



Coventry City Council

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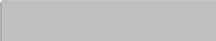
Chief Executive's Directorate

Council House  
Earl Street  
Coventry  
CV1 5RR

Please contact Adrian West  
Direct line 024 7683 1100  
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adrian.west@coventry.gov.uk

Our reference: 20121256

Date: 28 November 2013

Dear 

### Freedom of Information Act 2000

Thank you for requesting information about substance misuse services that are commissioned by Public Health which the Council received on 31 October 2013. Your request has been considered under the Freedom of Information Act 2000.

You have requested the following information;

1. Does your Local Authority the Public Health Team commission specialist young people's substance misuse services (i.e. services for your people experiencing alcohol and / or substance misuse problems)?

*No – the service is commissioned by a joint CCG / LA Children and Young Peoples Commissioning Team. Public Health provide approximately 62% of funding*

2. What is your current annual spend on specialist young people's substance misuse services (2013/2014)?

*£318564 (of which Public Health provides £62%)*

3. Is there a proportion of the spend that is delivered through Payment by Results (PbR)?

*No – the service was competitively tendered and has an extensive performance management framework.*

4. If a proportion of the spend is made by Payment by Results please state the amount?

*N/A*

5. If a proportion of the spend is made by Payment by Results please state the measure used (e.g. number of referrals, planned discharges, etc)?

*N/A*

6. A description of the service you are commissioning

*The Service is available to any child or young person, under 18 years of age, who is experiencing problems related to their drug or alcohol use. The service helps young people move away from problematic substance misuse, aiming to progressively enable them to achieve their full potential.*

*Clients receive one-to-one support as part of an individual care plan which is developed according to their age, needs and capability. Wherever possible, staff will encourage the child or young person to involve their family, carer and professionals in their treatment. Children and young people can have appointments either at the service's central base or at a wide variety of youth agencies across Coventry.*

*Services provided include:*

- Targeted group-work or Individual tailored support*
- Professional support and consultation as well as information and advice*
- Talking therapies*
- Specialist harm reduction*
- Family interventions / support to parents and carers*
- Access to pharmacological interventions*
- Transitional care and aftercare*

7. A copy of the current service specification for specialist young people's substance misuse service you commission.

*A copy of the specification is attached.*

Please note, under the Re-Use of Public Sector Information 2005 Regulations you are free to use this information for your own use or for the purposes of news reporting.

However, any other type of re-use under the Regulations, for example; publication of the information or circulation to the public, will require permission of the copyright owner and may be subject to terms and conditions. For documents where the copyright does not belong to Coventry City Council you will need to apply separately to the copyright holder.

If you wish to apply to reuse the information you have requested or have any other issues relating to this request please do not hesitate to contact me.

I hope you feel that our response meets your request. However you have a right to make representations about the outcome or handling of your request – in the first instance this must be made in writing within 40 working days of the date of this letter, to the Council's Information Governance Team at:

Council House, Room 21a  
Lower Ground Floor  
Earl Street, Coventry.  
CV1 5RR  
[infogov@coventry.gov.uk](mailto:infogov@coventry.gov.uk)

If you have done this and are still dissatisfied, the Information Commissioner can be contacted at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Yours sincerely



Adrian West  
Assistant Director, Scrutiny and Transformation

[www.coventry.gov.uk/procurement](http://www.coventry.gov.uk/procurement)

**Tender for The Coventry Young Peoples Substance Misuse Treatment Service  
Contract/reference number 1920**

# **Part A Specification and Contract Conditions**

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Tenderers should be aware that information provided as part of this tender exercise will be subject to current legislation.



## Part A: 2 - SPECIFICATION

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The following document sets out in detail the Council's requirement. It is intended to be comprehensive and complete. The quality of your tender will depend upon a clear understanding of this requirement. If you are unclear about any of the contents it is essential that you ask for clarification before submitting your tender. You must make requests for clarifications in enough time to allow the Council to prepare the response. This must be no later than **6 days** before the Return of Tenders date.

Contact information can be found at the beginning of this tender pack.

Note: The information provided as a result of a clarification request will be sent to all tenderers; therefore you may wish to ensure that you do not make reference to your own company within your question, so that you can remain anonymous.

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### SCHEDULE 1

#### Introduction

- (A) This service specification sets out the council's requirements in relation to the performance of the Coventry Young Peoples Substance Misuse Treatment Service.
- (B) The service specification forms a schedule to the services agreement and as such forms part of the agreement between the Council and the Contractor.
- (C) Unless otherwise stated, the terms used in this service specification have the same meaning as in the agreement.

#### 1.1 Duration Of the Contract

The Contract will be for an initial period from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014, but will be renewed on an annual basis until 31<sup>st</sup> March 2018, subject to confirmation of the availability of funding, developments in intra-regional commissioning arrangements and satisfactory performance.

#### 1.2 Background

It is recognised that most young people can have their needs met within universal or targeted services, however, a small but significant number of young people require a specialist treatment intervention to meet their needs.

The following has been developed by the NTA as a definition of the role of the Young Peoples Substance Misuse Treatment Service;  
“..a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse”.

The Contractor will deliver a specialist substance misuse treatment service for young people up to the age of 18, whose drug and/or alcohol and/or volatile substance use has disrupted their functioning to the extent that their needs cannot be met by either universal or targeted services.

#### 1.3 Service Principles

The Contractor will develop and maintain referral pathways into and out of their service and will play a key role in partnership working in Coventry.

The Contractor will be able to demonstrate commitment to a multi agency partnership working approach in the delivery of services and while working within a harm reduction model, strive towards encouraging young people to become and maintain a substance free lifestyle.

The Contractor must be able to adhere to National Treatment Agency (NTA) / Public Health England principles for delivering young persons services while maintaining an emphasis on local need.

The Contractor will deliver a service that recognises that young people are entitled to receive appropriate health care wherever they access it in accordance with the principles of the Department of Health's Quality criteria for young people friendly health services (You're Welcome).

The service will adopt a delivery philosophy consistent with the SCODA / Children's Legal Centre Service Principles of providing substance misuse treatment to young people.

## 2. Core Aims And Objectives of Service Delivery

The following principles will be core aspects of service delivery:

- 2.1 The service will be delivered in a user-friendly, non judgemental, non-intimidating, respectful, client centred and confidential way that enhances the young person's motivation and readiness to change and recognises the often complex and interlinked issues that may be linked to a young person's substance use.
- 2.2 The service will work with young people to reduce and then stop their substance misuse (in the case of alcohol, to reduce consumption to the levels recommended in the Chief Medical Officer's advice issued by Dept of Health in 2009).
- 2.3 The Contractor will proactively publicise and promote the service to young people and professionals working with young people in order to meet the key priority of enabling young people with substance use to access appropriate support, understand the sort of support the service provides, easily access the service and receive high quality treatment if required. The Contractor will also be expected to support initiatives and campaigns developed by the Coventry Partnership to raise general awareness around substance misuse as well as community confidence in tackling substance misuse.
- 2.4 The service will strive to maximise the number of service users who successfully achieve their treatment objectives.
- 2.5 The Contractor will ensure that the service contribute to meeting the range of the young person's needs including developing wider skills such as resilience and self esteem.
- 2.6 The service will work in partnership with mainstream and targeted Children and Young Peoples services as well as other specialist and/or primary care services where necessary and appropriate. In such cases the Contractor will act as a signpost/gateway to these services and ensure contact occurs with a minimum of delay via the use of the Common Assessment Framework and the lead professional system
- 2.7 Provision of the service will be responsive to young people's needs and provides support at a time and in a location that is convenient to them. Delivery of Services will be in an exclusively young person only environment.
- 2.8 The service will be clear about it's rules on confidentiality, information sharing and informed consent, as well as it's obligations to maintain safeguarding and promote children's welfare at all times.
- 2.9 The Service will provide specialist advice to professionals/staff within referral organisations via named point of contact/access to duty worker during office hours. The service will make

a representative of the service available to attend team meetings of partner organisations on a periodic basis to further reinforce this process and discuss the service's offer.

- 2.10 The Contractor will be a signatory to the Coventry Information Sharing Protocol and participate in Information Sharing initiatives such as Safer Neighbourhood Group meetings, within the boundaries of relevant legislation and their responsibility to maintain client confidentiality.
- 2.11 The Contractor will be expected to proactively identify and respond to changing needs within the service and to play an active role in the local response to young peoples substance misuse needs via engagement in a multi-tiered multi-agency approach
- 2.12 The Contractor will make provision to overcome any barriers to communication that young people or their family / carers may have. Interpreters should be made available by the Contractor, where required. Information should appropriate, sufficient and relevant to the needs of diverse populations.
- 2.13 The Contractor will offer support to young people's parents and carers while their child is undertaking treatment.
- 2.14 The Contractor will support young people at the end of their treatment programme to access support from targeted or universal services. This will include relapse prevention support and support to young people transferring into Adult Drug Treatment or other specialist Adult support Services.

### 3. Age range of clients and Client Group Served

- 3.1 Services will be provided on a 'needs led age triggered' basis. The service will take referrals in respect of young people up to the age of 17 years old. The young person's 18th birthday is a trigger to initiate a transition into adult services and care planned arrangements should be made to ensure a smooth transition has been completed within 6 months.
- 3.2 If someone who is already 18 years old or over makes a new presentation to the service they should be signposted to the adult service unless, they are still receiving support from Coventry City Council's Children's services (e.g. young people who are care leavers) and their presence would not be detrimental to other users. However, discussion and regular review should take place in respect of a managed transition to Adult services where appropriate.
- 3.3 Clients of the service will be Young People who have substance misuse related needs (including alcohol and volatile substance use) that cannot be met from within mainstream Children and Youth Services and who live within the CV1 – CV6 postcode areas.
- 3.4 Young people who are looked after by Coventry City Council's Children's Services Department, but are registered with a GP outside the Coventry area will be referred to an appropriate agency in that local authority area. However, the Contractor will be asked to provide appropriate support to the young person whilst they are in the Coventry area (e.g. visiting friends or family) or if the services in the 'host' area provide an insufficient level of support.
- 3.5 To achieve this, the Contractor will source and maintain an accessible base within central Coventry as well identify sites within the City that would be convenient to meet with young people. The service will also deploy staff to undertake work with teams of professionals (e.g. Children and Family First teams) in order to increase referrals and strengthen joint working.
- 3.6 The service will be operational between the hours of 9.00am and 5.00pm Monday to Thursday and 9.00am – 4.30pm Friday. The service will also be available until 7pm at least one day per week and support bi-monthly YOS Attendance Centre sessions held on a Saturday as well as attendance at relevant weekend events (e.g. Godiva festival).

- 3.7 Outside of these hours, the service will ensure arrangements are in place for the young person to contact the service (e.g. via answer phone message, website based form, email or text) and that these resources will signpost to emergency help and advice.
- 3.8 The service should be available to all, but special attention must be given to facilitating access by:-
- (i) Young people who face additional barriers to accessing services due to race, age, gender, disability, sexual orientation, religion or belief, pregnancy, maternity or breastfeeding
  - (ii) Vulnerable groups such as homeless young people, looked after children, young people who have suffered abuse, young people who have been in contact with the criminal justice system and young people excluded or suspended from school.
- 3.9 The service currently supports approximately 150 individual young people per year. Whilst not a primary indicator of the service's performance, the provider will be expected to maintain this level of client numbers throughout the duration of the contract.

#### 4. Referrals

##### 4.1 Acceptance of referrals

- 4.1.1 Access to young people's specialist substance misuse treatment is voluntary. Referrals will be accepted from a wide variety of sources including self-referral, parents and carers and professionals
- 4.1.2 The latter will be requested to use the Common Assessment Framework to enable evaluation of the young person's substance use within the context of their overall range of needs, however completion of a CAF must never be allowed to delay delivery of support to a young person.
- 4.1.3 The Contractor will work on an ongoing basis with managers from referring teams (in particular from the Council's Children's Services Directorate) to identify maintain and improve referral pathways and links between the specialist service and mainstream services. Once a referral is accepted, the service will link it's work with care planning co-ordinated by Children's mainstream services designed to meet the young person's range of needs.
- 4.1.4 Of particular importance will be developing links and effective joint working with Health partners such as the School Nursing Service, GPs, Staff within Accident and Emergency Department of University Hospital of Coventry and Warwickshire.
- 4.1.5 The Service will also build specific referral pathways in respect of young people who are using volatile substances. This group is currently underrepresented within the treatment population.

##### 4.2 Outward Referrals

- 4.2.1 The service shall actively refer/sign post young people to a relevant organisation to meet the holistic needs of the young person, to avoid unnecessarily waiting times duplication of services and to ensure access to the support required
- 4.2.2 Referrals to appropriate services able to help the young person with needs in addition to substance misuse should be via the use of the Common Assessment Framework.
- 4.2.3 Identification of unmet needs should be discussed with the lead professional/referred to mainstream Children's services.
- 4.2.4 The service will ensure specific attention is paid to establishing strong reciprocal referral pathways with mental health and sexual health services.

#### 4.3 Step Down / Exit from the service.

- 4.3.1 The service shall provide focused interventions with the intention of supporting the young person to achieve their treatment goals within a time limited period.
- 4.3.2 Towards the end of the young person's intervention, the service should liaise with the referring professional to agree ongoing support to the young person following their discharge from the service to discourage relapse into substance use.

#### 5 Services to be provided

##### Support to Tier 1 Services

The Service will provide advice and support to the following groups:

- 5.1. Young People or their families who contact the service
- 5.2 Professionals working in mainstream Children's Services
- 5.3 Support will include but will not be limited to:
  - (i) When contacted by a member of the public or a professional, provision of information on legal and illegal drugs, volatile substances and alcohol, their effects and problems issues around poly-substance use.
  - (ii) Advice and support around the identification of substance misuse, particularly as part of CAF.
  - (iii) Advice and information on reducing harm from the use of substances. This will not only include drug and alcohol awareness but also advice such as safer sex and reducing the risk of becoming a victim of crime.
  - (iv) Advice and information about treatment and support services available.
  - (v) Providing signposting to other specialist services e.g. GP registration Health and Social Care Services.
  - (vi) Providing support and information in relation to blood borne virus testing and immunisation monitoring completion of immunisation courses.
  - (vii) Undertaking ongoing support to prior users of the service in relation to relapse prevention.
  - (viii) Undertaking work to re-engage clients who have dropped out where there is a concern about their wellbeing.
- 5.4 The service is not commissioned to provide Drug and Alcohol Information and advice on a routine basis, or to provide universal education in settings such as schools or youth clubs to groups of young people who have not been specifically identified as having substance misuse problems.

#### 6 Provision of Tier 2 Services

##### Assessment

- 6.1.1 The service will participate in a holistic assessment of a young person's needs either directly or supporting an assessment undertaken by another professional. The extent of the service's involvement will reflect the level and complexity of the client's presenting needs.
- 6.1.2 The service will consider whether it is appropriate to instigate the CAF process to respond to a young person's needs or that of a family member (who may not be accessing the

service). The service will inform the substance misuse element of a care plan to be delivered by targeted services and will be a source of training and support to professionals who are supporting young people who are using drugs and/or alcohol.

6.1.3 It is crucial that the service plays an active role in gaining a thorough understanding of the young person's life and how different aspects relate to each other, as well as contributing to initiatives to identify and provide an early intervention to siblings or family members who face similar risks to the individual who is accessing support.

6.1.4 The service will advise the assessment process whether the extent of substance use in conjunction with health, social factors, criminal justice and any other needs may require escalation to a specialist substance misuse intervention.

## 6.2 Targeted Intervention

6.2.1 This will be limited to personalised work with young people who have been specifically identified by mainstream or targeted services as having substance misuse related needs. The focus of the targeted interventions will be to promote the service, provide relevant harm reduction messages, build familiarity, trust and mutual respect with a young person to facilitate their access into the specialist service.

6.2.2 The service will also support and advise professionals to provide interventions to young people who have a substance misuse related need, but are not willing to engage with the specialist Treatment Service. In such cases, the professional will also be offered training and support in motivational interviewing techniques to encourage the young person to reconsider their decision to engage.

6.2.3 The Contractor must ensure that all members of the service team attend Relationship and Sex Education training 0a and 0b and thereafter provide a registration level C-card scheme to all clients.

An assessment of the clients sexual health needs must be included in the triage assessment and any reviews undertaken thereafter, where necessary the provider will accompany the client to a sexual health service that meets the clients identified need.

## 7 Provision of Tier 3 Services

### 7.1 Assessment

7.1.1 Young People who are referred for a range of complex issues or have serious needs should receive a detailed holistic specialist substance misuse assessment, which is an interactive process that may take some time to complete.

7.1.2 The assessment should be seen as the first phase of intervention, providing an opportunity for the young person to reflect on their circumstances, their needs and strengths and also to identify risks that require an immediate intervention prior to development of the full care plan (e.g. identification of another agency to be involved in the assessment, motivational interviewing techniques to increase engagement in the assessment).

7.1.3 The assessment process must include:

- An evaluation of the young person's perspective on their substance use including
  - their knowledge of substances and associated risks,
  - friends or family use and views on substance use,
  - whether they use substances to modify, suppress or control their thoughts or behaviour,
  - expectations of how their substance use affects their life,
  - hopes or fears around substance use or being drug and alcohol free,
  - previous experience of treatment,
  - available support.

- A risk assessment – identification of immediate needs in relation to high risk behaviours and what steps are required to reduce risk as soon as possible. Such risks (which compound each other) may include
  - deliberate self harm or attempted suicide,
  - drug or alcohol use in the presence of those with established substance misuse,
  - links between substance use sexual exploitation or violence,
  - use in dangerous environments,
  - high risk consumption such as injecting or polysubstance use
  - co-existing mental or physical health conditions.
- Demographic and contact details; the following aspects will influence the assessment and treatment process.
  - Culture / ethnicity – how substance use is viewed within the young person's community
  - Age -the younger the client, the higher the risk of developing substance misuse. There are also issues around maturity to engage, and possible requirements concerning the need for parental consent.
  - Details of parental responsibility / residence arrangements
  - Involvement with other agencies – opportunities for collaborative work and enables records to be kept up to date and accurate (E.g. GP Health records).
- Consideration of non substance misuse needs – checking to see if a CAF has already been completed and if not, determine whether one is required. Ensure that the information in any holistic assessment that has been undertaken is accessed in order to ensure a co-ordinated approach with other agencies that are working with the young person.
- Gaining a history of substance use – developing an understanding of the role of drugs and alcohol in the young person's life
  - Substances used and age first tried / how long used.
  - Frequency, quantity and method of use
  - Polydrug use or combinations and patterns of use
  - History of incidents (e.g. bingeing, overdose, accidents, injury)
  - Previous episodes of treatment / attempts to change.
  - Establishing any psychological or physical dependence.
  - Evaluating whether use is entrenched, is increasing or stable, is becoming more complex.
- Social impact – the context of use often determines additional risks and triggers around the young person's use. These will include such factors as
  - Involvement in crime
  - Sexual exploitation, early or disinhibited sexual behaviour
  - Parental / family use and attitudes.
  - Contact with positive and reliable peers, role models or sources of support
  - Safe and stable accommodation.
- Health – substance use can lead to or worsen both physical and mental health problems. The assessment should be mindful of the specific effect of particular substances (e.g. liver damage, infections, paranoia, anxiety) and refer to qualified medical staff if there are concerns.
- Evaluation of the need for an invasive investigation / physical examination such as inspection of injecting sites that require clothing to be removed or blood tests. In such cases, specific consent from either the young person or their responsible parent should be secured and the investigation should only be conducted by a competent practitioner. A suitably qualified practitioner should be involved in any pre-test discussions with young people considered as at risk from Hepatitis B or C.
- Assessment of injecting behaviour and provision of harm reduction information and advice, evaluation of the risks of providing needle exchange to a young person.

7.1.4 The Comprehensive Assessment must be conducted within 5 days of referral into the service.

7.1.5 Completion of the assessment will recognise the role of parents and carers. Ensuring the whole family's involvement in the assessment will increase a sense of self empowerment and the chances of engagement and success.

## 7.2 Treatment Planning

7.2.1 Following the assessment a structured care plan should be constructed. The plan documents a formal process to meet the needs identified within the assessment by setting goals and developing interventions. Participation and agreement of the young person (and their family, where applicable) at every stage is essential, to ensure engagement and a common understanding of milestones and achievement.

7.2.2 The care plan must be flexible, young person focused and address the holistic needs of the young person. It is essential that this care plan is consistent with the Young Person's overall plan drawn up by the Lead Professional / instigator of the CAF / other support provided by the 'Team around the Family'.

7.2.3 Key elements of the Care Plan will;

- Include clear linkage between identified needs, goals to be achieved and the interventions designed to achieve the goals.
- Include outcomes to be achieved are defined and easily understood. The Plan is written in clear jargon free language or is in a form that is easily understood by the young person and their family (e.g. translated).
- Cover the following domains identified by the National Treatment Agency; Substance use, physical and psychological functioning, Social functioning, Criminal involvement, Safeguarding.
- Ensure that progress can be easily measured and understood.
- Goals are ambitious but realistic.
- Clearly identify which member of the service's staff is responsible for the young person's treatment journey and which individuals / organisations are responsible for delivering the intervention (including the young person and their family).
- The care plan will be regularly updated. The Contractor will ensure that all partners are provided with changes and amendments to the plan.
- Demonstrate a coordinated approach between agencies.
- Clearly defined milestones and review dates to evaluate progress, contingency plans in the event of relapse or disengagement by the young person.

7.2.4 The Contractor will supply information concerning the Young Person's progress to other professionals at a level that recognises child protection and safety of the young person as taking precedence whilst maintaining confidentiality wherever possible.

7.2.5 The Care Plan will be completed within 10 days of the Comprehensive Assessment.

## 7.3 Provision of Psychosocial Interventions

7.3.1 This will include psychological, psychotherapeutic and counselling based work via individual or group sessions which support young people to engage better understand their substance misuse including precedents and antecedents, develop alternative methods of coping and make changes to their substance use and address a range of needs.

- 7.3.2 The aims of the intervention will be to enable the Young Person and/or their family members to access an appropriate intervention from a range of talking therapies in order for:-
- (i) The Young Person to recognise behavioural issues and to encourage positive voluntary consensual change.
  - (ii) To support emotional change and the enhancement of social, coping and resilience skills.
  - (iii) To contribute to removing barriers to the Young Person's academic or vocational progress and aspirations and discourage offending
  - (iv) Establish active referral protocols to appropriate services provided by other organisations
  - (v) Provide a service that adheres to the British Association for Counselling and Psychotherapy's codes of practice
  - (vi) To take into account and is responsive to needs based on gender ethnicity sexuality the nature of the presenting problem and the Young Person's preferred type of counselling
  - (vii) To reduce drug related harm, encourage abstinence and discourage relapse

NB. Where longer term counselling/expert support is required (e.g. bereavement anger management) referral will be made via a CAF to the relevant specialist service.

#### 7.4 Family Interventions

- 7.4.1 The service will recognise the importance of the contribution that can be made to a young person's treatment via working with their family. To facilitate this, it is recognised that family members may require support in their own right.
- 7.4.2 The service will support family members to manage and cope with the impact of a young person's substance misuse as well as enable them to support the young person within the family environment. The focus of this work is to respond to and address a young person's substance use, therefore support can be offered, even if the young person is not accessing treatment.
- 7.4.3 NB. Interventions in relation to parental substance misuse and interventions that are directed towards meeting the needs of children and young people that are a consequence of their parent's substance misuse are not intended to be substantively met by the service. However the service will be expected to collaborate and work in partnership to deliver 'seamless' services to families affected by substance misuse and to actively work in partnership with Children and Family First services.

#### 7.5 Access to a Harm reduction Service

- 7.5.1 These interventions aim to reduce harm to the individual resulting from their substance use whilst recognising that the young person may not be ready to attempt to significantly reduce their use... In the young peoples service context harm reduction work will be split into the following streams
- 7.5.2 Addressing an individual's use of non injecting drugs (i.e. predominantly alcohol and cannabis), for example in reducing a client's harm from alcohol via the following
- (i) Help in understanding safer (and harmful) drinking levels and support to the young person to reduce their consumption of alcohol

- (ii) Support to make informed decisions about drinking and an understanding of normative behaviours.
- (iii) Guidance to parents/carers about how their actions can influence the young person's consumption of alcohol
- (iv) Advice and guidance on staying safe whilst drinking such as higher likelihood of risky sexual behaviour higher likelihood of becoming a perpetrator or victim of crime, higher likelihood of injury or accident whilst intoxicated
- (v) Encouraging reflection by the young person on the consequences of excessive alcohol consumption; short and long term health issues, effects of drinking on educational attainment or career progression
- (vi) Challenging the social acceptability of binge and/or excessive drinking.

## 7.6 Support to injecting users

7.6.1 To meet the needs of the small number of young injecting users the Contractor will offer support around safer drug use strategies, staying safe and/or needle exchange services in the context of planned care

7.6.2 The Contractor must ensure staff are competent to consider the following when sanctioning a young person's access to needle exchange services:-

- (i) The young person's welfare is paramount
- (ii) Consent is gained for the intervention i.e. either informed consent of the Young Person or parental consent
- (iii) Parents and Carers are involved/where the Young Person is able to give informed consent they are encouraged to involve parents or significant others
- (iv) Needle / syringe exchange and supply is part of care planned activity with clearly identified protective reasons for the provision of injecting equipment. Even young people whose behaviour is chaotic or whose engagement is intermittent must have undergone a comprehensive assessment (or review) in order to access this service
- (v) The young person is made aware of and understands the risks of injecting
- (vi) The young person, their family/carers are aware of confidentiality issues and the Contractors duty in relation to Child Protection
- (vii) Staff are aware of their responsibilities for Child Protection and access Safeguarding Children services where appropriate

7.6.3 The service should follow the general principles of service delivery detailed in section 2 and in addition aim to:-

- (i) Assist the young person to remain healthy until they are ready and willing to cease injecting and achieve a drug free life with appropriate support
- (ii) Reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support to promote safer injecting and alternatives to injecting.
- (iii) To reduce the rate of blood-borne infections among drug users.

- (iv) To provide harm reduction advice and initiatives including advice on overdose prevention and harm reduction
  - (v) To ensure the safe disposal of used injecting equipment and improve the health of local communities by reducing the rate of discarded used injecting equipment
- 7.6.4 The Contractor will facilitate access to Coventry's Recovery Partnership which will provide the following services accessible by young people under strictly controlled conditions:-
- (i) Distribution of free sterile needles and syringes
  - (ii) Safe disposal of used equipment and return of used injecting equipment
  - (iii) Distribution of other appropriate harm reduction paraphernalia (e.g. sterile water ampoules, swabs, citric acid)
  - (v) Hepatitis B and C testing and immunisation
  - (vi) Advice on storage and handling of injecting equipment
  - (viii) Advice and interventions to prevent or curtail transition into injecting
  - (ix) Advice and interventions on drug related harm that does not involve injecting (e.g. smoking crack)
- 7.6.5 The Contractor's staff will support young injectors in accordance with the DrugScope guidance "Making Harm Reduction Work: Needle Exchange for Young People under 18 years old" and SCODA guidelines
- 7.7 Pharmacological Intervention
- 7.7.1 The service shall make appropriate referrals to the prescribing GP based within The Recovery Partnership. The service will make appropriate arrangements with the Recovery Partnership to ensure appropriate access (i.e. contact with the prescribing GP does not bring the young person into contact with clients of the adult treatment service).
- 7.7.2 In the event that additional prescribing capacity is required above that provided within current arrangements with the Recovery Partnership, the service shall be responsible for securing additional prescribing resources in order to maintain access in a setting that is appropriate to young people's needs.
- 7.7.3 The cost of additional prescribing resources shall be met from the payment received, unless the organisation can demonstrate that incurring such costs will result in total cost of providing all services detailed in Schedule 1 exceeding the payment received. In this circumstance, the organisation shall contact the Young Peoples Substance Misuse Programme Manager.
- 7.7.4 NB. Consideration should be given to each individual child's situation with regard to the introduction of a detoxification or maintenance / substitute prescribing regime.
- 7.7.5 This intervention should be considered in context of:-
- (i) Level of social support available to the individual
  - (ii) Level of dependency / polydrug use
  - (iii) Previous attempts to become drug free
  - (iv) Likelihood of use of alcohol or other illicit drugs
  - (v) Likelihood to relapse or overdose
  - (vi) Co-morbidity factors (The presence of one or more disorders (or diseases) in addition to a primary disease or disorder)
  - (vii) Arrangements for supervised consumption
- 7.7.6 In addition to the core aspects of service detailed in section 2 services shall include:
- (i) Full risk assessment of the young person's proposed intervention
  - (ii) Preparation for substitute prescribing This includes advice and written information about pharmacotherapy, risks of overdose drug interaction etc

- (iii) Work to enhance motivation and treatment readiness.
- (iv) Focus on prescribing regimes that include both reduction and detoxification.
- (v) Risk reduction advice e.g. advice on overdose blood borne infections contraception and safe sex nutrition etc
- (vi) Young people who successfully complete detoxification/achieve abstinence have access to a programme of aftercare or further support

## 7.8 Access to specialised inpatient or residential treatment service

- 7.8.1 The Contractor will undertake assessment and evaluation of a young person's needs in relation to their suitability to access 'specialist inpatient/residential services'.
- 7.8.2 This will only be in the event that it is not possible to provide a treatment intervention in conjunction with placement in a mainstream residential setting (e.g. temporary foster care or supported housing) or that the young person's needs cannot be met within the community.
- 7.8.3 The Contractor will provide advice and reports to the Coventry Multi-agency Complex Cases Panel which agrees packages of care for children and young people with continuing complex care needs that cannot be met by existing services.
- 7.8.4 The Contractor will support the young person throughout the referral process, as well as develop and implement support around aftercare.

## 7.9 Blood Borne Virus Testing and Vaccination.

The service will provide access to blood borne virus testing and Hepatitis C vaccination to relevant young people in accordance with relevant guidance for intrusive interventions

## 8. Services for Young Offenders

- 8.1 The Youth Offending Service represent the most common referral source into the Young Peoples Treatment Service. There is also a strong link between substance use and offending. It is therefore essential that the service has a robust referral pathway with the Coventry Youth Offending Service ("YOS")
- 8.2 YOS clients with a substantial substance misuse need (scoring 3 or over using the ASSET screening tool) may be referred to a Substance Misuse Worker employed by the Contractor, located within the YOS, to ensure that the services detailed in sections 5 – 7 are accessible to YOS staff and clients.
- 8.3 In addition, to the above, the service will support delivery of any local or national youth justice substance misuse related targets and ensure care planning in respect of substance misuse is received for all young offenders returning from or entering the secure estate.

## 9. De-escalation of service

- 9.1 All work by the Specialist Contractor should be part of a care planned approach and multi-agency response to a Young Person's overall holistic needs. Support should be provided at the lowest tier of intervention that can successfully meet the Young Person's need.
- 9.2 A key objective of specialist intervention will be to provide intensive but time limited work with the Young Person that will enable them to resolve any issues quickly and to 'return' to receiving support within mainstream services. As part of the ongoing review of the young person's progress, timeframes for discharge should be examined, in order to prevent an over-reliance on the service.

- 9.3 The service will provide an appropriate level of ongoing support to both staff working within mainstream services and to the Young Person following the completion of specialist intervention, notably in supporting strategies to avoid relapse/maintain abstinence. This would include;
- Providing an identified contact within mainstream services for the young person to contact in the event of a substance related incident
  - Information reinforcing positive goals that have been achieved, how to stay on track and relapse prevention advice.
  - Signposting to education, training, employment and leisure opportunities and diversionary activity.

- 9.4 The service shall be responsible for jointly planning and facilitating the smooth transition of clients aged over 18 into adult services, including the adult treatment service.

## 10. Training and competency

- 10.1 The Contractor will be responsible for employing an effective, competent and skilled team of staff to deliver the service.

- 10.2 The Contractor will update and develop service staff's knowledge and skills in light of developments in professional practice and emerging evidence. Training of young people's specialist substance misuse treatment professionals should be in accordance with the following:-

- (i) Drug and Alcohol National Occupational Standards (DANOS) and Drugscope Quality in Alcohol and Drug Services Organisational Standards.
- (ii) Childrens National Operational Standards
- (iii) Competency around the Common Assessment Framework
- (iv) A developed common core set of skills and knowledge to work with children and young people including
  - effective communication and engagement,
  - young peoples development,
  - safeguarding and promoting wellbeing,
  - supporting transition,
  - multi-agency working
  - information sharing.
- (v) Any further guidance issued by relevant national bodies agreed with the Commissioner.
- (vi) Any recognisable qualification appropriate to the intervention to be delivered (e.g. counselling must be provided by staff who have the required training and competence in compliance with codes of practice issued by the British Association for Counselling and Psychotherapy). At no time should staff undertake tasks or deliver services for which they have not been trained or qualified.
- (vii) A robust supervision process should support staff development with key action points recorded and followed up. The service will also have a clear protocol for dealing with staff who are struggling to meet the level of competency required for their post
- (viii) A Clinical governance framework that is appropriate to meet needs of individual worker, the team and the organisation should be developed. The framework should be in accordance with evidence based practice in order to maintain accountability and continuously improve quality of service and care. The framework should cover
  - Clinical effectiveness
  - Competence and continuing professional development
  - Working in a team
  - Information management
  - Public, carer and young person involvement

- Risk management
- Public Health.

Clinical supervision will enable practitioners to reflect on their practice and discuss complex cases as well as identify support needs such as access to consultancy support on areas such as mental health emotional/sexual abuse learning difficulties family problems.

- (ix) The service should proactively seek to engage with volunteers and should have a process for utilising the skills that they are able to offer (e.g. peer mentoring sharing life experiences)
- (x) All members of staff and volunteers must have Enhanced Criminal Records Bureau clearance where appropriate.
- (xi) The Contractor will ensure contingency arrangements are in place to maintain service levels in the event of staff absence, prolonged sick leave or staff vacancies. Where this is not possible, this should be raised with the Commissioner as a matter of urgency.

## 11. Policies and Protocols

- 11.1 The Contractor should have the policies and protocols identified in NTA (2003) (Contracts service agreements and specifications) documents as well as relevant legislation applicable to Children and Young People This includes but is not limited to compliance with:
  - The Misuse of Drugs Act 1971
  - Relevant Health and Hygiene Regulations (e.g. Health and Safety Act 1974)
  - Data Protection Act 1998
  - Relevant Public Health legislation
  - NHS and Community Care Act, 1990
  - The Mental Health Act 1983 and 2007
  - The Disabled Persons Act 1986
  - Carers (Recognition and Services) Act 1995
  - Relevant EU legislation
- 11.2 All policies should have a named person with responsibility for implementation monitoring and date for review. In addition the following policies are required:
  - Safeguarding children (This policy must be agreed by the Coventry Safeguarding Children Board)
  - Gaining Informed Consent for treatment including Gillick/Fraser guidelines
  - Working with Parents and Carers
  - Confidentiality – including boundaries / relationship with safeguarding requirements.
  - Information Sharing
- 11.3 . All staff and volunteers must have enhanced Criminal Records Bureau clearance.
- 11.4 The Organisation must also ensure it meets the requirements of clinical governance including
  - Clinical effectiveness
  - Competence and Continuing Professional Development
  - Working in a team
  - Information Management
  - Public young person and carer involvement
  - Risk Management
  - Public Health
- 11.5 The Organisation will also comply with current and future legislation including:
  - Meeting the needs of a diverse population (e.g. Equalities Act 2010)

Meeting the needs of children (e.g. The Children Act 1989, 2004)

Meeting the needs of Young People with Mental Health issues (e.g. The Mental Health Act 1983, 2007)

12. Provision of training

All training delivered by the Contractor and the scope of a consultancy resource for staff working within lower tiers of intervention will be agreed with the Commissioner.

13. Young Peoples Involvement

The Contractor will demonstrate how the service is responsive to young people's needs and how they are involved in the development of the service. This may include but will not be limited to:

- (i) Links into the management Group of the service
- (ii) Providing advice on how to interact with and involve more Young People
- (iii) Provide information and feedback to the Contractor that will shape services and staff development.

## **SCHEDULE 2**

### **Payment Mechanism**

As set out in the Agreement, payments will be made to the Contractor on the basis of satisfactory performance

The Coventry Children and Young Peoples Strategic Partnership may request details of the financial standing of the Service Contractor or any holding Organisation or companies. Any information gained will be treated as commercial and in confidence.

The Contractor must prepare regular reports detailing the income received from the Children and Young Peoples strategic Partnership and details of expenditure incurred sufficient to satisfy audit requirements.

#### **1. Basis of Calculation**

1.1 The payment will be paid in instalments in arrears for incurred expenditure, unless the Contractor is a community or voluntary organisation, in which case payment will be in advance in accordance with the Coventry Compact agreement. Further payments will be made on the receipt of an acceptable claim form, which the Council is satisfied, includes expenditure which has been properly incurred on provision of services listed in Schedule 1.

#### **2. Conditions**

2.1 The Organisation is required to consult with the Commissioner prior to incurring any expense it intends to claim as eligible for payment from the Council

2.2 The payment and any interest earned on the payment following remittance to the Organisation shall be used for the no other purpose except those previously authorised in writing by the Commissioner

2.3 The Organisation undertakes that it will not without the Council's written consent use the payment as a lever for obtaining match funding

2.4 The Organisation must not use the payment for:-

- (i) The funding of activities of a political or exclusively religious nature
- (ii) To meet any liabilities arising out of the Organisation's negligence
- (iii) In respect of recoverable input Value Added Tax for expenditure met by or from any other source
- (iv) To discharge any debt of the Organisation arising from a matter not associated with the Project
- (v) To discharge any liability arising from breach of a legal duty or in any legal proceedings or disputes

## **SCHEDULE 3**

### **Change Control Procedures**

#### **PRINCIPLES**

Where the Council or the Contractor see a need for a change to an Instruction, the Services or the Agreement, either party may at any time request a change and propose an amendment to this agreement in accordance with the procedure set out in paragraph 2 below.

Neither the party shall unreasonably withhold its agreement to any change.

The obligations of the parties shall not be effected until a change control note in the form attached to this Schedule (a "Change Control Note") has been signed by the authorised signatory of both parties.

The Council shall not be responsible for the cost of any work undertaken or goods or materials ordered by the Contractor or its sub-contractors which has not been authorised in advance by a Change Control Note.

#### **PROCEDURE**

The Council and the Contractor shall discuss changes proposed by either party to this Agreement and such discussion shall result in:

- (i) a decision not to proceed further or
- (ii) a written request for a change by the Council or
- (iii) a recommendation for a change by the Contractor

Where a written request for a change is received from the Council, the Contractor shall submit two signed copies of a Change Control Note to the Council within seven days of such request.

A recommendation to amend this agreement by the Contractor shall be submitted direct to the Council in the form of two copies of a Change Control Note signed by the Contractor

Each Change Control Note shall contain details of the change including, where applicable:

- (i) the title of the change
- (ii) the originator and the date of the request or recommendation for the change
- (iii) the reason for the change
- (iv) full details of the change including any specifications
- (v) the price if any of the change
- (vi) a timetable for implementation together with any proposals for acceptance of the change
- (vii) a schedule of payments if applicable
- (viii) the impact if any of the change on other aspects of the Agreement
- (ix) the date of expiry of validity of the Change Control Note and
- (x) provision for signature by the Council if the change is agreed

For each Change Control Note submitted to the Council the Council shall within the period of the validity of the Change Control Note evaluate the Change Control Note and as appropriate:

- (i) request further information from the Contractor in which case the Contractor shall provide such information as soon as reasonably practicable and in any event within seven days the request for information and the information once provided shall be deemed to be part of the Change Control Note and the Council may approve or reject the Change Control Note upon receipt of the new information or
- (ii) notify the Contractor of the rejection of the Change Control Note
- (iii) A Change Control Note signed by both parties shall constitute a variation to this Agreement in accordance with the terms of the Agreement

### **AUTHORISED SIGNATORIES**

Where the change incurs no additional charges for the Council the authorised representatives for both parties will act as authorised signatories.

## SCHEDULE 4

### Monitoring

Monitoring of the Agreement will be as per the terms specified in this Schedule.

#### 1.1 Performance Monitoring

- 1.1.1 Milestones and targets will be agreed with the Contractor to aid contract monitoring. The Contractor will be expected to take remedial action on areas where performance does not meet agreed levels.
- 1.1.2 The service Contractor is to undertake service reviews where and when required, including client satisfaction with services. The Contractor will also be required to participate in audits of the availability of services, diversity, and justification for clients within the service who are over 18 years old.

The arrangements for reviewing performance include:

- Quarterly performance reviews
- Exceptional / Remedial reviews (persistent poor performance)

#### 1.2. Compliance with Reporting, Review and Audit requests.

- 1.2.1 The Contractor must maintain accurate and complete records on all contacts with children, young people and their families. These records must be kept securely and maintained on a case management database agreed with the Commissioner.
- 1.2.2 The Service will provide accurate information to NDTMS / DAMS as necessary, including timely submission of Core Data Set information and conform with any other data provision requirements or requests specified by the Regional NDTMS team and/or the National Treatment Agency / Public Health England.
- 1.2.3 The Joint Young Peoples Safe Lifestyles and Emotional Wellbeing Steering Group or appropriate sub-group of the Children and Young Peoples Commissioning Board will review the progress of the Contract and the Service on a quarterly basis.
- 1.2.4 To facilitate the above, the Commissioner will request information and will meet with the Contractor on at least a quarterly basis to discuss and review progress of the contract. Monitoring based on principles of clinical governance, best practice and value for money not otherwise specified in this specification may be required.
- 1.2.5 In the event that a cause for concern emerges, the Commissioner may request additional reporting; i.e. more frequent reporting of agreed performance measures and/or updates on specific service issues.
- 1.2.6 The Commissioner may undertake a service review or audit of the service as and when required. The Contractor will be given at least 5 working days notice of the review / audit and will be notified of the areas to be examined / scope of the work.
- 1.2.7 The Contractor will ensure full access to client data for the purpose of the review / audit. Where the client does not give consent for their personal records to be shared with the commissioner, the Contractor will anonymise any records requested.
- 1.2.8 All records requested by the Commissioner for the purpose of review / audit will be made available by the Contractor within 5 working days.

#### 1.3 Quality And Service Management

1.3.1 The Contractor must demonstrate compliance with 'Quality in Alcohol and Drug Services'. An action plan is to be drawn up with the service Contractor to remedy any identified gaps in standards.

1.3.2 The Contractor should also undertake periodic audits to evaluate the service against the Department of Health's 'You're Welcome': quality criteria for young people friendly health services

1.4 Equalities

The Service will have a written plan on monitoring and improving the access and effectiveness of service to groups that under-use the service (e.g. some BME communities, people with a mental or physical impairment).

1.5 Clinical Audit

The Service Contractor must agree a plan for regular clinical audits of all their services in accordance with the following:

<b>Audit</b>	<b>Timescale</b>
Assessment processes	Monthly
Care planning	Monthly
Case notes	Quarterly
Waiting Times	Monthly

Service Provision will be undertaken by DANOS compliant workers.

1.6 Activity and Performance Outputs

1.6.1 The service Contractor must provide a report on activity to the Commissioner on a quarterly basis.

1.6.2 The Commissioner reserves the right to revise the measures contained within this section and any associated activity targets on an annual basis, subject to agreement from the Contractor.

- Compliance for completions of Treatment Outcome Profile (TOP) for young people / proposed Young Peoples Outcome Record (if implemented) should be at least 80% at treatment start, review and exit.
- The range of services available will include the range of treatment interventions specified in NTA assessment and commissioning guidance.
- Referral pathways reflect multi-agency working and joined up children's services. Over 10% to originate from Children's Social Care or Children's Looked After Services and 5% from Health and Mental Health Services (GPs, CAMHS, Hospital including A&E, School Nursing).
- At least 40% of referrals into the service are in respect of young females.
- All young people referred for specialist substance misuse treatment should commence treatment within 15 working days
- All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs. Target 90% of Care plans completed within 2 weeks of assessment.

- All young people who have a history of injecting should be offered a personal Hepatitis C test with appropriate pre- and -post test counselling
- Young people starting a new treatment journey should be offered (or assessed and recorded as not appropriate to offer) a Hepatitis B vaccination
- Young people have access to a Specialist Substance Misuse Health Assessment by a health clinician, such as nurse, doctor or psychiatrist where necessary.
- Numbers of young people leaving the service via a successful planned exit are maximised. Target - over 75% of those leaving the service are via a planned discharge.

### 1.6.3 Information Required

The following data is required in addition to a copy of data sent to NDTMS (which includes key data such as numbers in treatment retention rates services offered etc):

- The number of referrals to other agencies (broken down to individual organisation level).
- Number and source of referrals that did not lead to treatment/were inappropriate.
- Range, number and nature of presenting multiple vulnerabilities.
- Number / proportion of young people entering the service that are subject to a CAF / Details of CAFs instigated / team participation in CAFs undertaken in respect of young people attending the service.
- Details of Child Protection / Safeguarding activity.
- Details of missed appointments and key worker sessions.
- Details of clients jointly managed with other agencies.
- Details of clients asked to leave the service, and reasons for this.
- Information relating to complaints about the service on a quarterly basis.
- Number of occasions advice and information given to substance users / family members.
- Number of occasions advice and information given to professionals
- No. of clients with an injecting history and details of needle exchange/needle packs distributed

### 1.6.4 Evaluation

The Contractor will participate in the following:

- Supporting progress against targets within Coventry Children and Young Peoples Strategic Partnership plans
- Progress towards targets within the Government's National Drugs Strategy
- Input of clinical data and intelligence to local commissioning strategy
- Engagement with commissioners in reviewing and forming service delivery agenda

## 2. Legal

The Contractor shall fulfil all the council's legal obligations unless otherwise stated in respect of the young people's substance misuse treatment service.



