29
  38 Queens Road – Approx pa £ 7,137.52
  159 Oxford Road – Approx pa £2,137.66
- Utilities (Electric, Gas, Water) – Provided through Reading Borough Council's corporate pricing plan. Reading Borough Council will invoice the Provider on a six monthly basis for utilities.
  The following are estimates (Subject to change) of the utility costs for each premises:
  127 Oxford Road/ 4 Waylen Street – Approx pa £3651.19
  38 Queens Road – Approx pa £ 4800.00
  159 Oxford Road – Approx pa £ 1995.77
- Sanitary Waste – Providers responsibility
- General waste – Providers responsibility
- Confidential waste – Providers responsibility
- Business Rates – Providers responsibility
- Building Security charges – Providers responsibility
- Courier/ mail services – Providers responsibility
- Furniture – Providers responsibility.

- Gardening – Providers responsibility

Costs covered by Reading Borough Council:

Maintenance of the Gas boiler – Provided through Reading Borough Council's corporate contract and costs are covered by Reading DAAT.

Internal and external repairs – Any Repairs must be reported to the DAAT who will report to Reading Borough Council's FM Maintenance Team. The FM Maintenance Team will charge the DAAT who will cover these costs.

Fire Alarm servicing/ repairs – Provided through Reading Borough Council's corporate contract and costs are covered by Reading DAAT.

Reading Borough Council is responsible for carrying out fire, legionella and Health and Safety checks within all three buildings. However, the Provider is required to undertaken its own internal safety checks and has a duty to ensure health and safety requirements are met at all times.

Minimum delivery requirements for the contract

1. The Provider will be required to give details of service design to include proposed locations of the required service and interventions.

2. The Provider must provide an accommodation strategy before the implementation of the contract consisting of how the three buildings will be utilised to deliver this contract.

3. The Provider is required to provide and operate all premises within the contract price.

4. The Provider will be required to undertake regular risk assessments and independent internal health and safety checks on all premises.

Floor Plans (Appendix 8)
38 Queens Rd – PDF File
159 Oxford Rd – PDF File
127 Oxford Road/ 4 Waylen Street – PDF file.

SECTION TEN

Services Provided by Partners in Reading

Delivery of drug and alcohol treatment in Reading relies on services provided by partners in the voluntary and statutory sector. These services are not required to be delivered by this contract but the Provider will need to be aware of the referral routes and ensure good joint working arrangements are in place.

Peer Support for Drug and Alcohol Use

Alcoholics Anonymous (AA) – Described on their website as a 'fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism'. AA follow a '12-step' programme of recovery based on a system first developed by AA in 1939. Alcohol users can access several meetings in Reading at venues including St. Anne's School in Caversham (North Reading), English Martyrs Church (West Reading), Emmanuel Church, Oxford Road (West Reading), Greyfriars Church (town centre) and Wesley Methodist Church (East of town centre). Meetings are available locally on each day of the week. Reading residents can attend meetings in Reading or in any other locality.

Narcotics Anonymous (NA) – Based on the same principles as AA, NA offers similar support for those for whom drugs had become a major problem and who wish to stay clean. NA also uses the 12-step programme. A regular meeting takes place in Reading on Thursday evenings at the New Hope Community Church to the Northeast of the town centre. There are nearby meetings in Wokingham (Tuesday evenings), Bracknell (Saturday evening), Maidenhead (Monday evenings), Slough (Thursday evenings), and Basingstoke (Friday evenings). Reading residents can attend meetings in Reading or in any other locality.

SMART Recovery – SMART Recovery is a programme of mutual aid offering an alternative 4-point recovery programme based on motivational techniques and cognitive behaviour therapy for those seeking abstinence from addictive behaviours. The programme is open to anyone with an addiction of any kind, including drugs, alcohol, nicotine, caffeine, food, sexual behaviour, gambling, etc. Volunteer meeting facilitators are trained in SMART Recovery techniques and methodology. A regular meeting takes place in Reading at Reading DAIS' premises in Queens Road (East of town centre) on Monday afternoons. Although this meeting is supported by DAIS, it is a peer support group facilitated by a peer facilitator and does not rely on partnership with Reading DAIS. There is a nearby meeting in Slough on Friday afternoons. Reading residents can attend meetings in Reading or in any other locality.

CAST – Community Alcohol Support Team – part of RUF run by volunteers focusing on alcohol misuse. Holding several weekly peer led support groups, including a group for women only.

Hostels and Housing Advice and Support

Reading Borough Council Housing Advice Service – drop in service, telephone advice and appointments for housing advice on a range of housing options and including statutory Homelessness assessments.

Reading Borough Council Deposit Guarantee Scheme – provides deposits and support for homeless families and young people to allow them to access and maintain private rented accommodation.

Holly Tree House, Orchard House, and Sahara House – provided by Berkshire Women's Aid (see Services for Women below) providing accommodation in 24 individual household units for women only.

Reading YMCA – provides accommodation in 40 individual household units for young people at risk or with complex needs.

Elizabeth Fry Approved Premises – provides accommodation, support and monitoring for 21 women over 18 on bail, post custody license (including home detention curfew) and community sentences including drug rehabilitation requirements and suspended sentences. Accommodation is not restricted to individuals with a local connection and is for offenders assessed as presenting a high risk of harm to others and referral via Probation, Courts or Prisons only.

St Leonards Approved Premises – – provides accommodation, support and monitoring for 22 men over 18 on bail, post custody license (including home detention curfew) and community sentences including drug rehabilitation requirements and suspended sentences. Accommodation is not restricted to individuals with a local connection and is for offenders assessed as presenting a high risk of harm to others and referral via Probation, Courts or Prisons only.

Hostels and other types of supported accommodation for homeless people in Reading have joined together to form a 'Homelessness Pathway'. The aim is to give individuals the right amount of support at the right time so that they can get their own independent accommodation as soon as they are ready. There are different levels of support stages with stage one being the highest level of support. Individuals must be referred for supported accommodation by a support worker or other professional working with them.

Garner House, Pell Street – 7 beds at Stage two of the Homelessness Pathway. Support with developing life skills and tenancy sustainment.

Launchpad Reading – provides more than 100 beds at stage two and three of the Homelessness Pathways, including supporting needs of young people and those with drug and alcohol problems.

Hamble Court – Stage one and Stage two of the Homelessness Pathway – Intensive support and staffed 24hrs a day. Thirty five beds for adults, including those with drug and alcohol problems.

Salvation Army, Willow House – Stage one and Stage two of the Homelessness Pathways. Accommodation for adults including those with drug and alcohol problems.

Shepton House and Southampton Street, Ability Housing Association – provides accommodation and support for 26 individuals with support needs at Stage two of the Homelessness Pathway.

Waylen Street – 9 beds at stage two of the homelessness pathway.

Floating support – includes support in accessing and sustaining accommodation, claiming benefits, help with drug and alcohol use, accessing training, education and employment.

Services for Homeless People

Access Panel - The Access Panel is a multiagency panel that meets weekly to review applications for supported housing and floating support and manage the waiting lists for these services. Referring agencies are required to complete a Comprehensive Assessment Form (CAF, Appendix 1).

Churches in Reading Drop-In Centre (CIRDIC) – offers a drop-in service for homeless and disadvantaged people in Reading including meals, clean clothing and toiletries, bath and shower facilities, use of telephone and postal address and access to and links with specialist services such as healthcare, housing advice and drug and alcohol treatment Providers.

Street Outreach – Street-based team providing help to refer street homeless individuals into accommodation where they can be supported and to help them to access other services such as primary healthcare and drug and alcohol treatment.

Volunteering

Reading Voluntary Action (RVA) – supports Reading's voluntary and community sector by providing information, access to resources, volunteer recruitment and training to people who work in or with charities, community groups and voluntary organisations. Drug services work in partnership with RVA to 1) recruit, support and manage volunteers who provide support with service delivery and 2) provide access to mainstream volunteering in the local area for drug and alcohol users.

Employment, Education and Training Support

Job Centre Plus (JCP) – provides help to access appropriate benefits and support with looking for employment or volunteering opportunities. Those

who disclose drug or alcohol problems to their JCP Adviser may be able to receive a referral for treatment and additional support to find and maintain employment. Job Seekers will be assigned to a Work Programme Provider who will support them to access opportunities and sustain employment.

Graft – Currently funded through Big Lottery funding, supports a range of individuals from disadvantaged backgrounds into employment, training and other work-related activities. Support is available to drug and alcohol users at any stage of recovery, including those engaged with substitute prescribing, and is provided on a one-to-one basis. Advisers can provide help with job searching, CV writing and updating, training in confidence building and work skills, work experience opportunities and signposting and referral to specialist support and professional careers advice.

National Careers Service – provides online services and tools to help individuals to assess their skills, determine learning goals and identify training Providers and free careers advice from an adviser either by phone or face-to-face at the National Careers Service Office.

New Directions – Reading Borough Council's Adult Learning Service, provides adult and family learning and employment services. Employment services are usually free of charge and most courses are subsidised by the Government. Adults receiving Job Seekers Allowance or Employment Support Allowance can enrol on courses in GSCE Maths and English, the European Computer Driving License and working in hospitality and working in warehousing for free and can apply for support with childcare and costs of materials. Other courses, in subjects including first steps in IT and healthy cooking and eating are also available free of charge.

Families and Carer Support

Berkshire Carers Service – provides support and information to families and carers in Reading, including those who look after someone who is an alcohol or drugs user. Support can include confidential counselling, information about accessing health and social care services, and help with claiming benefits and filling in forms.

Reading Young Carers Project – Specialist youth service delivers 3 weekly clubs term time for young carers aged 5-19. (Approx 70 young carers attend per week).

Parenting Support

Parental Substance Misuse Service (Children's Services, RBC) – provides a link between drug and alcohol treatment and RBC Children's Services. The team are based in the RBC Access and Assessment team and provides Social Workers with information around drug and alcohol use and helps to link service users into appropriate treatment. The service also provides support to drug and alcohol practitioners in cases where they identify situations where children may be put at risk.

Parenting Specialist, Source (drug and alcohol service for Young People) – Source's parenting specialist provides support for parents of young people using drugs or alcohol. This can include working with parents individually, with both parents, or including both parents and the young person.

Services for Young People

Source (drug and alcohol service for Young People) – provides information, advice, support and drug and alcohol treatment to young people (under 18 years). Young people can access group work sessions, informal one-to-one support or more formal psychosocial treatment, substitute prescribing for those who are opiate dependent, and assessment and referral to inpatient or residential services. Young people can also access general and sexual health advice and information and screening for blood borne viruses. Source also provides a range of advice and information sessions in community and outreach settings, such as youth clubs and 'hot spots' highlighted by CATs and community teams.

Children's Action Teams (CATs) – four CATs cover specific geographical areas of Reading (North, South, East and West) and link to existing local resources such as Children's Centres, Youth Centres and Schools. Each team includes a range of expertise including family workers, mental health workers, education welfare officers, health visitors and school nurses.

Services for Women

Alana House – A women's community project funded by Thames Valley Probation and run by Parents and Children Together (PACT) open to all women experiencing problems and offering access to counselling, support for abuse victims, help with managing debt, and access to other health and social care services.

The Rahab Project – Offers support, befriending and advocacy for sex workers and anyone who has been exploited in the sex industry. Night time outreach teams operate weekly in West Reading and distribute free contraception, sanitary products, alarms, and soft drinks, as well as offering practical and emotional support.

Berkshire Women's Aid (BWA) – provides support and advice to **all** victims of domestic abuse, and provides refuge accommodation to women and their children. There are 24 individual beds for women provided in 3 facilities in Reading. Outreach staff will also meet or visit women who do not wish to enter a refuge.

Mental Health Services

Berkshire Healthcare NHS Foundation Trust (BHFT) - Assess and work with people who have severe and complex mental health difficulties. Offer support to carers and family members through education therapy. The

service consists of professionals from a range of disciplines including psychiatrists, nurses, occupational therapists, psychologists, psychotherapists, social workers, personal budget workers and administrative staff.

Health Services

Thames Valley Positive Support – Sexual health charity offering support to those affected by HIV. Services are available from Bridge Hall in the Oxford Road on Mondays and Wednesdays and include: support from a support worker or access to counselling; a drop-in service; training in subjects such as money management, confidence building and handling disclosure; advice on health and nutrition; and free contraception. A second centre operates from Slough.

Debt and Legal Advice

Citizens' Advice Bureau (CAB) – provides free, independent, confidential and impartial advice to everyone on their rights and responsibilities and practical support to resolve problems and queries on debt, benefits, employment, and housing, as well as legal advice about family and relationship issues and advice information about healthcare and education.

Reading Community Welfare Rights – provided by Advice UK, this unit provides specialist advice to support its clients to access appropriate welfare benefits, and resolve debt and housing problems.

Criminal Justice System

Reading Probation – provides supervision of those serving sentences in the community and prisoners released into the community on license. Also provides information to local courts to inform sentencing decisions.

DIVERT scheme – A community mental health service working with those who are involved in criminal activity and also have a mental health problem.

Custody Intervention Programme – Thames Valley Police commission the programme within custody to provide the following to adults:

- Desk top assessment of every person detained in the specified custody suites for drug, and/or alcohol issues;
- Prioritise service users for intervention, coordinated with other custody functions and risk assessments;
- Proactively engage with service users in the cells;
- Advice, information and brief interventions for alcohol users in the custody environment;
- Advice, information and brief interventions for any illicit drug users in the custody environment;
- Mandatory drug testing of those who are unwilling to engage with custody based interventions on a voluntary basis;

- Completion of drug testing paperwork as appropriate;
- Completion of the first RA in custody and associated paperwork for relevant people;
- Onward referral for those needing a second RA to the Criminal Justice Intervention Team (CJIT)[4] service in Reading or their equivalent in West Berkshire and Wokingham using the arrangements agreed locally;
- Onward referral to the CJIT service in Reading or their equivalent in West Berkshire and Wokingham for those assessed as requiring access to structured drug and/or alcohol treatment;
- Onward referral to harm minimisation and/or brief intervention services for drug and alcohol users who are either assessed at being not ready to engage in structured treatment or assessed as requiring a lower level intervention;
- To liaise with the CJIT/Integrated Offender Management (IOM)[5] team to maximise opportunities for engagement of offenders;
- To undertake drug testing upon arrest of a trigger offence when the offender does not engage voluntarily;
- Where appropriate, to seek Inspector's authority to drug test those arrested for non-trigger offences, where the offender does not engage voluntarily;
- Completion of the Drug Intervention Record (DIR)[6] in custody;

Contracts commissioned by Reading DAAT

Needle Exchange contract

Reading DAAT entered into a contract with Frontier Medical Group that runs from January 2012 – January 2016 to provide the needle exchange contract. Frontier Medical provide a range of products including syringes, a range of barrels and needles, swabs, water, stericups and acidifiers and they are required to operate a delivery service to our needle exchange fixed site and pharmacies. Frontier does not provide a waste management service. The Provider is responsible for ordering goods and co-ordinating delivery times and dates for its service locations.

[4] Criminal Justice Intervention Team (CJIT) - Based in the community, and working in or with police custody suites and courts, CJIT's provide a gateway into treatment for offenders. They case-manage offenders, coordinating the response from different agencies, such as the police and prison service. Judges and magistrates take CJIT assessments of drug-misusing offenders into consideration when making bail and sentencing decisions.

[5] Integrated Offender Management (IOM) - Integrated Offender Management is an overarching framework that allows local and partner agencies to come together to ensure that the offenders, whose crimes cause most damage and harm locally, are managed in a coordinated way. Local integrated offender management approaches differ from area to area, reflecting local priorities, but there are common key principles. These include: all partners tackling offenders together, delivering a local response to local problems, offenders facing their responsibility or facing the consequences, making better use of existing programmes and governance and all offenders at high risk of causing serious harm and/or re-offending being 'in scope'.

[6] Drug Intervention Record (DIR) - During the initial assessment of service users who come into contact with the DIP programme, information about their needs is gathered using a form called the DIR. The DIR was introduced in 2005, but was revised in 2009 in order to capture data in line with the National Drug Treatment Monitoring System.

SRCL

SRCL currently provide the waste collection contract and is funded by Reading DAAT. This organisation will collect all clinical waste from location sites. The Provider is responsible for ordering goods and co-ordinating delivery times and dates for its service locations.

Recovery Fund – Reading DAAT hold a Recovery Fund between £10,000 - £20,000 pa (not part of this contract) which is available to be spent on service users or projects with an evidenced impact on the recovery of people in Reading. Service users, with the support of the Provider can apply for money for their own recovery or for initiatives that could help a number of their peers as well and anyone whom is engaged with treatment service in Reading can apply. It is recognised that treatment is only half of the journey to recovery and it is the positive activities away from services which put into practice contribute to making a difference. It is acknowledged within the field that recovery is helped by the following five factors and the application for funding needs to fulfil at least one of the below:

- Connect – With people around you, go to meetings (SMART Recovery, AA, NA)
- Be active – Do something, go for a walk, garden or exercise
- Give – Do something for someone else, volunteer
- Keep Learning – Try some thing new and find your passion
- Take Notice – be curious and be present.

SECTION ELEVEN

VALUE

Reading Borough Council reserves the right to make changes following the introduction of new government guidelines. Reading DAAT will inform the Provider on a year by year basis the annual contract value. This contract may need to be adjusted within the contract price and will result in a variation of the contract. For the avoidance of doubt this could include reduction/s in the annual budget/s. In the event of any variations, full consultation will be carried out with the Provider.

The estimated value over the lifetime of this contract is between £5,733,333 and £10,219,333 GBP; this includes the cost of contract delivery, staff and accommodation costs (this does not include rent costs of the three premises). This has been calculated as follows:

1st Oct 2014 – 31st Mar 2015 - £965,727

1st April 2015 – 31st March 2016 - £1,912,162

1st April 2016 – 31st Mar 2017 - £1,903,629

1st April 2017 – 30th Sept 2017- £951,815

Appendix 1

COMMON ASSESSMENT FORM (CAF)

Worker	
Agency	
Worker telephone number and email address	
Time worked with client	
Date of assessment/review	

Client name	
Contact number	
Date of birth	
Address/living arrangements	
Gender	
NINO	
Income	
Nationality/status in the UK	

Referral route	Access Panel	☐
	Move On Options Panel	☐
	Care Leavers Queue	☐
	Young Persons Housing and Support Panel	☐
	Homechoice	☐
Conditions of worker-client contact	Visit in pairs	☐
	Male worker only	☐
	Female worker only	☐
	Unknown	☐
	Other (please specify)	

What are your client's **primary** and **secondary** support needs?		
Is your client eligible for **adult social care** services?		
How does your client describe their **ethnic origin**?		
Which of the following	Heterosexual ☐	Prefer not to ☐

options best describes **how your client thinks of themselves**?	(straight) ☐ Gay or lesbian ☐ Bisexual ☐ say ☐ Other (please state)
What is your client's **religion**?	No religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other (please state)
Next of kin including relationship and contact details	
Does your client have **any children**? please give details including names and dates of birth	
Do their **children currently live with them**? if not, please give details of current living arrangements	
Is your client currently **pregnant**?	
What type of **identification** is your client able to provide?	
Details of any **pets**	

HOUSING HISTORY

This section must be completed in full. Do not use 'NFA'. If your client has been staying between friends then please give addresses. If they cannot remember the house number, give street name. If they cannot remember street name, give area of town/city. If sleeping rough, give exact location.

Please give full housing history for the last **5 years** (current housing situation first):

Housing/homelessness details (if housed give landlord's name)	Dates	Type of tenancy	Why did it end?

Reasons for moving on from current/most recent accommodation for example: if evicted please give reasons why; if in custody/hospital please give release/discharge date	
How long has your client **lived within the Reading borough?**	
Details of **immediate family connections** (including addresses) within the Reading borough	
Details of any **rough sleeping history** including lengths of time, location and reasons leading to rough sleeping	
Details of **living in supported accommodation in the past** including any rent arrears or difficulties sharing	
Details of any **money owed to Reading Borough Council, Housing Associations or supported accommodation providers** including former tenant arrears and Deposit Guarantee Scheme debts	

LIVING SKILLS AND SUPPORT NEEDS

Please summarise below how your client is able to manage with the following independent living skills, giving relevant details on whether partner agencies will be putting support in place for them:

Cooking/cleaning/shopping	
Emotional and mental health including social skills	
Budgetary and money management including payment of rent	
Personal hygiene	
Basic skills including literacy, numeracy and form filling	
Access to education, training and employment	
Offending	
Substance use	
Tenancy sustainment including antisocial behaviour issues, rent arrears and evictions	
Other including any other addictive behaviour (for example gambling)	

Is your client currently experiencing any kind of **domestic violence**? please give details and where appropriate complete a DASH	

CURRENT AND/OR RECENT SUPPORT

Please specify any agencies involved with your client and if possible the names of people providing support (for example care coordinator, social worker, district nurse, probation officer):

Worker	
Agency	
Worker telephone number and email address	
Date of last contact	

Worker	
Agency	
Worker telephone number and email address	
Date of last contact	

EDUCATION, EMPLOYMENT AND TRAINING

Details of current **education** including where studying	
Details of current **employment** including income	
Details of current **training** including dates	
Details of all current **welfare benefits**	

REASONS FOR REFERRAL

Reasons for referral including why your client needs support, expanding on any support needs and including any information that will help work safely and effectively with your client	
Client comments including whether they agree with the information provided and whether they feel there is further relevant information	

OFFENDING

Offending history including dates and please attach OASys2 as necessary	
Current legal status including whether on police or court bail and whether statutory or voluntary IOM	
Details of any programmes attended	

SUBSTANCE USE

History of substance use including length of time using and amount/method of use	
Current substance use including amount used per week	
Treatment history including current prescriptions and motivation to change	

ALCOHOL USE

History of alcohol use including length of time drinking and impacts on functioning	
Current alcohol use including amount consumed on a typical drinking day	
Treatment history including work with agencies and motivation to change	

MENTAL HEALTH

Details of any mental health diagnoses	
Current medication or treatment including dosages	
History of mental health and involvement with services including any hospital admissions and whether subject to s.117	

PHYSICAL HEALTH

Details of any physical health diagnoses	
Current medication or treatment including dosages	

History of physical health and involvement with services including any hospital admissions	

LEARNING DISABILITIES

Details of any **learning disabilities**	
Current links with any **learning disability services**	

RISK ASSESSMENT

This section must be completed in full or your client cannot be considered for accommodation. Please give comprehensive details of any known risks/triggers that need to be known by other agencies in order for support work with the referred person to be carried out safely and effectively. Providers rely on the thoroughness and accuracy of the information that you give in this section to ensure the safety of all of their service users and staff. Non-disclosure of risk can result in inappropriate placements and is not in the interests of your client.

Date of assessment/review	
Details of any current or previous **MAPPA** or **MARAC** involvement	
Details of any **self-harm, aggression, violence, arson or injurious behaviour**	
All known incidents of **dangerous behaviour** including nature of incident and dates	

What is the likelihood and level of the risk? are there any particular social groups who it would be best if your client were not housed near? Please give details, including groups to be avoided, why and the level of risk	
Any other risk that support or accommodation staff need to be aware of	
What is your client's **perception of risk?** Are they **aware that risk information is collected?**	

CLIENT CONSENT TO SHARE PERSONAL INFORMATION

You are asked to consent to personal information about you being shared with other agencies when it is appropriate to do so. Most agencies involved in providing services are required by law to cooperate to improve the wellbeing of vulnerable adults, but require your consent to do so.

The purpose of sharing information is to enable suitable services to be provided through a better understanding of strengths and needs. It will also prevent you from having to repeat the same information to several services. Any information supplied on this form is confidential, but will be shared on a 'need to know' basis among agencies involved in your housing.

In some circumstances, information can be shared between agencies without consent, for example where information sharing may prevent a crime or safeguard the welfare of a vulnerable adult or young person. Even in these circumstances it is normal practice to obtain consent wherever possible.

I give my consent for the information collected on this form, to be shared for the purpose of referrals with appropriate agencies. The intention of this information sharing is to help me access support and accommodation services that are appropriate to my needs.
I understand that by signing this form I will not affect my rights under data protection law or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying my key worker.

Client signature …….

Date …….

Print name……

FOR COMPLETION BY THE REFERRING AGENT FOR ALL FORMS SUBMITTED ELECTRONICALLY

Please read the following statement carefully: I can confirm that my client has read, understood and signed the above Client Consent to Share Personal Information and that my agency holds a paper copy on file. I understand that in every case it is the responsibility of the referring agent to ensure that consent to share personal information has been agreed to.

I agree to the above statement:
Yes ☐ No ☐

Date:

FAIR PROCESSING NOTICE

What is the purpose of collecting this data?

The information given in this form is collected by Reading Borough Council to help discharge its responsibilities to housing applicants and those who present as homeless or in danger of becoming homeless and to ensure that appropriate support services are offered where necessary.

Who will have access to it?

The data is accessed by staff working in Housing Services which has a number of functional areas, for example Housing Advice, Neighbourhood Management and Income Management. Staff in each area can access the data that is essential to the performance of their duties. A small number of audited senior users across other departments in Reading Borough Council can also access the data.

We supply information to Reading Borough Council's Corporate Investigation and Housing Benefit teams that we suspect has not been reported about any changes in household income and household make up for the purposes of preventing fraud and overpayments of Housing Benefit. We will also supply the Council's Corporate Investigation team personal information for the purposes of data matching with the National Fraud Initiative in line with the Audit Commission.

How will it be stored?

The data is stored in two IT systems known as OHMS and Information@Work which are both supplied and supported by a private commercial company named Northgate.

How long will it be stored for?

We will keep the data for seven years from the point it ceases to be active.

How can the data subject have access to it?

The data subject can have access to this data if they make a "subject access request" by completing a form and providing relevant identification plus a £10 fee.

Who might this data be shared with and for what purpose?

In addition to the accommodation and support services that the information in this form may be used to make direct referrals to, the data may be shared with the following agencies:

LOCATA: we have a one-way interface from the OHMS system to a third party company named Locata, a specialist company who manage the Council's choice based lettings system - Homechoice at Reading. The information they receive includes details of property stock (address, availability, property details) and details of applicants on the Homechoice Register (name, address, household members and household makeup, and matching criteria).
CORE (Continuous Recording system): anonymised information about the numbers and types of household who have been housed from the Homechoice Register into permanent Local Authority or Housing Association homes is passed to an external research organisation - TNS Research. TNS Research works on behalf of the Department for Communities and Local Government. Data on applicants to the Deposit Guarantee Scheme is not sent to TNS Research.
We may also pass information to third party organisations such as the Police, the Department for Work and Pensions and anti-fraud agencies for the prevention or detection of crime or fraud.

Appendix 2

COMMON FLOATING SUPPORT REFERRAL FORM

Worker	
Agency	
Worker telephone number and email address	
Time worked with client	
Date of assessment/review	

Client name	
Contact number	
Date of birth	
Address/living arrangements	
Gender	
NINO	
Income	
Nationality/status in the UK	

Conditions of worker-client contact	Visit in pairs	☐
	Male worker only	☐
	Female worker only	☐
	Unknown	☐
	Other (please specify)	

What are your client's **primary** and **secondary** support needs?				
Is your client eligible for **adult social care** services?				
How does your client describe their **ethnic origin**?				
Which of the following options best describes **how your client thinks**	Heterosexual (straight)	☐	Prefer not to say	☐
	Gay or lesbian	☐	Other (please	

of themselves?				state)	
	Bisexual	☐			
What is your client's **religion**?	No religion	☐	Jewish	☐	
	Buddhist	☐	Muslim	☐	
	Christian	☐	Sikh	☐	
	Hindu	☐	Other (please state)		
Next of kin including relationship and contact details					
Does your client have **any children**? please give details including names and dates of birth					
Do their **children currently live with them**? if not, please give details of current living arrangements					

Housing

Please give details of your client's current accommodation and a very brief outline of their support needs related to it. If they are living in rented accommodation, please give contact details for the landlord. If they are living with family or friends please supply their contact details. Please also give details of their previous settled address if different.

Current housing details including full address	**Dates**	**Tenure**	**Support needs/issues**
Previous housing details including full address	**Dates**	**Tenure**	**Reason for leaving**

How long has your client **lived within the Reading borough?**	

Living Skills and Support Needs

Please summarise below how your client is able to manage with the following independent living skills, giving relevant details on whether partner agencies will be putting support in place for them:

Cooking, cleaning and shopping	

Emotional and mental health including social skills	
Budgetary and money management including payment of rent	
Personal hygiene	
Basic skills including literacy, numeracy and form filling	
Access to training and employment	
Offending	
Substance use	
Tenancy sustainment including antisocial behaviour issues, rent arrears and evictions	
Other including any other addictive behaviour (for example gambling)	

Is your client experiencing any kind of **domestic violence?** please give all known details and where appropriate complete a DASH	

Current and/or Recent Support

Please specify any agencies involved with your client and if possible the names of people providing support (for example care coordinator, social worker, district nurse, probation officer):

Worker	
Agency	
Worker telephone number and email address	

Date of last contact	

Worker	
Agency	
Worker telephone number and email address	
Date of last contact	

Details of current **education** including where studying	
Details of current **employment** including income	
Details of current **training** including dates	
Details of all current **welfare benefits**	

Reasons for referral including why your client needs support, expanding on any support needs and including any information that will help ensure safe and effective work with your client	
Client comments including whether your client agrees with the referral information	

Offending history including dates and attach OASys2 as necessary	
Current legal status for example on a license or police/court bail	

History of substance use including dates, length of time using and amount/method of use	

Current substance use including amount used per week	
Treatment history including previous and current prescriptions and motivation to change	

History of alcohol use including dates, length of time drinking and impacts on functioning	
Current alcohol use including amount consumed on a typical drinking day	
Treatment history including work with agencies and motivation to change	

Details of any mental health diagnoses	
Current medication or treatment including dosages	

Details of any physical health diagnoses	
Current medication or treatment including dosages	

Details of any learning disabilities including current links with services	

Client Consent to Share Personal Information

You are asked to consent to personal information about you being shared with other agencies when it is appropriate to do so. Most agencies involved in providing services are required by law to cooperate to improve the wellbeing of vulnerable adults, but require your consent to do so.

The purpose of sharing information is to enable suitable services to be provided through a better understanding of strengths and needs. It will also prevent you from having to repeat the same information to several services. Any information

supplied on this form is confidential, but will be shared on a 'need to know' basis among agencies involved in your housing.

In some circumstances, information can be shared between agencies without consent, for example where information sharing may prevent a crime or safeguard the welfare of a vulnerable adult or young person. Even in these circumstances it is normal practice to obtain consent wherever possible.

I give my consent for the information collected on this form, to be shared for the purpose of referrals with appropriate agencies. The intention of this information sharing is to help me access support and accommodation services that are appropriate to my needs.
I understand that by signing this form I will not affect my rights under data protection law or Human Rights law. I understand that at any time I can change or withdraw my consent by notifying my key worker.
Client signature …….

Date …….

Print name……..

For completion by the referring agent for all referrals submitted electronically

Please read the following statement carefully: I can confirm that my client has read, understood and signed the above Client Consent to Share Personal Information and that my agency holds a paper copy on file. I understand that in every case it is the responsibility of the referring agent to ensure that consent to share personal information has been agreed to.

I agree to the above statement: **Date:**
Yes ☐ **No** ☐

Fair Processing Notice

What is the purpose of collecting this data?

The information given in this form is collected by Reading Borough Council to help discharge its responsibilities to housing applicants and those who present as homeless or in danger of becoming homeless and to ensure that appropriate support services are offered where necessary.

Who will have access to it?

The data is accessed by staff working in Housing Services which has a number of functional areas, for example Housing Advice, Neighbourhood Management and Income Management. Staff in each area can access the data that is essential to the performance of their duties. A small number of audited senior users across other departments in Reading Borough Council can also access the data.

We supply information to Reading Borough Council's Corporate Investigation and Housing Benefit teams that we suspect has not been reported about any changes in household income and household make up for the purposes of preventing fraud and overpayments of Housing Benefit. We will also supply the Council's Corporate Investigation team personal information for the purposes of data matching with the National Fraud Initiative in line with the Audit Commission.

How will it be stored?

The data is stored in two IT systems known as OHMS and Information@Work which are both supplied and supported by a private commercial company named Northgate.

How long will it be stored for?

We will keep the data for seven years from the point it ceases to be active.

How can the data subject have access to it?

The data subject can have access to this data if they make a "subject access request" by completing a form and providing relevant identification plus a £10 fee.

Who might this data be shared with and for what purpose?

In addition to the accommodation and support services that the information in this form may be used to make direct referrals to, the data may be shared with the following agencies:

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CORE (Continuous Recording system): anonymised information about the numbers and types of household who have been housed from the Homechoice Register into permanent Local Authority or Housing Association homes is passed to an external research organisation - TNS Research. TNS Research works on behalf of the Department for Communities and Local Government. Data on applicants to the Deposit Guarantee Scheme is not sent to TNS Research.
We may also pass information to third party organisations such as the Police, the Department for Work and Pensions and anti-fraud agencies for the prevention or detection of crime or fraud.

Risk Assessment

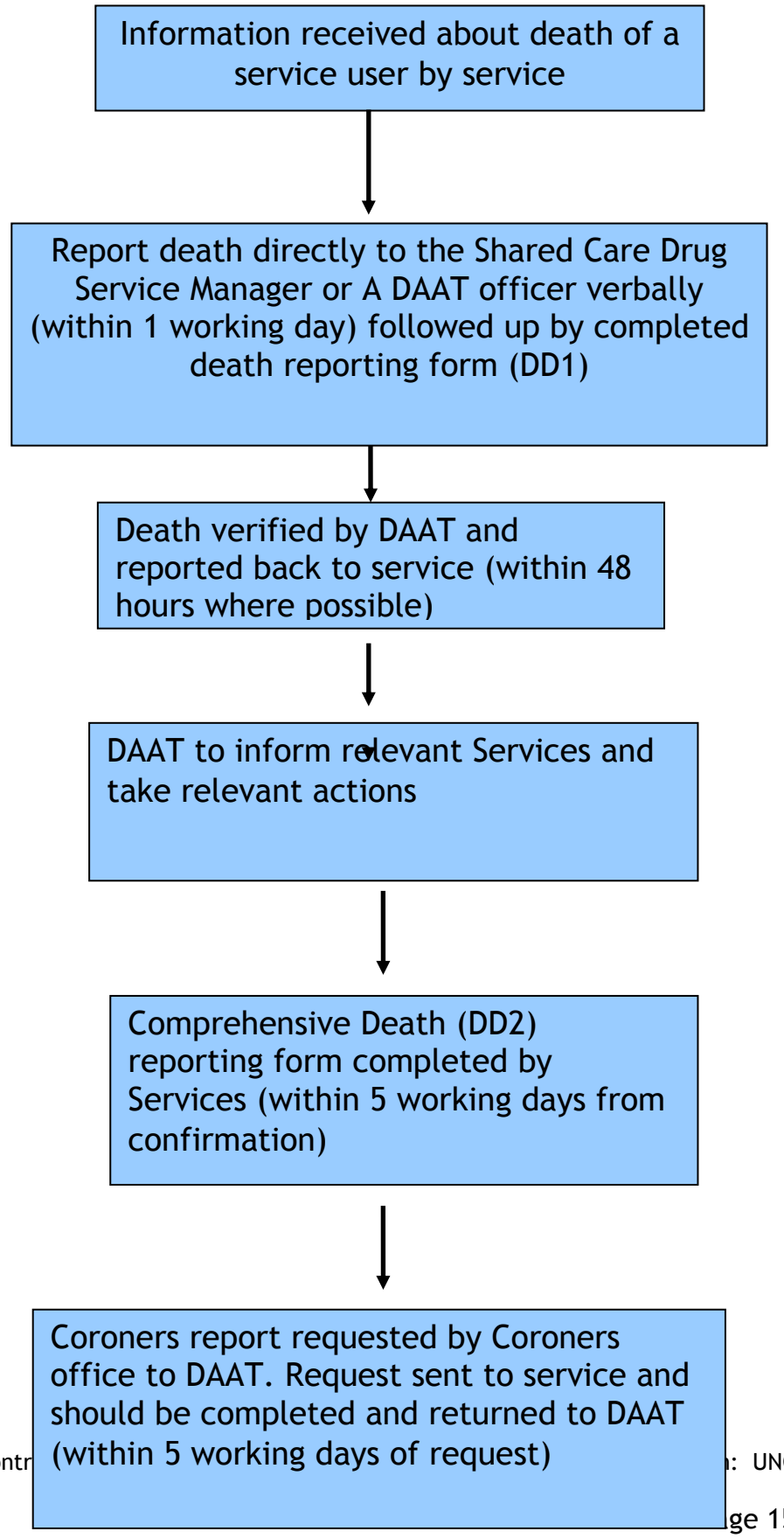
This section must be completed in full or your client cannot be considered for accommodation. Please give comprehensive details of any known risks/triggers that need to be known by other agencies in order for support work with the referred person to be carried out safely and effectively. Providers rely on the thoroughness and accuracy of the information that you give in this section to ensure the safety of all of their service users and staff. Non-disclosure of risk can result in inappropriate placements and is not in the interests of your client.

Date of assessment/review	
Details of any current or previous **MAPPA** or **MARAC** involvement	

Details of any **self-harm, aggression, violence, arson or injurious behaviour**	
All known incidents of **dangerous behaviour** including nature of incident and dates	
What is the likelihood and level of the risk? Are there any particular social groups who it would be best if your client were not housed near? Please give details, including groups to be avoided, why and the level of risk	
Any other risk that support or accommodation staff need to be aware of	
What is your client's **perception of risk?** Are they **aware that risk information is collected?**	

Appendix 3

Mechanism for reporting the death of a service user



Appendix 4

Report of client Death

ReadingDAAT@reading.gov.uk
Tel 0118 9372918

Surname	
First Name	
Other Names	
Gender	
Date of Birth	
Date of Death	
Age at Death	
Place of Death	
Source of information about death	
What information do you have about this person's death?	
Housing situation	
Date service user last seen by your service	
Details of this contact	
Details of engagement with your service	
Was the service user known to be engaged with other services	
Was this person on prescribed medication	
Details of Prescribing	

doctor	
Medication prescribed	
Relevant risk information known about this client	
Date of last dose of prescribed medication	

Appendix 5

Reading Safe Storage Box Agreement

Copy for Monitoring – please return to Liz Allison

Name of Service User: .....
Area of residence: .....
Number and ages of children: .....

All drugs and paraphernalia must be stored safely out of the reach of children. This includes legal, illegal drugs, prescribed and non-prescribed drugs as well as used/unused needles.

If a child ingests any Methadone, Buprenorphine (Subutex), other medication, drugs or alcohol they could be seriously harmed or they could die. Always seek medical attention immediately – ring 999 for an ambulance to get them to the nearest accident and emergency unit as soon as possible. Tell they operator what they have swallowed and if they are having any problems breathing.

Please provide client with a copy of the 'Keep Safe' leaflet and explain contents.

1. The best place to store drugs in a locked childproof cupboard that a child would find difficult to reach and could not open. The storage box should only be used if it will increase the safety of your current storage arrangements.

2. The storage box provided is not child proof. A lock has been provided and there is a childproof safety catch, however children may still be able to get into it. The box must be kept out of the reach of children e.g. on top of a cupboard where a child cannot get to it.

3. The lock provided has two keys; we do not have a key. It is your responsibility to store the key in a safe and secure place out of the reach of children.

4. The storage box, lock and keys are yours. If lost, we will not be able to replace it.

5. Once you receive the storage box, it is your responsibility to use it appropriately and safely.

⇒ Worker to sign that they have explained the above information and undertaken a home visit:

Signed: ..... Name (printed): .....
Date: .....

⇒ Service User to confirm that they have understood the above information.

Signed: ..... Name (printed): .....
Date: .....

Appendix 6

CONFIDENTIALITY & CONSENT

Some drug users thinking about accessing drug treatment may be worried that information about their private lives and drug use will be shared with other agencies and individuals without their consent. This may put some users off seeking help.

It is YOUR choice who information is shared with.

Information should normally only be shared on a need-to-know basis. This means only sharing the minimum information necessary to give you the best possible care and you should be told why and with whom information about you will be shared, to enable your informed consent to be obtained. You may not want some people to find out about your drug use or treatment and this may include your family, employer etc.

In order for you to be given the best treatment and care possible, information about your drug use an treatment will have to be shared with some other services and individuals. This could include your doctor, pharmacist, another drug service, probation, hostels, housing services etc. It may also mean that information about you is discussed between people from these different services.

Some information about you will also be shared with the Department of Health, local government and public health teams so that they can monitor how well local drug and alcohol treatment are working. However, this information will not include your full name and it won't be possible to tell who you are from this information.

Information will only be shared WITHOUT your consent under certain high risk circumstances, an example would be in the event of serious offences or a risk to yourself or others, or if there is a need to safeguard children or vulnerable adults. If you want to find out more about this please ask your Keyworker.

Each drug agency will have its own Confidentiality and Consent Policy and will give you information on this if you ask and explain it to you if necessary.

You can change your mind about who info is shared with at anytime and you should be given this option when your Treatment Care Plan is reviewed with hour Keyworker, which should be around every 3 months.

If there are any individuals or organisations with whom you would NOT like your information to be share, please give details here:

NAME	COMMENTS

Remember – you have the right to withhold your consent if you choose.

I agree that information about me may be shared between the different organisations providing drug treatment, alcohol treatment and related services and I understand that I can withdraw this agreement at any time and that doing so will have no effect on the standard of treatment I receive.

Service User Signature: _____

Service User Name: _____

Date: _____

Assessors Name: _____

Assessors Signature: _____

Appendix 7

Reading Integrated Review Panel

Referral form for:
DRUG AND/OR ALCOHOL RESIDENTIAL REHABILITATION

Note for managers: approval must only be given once you have read the application thoroughly and agree that all criteria have been met.

Referral Agency:	
Name of referrer and and contact details	
Managers Name: print	
Manager's Approval: sign	

This application is for:

Residential Rehabilitation	
Inpatient or Residential Detox	

Consent and Information Sharing

The information in this application (including your care plan) will be looked at by IRP panel members in order to consider your application for residential treatment. If it is felt necessary, the panel may need to ask for further information to help support your application.
By signing below you give your consent for information to be shared with the IRP panel members.

Signature.....
.....
Name (in capitals).....
.....
Date.....
.....

The Reading Integrated Review Panel (IRP)

The Reading Integrated Review Panel (IRP) is a multi-agency group whose membership includes representatives from all of the drug services plus probation, housing and other key process. In order to be

able to make its decisions the IRP has to ensure that it has received all information relevant to the application and that certain requirements have been met.

The information in this form will need to be shared with The Integrated Review Panel's commissioning staff in order that a decision can be made.

Anonymised information from this form will be used in planning the development of future services

Below is a checklist to help you when applying for funding. Please ensure that all areas have been covered because if they are not the panel will not be able to consider this application at the current time.

The service user meets RBC's Reading connection policy – include details	
The service user meets the appropriate rating for the RBC Eligibility Criteria and you have explained how the criteria have been met	
Service user's Personal Statement has been completed	
Service user has been able to make an informed choice with the assistance of their worker	
The community treatment criteria are being met by service user, including details of whether service user has experience of group work	
A thorough and complete plan for continuing care/aftercare has been developed	
Risk assessment and risk management plan is included	
Copy of current care plan is included	
The Case Management meeting has taken place	
Professional feedback form returned and included	

PLEASE NOTE:

Please be sure to declare all relevant information to your case on this application form. If your application for funding is not approved and you choose to appeal the decision, the panel can only consider additional information if it was not known (to you the applicant) at the time of your original application.

The text boxes in this application will increase in size as you type, you may have to change the font to a smaller size.

Section One - Personal Information

Full Name:	
Date of Birth:	
Gender:	
Contact Number:	
Current Address: Length of time at address	
Type of Housing:	
Ethnic Origin:	
First Language:	
Any Children?	
Names of Children:	
Social Services involvement with children?	
If you have dependent children are you applying for parent and children funding? I.e. do you intend for your children to live with you in the rehab	
Current involvement by significant others (family, friends etc):	
Legal/ Criminal Justice Status:	

Section Two

This section is to be completed by the service user (Your worker will help in typing things out if required).

A) Are you a regular client of the worker/service putting in this application?
If yes, how long have you been seeing them?

B) Personal statement

This space is to give you an opportunity to tell us, in your own words, about yourself and your life. Tell us, as well, why you are asking for this help and how it will support you in what you want to achieve.

C) Is this decision your own choice? Do you feel you are being forced or coerced into going, for example; courts, prison, family or social services?

D) Please tell us why community options haven't worked before or why they are not appropriate.

E) Please identify two rehabilitation units that you think are suitable for your needs and state your reasons for choosing.

f.) Please tell us in your own words what your plans are if funding is not approved.

Section Three - Key worker to complete the rest of the form.

A) History of drug and/or alcohol use

Period – age & year range	Substance – including Alcohol	Pattern & Quantity	Method

Current drug use:

B) Treatment history.

i) Current Treatment

Please tell us about which drug and support services the applicant is currently accessing /engaged with including length of treatment episodes and frequency of contact.
If on substitute medication please state maximum dose that applicant has been prescribed and whether prescribing has been in a specialist or shared care setting

ii) Past Treatment

Please tell us about the applicants past community treatment stating which services, length of treatment episodes, frequency of contact and outcomes.

Has the applicant received residential treatment in past? If yes, when and where did this take place and what were the outcomes?

Has the applicant had an impatient or community detox in the past? If yes, when and where did this take place and what were the outcomes?

C) Health needs

Please give details of the physical and mental health of the applicant including current/past treatment and medications which may be relevant to the application e.g. psychiatric medication
(If listing medication please say what it is prescribed for)

D) Barriers to successful planned outcomes

Please give details of all areas that might present difficulty to the service user in achieving their objectives *(consider, for example, family and children, relationships, peer group, previous treatment responses, personal issues, offences, debts, accommodation, the residential programme)*

Barrier	Plan to overcome barrier

E) Care Plan/aftercare/care co-ordination/case management

Please note: This is probably the most important part of the application so please take time when considering aftercare options for the applicant. Without a thorough aftercare plan it is highly unlikely that the application will be successful.

Who is the current care co-ordinator? Name and service:

service user has started treatment.

How will the service user be supported if they leave treatment early? Detail the early exit plan, particularly around accommodation, finances and ongoing substance misuse support:

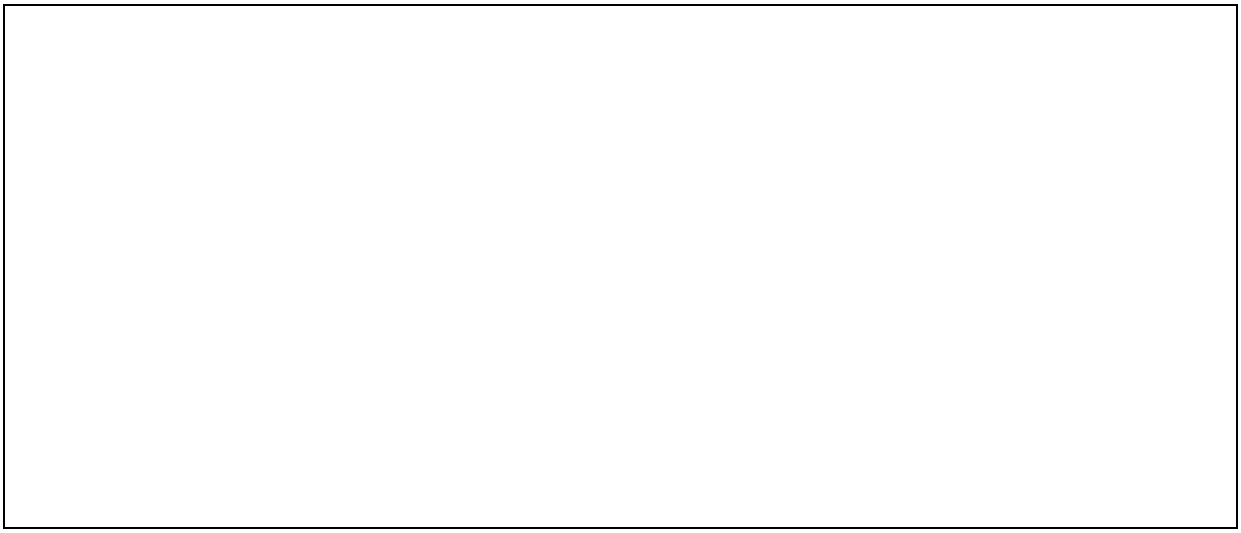
Actions required	Who will do this

What is the plan for the service user to move on after treatment has finished?

Actions required	Who will do this

F) Risk assessment

Please include a *recently reviewed triage risk assessment* and use the space below to highlight any pertinent issues.



G) FINANCIAL ASSESSMENT

Clients are expected to pay £47.75 per week towards their rehab placement (correct at 2012). Please list below all In and outgoings

Ingoings	Amount and frequency	Outgoings	Amount and frequency
Benefits **Housing benefit** **Council tax benefit** **Child tax credit** **Child benefit** **Disability allowance** **Other (please list)** **universal**		**Rent** **Rent Arrears**	
Other income		**Council tax**	
Savings		**Water**	
Employment		**Electric**	
		Gas	
		Mobile phone	
		Food	
		Fines	
		Debt repayments	
		travel	
		Clothing/toiletrie	

		s	
		Substance use	
		Entertainment/ other	
		Childcare costs	

Reading Borough Council Eligibility Criteria

Payments from the community care fund require the service user to be assessed and rated on the level of need. These eligibility criteria are set out on the attached document. You should provide evidence with this application to support your rating. The IRP application guidance gives you more information on making this assessment. ***Please note that for residential treatment all service users must be rated as critical in at least one of the boxes. In some cases the panel may decide that residential treatment is not appropriate even though a critical need is met.***

Criterion 1:

Currently misusing drugs and/or alcohol to the extent that the client's health, well being or safety is significantly compromised or the safety and well being of others is significantly compromised or were misusing at the high risk level prior to drug/alcohol free environment.

Rating & Reasons:

Criterion 2:

That at the time of referral the person is motivated to change/accept residential rehabilitation and is ready and/or currently undertaking treatment for detoxification.

Rating & Reasons:

Criterion 3:

Optimised treatment options in the community, where appropriate, have been tried and have been unsuccessful or unsuitable.

Rating & Reasons:

Criterion 4:

The client is fully aware of the commitment required to complete the application process and is willing/able to attend the necessary group work and all other appointments.

Rating & Reasons:

Glossary

Access Panel	Reading's Housing assessment panel
ATP	Alcohol Treatment Pathways
ATR	Alcohol Treatment Requirement
AUDIT	Alcohol Use Disorders Identification Test
BBV	Blood Borne Virus
CAF	Comprehensive Assessment Form
CARAT	Counselling Assessment Referral Advice and Throughcare
CCG	Clinical Commissioning Group
CIP	Custody Intervention Programme
CO	Community Order
CQC	Care Quality Commission
CSP	Community Safety Partnership
DAAT	Drug and Alcohol Team
DAAT Partnership	Drug and Alcohol Team, Thames Valley Police, Health and Social Care, Thames Valley Probation
DADG	Drug and Alcohol Delivery Group
DBS	Disclosure and Barring Scheme
DIRWEB	Drug Intervention Record WEB
DRR	Drug Rehabilitation Requirement
FDAP	Federation of Drug and Alcohol Professionals
FTE	Full time equivalent
GMS	General Medical Services
GP	General Practitioner
GPwSI	General Practitioner with Specialist Interest (in substance misuse)
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IBA	Identification and Brief Advice
IOM	Integrated Offender Management
IRP	Integrated Review Panel
JCP	Job Centre Plus
JSNA	Joint Strategic Needs Assessment
MAPPA	Multi agency public protection arrangement
MARAC	Multi agency risk assessment conference
MASH	Multi Agency Safeguarding Hub
NAG	Neighbourhood Action Group
NATMS	National Alcohol Treatment Monitoring System
NDTMS	National Drug Treatment Monitoring System
NICE	National Institute for Health & Care Excellence
NOMS	National Offender Management Services
NTA	National Treatment Agency (Now known as Public Health England)

OM	Offender Manager
OST	Opioid Substitution Therapy
PCC	Police and Crime Commissioner
PHE	Public Health England
PSM	Parental Substance Misuse
RA	Required Assessment
RAFA	A Required Assessment Follow Up Assessment
RAIA	Required Assessment Initial Assessment
RA	Required Assessment
RBH	Royal Berkshire Hospital
RCGP	Royal College of General Practitioners (Training delivered by Reading DAAT)
ROB	Restriction on Bail
SSO	Suspended Sentence Order
SUI	Serious Untoward
SOURCE	Drug and Alcohol Service for Young People in Reading
SWAG	Sex workers action group
TOPS	Treatment Outcome Profile
TVP	Thames Valley Police
WHO	World Health Organisation
YOT	Youth Offending Team