

Nottinghamshire County Council

All Age Substance Misuse Treatment and Recovery Service Specification

Public Health Division and Office of Police and Crime
Commissioner

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Glossary of Terms

Defined Terms and Expressions	Definition
Alcohol Treatment Requirements	The Alcohol Treatment Requirement (ATR) focuses on offenders who are dependent on alcohol or whose alcohol use contributes to their offending. The aim is to reduce or eliminate the offender's dependency on alcohol
Community Safety Partnerships	Brings together a range of different organisations to tackle community safety issues across local geography
Confidential Inquiry Review Group	Drug related deaths investigation, good practice and lessons learnt group
Drugs Monitoring Group	Nottinghamshire Police led drug market intelligence tactical group
Drug Rehabilitation Requirement (DRR)	A DRR is a community sentence that requires offenders to attend a drug treatment programme, with regular drug testing, for between three to six months as an alternative to prison
Multi-Agency Risk Assessment Conference(MARAC)	A MARAC is a regular local meeting to discuss how to help victims at high risk of murder or serious harm. A domestic abuse specialist (Idva), police, children's social services, health and other relevant agencies all sit around the same table. They talk about the victim, the family and perpetrator, and share information. The meeting is confidential
Multi-Agency Safeguarding Panel (MASP) and Multi-Agency Safeguarding Hub	Brings agencies together to share information to help and protect the most vulnerable children and adults from harm, abuse and neglect
New Psychoactive Substances Professional Information Network (PIN)	Nottinghamshire New Psychoactive Substances Professional Information Network (PIN) shares information efficiently about New Psychoactive Substances use and associated harms. It is a vehicle for sharing agreed harm reduction messages and for sharing best practice. It inform our understanding of the short and longer term impacts of use and takes a strategic and joined up approach across the County and across agencies
PCC	Nottinghamshire Office of the Police and Crime Commissioner
Polysubstance Addiction	Addiction without a preference for one particular substance
Recovery	The UK Drug Policy Commission (2008) defines recovery as "voluntary sustained control over substance use which maximises health and well-being and participation in the rights, roles and responsibilities of society". It is an individually experienced journey
Rehabilitation Activity Requirement	A Court ordered requirement that a defendant participates in activity to reduce the prospect of reoffending
Required Assessment	Individuals who test positive under the "Test on Arrest" scheme are required to see a drug worker for a single appointment

Restrictions on Bail (RoB)	Restrictions on Bail (RoB) gives the courts the right to impose certain restrictions on bail for those people that have tested positive to class A drugs whilst in police custody
Routine Outcome Measures (ROMS)	Process of examining whether or not interventions are associated with change (for better or worse) in the Service Users health and emotional health status
Substance Misuse	Defined here as 'intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs'
Treatment Outcome Profile	Validated tool for monitoring the changes that occur during treatment for Service Users
Vulnerable Persons Panels (VPP)	<p>Vulnerable Person Panels (VPPs) and Crime and Disorder Panels (CDPs) are made up of members from statutory organisations such as the County Council and other local authorities, the Police, the Fire Service and/or GPs and non-statutory organisations such as Registered Social Landlords, Charities, Probation and organisations that offer support to individuals and their families.</p> <p>The VPPs consider cases referred to it involving people identified as vulnerable, for instance, where individuals have been victims of anti-social behaviour</p>

All Age Substance Misuse Treatment and Recovery Service Specification

1. Vision

To commission an All Age Substance Misuse Treatment and Recovery Service for Nottinghamshire residents that tackles inter-generational substance misuse through a family based approach.

This will be a drug and alcohol service. Drugs and alcohol are combined because the use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities. Also, polysubstance addiction is very common.

2. Aim

To reduce the harms caused by misusing substances and increase the numbers recovering from dependence.

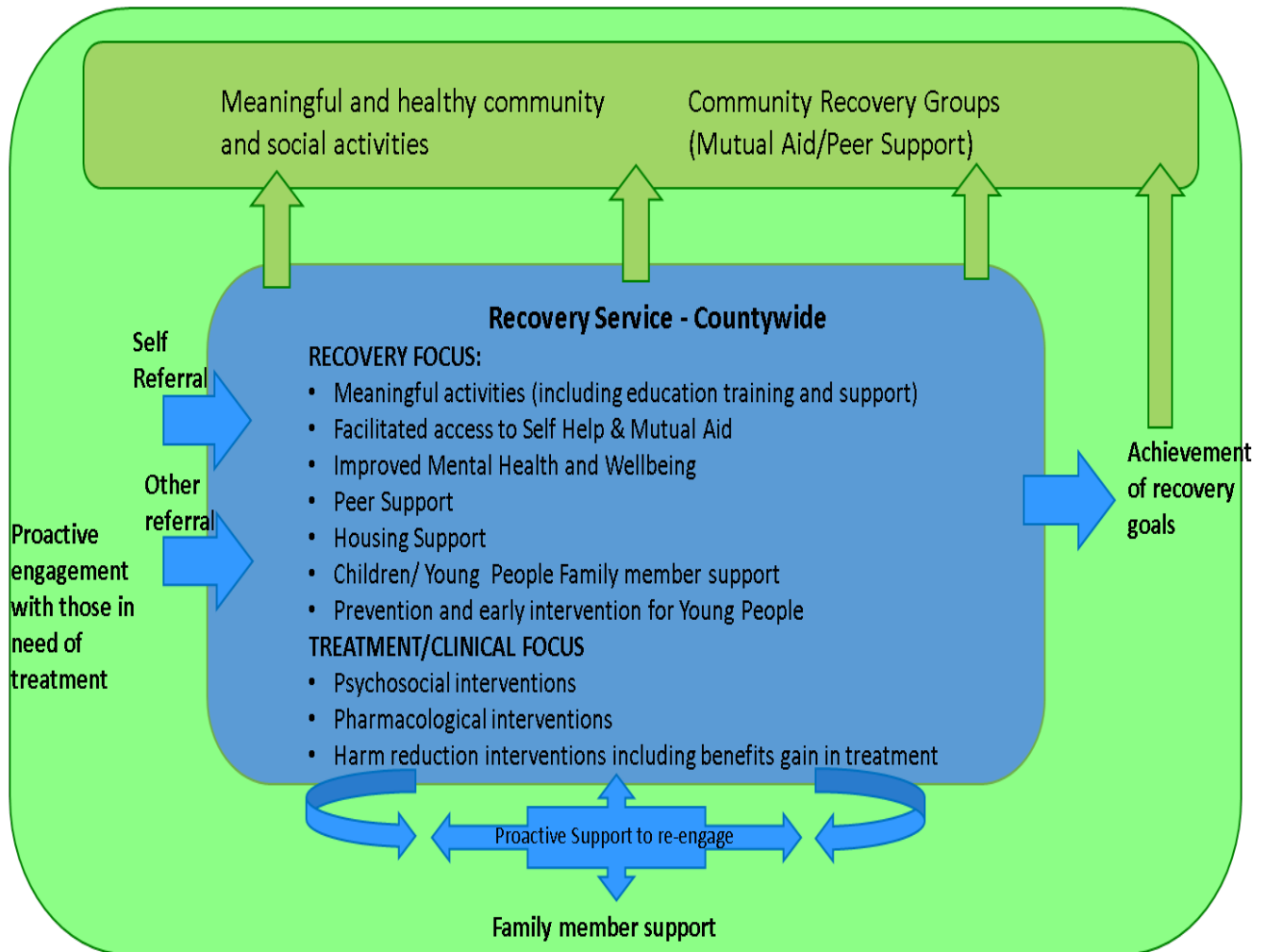
3. Objectives

This will be achieved by:

- Improving and increasing access and engagement into the system for those needing support for their substance misuse
- Developing an asset based approach, which values the capacity, skills, knowledge, connections and potential in individuals, families and communities
- Co-ordinating and delivering a personalised recovery package of care for all people entering the system and ensure continuity of care on entry, during and on leaving
- Supporting and promoting the use of peer recovery networks across all stages of system delivery and beyond
- Working together with partners including criminal justice agencies

This is captured in the model below. The concept that recovery is not just a process of shedding symptoms but is a process of growth and wellbeing: focussing on the potential not the pathology. Treatment alone does not make recovery, but it can be a critical component in someone's recovery journey.

Aspiring for an all age system that empowers individuals to achieve and sustain abstinence



This specification is not intended to provide a detailed description of the service to be delivered; rather it is a description of the outcomes to be achieved. Specific requirements and characteristics are specified where appropriate.

The focus of this specification is on achieving the outcomes listed in Section 4.

4. Outcomes

- Successful completion from service (both Young People and Adults)
- Successful completions of treatment (opiate, non-opiate and alcohol)
- Of those successful completed a self- reported improvement in:
 - mental health and wellbeing,
 - increased engagement in education, training and employment
 - improvement in housing situation where problems were identified at service entry
 - Improved relationships with family members, partners and friends (Young People)
 - Improved capacity to be an effective parent (information from the Family Service)

- Reduction in criminal activity and anti-social behaviour
- In treatment improvement measures (Treatment Outcome Profile (TOPS)) for those individuals who have been in substance misuse treatment and recovery for 4 years or more
- Improvement in Routine Outcome Measures (ROMS) for Children and Young People

In turn the above outcomes will contribute towards achieving outcomes within Nottinghamshire County Council's Plan [Council Plan 2017 - 2021 | Nottinghamshire County Council](#)

[They will also contribute to the Police and Crime Commissioner for Nottinghamshire's 2018-21 Police and Crime Plan strategic theme:](#) Maintain focus on action to address the key drivers of crime and demand.

In addition, all of the above service level outcomes will lead to a positive impact on the following national Public Health Outcome Framework (PHOF indicator):

- Successful completion of drug treatment - opiate and non-opiate and alcohol (2.15i,ii,iii)
- Deaths from Drugs Misuse (2.15iv)
- Adults with substance misuse treatment need who successful engage in community-based structured treatment following release from prison (2.16)
- Hospital admission episodes for alcohol-related conditions (10.01)
- Hospital admission episodes for alcohol-specific conditions - Under 18s (6.01)
- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (2.07i)
- Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) (2.07ii)
- First time entrants to the youth justice system (1.04)

5. In scope

This All Age Substance Misuse Treatment and Recovery Service is an open access service accessible by self or professional referral. The service is for all residents of Nottinghamshire (excluding Nottingham City) who are seeking support for their substance misuse, including those individuals who are homeless or with no fixed abode in any of the seven districts (Mansfield, Ashfield, Newark and Sherwood, Gedling, Rushcliffe, Broxtowe and Bassetlaw). The Provider is specifically responsible for the delivery of the following services:

- Community based drug and alcohol services in a range of settings for adults, young people and families
- Residential rehabilitation placements
- Support for children and young people whose parents are misusing substances

- Inpatient detoxification services
- Blood borne virus testing and vaccination
- Harm reduction services e.g. needle and syringe programmes
- Substance misuse prescribing costs
- Supervised consumption services
- The training and development of the wider workforce who come into contact with individuals who may be misusing substances, to raise drug and alcohol awareness, deliver drug and alcohol interventions and making referrals as appropriate.
- Criminal justice substance misuse services including Court ordered Drug Rehabilitation Requirements, Alcohol Treatment Requirements, Restrictions on Bail, Rehabilitation Activity Requirements that relate to substance misuse treatment as well as Required Assessments. Presence in custody at peak times to engage Service Users at the earliest possible opportunity, delivery of services from Courts to provide assessments for treatment suitability, delivery of services from probation and work with prisons to ensure a smooth transition through the gate for offenders with substance misuse treatment needs.
- Pro-active engagement of people misusing substances who are offending/causing anti-social behaviour

6. Out of scope:

- Mental health interventions and co-ordination of care for those with co-existing mental health and substance misuse issues (CCGs commission mental health services and care co-ordination of this cohort).
- Prison based substance misuse services (These are commissioned by NHS England).
- Alcohol Identification and Brief Advice (This is included in the Integrated Wellbeing Service).
- Long term physical health conditions caused by substance misuse (CCG commissioned).

7 Health and social context

Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs (Public Health England, 2014a). Dependency in particular is commonly associated with poor outcomes in relation to physical health, mental health, education, training, employment and housing and with anti-social and criminal activity that adversely affects individuals, families and communities.

Alcohol alone contributes to more than 60 diseases and health conditions and represents 10% of the burden of disease and death in the UK, placing it in the top three lifestyle risk factors after smoking and obesity (Alcohol Concern, 2015a).

The conditions most strongly related to health inequalities, such as cancer and cardiovascular disease, are associated with alcohol and drug use (Marmot, 2010). Resilience is an important

personal factor and deprivation is an important social factor in the likelihood of substance misuse issues occurring. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health and considering substance misuse in the context of the causes of broader health and risk-taking behaviour.

8 National context

National evidence suggests that substance misuse in the UK has reduced significantly in the UK over the last decade. However, substance misuse remains a significant national challenge as:

- It is estimated that 2 million people are addicted to substances.
- There are approximately 1 million alcohol-related hospital admissions in England per year and this has been increasing consistently (Public Health England, 2014b) with significant increases regarding alcohol-related cardiovascular disease conditions.
- Between 2012 and 2014, there was a reported 42% increase in drug related deaths (from 1613 to 2120) and a 6.9% increase in alcohol-related deaths (from 21,485 to 22,967).
- Binge-drinking remains a concern as well as the emergence of new substances (e.g. New Psychoactive Substances).

Addressing substance misuse remains a key national priority. The National Drug Strategy 2017 (<https://www.gov.uk/government/publications/drug-strategy-2017>) builds on the previous national drug strategy's ambition to promote sustained recovery from drug misuse and acknowledges the importance of a whole life approach with a focus on education and prevention and that the criminal justice system provides a prime opportunity to tackle substance misuse. The National Alcohol Strategy 2012 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf) focussed on reducing the number of people drinking excessively and making 'less risky' drinking the norm.

9 Local context

Addressing substance misuse is a priority within the Nottinghamshire Health and Wellbeing Strategy and the Nottinghamshire Substance Misuse Framework for Action (2017-2022) brings together a strategic partnership approach to tackling the harms caused by all substances. The overall vision of this strategy is to:

'Prevent and reduce substance misuse and related problems through partnership working and using the best available evidence of what works so that we can improve the quality of life for people who live, work and visit Nottinghamshire'.

Ensuring the delivery of the key priorities in the Framework is the responsibility of the Substance Misuse Strategy Group which is a sub group of both the Safer Nottinghamshire Board and The Health and Well-being Board.

10. Need

Information taken from the Joint Strategic Needs Assessment (JSNA) indicates the following potential need within Nottinghamshire:

Alcohol:

- 131,011 adults drink at levels which pose a risk to their health
- 21,632 adults dependent on alcohol
- 5,115 young people drinking at increasing and higher risk levels

Drugs:

- 9,867 individuals using drugs (16yrs- 59yrs)
- 665 10-17 year olds use drugs
- 4,436 with problematic use of opiates and/or crack

In total 172,725 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 26,068 dependent on substances. Alcohol represents the greatest need.

Current Service Users Number Adults; Snap Shot and 12 Month Period

	Snap Shot of Number in Adult Service as at 30th June 2018	Number in service over a 12 month period
Adults	<p>2,242 individuals receiving treatment* for drug or alcohol issues</p> <ul style="list-style-type: none"> • 520 for alcohol • 76 non opiate • 87 non-opiate and alcohol • 1,550 opiate <p>Long term Service Users: 744 Service Users had been in structured treatment for 4 years or more</p> <ul style="list-style-type: none"> • 734 opiate • 10 alcohol or non-opiate 	<p>11,401 unique individuals receiving a service of which</p> <ul style="list-style-type: none"> • 4,476 accessed pharmacy needle exchange • 2,729 received a low level intervention e.g. brief intervention • 4,196 individuals received treatment* <p>Of the 4,196 individuals accessing treatment;</p> <ul style="list-style-type: none"> • 2,172 were for opiate use • 1,437 were for alcohol • 327 were for non-opiate and alcohol use • 260 were for non-opiate use <p>22% of those receiving low level interventions and treatment were in the criminal justice system (1,535 of 6,925 individuals)</p>
Children and Young People	Snap Shot Data not available for children and young people for substance misuse services	<p>340 Children and Young People receiving substance misuse support or treatment</p> <p>Data for WAM is not available over a 12 month period</p>

	Within one quarter 71 children were being support by the What About Me (WAM) service	
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*Treatment includes psychosocial interventions, structured care planned treatment, in-patient detox and/or residential rehabilitation.

For further information re: unmet need, knowledge and information gaps and recommendations please see [Substance Misuse: Young people and adults JSNA](#)

11. Service requirements

The following are required by Nottinghamshire County Council as a minimum standard to delivery of these services:

- CQC registered Provider
- Service delivered in accordance with NICE guidance (e.g. prescribing and psychosocial interventions/specialist pharmacy needle exchange)
- Adhere to the NHS serious incident reporting system
- Adopt and follow the Nottinghamshire Safeguarding Vulnerable Adult Board Policies, Procedures and guidance throughout all of its work
- Adopt and follow the Nottinghamshire Safeguarding Children's Board Policies, Procedures and guidance throughout all of its work
- Clear, robust and effective governance structure in relation to all safeguarding issues across all the pathways
- National Drug Treatment Monitoring System (NDTMS) reporting but also have a case management system that can report on all client contacts and outcomes
- Live case management reporting system reporting real time data, treatment and recovery outcomes for everybody (all ages) that comes into the All Age Substance Misuse Treatment and Recovery Service
- Community based – hub and spoke model across a rural geography, a range of times /opening times and contactable via a range of means i.e. phone, skype, webchat
- Operates in a range of settings for example hospital, emergency departments, criminal justice settings (e.g. custody suite at peak times, probation agencies, Courts), healthcare settings, education and out in the community with the most vulnerable individuals
- Pharmacological and psychosocial interventions in accordance with NICE guidance
- Recovery focused model, including harm reduction
- Accountable and responsible for the whole pathway and the costs associated with it e.g. prescribing, patient detox and residential rehabilitation
- Community asset based approach (mutual aid, peer mentoring, volunteering, recovery communities)
- Deliver a trauma informed and a trauma smart, family orientated service understanding the inter family and intergenerational impact of Adverse Childhood Experiences (ACEs) and ensuring that robust referral pathways are in place to refer onto specialist support if appropriate
- An all age service acknowledging and delivering an age appropriate service across certain age groups (young people, adults, older people) with clear identity for young people
- Gendered approach to delivery where appropriate, including consideration of the different needs of women
- Family orientated approach

- Service delivery for young people will need to be in locations which are young people focused and NOT be in the same location/time as adult services are being delivered
- Interdependent with other agencies whose Service Users have substance misuse needs and vice versa; where a substance misuse Service User requires support of other agencies e.g. mental health or employment
- Delivery of substance misuse related training to the wider workforce
- Preventative approach to substance misuse with young people (education)
- The young people element of the all age service must work integrated and collaborative way with NCC Family Service and the NCC Youth Justice Service
- Young People and Adult Safeguarding policies
- Testing for blood viruses and vaccinations (e.g. Hepatitis B and C)
- Service User involvement on going engagement and input into service design and improvement
- The Provider will be required to work with Connected Nottinghamshire (www.connectednottinghamshire.nhs.uk) to identify opportunities to enhance direct care for Service Users in line with The Health and Social Care (Safety and Quality) Act 2015. Subject to the preferences of the individuals concerned, this will include regular sharing of identifiable information with Connected Nottinghamshire to facilitate care for those individuals
- Naloxone distribution to Service Users, families and the wider community
- Engage with key partner and stakeholder substance-related networks, for example New Psychoactive Substances Professional Information Network (NPS PIN), Confidential Inquiry Review Group (CIRG), Drugs Monitoring Group (DMG), Community Safety Partnerships (CSPs)
- Information sharing protocols with key stakeholders
- Robust equality and diversity protocols in place allowing for a culturally appropriate service
- Work pro-actively with Criminal Justice (CJ) agencies (Nottinghamshire Police, Probation agencies, HM Courts) to ensure no opportunity is lost to engage with (potential) Service Users and provide and reinforce pathways into treatment for offenders.
- Work with HMP Nottingham and other prisons as required to ensure a smooth transition through the gate into treatment when required
- The service will take referrals from all agencies, including from the criminal justice agencies (Nottinghamshire Police, Probation agencies, HM Courts, HMP Nottingham and HMP Ranby and others)
- Support offenders with treatment in accordance with DRRs ATRs and RAR's
- Presence in custody at peak times as highlighted within the PCC Criminal Justice review

12. Service Principles

The Provider shall operate a service within the following principles:

- To adopt an abstinence-based approach incorporating the principles of harm reduction
- To proactively engage (and re-engage) individuals helping them to find their way to services that may help them (including, but not exclusively clinical intervention and treatment services)
- To play a significant role in bringing together people who are at different stages of their recovery journey and make recovery visible
- To offer a personalised plan that optimises and builds the recovery capital of the individual and is inclusive of family/significant other(s) involvement where appropriate

- To develop a wide range of partnerships, recognising that more than one agency will need to contribute to the wider recovery of each individual, specifically focussing on the mobilisation of community assets
- To ensure that services genuinely respond to local needs and will create a sense of empowerment, ownership and trust, by including key and integral roles for Service Users and those affected by another's substance misuse
- To ensure Service Users and those affected by another's substance misuse have significant and real responsibility for ongoing involvement, the direction of service design and development and the monitoring and evaluating of the quality of services delivered
- To provide services that are culturally competent and embrace and address broader equality and diversity issues, with a full understanding of:
 - Identified and emerging local need and trends
 - The barriers and challenges faced by some communities or individuals in accessing services
 - How to effectively engage and provide effective services to a range of Service Users from across diverse groups and communities
 - How to support diverse groups and communities into other relevant agencies and other support within the wider community

13. Access

The Provider's service model will function as an integrated system. Service Users will therefore experience one system from entry to exit. The Provider is required to deliver equity of service in terms of accessibility, quality and outcomes across Nottinghamshire.

The Provider will be required to provide a balance of provision for drug and alcohol users on evidence of need but also focusing on those with highest risk to themselves, risk to others or risk to the wider community.

The Provider will deliver accessible services across Nottinghamshire seven days a week. It is expected that at least one site during this period will be available from 8am-8pm.

The service will operate 52 weeks of the year. Services should be made available at times and places where there is demand. This will need to be flexible as the local needs/demands change. Delivery in geographic areas and settings will also take into account the wider delivery systems of key partner agencies and services. The Provider will be required to work closely with Commissioners to develop a service that is tailored to the local population.

14. Interdependencies with other services

To deliver an effective recovery pathway, the Provider must have strong links and working relationships with a wide range of local non-substance misuse specific and mainstream services. Including but not limited to:

- GPs and primary care
- Mental Health services
- Acute Hospital Trusts
- Family member and carer support services
- Social Care services
- Criminal justice services (including Nottinghamshire Police, Probation agencies, Prisons and HM Courts, Youth Justice services)
- Children and Young Peoples services

- Job Centre Plus
- Vulnerable People's Panels
- Housing agencies and accommodation services across all sectors
- Pharmacies
- Local education and training Providers
- Local employers
- Relevant voluntary sector and private sector agencies
- Social enterprises
- Mentoring, peer support and self-help services and mutual aid groups

In addition it is expected that the Provider attends when requested meetings such as the Multi-Agency Safeguarding Panel (MASP), Multi-Agency Risk Assessment Conference (MARAC), Vulnerable Persons Panels (VPP) and the Multi-Agency Safeguarding Hub.

15. Quality Assurance and Governance Arrangements

The Provider will have in place appropriate structures with which to continuously improve the quality of the service, safeguard high standards of care, and create an environment in which excellence can flourish. These will include as a minimum:

- Established clinical and operational standards in the form of service policies which cover all main aspects of the service. All policies will have a named person with responsibility for implementing, monitoring and reviewing
- A staffing structure whereby all staff receive advice, support, training, clinical guidance and supervision, appropriate to their role within the organisation, from suitable qualified, experienced individuals
- A system where staff are able to identify previous and or current abuse, neglect and or trauma or where individuals are at risk of it
- A system to ensure that all staff receive an appropriate induction in terms of the values, philosophy, aims and objectives, culture of the organisation and their own role and function within it
- A system in place where all staff and managers have opportunities to develop at a personal and professional level
- A documented system of risk assessment and risk management
- Mechanism by which stakeholders and Services Users and families/significant other(s) are involved in the planning, development, delivery and evaluation of services
- Annual audit plan to ensure delivery against NICE Quality Standards
- Clinical governance arrangements to report on incident, serious incidents (including deaths in service and those within six months of leaving the service)

Clinical governance which specifically pertains to the management of controlled drugs, as defined within the Misuse of Drugs Act, the service will at a minimum have the following:

- Registration with the Care Quality Commission as an Independent Healthcare Provider and meeting all requirements pertaining to the registration
- A lead clinician with suitable training, skills and experience to provide clinical advice, supervision and leadership

The Provider will have nominated lead/leads for service governance. They will operate within a clear system governance framework.

16 Further information in relation to budget utilisation

The Contract value of £8,570,135 is a fixed amount per annum with no inflationary increase over the life of the Contract. It will be for the Provider to manage the Contract value and service capacity over the lifetime of the Contract.

Bidders must not exceed the Contract value, Providers should note there are no additional points awarded or weightings given to bids that come under the Contract value

17 Service Commencement and Contract Length

The Substance Misuse Treatment and Recovery Service will commence from the 1st April 2020 for an initial contract length of 4 years with an option to extend for a further 4 years (2 plus 2).

18. Business, Employment and Staffing Practices

The Provider shall have in place and available for scrutiny, sufficient, robust and up to date written policies, procedures and codes of practices. This includes adequate instruction, guidance and support for staff in the function and delivery of the Service outlined within the specification.

Such policies and procedure documents should include, but not limited to:

- Equalities and Diversity Standards
- Recruitment and Selection Policy
- Staff Induction, supervision, appraisal, training and development
- Staff Code of Conduct, including professional boundaries
- Business Continuity Plan, to include; risk assessment and contingency in relation to interruption / closure of service i.e. power cut, inclement weather, unforeseen staff absence etc.
- Management & Risk Assessment
- Complaints; for all stakeholders i.e. Service Users, families, carers and staff
- Safeguarding Vulnerable Adults and Children
- Whistle Blowing
- Confidentiality and Data Protection (GDPR)
- Health and Safety
- Anti-Bullying
- Grievance
- Recruitment and use of Volunteers

Children and young people, their families and carers shall be given written information on the Service and the Provider's complaints procedure. The complaints and representations procedure shall be compatible with the requirements of the Children Act 1989 and 2004.

19. Legislation

The Provider must comply with all relevant legislation relating to the service, which includes any updates and amendments. It is the Providers responsibility to keep up to date with any such developments.