

Leicester City Council

SUBSTANCE MISUSE SERVICES

Part Three Specification



Leicester
City Council

Service Lot 5

YOUNG PERSON'S ALCOHOL AND DRUG SERVICE

YOUNG PERSON'S ALCOHOL AND DRUG SERVICE

1. Purpose
1.1 Policy context
<p>ONE Leicester priorities</p> <p>This work will aim to reduce the level of substance related problems amongst young people under 18 years, in Leicester, and through this to make a contribution to One Leicester Priorities:</p>
<p><i>‘Investing in our children’</i> : Supporting Young People</p>
<p><i>‘Creating Thriving Safe Communities’</i> : Making Communities safer</p>
<p>The work will also make a contribution to the ‘Improving well-being and health’ theme through helping young people to develop healthy lifestyles as they near adulthood, in particular through the safer use or non-use of alcohol and choosing not to take drugs.</p>
<p>1.2 Local strategic context</p> <p>The Provider will have two key areas of responsibility:</p> <ul style="list-style-type: none"> • Delivering specialist assessment and treatment interventions to young people under 18 that reside in Leicester. • Providing advice and guidance on alcohol and drug issues to those working with young people under 18 that reside in Leicester. <p>The Provider shall provide a range of interventions to young people with alcohol and drug-related problems. This will include the provision of initial screening, specialist assessment, information, advice and guidance, structured treatment interventions, and onward referral /referrer liaison, as well as advice and guidance to non specialist services.</p> <p>The Provider shall provide the single open access point for young people and parents/carers across Leicester, and the referral point for other agencies that have identified young people with alcohol/drug issues.</p> <p>The analysis of need has identified that:</p> <ul style="list-style-type: none"> • Cannabis and Alcohol appear to be the main drugs used by Young People in Leicester. • There is a need to increase interventions with young people with alcohol-related problems prior to possible alcohol related criminal activity. • Further work is needed in identifying and supporting the needs of ‘new

communities’.

This work shall be undertaken in the context of neighbourhood and integrated based service delivery.

1.3 Aims and Objectives

The overall aim of the service is to reduce the level of substance misuse amongst young people in Leicester. For young people using drugs the aim shall be for young people to leave the service drug-free, and therefore be at reduced risk of re-entering young person or adult drug services.

The service shall aim to secure positive outcomes for all young people using the service, in particular :

- to improve the physical and psychological health of young people
- to improve learning and training outcomes for young people
- to reduce criminal activity by young people

1.31. Key elements

Following a period of community engagement and public consultation over 2009-10 it has been agreed that this service shall be underpinned by 4 key elements:

1.3.2 Element One- A Neighbourhood Service.

The new service shall have a high level of availability within neighbourhoods and work within a neighbourhood focus fitting in with other neighbourhood working in Leicester. In particular the Integrated Service Hubs, where different services work together in 8 neighbourhoods to identify additional need and support children and families. This approach should help the service become aware of what is needed in different parts of the City.

1.3.3 Element Two -City-wide referrals

For some young people it will be easier to make contact with services that operate city-wide, rather than within neighbourhoods. This may be because they are already in contact with a City-wide service such as Child and Adolescent Mental Health Services or Looked After Children Services. Therefore the service will need to ensure it can link with and support ‘City wide services’ and provide access to young people that use these services. In doing this they will work alongside the Youth Offending Service who will continue to provide treatment to young offenders.

1.3.4 Element Three-Flexibility

The new service will need to have a built in flexibility that suits the needs of young people and parents. This will need to include late afternoons/ evenings and weekend availability. Although neighbourhood availability will be very important the

service will still need to provide central contact arrangements via the phone and digital media. Services will need to be provided within young person friendly venues.

1.3.5 Element Four-Support to other agencies.

The new service shall help others working with young people-those that are not alcohol/drug specialists-to identify and help young people with alcohol/drug issues. The majority of this work shall be done within the context of neighbourhood working.. This will include support around ways to identify young people with alcohol/drug problems, for example through the use of screening tools, awareness raising and advice on individual work with young people.

2. Service Scope

2.1 The Service/Activities to be delivered

2.1.1 Target Groups

2.1.2 The service shall be available to any young person living in Leicester.

2.1.3 The service will work closely with Integrated service hubs and provide locality based services where ever possible, in order to support and respond to the identification of young people with additional needs.

2.1.4 The service shall ensure it's services are targeted at known at risk-groups. These include:

- Looked After Children
- Young People with Mental Health problems
- Young People who are missing education
- Young People who are sexually exploited
- Young People whose parents/family members misuse substances
- Young people who are homeless.

2.1.5 The service shall support programmes which target vulnerable young people across the city.

2.1.6 The service shall provide input to Parenting Programmes in order to provide information and advice to parents about alcohol, drugs and services.

2.1.7 Currently demand for services is highest across the west of the city and therefore there may be need for some targeting of these areas. However the appropriateness of this in the context of the need of the City as a whole will need to be kept under review. Work will also need to take place to engage with and support young people from 'newer' communities alongside work to support Black and Minority Ethnic communities.

2.2 **Service Delivery**

2.2.1 The Service shall have the following service responsibilities:

2.2.2 To provide information, advice and guidance (IAG) on substances and related services to young people, parents /carers, staff from other agencies and the wider community. This will include IAG in relation to young people affected by other people's substance use.

2.2.3 To effectively screen all young people referred for substance use issues and identify those young people requiring specialist substance misuse assessment.

2.2.4 For those young people not requiring a specialist assessment or not requiring treatment, staff shall assist young people in identifying and engaging with other sources of help and support as appropriate and as required. A CAF shall be completed with a young person(where consent is given) where a CAF does not exist and where additional services are required.

2.2.5 To carry out Comprehensive substance misuse assessments for young people referred and/or identified through screening in line with the NTA *Assessing young people for substance misuse (2007)* guidance.

2.2.6 Provide Needle exchange services.

- Needle exchange for a young person must be planned and delivered as part of a planned package of treatment.
- All young people presenting to service with injecting related needs shall be assessed prior to any decision being made about the provision of advice and equipment. This assessment shall include the young person's understanding of choice, consequences, risks and alternatives.
- Every effort shall be made to encourage all young injectors to stop taking drugs,

or if this is not possible at this time to change their route of administration to a less harmful one(such as smoking) and engage in treatment as urgently as possible.

- Assessment of injecting drug use must establish that **not** giving injecting equipment to the young person would be of **greater** risk to them than the risks posed by continued or increased injecting drug use. Only if this is the case shall the service consider providing a needle exchange service.
- If it is thought that equipment should be provided to the young person in order to prevent harm, the smallest number of needles shall be given, only enough for individual use. Arrangements for further and immediate contact shall be made at this point.
- Needle exchange services shall be offered within a framework of confidentiality where the parameters are clear to both the service and young person. Where the young person is under 16 this shall include an assessment of competency, within the context of the Fraser guidelines.
- All staff providing injecting related services to young people shall be competent to do so. The key competences need to include: working with young people; safeguarding; drug and alcohol issues; and safer injecting.

2.2.7 Provide structured substance misuse specific care planned treatment. This will be in line with the NTA substance use commissioning guidance on treatment definition and eligibility. Key aspects of this guidance are¹:

- “Young people’s specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse.”
- Young people’s specialist substance misuse treatment services are available to all young people who take substances at a level where it significantly disrupts the young person’s functioning.
- Specialist substance misuse treatment services should not be offered to young people where their substance misuse needs can be met by either targeted or universal children’s services.”

2.2.8 To provide information and harm reduction information, as appropriate for young people whether or not they are requiring a specific substance misuse care plan. This shall include advice and information related to overdose linked with poly-substance use. Where an assessment identifies need services shall support young people in receiving a medical assessment, HEP B/C/HIV related services and Chlamydia testing. This shall include young people that are sexually active.

2.2.9 Care packages will incorporate a range of psycho-social interventions and

¹ Commissioning Young People’s Specialist Substance Misuse Treatment Services NTA November 2007 Pages 43-44

pharmacological treatment according to need.

- 2.2.10 Pharmacological interventions will range from short-term symptomatic detoxification, fixed term detoxification to substitute prescribing and prescribing for relapse prevention. The provider shall ensure appropriate, and safe use of evidence based pharmacotherapy's, for the minimum necessary duration.
- 2.2.11 Where necessary and as appropriate the provider shall utilize pathways to Tier 4 residential provision to ensure the needs of young people with very complex substance use needs are met.
- 2.2.12 The provider shall ensure that the services it offers are in line with locally agreed policies, protocols, guidelines, including child protection, and current evidence of effectiveness. Of particular importance for this area of work are 'Young People's Specialist Substance Misuse Treatment: Exploring the Evidence' (NTA 2009), 'You're Welcome quality criteria; Making health services young people friendly' (DH 2007), the Department of Health 'Orange book' clinical guidelines (2007) ;the NICE clinical guidelines 52 (opioid detoxification) (2007), and NTA/DH Pharmacological guidance(2009)
- 2.2.13 Staff shall utilize treatment intervention models based on theoretical and empirical evidence.
- 2.2.14 The provider shall support and manage staff to enable them to develop a therapeutic alliance with Young People.
- 2.2.15 Staff shall actively support young people to identify their needs in relation to education, training and employment and shall support young people to participate in these activities.
- 2.2.16 Young People shall be encouraged to allow parents/carers to participate in the treatment plan. Services shall support parents/carers in dealing with the impact of the young person's alcohol/drug use on the family and assist them to support the young person.

3. Care Planning:

- 3.31 All young people in care planned treatment shall have a written and structured care plan resulting from assessment. The care plan will:
- Set the goals of treatment and milestones to be achieved in partnership with the young person.
 - Indicate the interventions planned and which agency and professional is responsible for carrying out the interventions.

- Make explicit reference to risk management and identify the risk management plan and contingency plans.
- Identify information sharing (what information will be given to other agencies/professionals).
- Identify the work to be carried out to support young people to take up suitable activity/leisure based work such as sports/cultural activities.
- Reflect the cultural and ethnic background of substance misusers as well as gender and sexuality.
- Have both worker and user signed up to plan - where there are any disagreements about elements of the care plan, this shall be recorded.
- Identify a date when the plan will be reviewed.
- Be presented in a way that could be easily understood by young people and parents/carers.

3.32 Each young person shall have an allocated worker who will review and evaluate the care plan at regular intervals with the young person. The review process will look at:

- Relevance of the care plan
- The effectiveness of the care plan and outcomes
- Unmet needs
- Client satisfaction with the care

3.33 The Treatment Outcome Profile (TOPs) form or other validated outcome tool shall also be completed with clients as part of the care plan review, as well as at the first care plan meeting with their allocated worker.

3.4 Discharge:

3.41 Departure from the service shall be planned and implemented in a structured way. A young person discharged ahead of planned completion must be provided with support to minimise the chances or impact of relapse.

3.42 Where discharge is anticipated all young people will have a discharge plan devised in consultation with the service user, which will form the basis of any onward referral to other appropriate services and address needs such as:-

- employment, education, training
- advice to parents/carers
- appropriate housing, supported accommodation etc.

3.43 Those young people that are discharged in a planned or unplanned way shall be given an opportunity to feedback on the quality of service they have received.

3.44 For young people leaving treatment without a CAF, who require additional services, staff shall complete a CAF(subject to consent being given).

3.5 Transition:

3.51 Where young people reach 18 and are still in treatment with the service or have recently been re referred , the service will look to ensure that the delivery of the service to the young person continues until, and if, the most appropriate opportunity arises to transfer the young adult to adult services.

3.52 Where young people are transferred to an adult service, the service shall ensure that:

- There is consultation with young people on how and when this should happen and this is recorded within the case file and outlined within a transitional work plan.
- Information held by the provider is up to date, reviewed with the young person and shared with the adult service.
- Where appropriate there is a joint 'handover' meeting between the young person and YP/Adult services..

3.53 The service shall provide information and guidance to parents/ and other family members of young people that are referred to the service.

3.54 The service shall provide input to Parenting Programmes in order to provide information and advice to parents about alcohol, drugs and services.

3.6 Consultancy, Support, Advice and Marketing

3.61 The Provider shall work closely with agencies and groups based within neighbourhoods, in particular the Integrated Service Hubs and those who work across the City, such as CAMHS , LAC and hospital services.

3.62 The Provider will deliver advice and support to other agencies and support CAF processes in order to:

- Improve awareness of alcohol/drug issues and services
- Improve the ability of mainstream services to identify and support young people with alcohol and drug issues.
- Support the use of substance use screening tools.

3.63 The provider shall assertively promote the service through written/digital media and through communication with a range of agencies and the media. This work will be carried out in a way that ensures information is accessible to young people, and in conjunction with young people's representatives such as those within the Young People's Council and Children's council.

3.7 Location/Availability/Accessibility of Service

3.71 This service is exclusively for young people that live within the Leicester City boundary.

3.72 The service shall provide choice and flexibility to young people in regard to the time and place of open access arrangements and arranged appointments, in line with the flexibility element of the Aims and Objectives outlined in 4.13. This shall include Monday –Saturday and evening availability. It is expected that services should be available as a minimum 8 hours per day Monday to Friday and 4 hours on Saturdays, excluding public bank holidays.

3.73 Access arrangements shall be in place that support young people making contact themselves as well as professionals and parents/family members.

3.74 The service will work closely with Integrated Service Hubs and provide locality based services where ever possible. The service will work assertively with those young people who may not be able to, nor wish to engage with alcohol/drug services.

3.75 The service must be able to support people with different faiths and deliver the service to people whose first language may not be English. This will involve providing support in a range of languages and those practising a range of religions.

3.8 Premises

3.81 The Provider(s) must ensure that services are provided in an environment that promotes access and ensures safe and effective care. This includes ensuring there is adequate privacy and confidentiality, cleanliness and maintenance of premises

3.82 The Provider(s) must ensure that all premises are fully compliant with the requirements set out in the Disability Discrimination Act 1995.

3.83 Premises must be suitable for the needs of children and young people and shall be separated in time or place from adult alcohol or drug users. The provider will be required to ensure that the premises utilised are all health and safety compliant and provide sufficient space to cater for the anticipated capacity of the service. The service will be offered from a venue with facilities appropriate to the nature of the service. Some rooms may fulfil several functions; however there must be sufficient space to cater for the anticipated capacity of the service. Facilities shall include:-

- open plan drop in space
- rooms suitable for one to one interventions
- rooms suitable for group work activity
- rooms suitable for safe storage of syringes and associated paraphernalia
- rooms suitably equipped for medical use
- office and administrative space

4 Environmental Sustainability, Equalities, and other impacts

4.1 At all times the Provider shall provide the service detailed in this specification and incorporate the following general principles:

- Service users are individuals and have the right to dignity, and privacy.
- All those involved in providing the service shall acknowledge and respect service user's gender, sexual orientation, age, race, religion, culture, lifestyle and values.
- Service users shall be encouraged and enabled to exercise control over the service they receive.
- Services shall be supportive of Service users and their carers.
- Services shall respond sensitively and flexibly to the service user's changing needs.

4.2 The service will need to develop explicit strategies to engage with hard to reach groups and provide a range of services that include:

- Specifically targeted services on the basis of established need.
- Advice and Information provided in a culturally sensitive format.
- Provision of translated materials
- Provision of translators or language speaking staff.
- Supported access to services
- Provision of a staff team and service environment reflective of local diversity.
- Provision of monitoring data to ensure local communities are represented in service.

4.3 Individual service users will have a range of needs, therefore specific and tailored service components will need to be developed to effectively engage these groups.

4.4 Interagency Liaison

- 4.4.1 The Provider shall be responsible for establishing protocols, systems and procedures for managing referrals, case assessments and reviews and sharing information across statutory agencies, and the voluntary sector.
- 4.4.2 The provider shall ensure that staff have effective operational links with other workers in the substance misuse field and resources in the wider community, in particular those that work with vulnerable young people, so that the needs of young people are addressed comprehensively.
- 2.4.3 The provider shall send representatives to attend local meetings organised by the Council around the planning and clinical management of services, such as the young person's clinical governance group.
- 2.4.4 The provider shall make links with and support neighbourhood partnership arrangements, in particular the Integrated Service hub teams and the Neighbourhood Advisory Boards.

5. **Quality Indicators**

The details of the performance management framework are contained in the Quality schedule. The Provider shall work to achieve and demonstrate the outcomes and outputs outlined below. Performance in relation to the targets below will be taken into account in the review of services within year 2 of the contract. Where targets are per annum supporting evidence will be obtained in relation to quarterly data during year 2.

5a. Outcomes

The Provider shall demonstrate the effectiveness of treatment interventions through outcome monitoring. They will use the TOP to report on outcomes directly to the DAAT. Where a young person has not been subject to TOP monitoring then another outcome monitoring system shall be used that can demonstrate the outcomes below.

Outcome	Target p.a.	Target p.a.	Supporting Evidence (how is this measured)	Action to be taken if target not met.
	2011/12(July-March)	2012/13		

Improved psychological well-being of young people leaving the service	65% of young people leaving treatment shall have a demonstrable improvement in psychological well-being	75% of young people leaving treatment shall have a demonstrable improvement in psychological well-being	Through TOP or other outcome monitoring returns-to be provided directly to DAAT.	Review and action plan
Reduced substance use of young people leaving the service	100% of young people leaving treatment shall have a demonstrable reduction in substance misuse	100% of young people leaving treatment shall have a demonstrable reduction in substance misuse	<i>As above</i>	<i>As above</i>
Improved outlook in relation to education, employment or training.	65% of young people leaving treatment shall have a demonstrable improvement in education, training or employment status.	75% of young people leaving treatment shall have a demonstrable improvement in education, training or employment status.	<i>As above</i>	<i>As above</i>
<i>Becoming drug-free</i>	<i>50% of young people using drugs shall leave treatment drug free</i>	<i>70% of young people using drugs shall leave treatment drug free.</i>	<i>NDTMS</i>	<i>As above</i>

5b. Outputs

The provider shall work to achieve and demonstrate the outputs below.

Output	Target p.a 2011/12(July to March)	Target p.a 2012/13	Supporting Evidence	Action to be taken if target not met
Comprehensive assessment undertaken within 5 working days of referral	<i>100% of referrals to the service for YP requiring a specialist assessment.</i>	<i>100% of referrals to the service for YP requiring a specialist assessment</i>	NDTMS or equivalent treatment monitoring system	Review and Action plan
Opportunity to start treatment within 10 working days of the comprehensive assessment	<i>100% of YP identified as requiring treatment</i>	<i>100% of YP identified as requiring treatment</i>	As above	As above
Young people in specialist substance misuse treatment shall have a care plan specifically related to their substance misuse treatment needs	<i>100% of YP in treatment</i>	<i>100% of YP in treatment</i>	As above	As above
Young People for whom there are significant physical or mental health problems caused by or affected by substance use shall be offered or supported to have a health assessment.	<i>100% of YP in treatment</i>	<i>100% of YP in treatment</i>	As above	As above
Young People who have a	<i>100% of YP in treatment</i>	<i>100% of YP in</i>	As above	As above

history of injecting shall be offered or supported to have a personal Hepatitis C test with pre and post test counselling or are assessed as not appropriate to offer.		<i>treatment</i>		
Young people starting treatment that are offered or supported to have Hep B vaccinations or are assessed as not appropriate to offer.	<i>100% of YP in treatment</i>	<i>100% of YP in treatment</i>	As above	As above
All Young People shall leave treatment in an agreed and planned way.	<i>85% of YP in treatment</i>	<i>85% of YP in treatment</i>	As above	As above
There shall be annual increases in the overall presentation of young people in treatment for alcohol. (Based on the 2010/11 baseline(6(24%) for all YP in non criminal justice treatment for Q2 2010/11)).	<i>50% increase p.a. in YP in treatment with primary alcohol problem.</i>	<i>50% increase p.a. in YP in treatment with primary alcohol problem</i>	As above	As above
There shall be annual increases in referrals from neighbourhood based services for young people in treatment including	<i>50% increase in referrals p.a. from neighbourhood based services</i>	<i>50% increase in referrals p.a. from neighbourhood based</i>	As above or direct data reported to the DAAT on referral source.	As above

Integrated Service Hubs and schools (based on the 2010/11 baseline (8 for 2010/11 Q2)).		services		
Data compliance and completeness				
	2011/12(July-March)	2012/13	Supporting evidence	Action to be taken if target not met
NDTMS Data accuracy	98% per quarter	100% per quarter	NDTMS	Review and Action plan
TOP compliance	100% for treatment entry, treatment review and treatment exit per quarter.	100% for treatment entry, treatment review and treatment exit per quarter.	NDTMS	As above.

6. Contract Value
<i>Please state if contract value is per annum or total value over the contract lifetime</i>

7. Timescales/Period of Contract
<i>The contract will be for 2 years with the possibility of extension for a further year subject to performance and availability of funding.</i>

8. Monitoring and Recording Arrangements
8.1 The provider shall be required to submit returns required by the Council and National Drug Treatment Monitoring System (or any subsequent local/regional/national treatment monitoring system) in relation to young people in treatment. The provider will make every reasonable effort to gain the consent of all young people entering treatment for data upload.
8.2 The provider shall be required to provide demographic and activity data on work carried out with young people referred that do not require treatment but receive Information, Advice and Guidance services only and for parents/carers that are in

contact with the services.

8.3 The provider shall be required to provide data on the provision of consultancy, advice and awareness raising work carried out with other agencies and services (including parenting programmes), this shall identify the quantity, type and recipient(s) of this work.

8.4 Details of quarterly and annual reporting requirements are contained within the Quality schedule.

9 Quality Standards

9.1 Service providers will be expected to comply with the quality standards set out in the attached quality schedule.

10. Commissioning Officer Details