Method Statement – Section 3A Overarching Provision

Method Statement Reference number	Spec Reference	Method Statement
1. Section 1.0 **Weighting 5** **Maximum word count of 500**	Definition of Service	How will this service be delivered in line with an agenda towards recovery?

***Contractors response**:*

Inclusion's vision for Cambridgeshire Adult Drug Service is to develop, with local partners; a recovery orientated integrated system that provides service users, their families and carers with information, treatment, support and evidenced-based interventions. Across the services, our focus will be upon supporting service users to actively address their substance misuse, associated offending behaviour and underlying psycho-social issues: our goals are demonstrable recovery and re-integration underpinned by significant improvements in individual health and social functioning.

Inclusion brings an organisational track record of combining a choice of pharmacological treatments with robust psycho-social interventions delivered by highly motivated staff teams, who are well trained and effectively managed. As a semi-autonomous member of the specialist directorate of South Staffordshire & Shropshire Foundation Trust (SSSFT), we are able to offer Cambridgeshire County Council a unique combination of sound clinical governance & safety, the assurance of operating as part of a large Foundation Trust, together with the ability to innovate, work collaboratively and respond dynamically to changing local needs. Inclusion offers the dynamism of the Third Sector with the infrastructural support of the NHS.

At Inclusion, we believe that service users are capable of changing their lives and that our role is to facilitate that change through enhancing motivation and providing alternatives to addiction. Consequently, we challenge service users to address their substance misuse and any related offending through accurate assessment, goal-orientated recovery planning and the provision of clear pathways into a range of mainstream public services, opportunities to learn, train & gain employment and links to mutual aid and self-help groups.

Inclusion have fully embraced the recovery agenda whilst retaining a clear commitment to the principles of harm minimisation and will adopt this approach in Cambridgeshire Adult Drug Service. We have developed a recovery focussed approach through listening to our service users and learning lessons from the range of services we deliver. We bring a strong commitment to meaningful service user involvement, peer-led recovery & re-integration and opportunities to volunteer. We strive to raise and meet the aspirations of our service users along their recovery journeys.

At Inclusion we recognise that one agency cannot meet all the needs of those presenting for substance misuse treatment and this drives our pro-active approach to working in

partnership in solution-focussed ways. We will advocate for service users, create and develop recovery pathways and add value in collaboration with other organisations including health and social care agencies, the Criminal Justice System and voluntary & charitable organisations. We will work with all stakeholders to develop a service that meets local needs rather than imposing a pre-designed service model.

We will increase:
- Those that enter and complete effective treatment
- Those that reintegrate socially
- Those that complete BBV vaccination programmes and access healthcare interventions
- Those that move towards recovery following long term substitute prescribing

We will reduce:
- Drug related deaths
- Offending behaviour related to substance misuse
- Those re-presenting for treatment following relapse through sustained abstinence
- Dependency amongst service users upon welfare benefits

2. Section 1.0 **Weighting 4** **Maximum word count of 1000**	Definition of Service	Please demonstrate and detail what evidence base you are modelling your service on

Contractors response:

Inclusion's approach to service delivery in Cambridgeshire will seek to combine pharmacological treatments with psycho-social interventions that promote recovery whilst equipping all service users with clear harm minimisation advice and information. In doing this the evidence base we will call upon includes:

- NICE Guidance & Technology Appraisals

Inclusion incorporate National Institute for Clinical Excellence (NICE) Guidance & Technology Appraisals that are designed to standardise good practice and increase cost effectiveness into our services and are a way of assuring we provide effective and safe evidence based interventions. NICE Guidance & Technology Appraisals are based on sound evidence of the benefits of an intervention in the broadest sense. This includes the impact of interventions on a service user's quality of life and include specific recommendations for defined groups. This gives service providers confidence in the treatment we deliver and the methodology used. It is the basis of good governance.

Specifically, our services work to:
- ✓ NICE Drug misuse (CG52) Opioid detoxification
- ✓ NICE Drug Misuse (CG51) Psycho-social Interventions
- ✓ NICE Drug Misuse (TA114) Methadone & Buprenorphine
- ✓ NICE Drug Misuse (TA115) Naltrexone

To demonstrate Inclusion's familiarity with NICE Guidance and how this can be deployed in Cambridgeshire to drive the recovery agenda, reference to CG52 Opioid Detoxification is helpful, particularly when considering the setting for detoxification and the role of psycho-

social interventions in the process. It is Inclusion's experience that detoxification is a vastly underused intervention and when it is made available is often delivered in isolation, without psychological support, with the result of poor outcomes for service users.

CG52 clearly states that:

"Staff should routinely offer a community-based programme to all service users considering opioid detoxification' and 'this should normally include:

- prior stabilisation of opioid use through pharmacological treatment
- effective coordination of care by specialist or competent primary practitioner
- the provision of psychosocial interventions, where appropriate, during the stabilisation and maintenance phases"

Inclusion will ensure that community detoxification, underpinned by effective psycho-social interventions is widely available across Cambridgeshire to all service users providing that the NICE exclusion criteria do not apply, namely:

- needs medical and/or nursing care because of significant co-morbid physical or mental health problems
- requires complex polydrug detoxification, for example concurrent detoxification from alcohol or benzodiazepines
- are experiencing significant social problems that will limit the benefit of community-based detoxification

• Department of Health (DOH) Drug Misuse & Dependence – UK Guidelines on Clinical Management (referred to as the 2007 Clinical Guidelines)

As a provider of drug treatment, Inclusion takes full account of the 2007 Clinical Guidelines in the delivery of its services. Inclusion understands and recognises the status of the 2007 Clinical Guidelines in that they comprise best evidence and best practice rather than being a set of intervention protocols that dictate clinical decision making. However, Inclusion is clear that when a clinician operates outside of the clinical guidelines, then there ought to be a clear rational for this. So whilst the 2007 Clinical Guidelines do not have statutory status, it is clear that all clinicians must "be familiar with relevant guidelines and developments, keep up to date with, and adhere to the relevant laws and codes of practice and provide effective treatments based on the best available evidence" (The General Medical Council 2006). Should concerns arise about the practice of any clinician then adherence to these guideless will form a central feature of any performance assessment.

Details of Inclusion's specific pharmacological and psycho-social interventions, covered by the 2007 Clinical Guidelines are included in other method statements. However, the 'key points' governing our service delivery are:

- Psycho-social Interventions (PSI's)
  - Treatment should always involve a psychosocial component.
  - Developing a good therapeutic alliance is crucial
  - Keyworking is a term to describe overall case management and should be accompanied by recognised PSI's
- Pharmacological
  - Titration should aim to achieve an effective dose whilst guarding against too rapid

an increase.
- Supervised consumption should be available for all patients for a length of time appropriate to their needs and risks.
- Service users must be made fully aware of the risks of their medication and of the importance
- Methadone, Buprenorphine and Lofexidine are all effective in detoxification regimens.
- Opioid detoxification should be offered as part of a package including preparation and post-detoxification support to prevent relapse.
- Benzodiazepines prescribed for their dependence should be at the lowest possible dose to control dependence and doses should be reduced as soon as possible.
- There are no effective pharmacological treatments to eliminate the symptoms of withdrawal from stimulants
- Injectable opioid treatment may be suitable for a small minority of patients who have failed in optimised oral treatment.

Inclusion services also reflect the general principles of drug treatment captured in the Guidelines namely;
- Drug treatment should be based on local need and evolve as those needs change over time
- Service users present with a range of health and social needs often beyond the capability of any one agency to meet. For this reason a partnership joint-working approach is optimal
- Doctors need to have a range of competencies
- Sound clinical governance systems must be in place
- Service users must be actively involved in their treatment – this clearly improves outcomes
- Families and carer's must also be involved in treatment services both as support for their loved ones but also in recognition of their own needs.

3. Section 1.0 **Weighting 4** **Maximum word count of 1000 words**	Definition of Service	Please demonstrate how service users are able to access the service at differing points of their recovery journey

Contractors response:

The location and opening times of all services are detailed in method statement 8 and the Single Point of Contact arrangements are described in method statement 3B1. However, it is Inclusions' belief that the essence of accessibility is the ability to engage with service users at the time and stage they present; this means tailoring interventions to be needs-led and to be flexible enough to offer help to all service users at whatever stage of their recovery journey they find themselves. This in turn requires the staff and volunteer team to be capable of delivering a wide range of services effectively. With this in mind, the Cambridgeshire service will provide the following:

<u>Engagement</u>

If a user presents at one of our services for the first time, or is returning to treatment after a previous episode, the emphasis is upon the service to engage the individual and break down

any barriers that exist. We will do this through:

- Ensuring that services are open access or 'low threshold' with as few hoops as possible for service users to have to jump through. For some users, engagement may only come about through our ability to offer assertive outreach; we will develop links with other agencies where our client group can be found to do this. To this end our links with the Criminal Justice System will be strong.
- Deploying Recovery Mentors across all sites so that service users are met by someone who has personal knowledge of services and the emotional challenges of engaging with treatment. Knowing that recovery is possible by seeing someone who has made progress is a powerful tool.
- Providing 1:1 brief motivational interventions – we recognise that when a service user presents for treatment there is a window of opportunity that the service must capitalise upon by enhancing motivation and the appetite for recovery
- We will deliver harm minimisation interventions as a core component of everything we do, rather than as an add-on. Harm minimisation interventions will be offered from first engagement. Our aim is to agree realistic treatment goals and for some service users this will initially involve using drugs more safely, enhancing motivation and raising recovery expectations. Harm minimisation interventions will include advice around tolerance levels, safer injection, access to needle exchange, health checks including wound sites, intelligence around street drug supply, Blood Borne Viruses vaccination and advice, overdose, safer sex, poly-drug use, health promotion and nutrition. We want to keep people safe long enough for them to make longer term behavioural changes on the road to real recovery.
- Along side harm minimisation our aim is to introduce service users to other support they may need during their recovery. This is likely to include advice, information, signposting and referral to emergency accommodation, housing options, welfare benefits, general medical services in primary care and mental health services.
- Our ultimate aim is to engage service users into more structured treatment options and provide pathways out of treatment and away from drug use. For some, such as many stimulant users, this may entail a brief episode of treatment. For others, longer term structured treatment will be necessary before sustained recovery is possible.

<u>Structured Treatment</u>

For those service users whose recovery intentions are better established and who want to fully engage in structured treatment, the service will offer the following interventions across the county:

- Needs led assessment and recovery planning by well trained, well motivated staff who will agree meaningful recovery goals with each service user. Goals will be regularly reviewed.
- Access to a menu of prescribing options that facilitate stabilisation whilst allowing the service user to engage fully in a rounded treatment package
- The opportunity to undergo community or in some cases, in-patient detoxification, with robust support pre-detox, during detox and after drug use has ceased.
- Access to recognised psycho-social interventions that will help service users manage emotions, tackle self-defeating behaviours and improve future decision making. This will include relapse management techniques, dealing with stress & anxiety, building self-reliance & self-efficacy, problem solving skills and creating a different vision of the future that does not include problematic drug use. Psycho-social interventions will be delivered in 1:1 and

rolling-programme group work formats.

- Pathways to other crucial components of recovery will be readily available to all service users. These will include adult education, vocational skills training, employment opportunities and leisure pursuits. We know from our work with service users that these pathways are vital in providing alternatives to drug use, developing self worth and promoting social inclusion. In short, these are pathways to sustained recovery.
- Engaging families and carers is important and all service users will be encouraged to involve their loved ones in supporting them during treatment. We will provide information relating to drug use & treatment and include families & carer's in recovery plan goals. Inclusion sees family and carer involvement as an effective way of increasing our treatment capacity and an important feature of recovery.

Sustaining Change & Recovery

When progress in treatment has occurred, many service users will wish to consolidate the changes they have made by accessing further 'aftercare' support. We will provide or facilitate:

- Opportunities to 'give something back' in the form of Recovery Mentor placements and volunteering opportunities across the Cambridgeshire services
- In-house peer support and aftercare meetings to enable service users to consolidate changes and listen to others describe how they deal with every day issues during their recovery
- Links to mutual aid groups such as Narcotics Anonymous, Alcoholics Anonymous and SMART recovery groups. Wherever possible, Adult Drug Treatment Service premises will be made available to mutual aid groups to run meetings and group sessions during evenings and weekends to encourage involvement
- The service will promote the development of further Education, Training & Employment (ETE) pathways and independent living skills to enable service users to sustain the progress they have made and become less reliant on services over time.

4. Section 1.0 **Weighting 4** **Maximum word count of 1000 words**	Definition of Service	Please demonstrate how the service will be shaped and developed by local need and the views of the service user.

Contractors response:

Inclusion is committed to involving our service users, their carers and service user groups in the continuous improvement of the services we deliver. Service users and families bring their own experience of substance misuse with some having used services for considerable lengths of time bringing knowledge of a range of interventions, engagement approaches and treatment journeys; service users help us identify what does and doesn't work. Our approach to service user involvement includes:

Supporting Involvement

Through working with service users and families Inclusion has found that experience of the drug field alone is not always enough; we often find that developing and keeping motivation

alongside encouraging effective input are important. Service users and carers, particularly when newly involved, require support, training and guidance and need to be regular attendees at meetings, which then become a familiar setting to them. Simply inviting service user and family views occasionally is ineffective.

However articulate and able to represent their own views and those of their peers, an individual who is not used to organising or speaking at meetings or in public can feel intimidated. If Inclusion failed to recognise our responsibilities to provide support we risk losing the valuable contributions users and carers make as well as their good will.

An example of service user and family/carer support within Inclusion is that designated staff members have responsibility for regularly running training groups to support service users and carers who wish to make a contribution to support service development. Ongoing supervision is also provided by the designated staff members. These strategies help to build confidence and to facilitate the direct involvement of service users and carers in policy development at a strategic level. To have a voice in our decision making makes a positive impact on service delivery and supports an individual's feelings of self worth.

Flexible Involvement

Within Inclusion we understand that not all service users and carers who have something important to say about our services choose or want to be involved with formal processes such as attending meetings and/or user and carers groups. We believe that it is important to use a range of flexible methods to gather opinion and ideas generated by users to bring about service improvement. We do this through:

- Periodical satisfaction surveys: questionnaires are left in waiting areas for those who prefer to remain anonymous and in counselling/consultation rooms. For those who choose it, support from Recovery Mentors to complete the questionnaire will be available.
- 'Our Shout Your Shout' boards where users, carers, family members and others can chalk up their comments and questions; staff can then chalk up their responses.
- Comments book and suggestion boxes with paper contribution slips available in key areas. For example, within our South Birmingham Community Team, service user feedback about the introduction of BTEI mapping techniques has been extremely positive.
- The comments and responses are recorded and are a standing agenda item at regular team meetings, which are attended by service user representatives in most of our teams. Where changes result from the aforementioned strategies within individual services, the information is cascaded throughout Inclusion for consideration by other teams.

Recovery Mentors

The role of Recovery Mentor provides a supported learning opportunity for current, stable service users to access a training programme combined with practical experience; this is a very real way for local people to shape service delivery. Recovery Mentors are a valuable asset as they bring by definition, similar experiences to others in substance misuse, offending behaviour, and homelessness, offering experience of ppersonal change and achieving success in treatment programmes.

Clearly, it is crucial that prospective Recovery Mentors can demonstrate a level of stability to ensure their readiness to participate. Inclusion understands that many people with experience of treatment services will want to 'give something back' and for some this will

include going onto employment in the health and social care fields. For the majority however, a move into wider education, training and employment opportunities will arise.

In summary, Inclusion's approach to Recovery Mentors includes:

- Participants are stable and free from illicit drug use for 3 months prior to beginning the training course. 'Stable' includes maintained or reducing medication (30 mls methadone or lower) and the ability to engage with the learning process.
- Completion of Inclusion's bespoke training course and undergoing a service specific induction
- Close monitoring and support.
- Supervision from a named staff member
- Progression to wider volunteering roles when:
  - Substitute medication has stopped
  - Positive placement reports are received
  - Any relevant substance misuse related court order has been completed

Volunteering

For those successfully completing Recovery Mentor placements and for the general public in Cambridgeshire there will be opportunities to volunteer in, and therefore shape, Inclusion services. Our approach to volunteering includes:

- Pre-recruitment screening interviews to assess suitability and outline roles
- Structured interview and CRB checking
- Completion of Inclusion Volunteer training course
- Placement in an Inclusion service
- Regular supervision and support from a Volunteer Co-ordinator
- Opportunities to enrol on Open College Network and NVQ qualifications.

Inclusion services offer a range of volunteering opportunities including:

- Needle Exchange
- Social Support
- Outreach
- Administrative duties

Changing Needs

Inclusion understands that the needs of populations are dynamic and that individual substance use and presenting issues can differ over time and ward by ward. We will adapt to the changing needs of communities across Cambridgeshire through;

- Utilising data from assessments, user consultations and partnership working to identify emerging trends in drug use and associated areas of need.
- Sharing information as widely as possible with partners and commissioners to identify areas of unmet need and potential service developments.
- Using an Action Research approach, piloting innovative approaches to meeting changing needs including aspects relating accessibility, treatment options, recovery planning, referral to other agencies and joint working.
- Ensure that services continuously adapt to meet the needs of service users rather than expect service users to fit within static, inappropriate interventions and strategies.

5. Section 2.0 **Weighting 5** **Maximum word count of 500 words**	Location of service	How will you deliver this service in collaboration with partner agencies?

Contractors response:

Inclusion understands that substance misuse affects individuals, their families and the wider community and that the success of the Cambridgeshire Adult Drug Service will hinge upon forming effective local partnerships and joint working approaches to achieve excellent outcomes for service users. To this end, Inclusion's Implementation Team will build upon our local pre-tender research and develop a Cambridgeshire stakeholder map to inform how we integrate and embed the Adult Drug Service within existing delivery systems across the area. Inclusion recognises that as a new service provider in Cambridgeshire it is our responsibility to be pro-active in achieving this aim.

Our approach to integrating and embedding the Adult Drug Service will revolve around three key themes; stakeholder engagement, service marketing and joint working protocols:

Stakeholder engagement
Our Implementation Team will map all stakeholders across Cambridgeshire and proactively contact each agency. We will meet with key staff from all stakeholders and build an understanding of each agency in terms of its remit, resources and interface with the Adult Drug Service. Inclusion's approach is to build trust with new partners through identifying common aims and objectives. We also recognise that agencies sometimes adopt conflicting approaches and as a new provider our focus will be on what is best for service users.

Service Marketing
As we engage with stakeholders, Inclusion will also take every opportunity to market the new Adult Drug Service. Our experience of establishing new services across the UK indicates that partners need to fully understand the role of the new service; this includes clear information detailing eligibility criteria, referral pathways, locations, opening times, care co-ordination, service user rights & responsibilities and clarity around expected outcomes. We will market the service using written materials, social media and through regular visits to partner agencies and attendance at local meetings.

Joint working protocols
Having engaged our key stakeholders and marketed the new service, Inclusion will seek to agree joint working arrangements that support access, engagement, retention and positive outcomes for service users. Successful joint working protocols are likely to include clear information sharing arrangements, assertive outreach with referring agencies, shared recovery planning and supported transitions between agencies.

Our pre-tender research has also highlighted the following key agencies across Cambridgeshire as important partners:
- Addaction Alcohol Service
- Home Treatment Team, Mental Health Services
- Emergency Duty Team, County Council

- Sexual Health Advice Centre (SHAC)
- Community Pharmacy providers including Boots, Lloyd's & Superdrug
- Women's Resources Centre
- Citizen's Advice Bureaux
- Cruse Bereavement Care
- DHIVERSE
- Drinksense
- Lifecraft
- Gamblers Anonymous
- Women's Aid
- St.Neot's Abuse Programme (SNAP)
- Cyrenians
- Wide range of House Associations
- Cambridgeshire Children's Trust

6. Section 2.0 **Weighting 5** **Maximum word count of 2000 words**	Location of Service	Please demonstrate and detail how (if applicable) any partnership/sub contracting arrangements will work in practice across the whole service.

Contractors response:

Inclusion's bid does not involve any formal partnering or sub-contracting arrangements.

7. Section 3.0 Sub heading 3.2 a – b **Weighting 4** **Maximum word count of 2000 words**	Aims and Objectives of the Service	Please detail the communication strategy that will be used for relevant stakeholders, including responses to community concerns and promotion of services to all communities within Cambridgeshire. Please include examples of strategies you have utilised.

Contractors response:

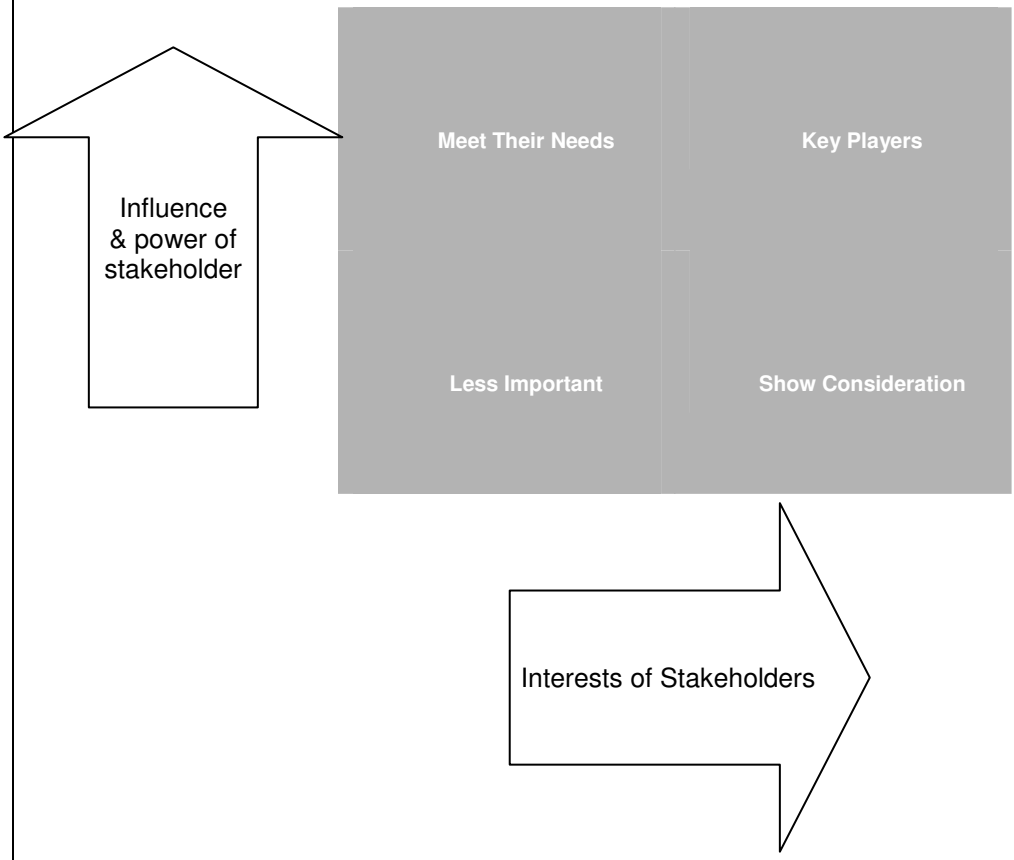
Inclusion's approach to communication across Cambridgeshire will be informed by our Trust's Engagement Strategy. SSSFT's vision is to demonstrate to our communities and our commissioners that we succeed in being *Positively Different* through positive practice and positive partnerships. Our 3 core values are

- People who use our services are at the centre of everything we do. They are our reason for being.
- We value our staff. We cannot deliver effective services without well supported and trained Staff.
- Our partnerships are important to us. Services which work together on common goals deliver better results.

SSSFT have developed an Engagement Strategy for the following reasons:

- To plan communications and give consistency to the message.
- Effective engagement contributes to delivery of services and a strategic approach
- It sets out a vision for Trust engagement - highlighting core principles.
- It helps us understand our relevant audiences.
- It helps guide the development of our internal and external relationships.
- It acts as a reference document

We understand stakeholders to include all those affected by the decisions of the organisation, or whose decisions may affect the organisation. It goes without saying that some stakeholders will be more active than others. We need to understand the needs and importance of different groups and this is a core principle in delivering an appropriately targeted communication. Mapping our stakeholders is key to our communication strategy and we will follow the principles in the table below:



As a part of SSSFT, Inclusion services have access to specialist communications advice and support which we will utilise across Cambridgeshire. The work of Communications Team can include:

Area Of Communications	Examples
Media Relations	Deliver the press office function, includes: - Identifying proactive opportunities. - Issuing press releases.

	- Reactive responses/providing spokespersons.
Public Affairs	Support the Trust in public affairs, includes: - Parliamentary Enquiries. - SHA/DH requests for information. - Organising VIP visits as appropriate. - Support FOI process. - AGM – Trust documents
Staff Communications	Lead on strategic/operational internal communications activities, including: - Intranet communications sections. - Ad hoc briefings. - Other modern communication methods. - Advising management on effective methods of communication
NHS Identity/Branding	Lead on development of corporate identity and advising on its application. Maintaining an overview of all materials to ensure: - Consistency. - Relevance. - Appropriate language.
Web platforms	Strategic lead for Trust website content and development
Involvement	Closely support public and patient involvement objectives.
Emergency Planning & Business Continuity	Lead on communications elements related to emergency/preparedness and responding to a major incident.
Advise	Advise on all communication/engagement plans
Miscellaneous	Event organisation – e.g. conferences

<u>Evaluation of Communications Strategy</u>

Evaluation not only helps to check if communication and engagement activities have worked but can also provide an evidence base for decisions on whether or not to continue with a campaign, or initiative and how best to improve it. Evaluation is best seen as a key strategic planning tool and to be most useful it must be planned in from the beginning. Inclusion will use a range of methods of evaluating how we communicate:

- Service users and carers

Team based working feedback, Annual Patient Survey, internet forum response, information leaflets, audits (including no notice inspections), local and national surveys, focus groups, complaints, feedback to PALs, CQC 'Annual Health check', patient/carer stories, open days, feedback from Members meetings.

- Staff

Annual Staff Surveys, focus groups, CEO/Chair roadshows, intranet forum, no notice inspections, feedback from presentations/briefings.

- External

Success of article placement in media, feedback from external focus groups, clinician liaison forums.

- General

Awards, number of web site hits, number of people attending forums, feedback from partner stakeholders, feedback from TUs, formal specific project research.

Service Marketing

All services need to ensure that they effectively communicate to the target audience, stakeholders and other providers the core purpose of the project and how to access the provision. The traditional methods of leaflets and posters remain important, and these will be developed in a range of languages and widely distributed. However it is vital to recognise the importance of new technology as a way of communicating core messages to a wider group of people.

The internet would be a key element of Inclusion's plan to market the service. A high proportion of clients and key stakeholders will use the internet as a source of information and will expect there to be detailed information specific to this service available on the net. As part of the development strategy Inclusion will look to develop a website that is specific to this service with clear links to related sites.

On this site there will be detailed information about the service, opening times, contact details and how to make a referral or access the service. Where possible the website will also include information in a variety of languages to allow stakeholders from a range of BME backgrounds to access information. As the website develops it may also be possible to have a range of materials available on the site as well as a feedback section and some data relating to the project.

The service will also look to target specific groups as part of the marketing strategy and increase the engagement of all under-represented groups. These groups will be targeted with specific literature and information and the project will develop specific elements of the service to appeal to these target groups.

Ensuring other providers are fully aware of the project is vital. Initially, information will be sent to other providers giving background information, the website address and contact details for key staff. During the implementation stage visits to other providers will be arranged to talk about the planned service and to answer and queries that they have. Once the project is established each worker will act as a link worker for other providers and will be responsible for keeping these agencies up to date with the project and any changes to the structure of the service.

Once clients have engaged with the service it is important that this is maintained. Inclusion would propose developing a text reminder service for clients to keep them informed of the appointment times.

Communication In Action

An excellent example of Inclusion's approach to developing a communication strategy that

addresses a common community concern is the procurement of new premises and the securing of planning consent that this often entails. Our Cambridgeshire accommodation strategy is based upon taking over the leases of existing premises from Addaction all with existing planning consents. However, in circumstances where one or more new service premises were required, a 'change of use' planning application is likely to be necessary. It is the experience of Inclusion and many other drug treatment providers that such planning applications can raise considerable anxiety and objection from local people. Inclusion is experienced at dealing with these concerns and of managing public consultation events. We would adapt our communication strategy used in other areas for Cambridgeshire and this would include:

- Meeting local planning officers to discuss in outline our intentions to find, procure and apply for 'change of use' planning consent. This will begin to build relationships and understand the local planning priorities
- Providing a full written brief and project explanation to accompany all formal planning applications
- Making ourselves available to meet ward councillors and members of the public to share information about the service and 'demystify' drug treatment.
- Where a significant number of objections to an application are raised, we will convene and run a public consultation meeting open to all local residents and businesses to discuss our services and reduce anxieties and concerns
- Describing how our premises are managed very proactively and that service users are not allowed to congregate outside venues. We will also make clear the behaviour expectations placed upon all service users.
- We will answer directly all objections that are raised and try to re-assure objectors about their concerns.
- Should an application be 'called in' and not dealt with under the planning officer's delegated powers, we will attend any relevant planning committee meetings and answer all Elected Members questions in order to support the planning process.
- Once planning consent has been granted and the venue is open we will invite all local residents and businesses to an open session to develop relationships and explain the services we are offering.

8. Section 5.0 Sub headings a – k **Weighting 5** **Maximum word count of 1000 words**	Provision of the Service	How will the Service be delivered across the localities?

Contractors response:

<u>Accommodation Strategy</u>

To fully service the service specification and ensure the needs of service users are met during contract transition and beyond, Inclusion proposes to enter negotiations with Addaction upon contract award to take over responsibility for the current premises portfolio. We have experience of successfully adopting this approach and are supported by a well-resourced Facilities & Estates function within SSSFT. By retaining and improving existing

premises disruption to service users will be minimised and scare resources will not be wasted by unnecessary premises procurement. Retaining the current spread of sites will;

- Maximise available financial resources and optimise staff coverage.
- Provide a wide geographical spread with multiple service access points.
- Ensure that service users can access services within reasonable distance of their homes and communities.
- Reduce barriers to service engagement such as travel time, travel costs and anxiety associated with the unfamiliarity of travelling to a distant service.

Inclusion intend to secure the use of 3 service hubs and 2 satellite locations namely:

- Service Hubs

1. Mill House, Brookfields Hospital Site, 351 Mill Road, Cambridge, CB1 3DF
2. 7-8 Market Hill, Huntingdon, PE29 3NR
3. The Former Council Offices, Church Terrace, Wisbech, PE13 1BW

- Satellite Service Locations

1. Central Hall, 52-54 Market Street, Ely, CB7 4LS
2. 1st Floor offices, Cross Keys Mews, Market Square, St. Neot's, PE19 2AR

Inclusion intends to fully support and continue the delivery of services at:

1. Cambridge Access Surgery, 125 Newmarket Road, Cambridge, CB5 8HB

Outreach Provision

Our provision of outreach will of course include domiciliary visits when indicated. Along side this, Inclusion will look to secure access to space at a range of community venues across the county in St.Ives, Chatteris, March, Eemaus, Yaxley and Stanground. We understand that the current service delivers outreach at venues in these locations and as part of our contract implementation we will seek to continue these arrangements. We anticipate being able to secure access to clinic space at existing LES practices and to negotiate space at new practices willing to work with the service as Shared Care develops. During contract implementation, Inclusion will consult with commissioners, the existing staff team and service users to develop an accurate understanding of where best to target additional outreach venues.

Delivery Of Structured Day Programme

We intend to delivery our full modular Structured Day Programme in Cambridge, Huntingdon and Wisbech. The configuration of the programme comprises Induction, Aiming for Abstinence and Re-integration & Recovery phases. It is our proposal to deliver the Induction phase of each programme from within the service hubs: this is because by definition, the Induction phase involves engaging and stabilising service users in a group work programme and by delivering on-site, we aim to minimise barriers to involvement and maximise progression to the Aiming for Abstinence phase. The Aiming for Abstinence and Re-

integration & Recovery phases will be delivered away from the service hubs at community venues. During the implementation of services Inclusion will move to 'rent' space in suitable community venues from which to deliver the programme.

Opening Times

To facilitate timely access for service users, outside of the 'by-appointment' system described below, Cambridgeshire Adult Drug Treatment service will operate a *duty worker* system as part of the Single Point Of Contact (SPOC) arrangements. At each service site, a formal duty worker rota will be established, with all practitioners fulfilling regular sessions. If a new or re-engaging service user presents at a service hub, they will be seen by the duty worker during that day at the latest, with immediate access highly likely as the duty worker will not book prior appointments during their duty session.

For service users who have already been assessed and are currently engaging with the service a 'by-appointment' system will operate. Appointments at all service hubs will be offered across all opening hours and these times are detailed below. In the event of a named worker being unavailable for unforeseen reasons, the duty worker system will allow for cover to be maintained for all scheduled appointments. For service users accessing the service via satellites, the appointment system will also operate. Appointment availability will take account of the opening times and requirements of satellite sites. Workers will operate on a patch-based system to promote effective inter-agency working, service continuity and efficient use of time and resources.

Inclusion will seek to maximise access for service users in the following ways;

- Each service site will open 52 weeks a year with the exception of Bank and Public holidays
- Each service site will open between 9.00am and 5pm each weekday and will not close over lunch time.
- The service hubs will open on at least one extended evening up to 7.30pm
- Service hubs will open for 4 hours between 9am and 1pm on Saturday mornings to offer open access and prescribing appointments to service users. Inclusion will also seek to deliver family-targeted interventions during this period.
- Appointments will be available at outreach sites depending on host agency opening times. However, the service will look to establish appointment coverage that at least spans the hours of 9am to 5pm Monday to Friday. Where an outreach service operates outside of normal office hours, the service will seek to match this commitment.
- Inclusion is committed to on-going consultation with service users, commissioners and partners with regard to the suitability of opening hours. We will regularly ask our service users about their experience of accessing the service and what improvements can be made.
- In addition to the core opening hours described above, we will seek to make premises available to Mutual Aid and SMART Recovery groups wherever practicable.
- Outreach in terms of engagement with the Criminal Justice System via Police Stations and Courts is described in method statements 3B3i.

9. Section 5.0 Sub headings a – k **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service	How will the service provide gender specific support across the service?

Contractors response:

Inclusion recognises that many treatment services have historically been dominated by male service users. Furthermore, men and women can experience drug dependence differently including how the body processes drugs and why drugs are being used in the first place. To move away from this position and encourage more women to take up treatment services, we have developed a number of initiatives:

- Mother & Baby Services

Inclusion believes that providing support to pregnant drug users is crucial on a number of counts:

  - It can be a daunting and worrying time for a drug user who is pregnant.
  - During pregnancy may be a time when a drug user wants to do something about her drug use.
  - We know from research that pregnant drug users are often late bookers for antenatal care, poor attenders at antenatal care, have smaller babies and deliver early, suffer increased levels of domestic violence and sexual abuse, suffer increased levels of physical, mental and psychological health problems and have a higher incidence of involvement with Safeguarding systems

We have found that operating a mother and baby service increases the overall number of women accessing the drug service: last year over 42% of service users at our South Birmingham CDT were women. The approach of our Mother & Baby services are to be woman and family centred, non-judgmental, pragmatic and with an emphasis upon harm minimization.

The South Birmingham service demonstrates what we can offer to pregnant users:

- Lead by a Specialist Midwife who is a member of the Safeguarding team
- Referrals can be made from any source including other midwives and GP's
- Interventions to reduce the incidence/impact of drug use in pregnancy
- Early identification of drug use in pregnancy
- Treatment staff awareness raising
- Development of care pathways between hospital and drug services
- An open environment that encourages honesty about drug use during pregnancy
- Interventions aimed at reducing maternal and Perinatal mortality and morbidity due to drug use
- Safeguarding work around existing children and the unborn child
- Access to maternity, neonatal and gynecological services

- Formal treatment protocols for community and hospital settings

- Other Services

Inclusion services also have a track record of providing wider gender specific support as a component of drug treatment. These include:

- Separate Male and Female peer support groups run weekly as part of residential and community rehabilitation programmes
- Clinics targeting particular aspects of both female health concerns including sexual health and birth control
- Gender specific workshops on health, relationships, confidence and self esteem
- Staff and female peer support group members in our Birmingham service ran the 5km 'Race for Life' alongside local commissioners raising money for Cancer UK.

- Substance Misusing Parents

Inclusion services all place a strong emphasis upon developing close partnerships with local Young People & Families teams so as to help reduce harm to those children with a parent misusing substances. Our approach here is to ensure that parents accessing our services are assessed quickly and enter treatment as soon as possible. Inclusion recovery planning will prioritise the areas of parental responsibility and support to ensure Young People are safeguarded.

10. Section 5.0 Sub headings a – k **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service	Please demonstrate and detail how complimentary therapies will be delivered across the service and how will these be accessed?

Contractors response:

Inclusion recognises the utility of a limited range of complimentary therapies in the treatment of substance misuse. Whilst there is a modest evidence base supporting the use of complimentary therapies in treatment services, our experience is that they can be a valuable engagement tool and the start of a service user's consideration of more structured treatment interventions. Inclusion will offer complimentary therapies across services in Cambridgeshire based on the following principles:

- Complimentary therapies will be delivered in conjunction with relevant policy and procedures including Clinical Governance, Control of Substances Hazardous to Health Policy, Blood Borne Virus and Infection Control Policy, Needle Stick Injury and Disposal of Sharps and Incident and Accident Reporting.
- Inclusion will support the provision of complimentary therapies limited to Aromatherapy, massage, Reflexology and Auricular Acupuncture. The use of detox and sleep teas will also be considered.
- All delivery of complimentary therapies in Cambridgeshire will be agreed by the relevant on-site manager.

- Inclusion will consult with service users and commissioners around the effectiveness and uptake of complimentary therapies to improve or discontinue there use as indicated.
- The use of complimentary therapies will be evaluated over time
- All complimentary therapy practitioners, whether drawn from the paid workforce, volunteers or external agencies, must have the appropriate training and qualifications required including details of the professional body responsible for certification and appropriate indemnity insurance. Inclusion will, where possible, support such training and associated costs, from the service budget.
- Inclusion are clear that complimentary therapies should be seen as just that – adjuncts to evidence-based, structured interventions. We will ensure that complimentary therapies do not become alternative therapies.
- All complimentary therapy delivery will take place with the context of meaningful practitioner supervision and appraisal.
- All service users taking part in complimentary therapies must be subject to an appropriate level of risk assessment
- Complimentary therapies will be available at all service sites, as far as is practicable, on a planned basis and be clearly marketed in service literature
- Complimentary therapies will be available to service users accessing the service through the Single Point of Contact to promote engagement
- Complimentary therapies will be offered as a small, additional element of the Structured Day Programme

11. Section 5.0 Sub headings a – k **Weighting 5** **Maximum word count of 2000 words**	Provision of the Service	Please demonstrate how the service will ensure that service users will remain positively engaged throughout their recovery journey.

Contractors response:

Inclusion understands and supports the reality that for treatment services to be effective and deliver excellent recovery outcomes, service users must be fully engaged at all steps along their recovery journeys. Inclusion's experience, and our consequent commitment to service users in Cambridgeshire, revolves around three key components; firstly our organisational attitude to service user involvement, secondly, the quality of the relationship between practitioners and service users and thirdly, the way in which service user engagement is incentivised and recognised.

<u>Inclusion's Approach to Engaging Service User's In Recovery</u>

The involvement of service users at all levels in the delivery and design of treatment and care is key to Inclusions vision of delivering respectful and high quality recovery services. This vision is under pinned by a number of written documents including Inclusion's Service User Strategy and SSSFT's *'Use your voice make a choice' policy* and '*Involvement our commitment' guidance to services.* Our aim is to ensure the organisation is accountable to its consumers from top to bottom and actively works with them to create better services,

involves them in their treatment and gives opportunities for them to help their peers towards the goal of recovery.

Involving service users at all levels within the organisation has a number of objectives:

- Giving service user feedback to facilitate quality control of services and their improvement through creating ideas for innovation
- Ensuring strategies, plans and recruitment decisions have greater validity and ownership by consumers of the service
- Utilising skills and experience of service users to benefit their peers through initiatives such as Recovery Mentoring and volunteering
- Providing routes into employment with Inclusion for service users helping to create a more varied, rich, dynamic and representative workforce
- Promoting transparency to organisational development and decision making
- Enhancing Inclusions ability to deliver non-discriminatory services
- Highlighting the positive nature of recovery within our treatment population

The Cambridgeshire Adult Drug Treatment Service will develop its own service user involvement plan in line with this overarching strategy. At the most fundamental level all service users should be empowered to lead in the development of their recovery plans and to make fully informed choices regarding they types of interventions they will receive in treatment. The Cambridgeshire service will also designate a Service User Involvement lead and establish a Service User Group.

It is clear that implementing this strategy across Cambridgeshire will have training implications. All staff need to understand the concepts involved and be enthusiastic about delivering on them. Inclusion will ensure that a full training needs analysis takes place during implementation and post-contract start that includes Service User Involvement. We will formulate an associated training plan that encompass staff learning & development in its widest sense including shadowing, role coaching and formal courses.

Inclusion's Senior Management Team will be responsible for driving this strategy and will place clear expectations on the Cambridgeshire management team to deliver. Inclusion will ensure that an audit of service user involvement takes place bi-annually with an associated action plan put in place. We will recruit local service users to carry out this audit along side staff from other Inclusion services.

Across Cambridgeshire services, Inclusion will purse a three tiered service user model:

- Individual Service Users – all service users should be involved in key aspects of their treatment. This should include;
  - Active involvement in assessment
  - Active involvement in the preparation and review of recovery plans
  - Access to their treatment file
  - Clear understanding of the service, treatment goals, rights & responsibilities, service rules and complaints procedures
  - Having a named key worker.

- Service Level Feedback and Consultation - building on the individual service user

having active participation in their own treatment and recovery, we will ensure that service user's views are sought. There are numerous ways of consulting service users and these include;

- Service wide consultation meetings
- Use of questionnaires
- Informal feedback sessions
- Suggestion boxes
- Service specific user groups

- External Bodies – at an area and regional level there are opportunities for service users to feed into system planning and commissioning processes. Wherever practicable, Inclusion will facilitate the involvement of service users in such opportunities through training, support and reimbursement of expenses.

Therapeutic Alliance

Inclusion sees the therapeutic alliance as of critical importance in drug treatment services. Research shows, and we know from our own experience of delivering services, that the quality of the relationship between practitioner and service user is a strong predictor of the quality of recovery outcomes. It is clear that effective treatment designed to engage service users will take into account client preferences and establish realistic yet challenging goals. The basis of the relationship is the practitioner's ability to listen, challenge and motivate without being judgmental or too directive. Consequently we are very clear about the key behaviours, skills and experience that all staff and volunteers are expected to demonstrate in support of our recovery and re-integration outcomes.

- Key Behaviours

All staff will be expected to demonstrate positive behaviours that include honesty, integrity, commitment and perseverance. We acknowledge that our field of work can often be difficult and challenging and that staff will need considerable personal capital to become and remain effective in their roles. We expect staff to consider their own practice through supervision and appraisal and to meet their development needs through an on-going commitment to training and staying abreast of industry initiatives.

- Key Skills

Given the often complex range of needs and changing patterns of substance use, our staff need to possess a comprehensive array of specific skills to operate as effective workers who are able to sensitively and appropriately challenge service users to change their lives. We will ensure staff possess the ability to accurately assess service users and build challenging, service-user led recovery plans. We will provide training and on-going supervision to enable staff to deliver services from a menu that includes an agreed range of pharmacological and psycho-social interventions. We will also ensure that staff are able to deal competently with issues arising relating to the Safeguarding of Young People and Vulnerable Adults and to share information appropriately with other health and social care agencies as required.

- Key Experience

Inclusion recognises the diverse personal and professional backgrounds of all staff and will seek to build on those experiences to ensure the deliver of an integrated service model that incorporates multi-disciplinary staff teams. We will support staff from recognised

professional groups to maintain registration and umbrella-body links wherever possible at the same time as seeking to recruit staff with personal experience of substance misuse treatment. To this end, we recognise the breadth of treatment philosophies permeating the substance misuse field whilst ensuring that all staff operate to defined competencies and deliver evidenced based interventions.

Incentivising Treatment Engagement & Recognising Recovery

Throughout all aspect of service delivery in Cambridgeshire Inclusion would establish a number of initiatives aimed at incentivising engagement and recognising progress in recovery:

- Service user responsibilities in terms of acceptable behaviour will be made clear. This is important so as to offer service users structure and clarity and to provide assurance to all service users what they can expect from their peers. In essence unacceptable behaviour needs to have consequences. Substance misuse treatment provides an opportunity for users to develop the ability to recognise and live within appropriate boundaries. Mistakes will be made by those in treatment and when this happens every effort will be made to encourage service users to take the learning from them. The object is not to punish service users, but to help them recognise that behaviour change is often closely associated with not using drugs and recovery.

Service users are expected to behave towards each other, staff and volunteers in a manner that is respectful and consistent with this therapeutic approach. This will include:

- Co-operating with staff
- Participating in and applying oneself all treatment activities
- Respecting and maintaining the confidentiality of peer's
- No violence or threatening behaviour towards people or property
- No bullying or harassment of peers, staff, volunteers or visitors.

- Recovery Mentoring & Volunteering

Inclusions approach to Recovery Mentoring and volunteering opportunities are described in detail in method statements 28 and 29 respectively. We would wish to stress that these opportunities should be seen as something service users have the right to access but only as a mark of progression in treatment. We wish to create a culture amongst service users that engagement in treatment, achieving recovery goals and moving away from problematic drug use are laudable aims and that success will be duly recognised and rewarded. To that end we will only make Recovery Mentor placements available to those service users achieving stability in their drug and who are apply to comply with reasonable treatment expectations. Potential Recovery Mentors will need to demonstrate the ability to participate in a significant training programme before taking up their placements. Similarly, the move into wider volunteering roles for service users successfully completing Recovery Mentor placements, will be marked by the need to demonstrate acquired learning and the completion of further training. By incentivising mentoring and volunteering opportunities, we aim to model positive behaviours and demonstrate the benefits accruing to those who take part.

- Accredited Learning Programmes

As part and parcel of mentoring and volunteering placements Inclusion will seek to offer accredited learning programmes to Cambridgeshire service users. Again, we will offer the

opportunity of taking part in learning programmes with recognised qualifications as an incentive to all service users. We know from our experience in other Inclusion services that many service users who become mentors and volunteers wish to consolidate their learning and go onto paid employment in the health and social care sector. By offering accredited learning programmes as another incentive to recovery, we will help a number of service users gain qualifications, contribute meaningfully to service delivery and take up paid employment as a consequence.

- Recognition and Awards

Inclusion sees recognising success in treatment as important and will do this on a regular basis through 'graduation ceremonies'. Awards will be made available to Recovery Mentors successfully completing their placements and to volunteers who have made significant contributions to service delivery and development. We will ensure that graduation ceremonies are open to family members and other carers, staff, partner agencies and commissioners. Inclusion will also put forward people succeeding in the Cambridgeshire service for Trust awards.

- Service Marketing

As detailed in other method statements, the need to market Cambridgeshire Adult Drug Treatment service will be key. This is another way that service user's can be incentivised and rewarded for progress; we will make opportunities available for service users progressing in their recovery to work along side staff at service open days, in media interviews, through contributing recovery stories to service and DAAT level publicity and by engaging with members of the public to positively promote the service and the benefits of treatment.

- Contingency Management

Providing service users with material incentives to encourage engagement and completion of treatment can play an important role in improving recovery outcomes. Inclusion will consult with commissioners and service users across Cambridgeshire as to the desirability of utilising specific incentives but these could include:

- Needle Exchange take up
- Completion of BBV vaccination programmes
- Groupwork attendance vouchers

12. Section 5.0 Sub heading k **Weighting 4** **Maximum word count of 2000 words**	Provision of the Service Partnership working	Please detail who the "Lead" roles for specific areas will be and how these roles will gain, and maintain the specialist knowledge and links necessary for these roles.

Introduction

To be effective Inclusion recognises the need to ensure close working partnerships and positive relationships with a range of services within Cambridgeshire and this will include:

- Safeguarding vulnerable children
- Safeguarding vulnerable adults
- Child and adolescent/ young people's services.
- Mental health services
- Alcohol treatment services (including liaison regarding inpatient detoxification
- bed management).
- Maternity services
- General medical services
- Accident and emergency / Hospital liaison in all relevant hospitals
- Sexual health / communicable diseases services
- Housing agencies
- Homeless hostels
- Disability services
- Employment, training and education services
- Domestic violence / sexual violence/ prostitution services
- Integrated Offender Management
- Prisons
- Cambridge Access Surgery providing health Services to the homeless population

Inclusion will build partnerships in Cambridgeshire through a commitment to:

- Agreeing working protocols defining areas of activity and responsibility.
- Resource contribution to joint working arrangements including some staff time.
- Negotiation & creation of satellite specialist drug services in other settings.
- Contribution to joint policies on key inter-agency issues e.g. pregnant drug users, drug using parents.
- Promote service user choice without duplicating services.
- Systems that seek services user's views on the whole spectre of service provision.
- Potential to develop/increase work that may not be possible for a single agency.

Safeguarding Vulnerable Children and Vulnerable Adults
The lead within the service will be the Service Manager. The manager will operate within the guidelines set out in Cambridgeshire DAAT's Practice Guidance for Agencies in relation to safeguarding children with drug and alcohol misusing parents. The manager will receive training from the Trust in relation to safeguarding vulnerable children and adults and will contribute to meetings as requested by Cambridgeshire DAAT and Cambridgeshire Local Safeguarding Board. The manager will attend appropriate conferences, keep abreast of research findings and will have his\her work in this area scrutinised by the appraisal process, which is standard for all staff.

General Medical Services
The lead doctor will have strategic oversight of all prescribing policies. The lead nurse, with responsibility for nurse prescribing will ensure all policies in relation to nurse prescribing are consistent with best practice. This person will have the support of Inclusion's lead for nurse prescribing – Catherine Larkin. At a recent conference of the Royal College of G.P.s, Catherine's presentation, on nurse prescribing, was voted the best presentation of the conference.

Both the lead doctor and nurse will be accessible to local primary care teams by telephone,

text, E mail and through the website, which will be designed specifically for the service. This will allow the service to keep in touch with all local practices and allow the service leads to constantly develop their local network. Both the Lead Doctor and Lead Nurse prescriber will have the support of our Community Services lead Jim Barnard who is the Chair of SMMGP the national organisation for G.P.s and others working in primary care services for drug users.

Sexual Health
The lead nurse for blood borne viruses and sexual health will have responsibility for ensuring that liaison with key agencies is developed: these include GUM clinics, Relate, Rape and Sexual Violence programmes, Women's Aid, Victim Support services, Healthy Gay Life, Samaritans and Cruse: Bereavement Support. The lead nurse will attend appropriate conferences, keep abreast of research findings and will have his\her work in this area scrutinised by the appraisal process, which is standard for all staff.

Domestic Violence\Sexual Violence\ Sex Worker Services
Working closely with the sexual health elements of the service a lead Recovery Worker will ensure that links are made with the sex industry and with agencies dealing with domestic violence: these agencies include Women's Aid, the Police and Probation Services. Sex workers include both men and women and their work is often hidden. A high proportion of sex workers do not voluntarily disclose their work to service providers due to stigmatisation and the partly criminalised nature of their work. To reach out and encourage sex workers into our services where they feel safe enough to disclose their real issues Inclusion will work with other projects for sex workers locally and nationally. We will seek to engage other sex workers to publicise our services and provide peer support and education. This means that the lead worker in this area must be skilful at constructing a network of contacts and building trust. Training and support for this worker will focus on this area of professional development.

Employment, Training and Education Services
Employment is a crucial issue for drug users in terms of sustaining recovery: as such it is the responsibility of all staff members to be aware of local employment services and build links whenever possible. This endeavour will be overseen by the service manager. As part of our approach Inclusion will run a volunteer training programme. In other parts of the country e.g. in Swindon, volunteers come from both ex service users and local citizens: In Swindon 60% are ex-service users. A significant number of volunteers have gone on to gain paid employment in either local or regional drug treatment services. The Volunteer Co-ordinator will have the task of building links with local service user groups: in Swindon the service user group provided excellent support for the volunteer programme. This benefitted the service users, volunteers and staff in terms of increased understanding of the perspective of local drug users and their families.

Housing Agencies\Homeless Hostels
Having a decent place to live is a basic human right or it should be in a developed European country. To ensure that this right is made real is an important task for all team members. Without this basic right being fulfilled sustained recovery is unlikely. The leadership function in this area will fall to the Homelessness Co-ordinator who will support staff to provide information on local housing opportunities and services to service users and that advice is delivered regularly from local specialist agencies on drug service premises. Of course housing is a key issue for those leaving prison: close liaison will be required between the DIP, treatment services and housing agencies.

Child and Adolescent Services

A key point of vulnerability is when a young person transfers into an adult service. It is necessary for the key worker from the adult service to work very closely with CASUS to ensure a smooth handover. A manager from the service will be tasked with overseeing the transfer process in terms of monitoring the process and identifying possible improvements. This person will be encouraged to think from a young person's perspective and will be offered training to encourage such a perspective. Without this perspective it will be impossible to sustain such a role.

Disability Services

The service will be required to address the needs of drug users who experience disability issues. We recognise our responsibility to provide a user friendly service by providing training for staff around attitudes to disability such as disability awareness and disability equality, which has a focus on the social, attitudinal and environmental factors that disadvantage people accessing our services. The tasks for the lead Recovery Worker in terms of disability services are varied e.g. ensuring that there is understanding and respect for those with communication difficulties such as visual, hearing and\or speech impairments and where possible provide aids to support them: lobbying commissioners to provide funding for disabled access, grab rails, door widths, parking and toilet facilities: building links with specialist agencies. This role requires a therapeutic and advocacy function and supervision will be delivered, which takes account of the diversity of tasks involved. It is unusual for a staff member to be equally skilled in all these functions.

Maternity Services

The lead for maternity services will be the service's Specialist Mother and Baby Drugs Worker who will take the lead in liaising with local midwifery services and maternity units including the Neonatal Intensive Care Unit (NICU). Also key are local G.P.s and linked health visitors. The Inclusion service in South Birmingham has won awards for its work around mother and baby services. Staff in Cambridge will have the opportunity to learn from the experience gained by members of the South Birmingham team. This service has been an important element in the team's caseload being made up of 41% women – a figure well ahead of other services in the West Midlands.

Hospital Liaison

The service will include a lead recovery worker for hospital liaison. A key task for this person will be developing sound working relationships with both Addenbrookes and Hitchingbrooke hospitals. To build links and maintain detailed knowledge of working practices in these hospitals the lead worker will ensure that regular meetings are held with both hospitals. The lead worker will also ensure that clear information sharing protocols are developed to improve the care of service users. The process of the discussions around constructing such protocols is often very useful in cementing relations and results in considerable learning about participants working practices.

Alcohol Treatment Services

Many heavy end drug users also use alcohol to excess, especially when attempting to come off drugs. It is important that protocols exist describing care pathways between drug and Addaction's alcohol treatment services. At a strategic level the lead doctor and Service Manager will have oversight of relations with local general hospitals and inpatient detoxification services. At an operational level a Recovery Worker will take the lead in developing links with alcohol services and user groups including AA. This worker will be

supported through supervision, training and access to relevant conferences to sustain his\her commitment to this task.

Mental Health Services

Mental health and drug services share many clients: sometimes service users are bounced between services. To prevent this happening, excellent liaison is required between services. Inclusion will include within the service dual diagnosis workers who will have the key responsibility to ensure that protocols delineating the responsibilities of each agency are adhered to. This task requires resilience and stamina: it therefore behoves the service to deliver supervision and training, which bolsters energy. Inclusion's team in South Birmingham have won awards from Birmingham DAAT for their in dual diagnosis. We aspire to replicating this quality of work in Cambridgeshire.

Integrated Offender Management and Prisons

Inclusion staff have extensive experience of work within the criminal justice system, both in custodial settings and in community programmes such as DRR and prison in-reach as part of DIP services. Inclusion operates CARAT and rehabilitation services in seventeen prisons. The Inclusion Area Manager South for Criminal Justice services will have a strategic overview for partnership work with criminal justice agencies such as HMP Whitemoor, the Police and Probation Services. The CDIP Manager will be mentored by the Area Manager who will, alongside the Service Manager oversee the work with DIP partners and the Prison Service. The CDIP Manager will attend prison and DIP strategy meetings.

13. Section 5.0 Sub heading k **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service Partnership working	Please demonstrate how the service will work with CAF processes to increase life chances for children who are not considered a safeguarding risk

Contractors response:

Inclusion recognises the Common Assessment Framework (CAF) as a crucial tool in early and on-going intervention allowing for the assessment of needs and a multi-agency approach to working with families living with substance misuse. We see CAF as a way of empowering families to address substance misuse, building trust and a way of overcoming possible previous unsatisfactory experiences of services. CAF essentially creates the circumstances to engage with a family through constructive dialogue.

To ensure that staff in Cambridgeshire Adult Treatment Service become aware that there is a Young Person in the family of a service user, we will:

- Ensure all screening and assessment tools used in the service reflect the priority to gather information relating to safeguarding & child protection issues. In other Inclusion services we use CAF pre-assessment check lists that are completed with service user's who have children under 18. These are reviewed every 3 months or before if required. Inclusion will also consider home visits for some service users with parental responsibility that can help highlight issues that may be addressed via the CAF process
- Ensure all staff has access to appropriate training around safeguarding & child

protection issues. This will include agreement to provide training all practitioners delivered by the Cambridgeshire CAF co-ordinator

- Ensure all staff have access to robust supervision that includes discussion of safeguarding & child protection issues
- Ensure that all staff are fully aware and have access to both agency policy and procedures in relation to safeguarding & child protection issues, as well as knowledge of Cambridgeshire locality agreements.

In respect of those children not considered a safeguarding risk the following measures will be taken:

- All service users will be routinely approached and have the concepts of confidentiality and informed consent fully explained. This will include matters relating to the safeguarding of young people and the extent to which information may be shared under the confidentiality agreement. Inclusion staff will be very clear and open with service users when discussing issues relating to the safeguarding of young people and include service users in decision making about next steps.
- The service will check with the Locality Co-ordinator whether a CAF is already open in relation to the family concerned. Inclusion view regular liaison with CAF Area Coordinators as important in developing staff decision making around CAF.
- Where a CAF is in existence, the service will seek to contribute to the on-going assessment and action planning.
- In the absence of a CAF, staff will be encouraged to consider whether a CAF ought to be initiated. In doing this, Inclusion will promote the use of recognised social care thresholds Level 4: complex needs, children at risk of serious harm, Level 3: complex needs, children at risk of social or education exclusion, Level 2: children with additional needs and Level 1: children with good development progress.
- In considering the appropriateness of a CAF Inclusion staff will:
  - Raise the issue with the service user and Young Person if possible and always obtained agreement to initiate a CAF and consent to share information
  - Raise the issue in practice supervision and team discussions to develop a consider view of the case
  - Consult with CASUS to garner advice and information relating to CAF best practice
- When the decision to initiate a CAF is taken the assessment will attempt to build a picture of the young person's needs, resources and how useful help can be identified.
- Once the assessment has been completed, Inclusion staff will follow the next steps identified in Cambridgeshire Children's Trust's CAF guidelines. In essence we will either:
  - Look to manage the CAF as the sole agency involved
  - Use the CAF to involve another single agency better placed to meet the child's needs including where the outstanding need is considered specialist
  - Request that the assessment is reviewed by the multi-agency Locality Allocation and Review Meetings (LARM)
  - Following discussion and agreement with the LARM, request a specialist meeting takes place where unmet needs may be considered by a Team Around the Child which can include the family themselves
- To ensure that the service plays an appropriate part in the on-going management of a CAF, Inclusion will ensure that all workers have the capacity to attend CAF meetings
- The role of the service in all CAF processes will be to ensure the service user (parent) receives the best possible treatment in respect of their substance misuse and recovery. As the parent's treatment progresses and their social functioning and parenting skills develop,

the outstanding needs of the young person are more likely to be successfully met from within the family.		
14. Section 5.0 Sub heading k **Weighting 4** **Maximum word count of 500 words**	Provision of the Service Partnership working	Please demonstrate how the service will support the needs of young carers where they are aware of a child aged over 7 is living with a service user, or other family members.

Contractors response:

Inclusion recognises that across Cambridgeshire there are likely to be a number of children who are actually Young Carers faced with a parent or even older sibling who is currently misusing drugs. Individual circumstances will of course differ family by family but the range of responsibilities a Young Carer can face can include food preparation, shopping, household cleaning and providing nursing, personal care and emotional support. We Recognise that this can mean Young Carers missing out on opportunities open to other children, creating difficulties at school and amongst peer groups. Asking for help may be very difficult for many Young Carers and they can become isolated and suffer unduly. Research also shows that Young Carer's are vulnerable to developing behavioural problems and may misuse substances themselves.

Once the Cambridgeshire Adult Drug Treatment Service becomes aware of the presence of a Young Carer in the family of a service user via the screening and assessment processes outlined in method statement 13 above, we will:

- Consider initiating a CAF and following the post assessment procedures outlined in the Cambridgeshire Children's Trust's CAF guidelines
- Work with the Young Care, the service user and any other agencies identified in the CAF process to build an action plan that will address the Young Carer's outstanding needs
- Ensure that the service nominates and support a lead practitioner who will act as a Single Point Of Contact for communications from Children's Services and other agencies
- Endeavour to share all appropriate information with other relevant agencies involved with the Young Carer and the CAF
- Ensure that all cases where a Young Carer is involved with a service user are priortised in supervision discussions.
- Ensure all staff involved in CAF processes are able to attend relevant multi-disciplinary meetings and provide up to date information
- As far as practicable, the service will ensure that treatment interventions aimed at the service user do not unduly impact upon the Young Carer; this will include flexibility around appointment times and the location of treatment.
- The service will identify a range of support services that the service user and Young Carer may access including community centres, voluntary agencies, Family Support centres and parenting groups
- The service will provide informal training and consultancy to all Children, Parenting and Family Services across Cambridgeshire as far as practicable in issues relating to

substance misuse and treatment interventions.

15. Section 5.0 Sub heading k **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service Partnership working	Please detail how the service will follow guidelines and set up procedures relating to Adult Safeguarding.

Contractors response:

As a provider of health & social care services, Inclusion understands its responsibilities in respect of the Safeguarding of Vulnerable Adults. Cognisant of relevant legislation including the Human Rights Act 1998 and the Health & Social Care Act 2008, Inclusion services and staff are also expected to adhere to the Adult Protection guidelines detailed in 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' 2000. Agencies should:

- Actively work together within an inter-agency framework
- Actively promote the empowerment and well-being of vulnerable adults through the services they provide
- Act in a way which supports the rights of the individual to lead an independent life based on self determination and personal choice
- Recognise people who are unable to take their own decisions and/or to protect themselves, their assets and bodily integrity
- Recognise that the right to self-determination can involve risk and ensure that such risk is recognised and understood by all concerned and minimised whenever possible. There should be open discussion between the individual and the agencies about the risks involved.
- Ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation.
- Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies
- Ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

With these guidelines in mind, Inclusion's approach to the protection of Vulnerable Adults who are engaged with Cambridgeshire Adult Drug Service will include all staff having the following responsibilities:

- To work in compliance with policies and procedures that promotes the safety of the vulnerable adult (e.g. medication, moving and handling, management of violence and aggression etc.).
- To be aware of how to recognise and report possible abuse.
- To report all instances of possible abuse immediately in accordance with these procedures.
- To contribute to and co-operate with adult protection investigations where necessary or when requested to do so.

- To contribute to Protection and Support Plans and Safeguarding Plans.
- To be aware of agency whistle-blowing procedures and use them where appropriate.
- To produce reports as requested by the Cambridgeshire Adult Safeguarding Partnership to contribute towards Serious Case Reviews.

In addition, as an NHS provider, South Staffordshire & Shropshire NHS Foundation Trust and Inclusion will:

- Work in accordance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and the Care Quality Commission (Registration) Regulations 2009 and report all instances of possible abuse in line with these procedures.
- Report significant incidents to CQC as required by regulations.
- Contribute information and specialist skills, knowledge and resources to an investigation.
- Contribute to the assessment of mental capacity or mental health of vulnerable adults and of alleged abusers where they too are vulnerable.
- Attend and contribute to Strategy Discussions, Investigation Reviews and Outcomes Conferences and produce reports as requested.
- Contribute to clinical assessments and provide specialist advice regarding standards of clinical care.
- Ensure that where complaints, disciplinary or serious untoward incident (SUI) investigations relate to possible abuse, these investigations take place within the framework of these procedures.
- Make referrals to professional bodies where necessary.

To ensure that we deliver on these responsibilities, Inclusion will:

- Take all possible measures to instil in all members of staff the absolute priority of considering the implications of the behaviour of service users for the safety and well being of vulnerable adults.

- Ensure that staff are confident and competent in reporting any concerns as a priority to their line manager or next senior manager without delay. That manager must then pass on the information to the appropriate authority.

- Ensure robust staff supervision takes place and that a culture of information sharing within and across teams exists. We will provide all staff in supervisory roles in the Cambridgeshire Adult Drug Service with excellent training in staff supervision and awareness of safeguarding procedures. We will promote a culture that will encourage the proactive discussion of safeguarding concerns that will facilitate experiential learning for staff unfamiliar with such matters.

- Whilst we will seek to empower Safeguarding champions within our services, we are very clear that safeguarding matters are the responsibility of all staff.

- Utilise patient experience questionnaires, complaints procedures and incident reporting to monitor practice and raise awareness of any potential issues around safeguarding.

- Individual risk assessments will be undertaken that include the domains of physical, sexual, emotional and financial abuse and neglect.

- Ensure the provision of mandatory Protection of Vulnerable Adults training which aims

to provide an introduction to issues related to protecting Vulnerable Adults and to give an overview of the multi-agency adult protection policies and referral into the Vulnerable Adult systems and procedures.

- Cambridgeshire Adult Drug Service will maintain a central register of known safeguarding concerns that will include;

- Date of entry
- Name
- Dates of birth
- Address
- Details of siblings
- Contact numbers
- A summary of concerns
- An action log

- Ensure that all staff recruitment processes are informed by appropriate vetting procedures in relation to Vulnerable Adults along with regular reviews of our organisational policy and good practice guidelines.

16. Section 5.0 Sub heading k **Weighting 4** **Maximum word count of 1500 words**	Provision of the Service Partnership working	Please demonstrate how the service will meet the needs of service users either suffering or perpetrating domestic violence and ensuring that drug treatment provision does not increase this risk.

Contractors response:

Inclusion recognises Women's Aid's definition of Domestic Violence as "as physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour". Inclusion commits to fully engaging with Cambridgeshire's Domestic Violence strategy and to working in partnership with all local agencies involved in challenging and working with Domestic Violence. We share the locality's vision of "achieving coordinated multi-agency good practice in supporting victims of domestic violence, including children, young people and vulnerable adults who experience or witness domestic violence, by taking protective and preventative measures, dealing appropriately with perpetrators, and raising public awareness about domestic violence".

Inclusion's aim when working with victims of Domestic Violence is always to improve social functioning and self-efficacy, empower the service user and increase their life chances through addressing their drug treatment needs. We recognise that there are circumstances when progress in treatment for a person suffering from Domestic Violence could potentially make things worse. For example, where a service user is involved with another user in a relationship centred around mutual drug use, that person's move away from drug use may

further destabilise the relationship and increase the risk of more violence taking place. In such circumstances we will work closely with the service user and other agencies to ensure that future safety and alternative accommodation is secured.

The Cambridgeshire Adult Drug Treatment Service will contribute to realising the local Domestic Violence vision in the following ways:

- Raising Awareness Of Domestic Violence

The service will display relevant posters in each service site reception area and all counselling rooms aimed at both the survivors and perpetrators of Domestic Violence. We will also make Domestic Violence information leaflets available as well as the contract details of local support services. We will add information about Domestic Violence to the Adult Drug Treatment Website as it develops.

- Ensuring Staff Can Recognise Domestic Violence

Inclusion will ensure that all staff access local Domestic Violence training courses. Through this our staff will develop knowledge of;

  - The dynamics of domestic violence
  - The barriers to seeking help
  - Coping strategies used
  - How domestic violence can impact on children and young people
  - Working in a survivor-centred way and engagement techniques

- Screening & Assessment

The service will ensure that all screening and assessment tools that are used will include specific questions relation to Domestic Violence. We will equip the staff team with the confidence to raise and address issues of Domestic Violence with service users. To ensure that our screening and assessment tools are fit for purpose in this respect, Inclusion will consult with Cambridgeshire's Independent Domestic Violence Advocacy Service (IDVAS) during contract implementation.

- When staff become aware that a service user is suffering from Domestic Violence, access to local support services will offered including:
  - Referral to IDVAS
  - Referral to the Freedom group therapy programme for women who have experienced Domestic Violence
  - Raising awareness of the Sanctuary Scheme
  - Referral to support agencies such as Women's Aid and SNAP

- Flexible Services

When the Adult Drug Treatment Service is actively engaged with a service user suffering from Domestic Violence, we will ensure a flexible service is offered. This will include offering appointments at times and locations that are most helpful to the service user. We will also ensure that requests for same-gender keyworking are met.

- Information Sharing

As part of its responsibilities in respect of Domestic Violence and in support of Cambridgeshire's Domestic Violence strategy, Inclusion will ensure that all information sharing protocols operated by the Adult Drug Treatment service are informed by the need to reduce the risk to victims. Inclusion will also ensure the service contributes relevant monitoring data for Domestic Violence partnership monitoring & reporting purposes

- Multi-Agency Risk Assessment (MARAC)

In the most high risk cases of Domestic Violence, the service will contribute to Multi-Agency Risk Assessment (MARAC) processes where drug use is a contributory factor. This will take the form of attendance at MARAC review meetings and the provision of appropriate reports

in relation to drug treatment linked to the case. Staff will be encouraged to weigh carefully the need to respect a service user's confidentiality with the need to override this when risk assessment dictates that a MARAC referral should be made.

- Domestic Violence Lead & Agency Policy

The service will identify a lead for Domestic Violence from amongst the staff team. The Domestic Violence lead will co-ordinate links to multi-agency training programmes for all staff, promote staff understanding of the local Domestic Violence strategy, ensure that the service is linked into MARAC processes effectively and that excellent relationships exist will all Domestic Violence support agencies across Cambridgeshire. The service will also develop a specific policy in relation to Domestic Violence and ensure all staff are aware of its content and their responsibilities.

- Perpetrators of Domestic Violence

When the service becomes aware that one of its service users is a perpetrator of Domestic Violence we will work with the individual to consider the role of their drug use in relation to their perpetrator status. This will include referral to accredited perpetrator programmes and contributions to multi-agency working. Inclusion staff will work with perpetrators to consider issues including that substance misuse does not excuse or justify domestic violence and that all have control and choice about their abusive behaviour. The service will seek to explore links between drug use and instances of Domestic Violence and encourage the service user to actively address the problem.

17. Section 5.0 Sub heading I **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service Sexual health	Please demonstrate how the service will increase the effectiveness of interventions to improve sexual health.

Contractors response:

Introduction

The approach taken by Inclusion is driven by the WHO definitions of sexual health, sexuality and the impact of sexual health problems.

Sexual Health

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."
World Health Organisation (2011)

Sexuality

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. The working definition of *sexuality* is:

"…a central aspect of being human throughout life encompasses sex, gender identities and

roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors."
World Health Organisation, 2006

Impact of Sexual Health Problems
"Sexual health problems also include sexual dysfunction, gender identity disorders and a variety of other concerns and anxieties. Sexual dysfunctions such as low sexual desire, erectile dysfunction, inability to achieve orgasm, premature ejaculation, pain during sexual activity (dyspareunia and vaginismus) are relatively common but seldom diagnosed or treated. Sexual dysfunctions are often associated with other physical and mental disorders, such as diabetes, cardiovascular problems, blood pressure abnormalities, depression and anxiety.

Sexual violence is common and occurs throughout the world. There are many forms of sexual violence: forced intercourse/rape, sexual coercion, trafficking, forced prostitution, and sexual harassment. It takes place in all settings, but particularly in the home. It has a profound impact on the physical and mental health of those who experience it, often lasting well beyond the assault. It is associated with an increased risk of sexual and reproductive health problems, including unwanted pregnancy, STI and HIV infection, and mental health problems such as depression, anxiety and post-traumatic stress disorder. Sexual abuse of children is associated with low self-esteem, high-risk sexual behaviours and drug abuse in later life."
World Health Organisation, 2006

Service Delivery
A core element of the approach proposed for Cambridgeshire is a blood borne virus, sexual health and general health check service operated by specialist nurses: the model proposed was developed by our community drug service in South Birmingham. Core elements of the service are well man\woman clinics, one to one advice on sexual health, testing and vaccination for blood borne viruses and a structured four session programme on sexual health.

1. Sexual Health – Structured Programme(Heart String sand Fun Things)

Usually the programme is run weekly over one month. Session one focuses on two key issues:
- What things can be harmful to our sexual health?
- Tips for protecting sexual health.

The aims for session two are to gain a better understanding of:
- sexually transmitted infections (STI's)
- the different risks associated to different sexual practices
- different forms of protection
- effective communication with your partner regarding sexual health
- support and treatment services available

Session aims for session three are to explore and understand:

- why relationships are important to us
- The difference between healthy and destructive relationships
- your expectations of a relationship
- how to recognise the signs of a potentially abusive relationship
- setting and maintaining personal boundaries
- support services available including Relate, Rape and Sexual Violence programmes, Women's Aid, Victim Support services, Healthy Gay Life, Samaritans and Cruse: Bereavement Support.

Aims for session four are to discuss and explore:

- when you feel it is an appropriate time for you to enter into a new relationship
- things you can do to strengthen the relationship you are already in
- healthy and safe ways of meeting new people
- recap of topic and the things we have learnt

2. Testing

Service users will be offered urine testing for Chlamydia and gonorrhoea and blood testing for hepatitis B, hepatitis C and HIV. Leaflets have already been developed to promote the service. A section of one leaflet is:

"Testing is Quick and Easy

Testing for Chlamydia and gonorrhoea involves a urine test just like for a pregnancy test.

Testing for hepatitis and HIV requires a blood test. However if you have poor access to your veins or are anxious about having blood taken we can use very small needles to draw blood, you can find veins yourself and we will take as much time as you need to get the sample.

There is also a dried blood spot test for HIV where a small needle prick on the finger is used to get a couple of drops of blood."

3. One to One Sexual Health Advice Sessions

Specialist nurses will offer advice on sexual health, including in relation to contraception, pregnancy testing, testing for sexually transmitted infections. Service users will be referred to STI testing if appropriate. A selection of condoms and other sex aids will be given by the specialist staff or generic drug workers free of charge.

4. Well Man\Woman Clinics

Clinics will be operated by specialist staff: they will be run on a drop-in basis. Their function will be to give service users the opportunity to discuss any concerns, monitor ongoing health issues and arrange for appropriate support including referrals to specialist or other community service

18. Section 5.0 Sub heading m **Weighting 4** **Maximum word count of 1000 words**	Provision of the Service Pregnancy liaison	Please demonstrate how the service will adhere to Safeguarding Practice for Pregnant substance misuser's and drug misusing parents.

Contractors response:

Safeguarding Practice for Pregnant Users

Inclusion recognise that pregnant drug users often do not readily access treatment services for a number of reasons including perceptions that services cannot meet their needs, lack of awareness of pregnancy and pre-occupation with drug use itself. To ensure that the needs of pregnant women are met and to safeguard the unborn child, Inclusion services will adopt the following approaches:

- All female service users of child bearing age will be offered pregnancy testing at all of the service sites. Staff will advise the service user on how to carry out the test and will discuss the results immediately post-test. When the pregnancy test is positive the service user will be encouraged to visit their GP immediately and link into antenatal services
- For those service users returning a negative test contraception advice will be offered
- A positive pregnancy test will result in a full re-assessment of the service user that will consider:
    - Current drug, alcohol and tobacco use including routes of use
    - Safer sexual practices
    - Other potential health risk considerations
    - Support networks
    - Current accommodation
    - Other children affected
- In the light of the re-assessment the service user's care plan will be reviewed. A major feature of the reviewed care plan will be the need for multi-agency co-operation to support the pregnant service user involving her GP, Maternity services and the Adult Treatment Service.
- The care plan is likely to prioritise access to rapid prescribing if the illicit drugs are being used and continuity of prescribing where the pregnant woman is prescribed substitute medication.
- Inclusion will establish a lead for Mother & Baby interventions from within the staff team to provide care planning, information and guidance to pregnant service users. This will include leading antenatal clinics with a designated midwife.
- The Mother & Baby lead will have capacity to carry out home visits therefore increasing retention in service and the ability to monitor the home situation and update risk assessments.
- The service will consider opening a CAF depending on a pre-CAF assessment taking place and discussion amongst the team.

Other developmental work that the service will contribute to in support of improving interventions for pregnant users and to safeguard unborn children include:

- Providing training to Midwives and Health Visitors across Cambridgeshire around drug use
- Leading on the development of care pathways between drug services and Maternity Services to improve joint working and information sharing
- Specialist advice and consultation for colleagues amongst the Adult Drug Treatment staff team from the Mother & Baby lead.

Safeguarding Practice for the Children of Drug Misusing Parents

Inclusion's approach to working with service users who have parental responsibility is based on the conviction that problematic drug use does not automatically imply poor parenting and subsequent safeguarding concerns. However, Inclusion services all place a strong emphasis upon developing close partnerships with local Children & Families teams so as to help reduce harm to those children with a parent misusing substances. Our approach here is to ensure that parents accessing our services are assessed quickly and enter treatment as soon as possible. Inclusion recovery planning will prioritise the areas of parental responsibility and support to ensure Young People are safeguarded.

The Cambridgeshire Adult Drug Treatment service will put in place the following measures around Drug Misusing Parents:

- Ensure all staff are aware of their and the services responsibilities in respect of Safeguarding Children and that the agency plays a full part in the Cambridgeshire Local Safeguarding Children Board (LCSB)
- Ensure all staff access relevant Safeguarding training provided by Cambridgeshire LCSB
- All staff will be trained in assessing risk factors for children of drug misusing parents
- All assessments carried out by the service will address the issue of children living with the service user or of any children the service user has contact with.
- Where there is concern for a child all staff will need to ascertain whether a CAF has been undertaken.
- All staff that identifies a child who is suffering or is likely to suffer significant harm has a duty to contact the Social Care Contact Centre of the Emergency Contact Team. In normal circumstances Inclusion staff would be expected to discuss concerns immediately with their line manager prior to a referral being made.
- Staff should inform the service user parent/carer and if possible seek their agreement that a referral will be made unless so doing would place the child at further risk.
- Staff will need to share the relevant information to enable the Social Care team to make an informed decision if the child is in need of protection.
- If a Child Protection Plan is put in place following referral the service will ensure representation at Core Group meetings.

19. Section 6.0 Sub heading a-c **Weighting 4** **Maximum word count of 1500 words**	Groups served	Please detail how the service will ensure that information and services are available to all, including those for whom literacy is a problem or English is not their first language.

Contractors response:

Introduction – Social Marketing

Social marketing places the primary focus on the service user - on learning what people want and need rather than trying to persuade them to take what the service happens to be offering. Two key principles of the approach, which Inclusion will deploy to target priority groups are:

- Marketing talks directly to the service user: not just delivering information about what is on offer.
- Ensuring the planning process takes the service user into account by examining ways to improve access and construct partnerships with other agencies and stakeholders.

Underpinning our marketing strategy is recognition of the crucial role of action research: Inclusion proposes three research foci:

1. To discover the perceptions of service users on the nature of their difficulties.
2. To determine the activities and habits of potential service users. This will allow the service to pinpoint effective locations, opening hours and potential partner agencies:
3. To determine the best ways of reaching potential service users: for example building links with maternity services, including midwives and health visitors – with the aim of increasing engagement with women. In Inclusion's community service, in South Birmingham, 41% of service users are women: this figure is significantly higher than any other alcohol or drug service in Birmingham.

Putting Social Marketing into Practice

Opening hours, eligibility criteria, the range of services available and contact/referral information will be advertised through our marketing literature, information posters and via inter-agency presentations. We will target client groups by ensuring that project literature is printed in a range of appropriate languages. The service will work closely with other treatment providers, commissioners and partner agencies to disseminate written information outlining the scope of services to be offered.

Information posters and programme literature will be strategically placed in public reception areas such as GP waiting rooms, Police custody cells, Accident & Emergency suites and local drug & alcohol agencies to ensure that as many service users as possible learn about the service and how to access it.

Inclusion will use information technology to market the service including using text reminders prior to service user appointments.

Women

Women are underrepresented in substance misuse services. This is attributed to factors such as stigmatisation, child care responsibilities and concerns that they will come to the attention of Social Services plus the perception that services are heavily orientated towards the needs of men. Inclusion services for women are aimed, through social marketing, at, understanding the different experiences of women and putting in place staffing structures, materials and interventions, which have a clear focus on female issues.

In our experience women users are not a homogenous group, who have identical needs simply because of their gender. Nor should women's needs be defined solely in relation to pregnancy, childcare or ethnic background. Key elements of ensuring that we deliver a respectful service to women include:

- Taking into account the varying needs of women in terms of race, culture, age, sexuality and pattern of drug/alcohol use.
- Offering the choice of worker's gender, wherever possible and ensure that the client knows when that worker will be available.
- Service provision will pay particular attention to issues of low self-esteem, domestic violence, self injury, eating disorders, sexual abuse and sexual health.
- Developing attractive written material giving information specifically targeted at women alcohol users.
- Training staff in women specific issues including self harm and benzodiazepine dependency.
- Offering single sex provision that will include supports groups and counselling.
- Developing working relationships; joint care arrangements, joint training and referral pathways with mental health services and women's counselling agencies.
- Designing and plan treatment intervention with female service users.

Inclusion will provide an open ended woman's support group one day a week at school friendly times supported by crèche facilities: visiting speakers will be invited.

It is Inclusion's view that we need to strive not to replicate the dynamics of stigmatisation or lack of options experienced by many women who have drug related problems. The provision of staff who understand the specific requirements of women with drug problems need to include those from BME groups.

Attention will be paid to promoting access for women from BME groups. Inclusion understands that some will face additional barriers to seeking treatment due to a sense of shame and going against women's perceived position and expected role in their own and wider society.

Monitoring performance will include female health issues such as the presence of depression, eating disorders and self injury. General health issues will include antenatal care co-ordination and sexual health linking up with GUM clinics and maternity units.

Inclusion acknowledges that drug services have vital roles in assessing and responding to drug using parents and their children; acting as advocates for service users who have responsibility for the care of children and in promoting the welfare of children.

It is essential that our staff are competent and sensitive to the needs of drug using mothers,

whilst vigilant and uncompromisingly aware that the needs of the child is paramount and must take precedence over any other consideration. We will ensure training and liaison with social services to ensure competency to deliver safe practice consistent with 'Safe Guarding Children' and Local Safeguarding Children's Board guidelines.

BME Service Users

A strategy for working with black and minority ethnic communities must take account of the impact of drug and alcohol use within local communities. Cambridgeshire has a diverse community, which includes students from all over the world, a significant traveller population and immigrants from Eastern Europe.
To reach, attract and retain drug users Inclusion will market the service as follows:
- Provide a welcoming environment, which offers clear information to service users on what is being offered, both verbally and in writing, including provision of locally spoken languages.
- Provide access to appropriate interpreting and translation services in order to ensure culturally competent and sensitive services.
- Develop networks with other services and any specific black and minority ethnic groups, carers and advocates in order to inform culturally appropriate service delivery.
- Promote services and advertise staff vacancies in black and minority ethnic specific newspapers, radio stations and community forums.
- Promote black and minority ethnic communities at all levels of policy, planning, staffing and provision.
- Provide evidence of involving and consulting black and minority ethnic community groups and service users in the review and planning of services.

Inclusion aspires to:
- Develop partnerships with community groups
- Establish satellite services in popular BME venues
- Foster BME volunteer schemes to provide peer support and mentoring
- Secondments into our service from BME community agencies
- Second Inclusion workers to BME community agencies.

Needs of Service Users with Physical or Sensory Impairments
Since December 2006 all public bodies and voluntary and private sector organisations that provide services for public sector organisations, have a legal duty to promote equality of opportunity for disabled people in all aspects of their work.

To ensure respectful services are delivered to disabled groups Inclusion will apply social marketing principles as follows:

- Emphasis on specific advice and information to support choice in decision making.
- To support service user decisions about treatment options, advocacy will be required.
- Support and assist disabled service users to become advocates.
- Where there are mobility issues home visits built into care planning.
- Assistance with phone calls and other communication tools.

Working closely with carers may be important if an impaired service user feels this is desirable. More time may need to be spent with young disabled drug users in the transition from young person's to adult services. Flexibility with rules is vital e.g. waiving 'no dog' policy for service users to be accompanied into clinics by a guide dog or a hearing dog.

Whilst additional support might be required to facilitate access of disabled people to treatment, it is important to remember that this needs to be balanced. Understanding ordinary independence is not about being entirely self-sufficient, none of us are, but simply about being in control of what happens to you.

Learning Disabilities

1.5 million people in the U.K. have a learning disability, which is defined as a neurological disorder that affects the way a person learns, communicates and does every day tasks. A person has a learning difficulty, for all of their life, which can be categorised as mild, moderate or severe. There are many types of learning difficulty and some conditions whilst not diagnosed as 'learning disabilities' affect many drug users particularly young service users. These include:

Asperger's Syndrome, Autism, Epilepsy, Dyspraxia, Severe Dyslexia

Some of these conditions can affect all areas of development including intellectual, emotional, physical, language, social and sensory. Sufferers appear to have poor understanding, difficulty relating to others and present as hesitant. It is no wonder that some from this group are rejected by their peers and seek comfort in drug use.
Vigorous marketing of the service to those experiencing learning disabilities is especially important because of the communication difficulties outlined above.

20. Section 6.0 Sub heading 6.1 - 6.2 **Weighting 5** **Maximum word count of 2000 words**	Groups served (Priority Groups/Target Groups and Exceptions)	Please detail how exclusions from the service are reduced to a minimum, whilst ensuring that boundaries are adhered to throughout the service.

Contractors response:

Introduction

Some client groups tend to be excluded from services: the reasons for this include lack of understanding of service user needs, unclear interagency working and lack of knowledge or training.

Consideration is given here to Inclusion's responses to some key socially excluded groups. These are, children of parents who use drugs, unborn children, pregnant women, those experiencing significant physical or mental health difficulties, lesbian, gay and transgendered people and sex workers.

Children of Parents who are Drug Users

In our efforts to support the children of drug users who are parents we concentrate on doing

the core work well and liaise closely with other key agencies.

Crucially we aim to stabilise the parent's drug use as far as possible e.g. if abstinence is a realistic objective, arranging detoxification and providing effective support post detoxification.

If longer term methadone prescribing is appropriate, ensuring the methadone is dispensed in adequate doses with supervised consumption until home consumption can be safely assured.

Other key tasks include:

- Reports about, or allegations of abuse, or neglect made by children and others are always be taken seriously.
- Aspiring to build trust whilst conforming to local confidentiality agreements consistent with Cambridgeshire LSCD guidelines.
- Liaise immediately with the local child protection teams if there is concern that a child/children are at risk of harm.
- Staff to fully co-operate with all LSCD Child Protection procedures which includes attending and providing reports for case conferences.
- Involving mental health services where a parent/client presents with significant mental health problems
- If the service user is pregnant, ensure and/or enable her to attend antenatal services.
- Emphasis on home visits to assess parents, children's and general family issues together.
- Discuss with the parents safety at home including safe storage of drugs and needles.
- Develop close liaison with social services, maternity services, domestic violence agencies, family centres and any other relevant local service.
- It is mandatory that as NHS workers, Inclusion staff attend child protection training and refresher training on a regular basis

Analysis shows that, whilst not exclusively, it is much more likely that drug using mothers will continue to have direct responsibility for their children rather than drug alcohol using fathers, it is essential that we meet the needs of women.

Unborn Children

It is well documented that pregnant drug alcohol users tend to put off accessing ante-natal care for fear of losing their unborn child and existing children into care. Nationally despite 90% of female service users being of child bearing age, few are known to drug treatment services as pregnant.

It is likely that in Cambridgeshire, pregnant clients, known to services, are not accessing help in the early stages of pregnancy. What is needed is a service emphasis that looks after a pregnant woman's social, psychological and physical well-being.

A shared care approach with antenatal services and specialist drug alcohol services will ensure that services, in consultation with pregnant drug users, develop a package of care based on individual need and those of the unborn child.

Inclusion envisages a bridging role between maternity services, drug services and social services to support both mother and infant.

Within our Birmingham Community Drug Team we have developed a role titled 'Hidden Harm Worker' which combines safe guarding unborn children by supporting pregnant drug user's pre and post birth. We aspire to replicating this role across Cambridgeshire.

A mother taking illegal drugs such as cocaine during her pregnancy increases her risk of anaemia, blood and heart infections, skin infections, hepatitis and other infectious diseases. Cocaine use can lead to premature detachment of the placenta, high blood pressure, still birth. Infants born to cocaine using mothers may have an increased risk of sudden infant death syndrome.

Heroin and other opiates can cause significant withdrawal in a baby, with some symptoms lasting as long as four to six months.

Uncomplicated drug use in pregnancy can often be managed by GPs, especially when they are involved in obstetric shared care for the woman or provided by midwives within primary care settings.

Substitute prescribing should be offered as quickly as possible after an assessment highlights the need. The wishes of the mother should be respected if she wishes to detoxification.

During pregnancy it is often observed that motivation is high and progress in addressing drug use is good. Following birth these gains are sometimes maintained but sometimes lost and extra support is appropriate.

Staff will meet with the service user at regular intervals to discuss and monitor progress. A liaison meeting will be held ideally two to three months before earliest due date, involving parents and all involved agencies at the local hospital. The service key worker will organise this meeting.

Though pregnancy may act as a catalyst for change, drug users may not seek general health services until late into pregnancy: this increases the health risk to mother and child. We support pregnant drug/alcohol users in making informed choices about their pregnancy, drug use and birth plans.

Childcare Issues

Inclusion fully acknowledges that drug services have vital roles in assessing and/or responding to drug using parents and their children; acting as advocates for service users who have responsibility for the care of children and in promoting the welfare of children.

We do not believe that all drug users who are women, necessarily make poor parents and drug use in itself should not be automatically be taken to imply poor parenting or abuse. However lack of attention to the possible effects of drug use on parenting and therefore the lives of children may lead to them suffering neglect and/or abuse. Inclusion believes that assessment of adult drug use is incomplete and interventions applied unsatisfactory if the parenting role has not been taken into account.

Assessment relies upon clear professional judgements about what actions and services best meet the needs of a particular child and family and whether a child is suffering or likely to suffer significant harm. Early intervention is essential to support children and families before parenting capacity and family life escalate into crisis.

It is essential that our staff are competent and sensitive to the needs of drug using mothers, whilst vigilant and uncompromisingly aware that the needs of the child is paramount and must take precedence over any other consideration. We will ensure training and liaison with social services to ensure competency to deliver safe practice consistent with 'Safe Guarding Children' and Local Safeguarding Children's Board guidelines.

Benzodiazepine Use

A particular issue for women (although not exclusively so) is the misuse of benzodiazepines: mixing benzodiazepines with other depressant drugs such as alcohol and opiates can lead to a fatal overdose. As benzodiazepines are prescribed drugs as well as street drugs there is a tendency for drug workers not to give them due attention. Inclusion has a track record of recognising the needs of benzodiazepine users both in prisons and the community and ensure our staff receive specific training to meet the needs of this group.

Mental and Physical Health - Care Co-ordination

To prevent those experiencing significant mental and physical health being excluded from effective treatment, excellent care co-ordination is crucial. It should facilitate access to, assessment and care planning of integrated health and social care. A named care co-ordinator should organise care across health and social agencies. The criteria for care co-ordination are identical to the criteria for comprehensive assessment.

- Significant drug use.
- Mental/physical health.
- Need for intense support.
- Child/pregnancy issues,
- Risk of harm to self or others.
- Multiple service providers.
- History of disengagement from services

Standard care co-ordination applies to all the service users who meet the criteria above but not the criteria for enhanced care co-ordination.

Models of Care suggests that the level and intensity of care co-ordination will depend on the complexity of the individual.

- Standard care co-ordination (Standard Care Programme Approach – SCPA).
- Enhanced care co-ordination (Enhanced Care Programme Approach – ECPA).

Enhanced care co-ordination should apply to all service users with severe mental health dual diagnosis problems, who in most cases will be under the care of a community mental health team (CMHT).

The CMHT have responsibility for appointing a key worker and for the care co-ordination of the service user. The drug treatment service being responsible for specific drug related elements of the care plan.

Offenders – Care Co-ordination
Service users subject to a criminal justice order and care co-ordination will require the integration of care planning and sentence planning process. The care co-ordinator needs to balance encouraging a service user to engage in treatment with the requirements of enforcing an order of the Court and National Standards constraints of the probation service.

Inclusion believes that the need for joint working protocols and effective partnership are essential to balance the different objectives.

Lesbian, Gay, Bisexual and Transgender
A key objective is to deliver drug services which attract and are sensitive to lesbian, gay, bisexual and transgendered people: it is necessary for staff to have a clear understanding of the target group and the issues involved. We need to appreciate that diversity is inherent in each of these groups. Lesbian, gay men, bisexuals and heterosexuals are defined by their sexuality.
Transgendered individuals are defined by their gender and may choose any of the sexualities above. While sexuality and gender are different issues, common themes can be identified to help ensure our drug services maximise their accessibility. In order to do so we will:

- Train staff about attitudes and assumptions for example drug prevalence within each grouping.
- Have policies and procedures that include recognition of sexuality and gender issues.
- Train staff to appropriately and sensitively ask questions about sexuality: such information is best elicited as part of a discussion.
- Develop anonymous self-completed monitoring sheets at initial/comprehensive assessment.
- Include sexual behaviour in risk assessment.
- Develop effective links and networking with lesbian, gay, bisexual and transgendered (LGBT) local support groups including possible joint working.
- Provide material to promote our services in venues used by LGBT groups and individuals.

The training of our staff and performance monitoring is vital to ensure that homophobia, bi-phobia and trans-phobia are appropriately challenged. In addition it is only by engaging and monitoring LGBT work that we can appropriately support and advise individuals about their sexual and drug risk behaviour

Sex Workers
We define sex work as the exchange of sexual services for money, goods, drugs or perhaps even a place to stay. Sex workers include both men and women and their work is often hidden. A high proportion of sex workers do not voluntarily disclose their work to service providers due to stigmatisation and the partly criminalised nature of their work. To reach out and encourage sex workers into our services where they feel safe enough to disclose their real issues we will:

- Offer a widely published service with some evenings dedicated to flexible opening hours. This will be advertised in sexual health clinics, pubs, clubs, saunas, massage parlours etc.

- Provide a holistic service that takes account of the wider health and welfare needs of sex workers to attract them into our services. This may include providing condoms, pregnancy testing and information about safe drug use including safer injecting.
- Advice and information will be given about sexual health, safer sex and blood borne viruses that will include testing and vaccination. Information will be gathered and given about people who have attacked &/or robbed sex workers. Where possible we will work with organisations that provide self defence classes.
- Develop protocols for referral, sharing information and joint working other agencies including genitor-urinary medicine clinics (GUM)
- Work with other projects for sex workers locally and nationally: use other sex workers to publicise our services and provide peer support and education. Local interagency working is essential to keep sex workers healthy and safe this includes both female and male sex workers.

21. Section 7.0 Sub heading c **Weighting 4 Maximum word count of 1000 words**	Referral and Assessment	Please demonstrate how your service will harness family support to aid recovery.

Contractors response:

Inclusion regards the input of families and carers as often crucial in helping the service user engage with treatment and make sustained progress towards recovery. Whilst the support needs of families and carers are important in their own right (these are covered in the method statements at 3B3h), Inclusion will seek to involve a service user's loved ones in their recovery in the following ways:

- All service users will be encouraged to involve their families and significant others in their treatment in order to achieve successful outcomes, except in cases where this is not in the interest of the service user and may hinder their treatment.
- Service users will be asked during assessment for written consent that family members or partners can be involved in treatment and the family members in question will be named on the confidentiality consent agreement.
- The service will provide a welcoming environment for families with information on family support and carers' rights being accessible and visible in reception. Telephone calls to the SPOC by family and carer's will be welcomed and helpful information made available.
- Recovery Mentors will be available at all sites to meet and greet family members and to help build confidence in the family that their involvement is beneficial. Indeed, some family members may wish to volunteer with services following their initial involvement
- The service will provide excellent information around drugs, their use and associated treatment interventions to all families that become involved in their loved one's care. This will take the form of posters, leaflets and pamphlets as well as verbal communication. Our aim is to help families further understand the issues relating to problematic drug use and how treatment interventions will help to facilitate change.
- Inclusion services aim to offer specific family therapies to support families, partners

and carer's to develop strategies for dealing with a loved one's substance misuse. We will train a lead member of staff to facilitate family focussed therapy sessions in a safe, confidential and supportive space. Our aim here is to facilitate better interfamilial communication, improve the participant's knowledge of substance misuse, treatment interventions & associated issues and involve family members in recovery planning.

- The service will also aim to train a member of staff in Behavioural Couples Therapy (BCT). This is one of the psycho-social interventions recognised by NICE. BCT aims to build support for abstinence and to improve relationship functioning among married or cohabiting individuals
- Inclusion will seek to engage family support for service users under going community detoxification, and in the case of Lofexidine home detox, all service users must have a designated carer on hand to help maintain safety. A supportive family environment in the home can greatly increase the chances of a successful detox being completed.
- In consultation and agreement with local commissioners, Inclusion are able to provide Naloxone training for families and carer's who are in contact with someone potentially vulnerable to an opiate overdose. The training will cover the context for Naloxone use, administration and basic first aid principles.

22. Section 7.0 Sub heading c **Weighting 4** **Maximum word count of 1000 words**	Referral and Assessment	Please provide the assessment documentation that the service will use as detailed in Section 7c and describe its application.

Contractors response:

Inclusion's standard approach to the use of assessment and care planning arrangements in any particular locality is to adopt the partnership's preferred tools and utilise them across service delivery. We have a strong track record in this respect and of driving the development of improved assessment and care planning tools following contract transfers.

We will consult with Cambridgeshire commissioners, service users and partner agencies during the implementation phase and are likely to recommend adoption of the pan-Birmingham assessment tool appended to this bid. This assessment tool has evolved through continuous use and improvement in Birmingham services and could be easily adapted for use across Cambridgeshire, although we are happy to adopt a preferred local tool.

Whichever assessment tool is agreed upon, Inclusion's aim will be to establish a service user's current and previous substance misuse and move them into the appropriate recovery pathway. At this stage the assessment process will also seek to identify any further needs requiring onward referral, for example to mental health services. Assessment processes will include initial screening, triage and a comprehensive needs assessment. We will gather information on:

- Why the person has presented at the service and current motivational level
- Current and previous substance misuse including injecting and overdose

- Any previous treatment history including what worked well
- Family, dependents and social circumstances
- Current physical and mental health including
- Psychiatric history
- Risk assessment
- Any special needs
- Accommodation status
- Education, training and employment history
- Treatment Outcome Profile
- Mapping of recovery capital
- Understanding recovery goals and next steps
- Client confidentiality and consent to share information

Inclusion regards information gathering, its sensible interpretation and the identification and prioritisation of need as a key function of the service. We see assessment as a process rather than a one off event. Where joint assessment is required – for example with service users with significant mental health issues – we will work with other agencies to facilitate this. Completing thorough assessments with service users are the basis for developing relevant and challenging recovery plans. All referrals to the Adult Drug Treatment Service will be initially assessed within 5 working days.

<u>Risk Assessment</u>

All service users will undergo a risk assessment as part of their intake into the service. The risk assessment will consider areas of potential risk that include:

- Self-harm and suicide
- Self-neglect
- Violence and aggression
- Fire setting
- Harm or exploitation of others
- Safeguarding of Children
- Mental health issues
- Poly-drug use including alcohol
- Risk taking behaviours

Each service user will have an associated risk management plan in place based on the risk factors indentified. The risk management plan will be reviewed regularly and information shared with other agencies where appropriate.

23. Section 8.0 Sub heading 8.1 **Weighting 5 Maximum word count of 1500 words**	Care Planning	Please evidence what processes will be adopted with regards to care planning and care co-ordination as set out in 8.1
Contractors response:		

Recovery (Care) Planning

Following assessment, we will build, in full consultation with each service user, individualised recovery plans. Recovery plans will be based on:

- Each service user working with a named Recovery Worker
- Utilising Recovery Mentors to support elements of the plan
- The principles of SMART objective setting
- Excellent record keeping
- Regular reviews
- A proactive approach to agreeing the benefits of information sharing
- Personal ownership of the plan by the service user
- Clear, realistic and challenging goals
- The use of mapping techniques to identify recovery goals, blockages and strategies
- On-going emphasis of indentify existing recovery capital and ways in which new recovery capital can be acquired
- Prioritisation of needs across four main domains:
    - Drug & Alcohol Use
    - Physical & Psychological Health
    - Criminal Involvement & Offending
    - Social Functioning

The input of Recovery Workers will be enhanced by our use of Recovery Mentors who will be drawn from those progressing on their own recovery journeys and other volunteers that are identified. Recovery Mentors will be carefully selected, offered training in recovery working, be supervised and co-ordinated by Recovery Workers and support various elements of the recovery plan. It is our intention to have Recovery Mentors available at the start of each service user's entry to treatment and to help engagement through a presence in reception areas and at satellite services.

Recovery Planning Methodology

Inclusion will consult with Cambridgeshire commissioners and service users regarding adopting the approach to care planning currently used in our Birmingham services. Inclusion's Birmingham service has rolled out the use of Birmingham Treatment Effectiveness Initiative (BTEI) node link mapping in its assessment and care planning processes. The use of maps is built on the following:

- Care planning is the process of setting goals and interventions based on the needs identified by an assessment and then planning how to meet those goals with the client. Care planning is a core requirement of structured treatment.
- The ideas and material are the products of extensive research in treatment evaluation and cognitive psychology and were developed as part of the Drug Abuse Treatment of AIDS-Risk Reduction (DATAR) project and other work undertaken by the Institute of Behavioural Research at Texas Christian University (TCU).
- Node-link mapping *is* a visual representation system developed at TCU for helping drug workers and their clients work on issues that arise during treatment. Mapping is an easily learned method of eliciting, representing, and organising information so that relationships between ideas, feelings, and actions can be readily observed and understood.
- Mapping serves two major functions in the keyworking process. Firstly, it provides a visual communication tool for clarifying information shared between client and their worker. Mapping can enhance communication with a client whose cognitive awareness is blunted (due to acute or chronic effects of drugs) and can be used in tandem with whatever therapeutic orientation or style a key worker may follow. Secondly, the regular use of

mapping during keyworking sessions provides a model for systematic and "cause-effect" thinking and problem-solving, which clients begin to adopt (Dansereau, Joe and Simpson, 1993, 1995; Dansereau and Dees, 2002; Czuchry and Dansereau, 2003).

- Mapping skills are best developed through repeated practice. Just as key workers develop their own personal style, those who become comfortable and experienced with the mapping techniques will develop their own unique ways of using this tool. Although mapping may seem complicated at first glance, the system quickly begins to feel familiar and straightforward.
- Novice mappers are encouraged to practice by mapping their own experiences, feelings and thoughts and develop maps for any presentations they may make. In the short term, key workers using mapping with clients can expect at least two measures of success. Firstly, maps should help with problem definition. Maps should systematically highlight issues for the client in terms of causes, consequences and solution options. In this regard, it shares something with solution-focused approaches to working with a client. Secondly, maps should provide easy-to-read summaries of a keyworking session that can be useful both for quick recall of session issues and reviewing a case in clinical supervision.

<u>'Client Compacts'</u>

Examples of client compacts can be found in the assessment and care planning tools we have included with our tender

<u>Transitional Care Plans for Young People</u>

Inclusion will work with CASUS to develop a transitional protocol covering the transfer of a young person's ongoing substance misuse needs from one agency to the other ensuring a seamless service. The protocol is likely to address the timing of referrals, at what age the young person will transfer, individual agency responsibilities, joint working arrangements and how the young person's will be involved in decision making.

Inclusion's suggested protocol outline is:

- In the 6 months before a young person's 19th birthday, CASUS will consider their future care needs including whether transfer to Cambridgeshire Adult Drug Treatment service is appropriate. Are the Young Person's needs best met by other agencies?
- If transfer is appropriate which services will the Young Person require?
- As part of the transition a degree of joint working will be established
- CASUS will make referrals to the Adult Drug Treatment Service accompanied by assessment, care planning and care co-ordination documents. Where referrals are accepted, the adult service will allocate a named Key Worker.
- A three way meeting between CASUS, the adult service and the Young Person will take place to discuss aspects of the transition. During this meeting a formal transfer date will be agreed by all parties. Further three-way meetings will be agreed if particular concerns still exist.

<u>Adult Service Care Co-ordination Arrangements</u>

Inclusion will co-ordinate all service user packages of care in Cambridgeshire to ensure they receive the correct interventions from the correct agency to facilitate effective recovery and re-integration. Care co-ordination will either be:

Standard where:

- Support requirements are modest.
- Any mental health problems are self-managed.

- The individual has a social support network.
- The service user poses little or no danger to themselves or others.
- We have confidence that contact with services will be maintained.

Enhanced where:

- Multiple needs exist dictating inter-agency working.
- A service user engages with one agency in particular but has multiple needs.
- Medication management and compliance is an issue
- Mental health problems are significant.
- Harm to self or others is a possibility
- Disengagement with services is likely.

24. Section 10.0 Sub heading 10.2 **Weighting 4** **Maximum word count of 1500 words**	Aftercare	Please provide a model for Aftercare and ongoing support once a client has completed treatment with service.

Contractors response:

Effective aftercare and on-going support are essential if service users are to maintain their recovery and consolidate gains in health, social functioning and offending behaviour following a structured treatment programme. We see the transition out of structured treatment as a potential risk to many services users; aftercare will therefore offer both the opportunity to address any lapse or relapse issues and provide pathways to independent living and improved social functioning. Our Structured Day Programme has a formal Re-integration & Recovery phase described in detail in method statements 3B3g. However, our generic approach to aftercare accessible to all service users includes:

<u>Relapse Management</u>

To manage aspects of relapse, service users will be able to access ad hoc Interventions that will address:

- Health - education around the health risks of drug and alcohol use.
- Triggers and cycles of use - understand how triggers work and what an individual's triggers.
- Cravings and euphoric recall – we know that triggers usually lead on to cravings and therefore an understanding of cravings and how to manage them is important.
- Learning coping and prevention strategies.
- Anxiety Management
- Self Esteem and confidence building
- Assertiveness
- Positive Thinking

Inclusion will support the provision of complimentary therapies limited to Aromatherapy, massage, Reflexology and Auricular Acupuncture as part and parcel of aftercare services.

<u>Aftercare Pathways</u>

- Mutual Aid & SMART Recovery

Some service users will find long-term benefit by participation in 12 step fellowship groups. We will therefore encourage and host AA / NA meetings at the service or support clients to access 12 step meetings in the community. For those service users unable to engage with the 12 step approach Smart Recovery will be developed. Smart Recovery is a mutual aid movement based on a form of CBT, which developed as an alternative to 12 step based fellowships such as AA / NA. Smart Recovery groups are facilitated by a service user familiar with the approach, initially with the support of a professional but aiming to be freestanding over time. We will support the integration of Smart Recovery groups into the aftercare programme.

The Cambridgeshire service will pro-actively promote pathways into mutual aid opportunities for as many service users as possible. We will do this in a number of ways:

- By ensuring that up to date information about mutual aid groups is readily available in all service locations
- By ensuring that all staff are fully cognisant of the remit of mutual aid groups and actively sell the benefits of such groups to service users during key working sessions
- By encouraging all staff to deepen their own understanding of mutual aid groups through reading, discussion and attendance at local 'open' meetings.
- Wherever practical, to work jointly with mutual aid groups: for example to make service premises available for meetings, to facilitate attendance at team meetings and the share information appropriately in support of recovery and re-integration recovery plan objectives.

- Volunteering

For those successfully completing treatment and who wish to become involved in service delivery there wil be opportunities to volunteer in Inclusion services. Volunteering in the service can be an excellent opportunity to cement the gains made in treatment and contribute to the local community. For many service users, volunteering as part of aftercare can be a major step forward in finding work. Volunteering posts will cover;

  - Needle Exchange
  - 'Front of house' duties in reception areas
  - Social Support & Advocacy
  - Outreach duties
  - Administrative duties
  - Delivery of complimentary therapies (where specifically trained & insured)
  - Involvement in service marketing, open days and partner agency visits

- Education, Training & Employment (ETE)

  - Inclusion will seek to broker in a range of ETE services from providers across Cambridgeshire in support of the aftercare service. This will include
  - learning and support plans with service users
  - provision of on-going individual support
  - access to further appropriate learning
  - identification of employment opportunities
  - Information Advice and Guidance
  - Psychometric testing
  - Labour market information
  - Personal and social development
  - Preparation for work
  - confidence and motivation building
  - CV and interview preparation,

- identifying and negotiating work placements
- positive disclosure training
- Communication and team work skills

- Housing

Secure and comfortable accommodation remains a central issue for those recovering from substance misuse. To this end, the aftercare service will offer general advice and information relating to local accommodation opportunities but will also seek to broker in support from housing agencies including Cambridgeshire County Council's Home Link, Registered Social Landlords and Housing Associations. Our aim will be to support service into decent accommodation where they are in housing need or to help them maintain current tenancies or ownership of property where that has been under threat du to problematic drug use.

- Benefits

We wil ensure that all service users have access to a comprehensive range of advice and information relating to welfare benefits. This will be available from the staff team in general but will be supplemented by specific benefits clinics held in the service by the Citizen's Advice Bureaux. The service will ensure it has excellent relationships with The Benefits Agency to facilitate access and support for our service users.

- Independent Living Skills

The service will offer service users support in a range of independent living skills including; personal budgeting and managing bills, nutritional advice, cooking, accessing leisure and cultural facilities and managing relationships.

25. Section 11.0 Sub heading 11.1 a – k **Weighting 5** **Maximum word count of 2000 words**	Competencies and Training of staff (Provider workforce)	Please demonstrate how you will ensure the delivery of a safe, effective and accessible service for staff and service users.

Contractors response:

Inclusion will ensure that the service is a safe, effective and accessible through the following:

- Employee & Volunteer Compliance with Training and Competency Requirements

All employees and volunteers will be issued with and expected to sign clear job descriptions which will include training and competency requirements. All employees and volunteers will be expected to comply with organisational code of conduct.

- Meeting Occupational Standards.

Registration with a respective professional regulatory body is a prerequisite for many posts. All relevant offers of a contract for employment are dependent upon this. This is supported by a face to face check undertaken by the Recruitment Team where PIN numbers and

qualification checks are undertaken. These are subsequently checked online with the regulatory body for any fitness to practice issues, investigations or warnings. During employment SSSFT has a process in place to check registration in accordance with the professional body requirements. Where an individual's registration is not renewed before expiry then they are removed from practice.

As NHS employees, all Inclusion staff work in roles that are linked to the KSF. The KSF structure allows for an annual cycle or performance appraisal and personal development planning. There are 4 key stages:

Stage 1 - Reviews how the individual is applying their knowledge and skills
to meet the demands of their current post against the KSF Outline for that post and any other objectives required in respect of the post that support team, departmental or directorate priorities.

Stage 2 - Identifies future objectives and learning needs to formulate a Personal Development Plan (PDP) for the next 12 months that will support the individual to gain the relevant knowledge and skills required and clarify priorities and expectations to meet the demands of the role.

Stage 3 - Any learning and development agreed as part of an individual's PDP needs to be supported by the line manager. Where such needs have been identified these need to be reflected and prioritised accordingly in the Department/Directorate training plans to ensure appropriate support is given.

Stage 4 - Evaluate progress towards achievement of objectives, and how the learning that has taken place has been demonstrated in practice.

- Staffing the service with a wide range of professional backgrounds.

Inclusion would inherit an existing staff team from Addaction and Phoenix Futures and in that sense the mix of professional backgrounds in the service will be fixed at the point of transfer. However, over the life of the contract, we will regularly carry out the skill and professional background mix across the service and make adjustments when conditions allow. The most obvious example of this will be to review recruitment requirements as posts within the service fall vacant.

- Ensure that all staff have appropriate knowledge, skills and training appropriate

Inclusion recognises that investment in staff education and training is crucial to providing quality services within a framework of good governance. Inclusion's training strategy is three fold:
1. Mandatory training delivered during induction for new employees and periodic refreshers for existing staff including:

- Fire Safety, Health and Safety
- Workplace Risk Awareness, Manual Handling
- Personal Safety in the Community
- Breakaway, MAPPA Restraint
- Infection Control, Anaphylaxis & Life Support
- Clinical Risk, Adverse Events, Child Protection
- Domestic Violence, Equality and Diversity
- Confidentiality, Data Protection

2. Substance Misuse skills training delivered to all staff including:
- Technical substance misuse training, group-work theory & practice
- Mental Health/Dual Diagnosis, Blood Borne Viruses
- Motivational Therapy , Brief Solution Focused Therapy

3. Professional and role specific training including:
- NVQ Level 4 in Health and Social Care (all recovery workers under go this training)
- RCGP parts 1 & 2, Nurse Prescribing Training, First Line Management Training
- Post Graduate Management Award, BSC & BS Nursing

Inclusion also provides its staff with:
- Coaching
- Mentoring
- E-learning
- Conference & seminar attendance
- Distance Learning

Given the often complex range of needs and changing substance misuse profiles of service users, our staff need to possess a comprehensive array of specific skills to operate as effective workers who are able to sensitively and appropriately challenge service users to change their lives. We will ensure staff possess the ability to accurately assess service users and deliver challenging, service-user led and goal orientated interventions. We will provide on-going training to enable staff to deliver services from a menu that includes an agreed range of psycho-social interventions. We will ensure that staff are able to deal competently with issues relating to the Safeguarding of Young People & Vulnerable Adults and to share information appropriately with other health & social care agencies as required.

Inclusion recognises the diverse personal and professional backgrounds of all staff and will seek to build on those experiences to ensure the deliver of an integrated service model that incorporates a multi-disciplinary staff team. We will support staff from recognised professional groups to maintain registration and umbrella-body links wherever possible at the same time as seeking to recruit staff with personal experience of substance misuse treatment. To this end, we recognise the breadth of treatment philosophies permeating the substance misuse field whilst ensuring that all staff operate to defined competencies and deliver evidenced based interventions.

- Resources for ongoing training needs and professional development.

The budget we have submitted for the delivery of Cambridgeshire Adult Drug Treatment Service includes designated resources for the provision of staff training and development needs. Inclusion services are also supported by SSSFT's Learning & Development team.

- Ensure that there is at all times a sufficient level of staff

We manage sickness absence consistent with employment legislation whilst fostering a culture emphasising a positive attitude towards attendance at work regularly when fit for duty. It is our duty of care to provide a safe and healthy work environment. It is the duty of staff to ensure regular attendance in accordance with their contract of employment.

Supported by Human Resource Advisors, line managers monitor sickness and initiate action on an individual basis when appropriate. They conduct return to work interviews for every episode of sickness absence and return the paperwork to the HR Advisors who monitor individual and team attendance. Employees must keep in regular contact with their manager during periods of sickness absence and must also attend sickness absence review meetings

when requested. Failure to do so without acceptable reason may lead to disciplinary action.

It remains the responsibility of managers to monitor and review employee's sickness absence records for all staff they are responsible for and to initiate action on an individual basis when considered appropriate, with the support of HR Team. Since the introduction of a drive to proactively manage sickness absence, absenteeism has reduced by 5% with a continuing annual downward trend.

To ensure constant service availability Inclusion employs a flexible approach, which includes the following elements that will ensure cover in all normal eventualities:

- Overtime payments to cover sudden short-term absences in exceptional circumstances
- Flexible employment contracts with regard to part-time work and job share arrangements.
- Our own Bank Workers who are offered training and support consistent with permanent staff.
- Agency staff from the Trust's approved list thus ensuring good standards and safe practice.
- Trained volunteers, to take on tasks that can free up workers to provide core service, for example a volunteer performing reception and administration tasks.
- A network of peer Recovery Coaches to support service users at all times including when the service is under pressure.

- Appropriate Supervision Arrangements

Supervision is a tool routinely used across Inclusion services and this ensures that staff performance is managed effectively on a day to day basis. Supervision also ensures that our investment in staff training results in consistent best practice through embedding learning during supervision sessions. Inclusion provides line management supervision, clinical supervision in groups or individually, and professional supervision, where doctors are employed.

Line Management Supervision - During the probationary period for new employees supervision is offered weekly based on need. Following a successful probationary period, line management supervision is mandatory and on a monthly basis. Line management supervision notes are kept, agreed and signed by both the manager and staff member. Line management supervision is linked to the NHS Knowledge and Skills Framework annual performance appraisal and review. Performance appraisal reviews previous activity, provides an opportunity to reflect on performance, identify areas for improvement, develop the next work plan and agree training needs for the following year. Completion of training requirements must be evidenced and monitored within supervision sessions.

Clinical Supervision - Inclusion sees clinical supervision as a critical element in the provision of safe and accountable practice and fundamental to safeguarding standards. Clinical supervision is a confidential process between supervisor and supervisee which adheres to the principles of professional codes of conduct. When embarking upon a supervisory relationship, a contract is agreed between the supervisee and supervisor. Clinical supervision is a minimum of one hour a month with flexibility built in consistent with need.
Inclusion's approach to staff supervision is one of accountability, development and support. When provided in effective supervisory relationships these elements can contribute significantly to improved performance, job satisfaction and staff health & wellbeing.
- *Accountability* – all staff work towards activity and outcome targets. Our approach is to

make clear and agree such targets so that all staff has confidence in what they are doing and why. Inclusion's experience is that a lack of clarity over work expectations is unhelpful and undermining for staff.
- *Development* – when staff learn new skills or enhance existing ones, the sense of achievement can add greatly to job satisfaction which ultimately results in a better service for clients. Consequently, all Inclusion staff agree areas for professional development in supervision that dovetail with service and contractual requirements.
- *Support* – Inclusion recognises that working in health and social care environments is both rewarding and often very challenging. With this in mind, supervision sessions allow space for staff to check out the emotional and physical stress they may be experiencing and find strategies for dealing with these.

- Safeguard Children Training

All Inclusion staff will be expected to attend Level 1 Safeguarding Children training provided by Cambridgeshire LCSB. Some staff will also attend Level 2 training as necessary.

- Opportunities for Volunteers, Overseen by a Volunteer Coordinator.

Inclusion's proposal for providing opportunities for volunteer and Recovery mentor involvement are described in details in method Statements 28 and 29 below.

- Criminal Records Bureaux (CRB) Checks

Throughout the duration of employment, all employees are contractually obliged to declare to the Trust any criminal convictions, cautions, reprimands or final warnings received whilst they are employed. Employees are also required to declare if they are the subject of a Police investigation, in the UK or abroad.

SSSFT has a centralised recruitment system and is compliant with the NHS Employment Check Standards which ensures compliance with UK employment legislation. The NHS has developed these checks with the Department of Health and NHS Employers and they are mandatory for all types of employment within the NHS including those directly employed and those engaged via an Agency or through Contract arrangements. There are 6 standards which cover, verification of employment history and references, qualifications and professional registration, criminal records checks, right to work in the UK, occupational health and verification of identity. Compliance with these standards is monitored via assessment and inspections by the Care Quality Commission and the NHS Litigation Authority.

During the implementation phase Inclusion will consult with all staff transferring under TUPE. One of the likely 'measures' applied will be the requirement for members of staff to under go new CRB checks as legislation existing disclosures to be transferred to a new employer. Pending completion of the new CRB checks, Inclusion will conduct CRB risk assessments on all transferring staff to provide additional assurance.

26. Section 11.0 Sub heading 11.1 a – k **Weighting 4** **Maximum word count of 500 words**	Competencies and Training of staff (Provider workforce)	Please demonstrate and detail to what extent this service will be provided by your own staff and facilities.

Contractors response:

Inclusion intends to provide the vast majority of services delivered by Cambridgeshire Adult Treatment Service through its own employees and volunteers. Exceptions to this include:

- Seconded Social Workers
- Clinical waste collection services
- Sessional doctors providing discrete clinical sessions
- Mainstream agencies providing advice and information 'clinic' with the service such as welfare benefits, housing advice, Education, Training & Employment (ETE) opportunities
- NA, AA and SMART Recovery volunteers

As per our accommodation strategy we intend to operate 3 Service Hubs
- Mill House, Brookfields Hospital Site, 351 Mill Road, Cambridge, CB1 3DF
- 7-8 Market Hill, Huntingdon, PE29 3NR
- The Former Council Offices, Church Terrace, Wisbech, PE13 1BW

And 2 Satellite Service Locations
- Central Hall, 52-54 Market Street, Ely, CB7 4LS
- 1st Floor offices, Cross Keys Mews, Market Square, St. Neot's, PE19 2AR

Inclusion intends to fully support and continue the delivery of services at:

- Cambridge Access Surgery, 125 Newmarket Road, Cambridge, CB5 8HB

Inclusion will look to secure access to space at a range of community venues across the county in St.Ives, Chatteris, March, Eemaus, Yaxley and Stanground. Elements of the Structured Day Programme will be operating at community venues away fro treatment service sites. We anticipate being able to secure access to clinic space at existing LES practices and to negotiate space at new practices willing to work with the service as Shared Care develops.

27. Section 11.0 Sub heading 11.1 a – k **Weighting 5** **Maximum word count of 2000 words**	Competencies and Training of staff (Provider workforce)	Please demonstrate how the service will ensure that staff will be recovery focussed, for both new staff and volunteers, as well as existing staff who may be more 'maintenance' focussed.

Contractors response:

Inclusion is an organisation committed to the ongoing learning and development of its staff and volunteers. We believe that to ensure all our recovery interventions are delivered by

well trained staff and volunteers who are able to be creative and innovate, the organisation must provided the appropriate training, supervision and appraisal in a learning culture. This means that staff and volunteers must feel that they are supported by Inclusion managers and the wider Trust and have confidence that they are able to acknowledge when mistakes are made so as to ensure individual and organisational learning opportunities are maximised. Inclusion is clear that when a culture of blame pervades, staff can become quickly demotivated and unwilling to innovate in their roles.

Inclusion's approach to recovery is built upon some other key beliefs:

- We believe that drug \ alcohol users have rights and responsibilities: it is our task to be an advocate for the rights of alcohol users and to empower them to take responsibility for their recovery. Everyone is capable of change.
- We believe we should offer a non-judgmental service, which is accessible to all irrespective of age, gender, religion, ethnic origin, social class, disability or sexuality.
- We believe that the most effective means of delivering services to drug users is through the collaborative working of all relevant agencies. To this end we see it as crucial to understand how all agencies see their function and work towards creating effective multi-disciplinary partnerships.
- We believe in the need to consult with service users at every level of service development and provision. All our services incorporate various involvement initiatives.
- We believe that working with drug users in the community and in custodial settings can be challenging for staff. To maintain motivation it is the duty of the organisation to provide effective support, supervision and training.

Inclusion will ensure that a recovery-focussed staff team is developed across Cambridgeshire through a range of initiatives:

- Strong leadership starting at the point of consultation and transfer with staff subject to TUPE or for those recruited to any vacancies. Our aim is to win the hearts and minds of new staff and have them buy into our reintegration and recovery vision.
- Excellent supervision and objective setting in support of reintegration and recovery
- Tailored learning and development for all members of staff particularly around the delivery of psycho-social interventions.
- Individual performance management and additional support for those members of staff struggling to make the transition to a recovery orientated culture.
- Inclusion also intends to establish a Recovery Practice and Quality Assurance post within our staffing structure. We see this role as crucial in supporting the Cambridgeshire Service Manager in developing a recovery culture. The role will be responsible for an initial 'recovery audit' of the inherited service, followed by a programme of practice observation that feeds into staff supervision. Findings from the recovery audit and staff observations will contribute to an overall training needs analysis and subsequent delivery of a comprehensive training programme that will enhance reintegration and recovery outcomes.

<u>Peer-led Reintegration & Recovery</u>

Alongside our workforce learning and development initiatives designed to establish a recovery focussed service Inclusion are committed to developing a peer-led approach to service delivery and development in Cambridgeshire. We are convinced that recovery in local communities is more likely to succeed when those prospering and graduating from drug treatment are visible to people coming to terms with addiction and dependency.

To this end we will seek to establish a network of Recovery Mentors with an active interest in supporting local recovery. Training in supporting people through drug treatment and on recovery journeys will be given to Recovery Mentors along with opportunities to have learning recognised with formal qualifications where possible. Recovery Mentors will be offered support and supervision with clear links to the objectives contained in individual recovery plans.

Recovery Orientated Prescribing

In Inclusion's experience, the key to ensuring that prescribing modalities facilitate recovery is for pharmacological treatments to be delivered alongside psycho-social interventions. The days when community drug teams operated solely as prescription management services should now be long gone. Our own, and our service user's expectations are now much higher and consequently, our services have adapted their approach to facilitating recovery. In essence, it is not so much what is prescribed rather that prescribing is only one part of a service user's recovery plan.

Facilitating recovery, including prescribing interventions, starts when a service user first makes contact. In Cambridgeshire, Inclusion will recruit and train Recovery Mentors to help engage service users from the moment they first walk through the door. We know this works well via feedback from service users elsewhere. Recovery Mentors will help to make service users feel at ease and understand what the service can offer, what rights and responsibilities each service user has and what happens next.

Facilitating recovery will then form the basis of our approach to assessment and recovery planning. As well as gathering all the necessary conventional information from service users at assessment stage, we will also begin the process of understanding the recovery capital that each service user already possesses and use this to prioritise need and build a recovery plan that is goal orientated and challenging. We will utilise BTEI mapping tools throughout assessment, recovery planning and on-going interventions.

For many service users, prescribing is still likely to feature as an important component of their recovery plan. However, our commitment is to ensure that prescribing is *never the only intervention* of any service user's package of care. We will ensure that all staff are equipped with a practitioner's tool box that includes a broad range of interventions including harm minimisation, Motivational Interviewing, Brief Interventions, BTEI mapping tools, group work facilitation skills and the ability & commitment to facilitate links to mutual aid. In this way, we will seek to identify and harness the recovery capital that each service user brings and build pathways that support re-integration.

Community Detoxification

Inclusion is committed to develop and expand the use of community opiate detoxification across Cambridgeshire. Our local research suggests that this as an underdeveloped pathway that is restricting opportunity for service users in their recovery. Our intention will be to offer Methadone, Subutex and Lofexidine detoxification options. Each service user would be offered an individually tailored detox medication plan.

Action Research at a Service Level

Service providers across the substance misuse field quite rightly seek to develop a culture of continuous improvement, manage service performance and wherever possible involve service users in development and innovation. However, action plans and aspirations to include service users can often be nebulous. To address this issue and to ensure ideas are really applied, Inclusion has developed an *Action Research* approach. Action Research is a

term used to describe the process whereby research techniques such as survey design, analysis of qualitative data and statistical techniques are used to provide answers to the practical questions that arise in service delivery.

The primary purpose of Action Research is to solve an immediate issue rather than contribute to theoretical knowledge, although the latter is often a useful further consequence of the approach. Inclusion will seek to utilise Action Research to improve the quality of service delivery of the Cambridgeshire service.

The Action Research process involves:

- Identifying the issue at hand
- Brainstorming potential solutions involving both staff and service users
- Gathering base line data before any ideas are deployed
- Prioritising the best suggestions
- Collecting data in the light of the changes made
- Reviewing the impact of changes made

In this way, Action Research provides:

- A way of embedding continuous improvement in services
- Collaboration between staff and service users in the process: success is more likely than a top down process of performance improvement.
- Staff and service users learn new skills
- Improvements to service delivery.

During the contract implementation phase, Inclusion will audit the transferring service, identify areas for improvement and apply an Action Research approach. Service improvements will be measured and made available to commissioners.

28. Section 11.0 Sub heading 11.1 j **Weighting 4** **Maximum word count of 1000 words**	Competencies and Training of staff (Provider workforce)	Please detail the programme that the service will use for the training, recruitment and development of a volunteer workforce.

Contractors response:

Inclusion is fully committed to recruiting, training and developing volunteers as an integral part of services in Cambridgeshire. Our parent Trust has a long history of encouraging and facilitating volunteer involvement and Inclusion itself, as a provider of substance misuse services, has a strong believe in the ability of volunteers to improve service delivery and contribute to service development. We also understand that building volunteering opportunities into our service design helps to increase the degree of localism and contributes to ensuring that what we offer will meet local needs. In terms of recovery, utilising volunteers, some of who may have graduated through our Mentor programmes, provides an excellent and visible incentive for service users to make their own positive changes and

move away from substance misuse.

For those successfully completing Recovery Mentor placements and for the general public there will be opportunities to volunteer in the Cambridgeshire services. Inclusion's approach to volunteering includes:

- Pre-recruitment screening interview to assess suitability and outline roles

All potential volunteers will take part in an initial screening session with the Cambridgeshire Volunteer Co-ordinator. This will allow Inclusion to screen out any people who are clearly unsuitable and for potential volunteers to understand what the role entails and their commitment as a volunteer. Pre-screening sessions are likely to be held at regular points during the year and will be held at Adult Drug Treatment sites across the county. We will ensure that active volunteers are on-hand to relay their experiences to potential recruits. We will advertise widely for volunteers in public places, other agencies and the local press.

- Structured interview and CRB checking

For those potential volunteers who complete pre-screening successfully, a formal interview and Criminal Records Bureaux checks will be carried out. The applicant will also be asked to provide two character references as part of the process. The structured interview will be carried out by the Volunteer Co-ordinator and a member of the wider service to increase awareness of volunteering matters across the staff team. The interview will include questions relating to personal conduct and 'what-if' scenarios that scrutinise an individual's judgement when faced with challenging scenarios.

- Completion of Inclusion Volunteer training course & on-going training

Once interviews have been successfully completed each new recruit will take part in Inclusion's initial 3 day volunteer training programme. Inclusion will aim to deliver this programme on six occasions annually across Cambridgeshire. The training course will include session on:

- Role of the Volunteer & Volunteer Contract
- Basic Drug & Alcohol Awareness/ Harm Minimisation
- Supervision & Support
- Communication Skills
- Group Work Skills.
- Motivational Interviewing
- Assertiveness
- Volunteering in Support of Recovery Goals
- Safeguarding
- Managing Challenging Situations.
- Equality & Diversity
- OCN/NVQ Orientation

- Placement in an Inclusion service

Once the Volunteer has completed the initial training programme, a placement will be agreed within one of Inclusion's Cambridgeshire services. Our expectation of all volunteers is that they will be available in their placement for a minimum of 4 hours per week, for a minimum time span of 6 months Inclusion services offer a range of volunteering opportunities including:

- Needle Exchange
- 'Front of house' duties in reception areas
- Social Support & Advocacy

- Outreach duties
- Administrative duties
- Delivery of complimentary therapies (where specifically trained & insured)
- Involvement in service marketing, open days and partner agency visits

On-going learning and development will be important for all volunteers. Inclusion volunteers will all agree an individualised training programme in support of their development. Volunteers will have access to the same internal training programmes available to Inclusion staff and where resources allow, bespoke external training course will be provided.

- Regular supervision and support from the Volunteer Co-ordinator

Once the Volunteer has taken up their placement in a Cambridgeshire service they will receive on-going supervision and support form the Volunteer Co-ordinator. Inclusion's approach to the supervision of volunteers will include:

- Accountability – is the volunteer carry out their tasks competently, safely and on time? Is relevant documentation being completely properly? Are local health and safety procedures being followed? Is the volunteer building effective relationships with service users, colleagues and partner agencies?
- Development – supervision will consider how current skills, knowledge and performance can be improved through further training, e-learning, shadowing and mentoring from colleagues.
- Support – Inclusion will ensure that all volunteers feel supported in their roles. Supervision is an important opportunity for all volunteers to discuss how they feel in relation to their roles and feedback on how the volunteering programme can be improved.

- Opportunities to enrol on Open College Network and NVQ qualifications.

Volunteers will be encouraged to enrol on an Open College Network (OCN) accredited learning package at Level 2/3 in Volunteering with support from an in-house Assessor, who will assess a volunteer's OCN evidence against unit criteria & learning outcomes. For most volunteers, a placement in one of our service locations will be viewed as a stepping stone to paid work either in the health and social care field or the wider labour market and as such formal evidence of learning is important.

- Sessional Work within Cambridgeshire Services

Inclusion will from time to time recruit sessional workers to meet temporary workforce gaps brought about through long term sickness absence or other unforeseen circumstances. An excellent way to fill such gaps is through the recruitment of sessional workers. Volunteers working in Cambridgeshire services will be well placed to apply for such roles having developed local knowledge and familiarity with working practices through their placements.

29. Section 11.0 Sub heading 11.1.1 a – h **Weighting 4** **Maximum word count of 1000 words**	Competencies and Training of staff (Recovery Mentors)	Please demonstrate how the service will develop a programme of Recovery Mentors to ensure support and safeguarding mechanisms for both mentor and mentee.

Contractors response:

Inclusion's approach to Recovery Mentoring is to provide a supported learning opportunity for current, stable service users to access an accredited mentor training programme combined with practical experience through a specific placement in an Inclusion service. Recovery Mentors are a valuable asset in Inclusion services as they bring by definition, similar experiences to others in substance misuse, offending behaviour, and homelessness. Recovery Mentors can offer experience of ppersonal change, achieving success from treatment programmes and sustaining changes.

Clearly, it is crucial that prospective Recovery Mentors can demonstrate a level of stability to ensure their readiness to participate. Inclusion understands that many people with experience of treatment services will want to 'give something back' and for some this will include going onto employment in the health and social care fields. For the majority of Recovery Mentors however, a move into education, training and employment opportunities will arise outside of the substance misuse treatment arena.

Inclusion will develop a Recovery Mentor programme across Cambridgeshire during the first 6 months of service delivery. The Recovery Mentor programme will be comprised of the following key features:

- A clearly articulated Recovery Mentor pathway

Inclusion will develop and publicise a Recovery Mentor pathway for Cambridgeshire so that service users can understand;

  - A degree of stability in treatment is required to become a Mentor
  - That all potential Mentors must complete a thorough training programme and engage with all aspects of it
  - Robust risk-assessment of all potential Mentors will take place
  - That following the training, each Mentor will take part in a structured placement in one of the Cambridgeshire services
  - That each mentor will receive on-going supervision and support from a named member of staff
  - That all Mentors will be encouraged to undertake an OCN accredited learning package at Level 2/3 in Mentoring/Drug Treatment
  - That all Mentors are expected to take part in group support meetings on a regular basis
  - Successful completion of a Mentor placement and further progress in treatment can lead to full volunteering and other Education, Training & Employment (ETE) opportunities

- Risk Assessment of all potential Mentors

To safeguard potential Mentors, their future Mentees and the wider organisation, a risk assessment will be carried out. This will include:

- Offending history and current status in the CJS if applicable
- Previous drug use and current treatment status
- Any relevant health concerns
- Accommodation status
- Existing relationships with other service users
- On-going support needs

- 12 week Recovery Mentor training package

Inclusion will develop and deliver its 12 week Mentor training programme at least 3 times annually across Cambridgeshire. The programme will be delivered by the Volunteer Co-ordinator and include modules covering;

- Role of the Mentor & Mentor Contract
- Basic Drug & Alcohol Awareness/ Harm Minimisation.
- Supervision & Support
- Communication Skills
- Group Work Skills.
- Motivational Interviewing
- Assertiveness
- Mentoring in Support of Recovery Goals
- Safeguarding
- Managing Challenging Situations.
- Equality & Diversity.
- OCN/NVQ Orientation

- Mentor Role Descriptions

All Mentors will have a written role description covering role purpose, specific tasks and duties, expectations, placement details and Mentor Contract.

- 3/4 month Recovery Mentor placements

After the training programme has been successfully completed, each Mentor will be placed in one the Cambridgeshire services. The range of tasks will include 1:1 support for service users new to treatment, those having lapsed or in support of specific recovery goals, joint groupwork facilitation, outreach along side paid staff to 'hard to reach' groups, and advocacy support. Mentors will also be able to lend support to Service User Involvement initiatives such as leading user forums or user feedback.

- Supervision and involvement in group support meetings

Each Mentor will be assigned to a named member of staff based where the placement is taking place. The named supervisor will be on hand to offer day-to-day advice and support. Each Mentor will also receive regular structured supervision and meaningful feedback on their placement progress. Any concerns with a Mentor's performance will be discussed during supervision with the Volunteer Co-ordinator informed of any substantive matters. There will be regular group Mentor meetings that all Mentors will be required to attend covering good practice issues, on-going peer support and information giving.

Mentors have, by definition, experienced problems with drugs. Inclusion recognises that there is always the possibility of relapse for Mentors during their placements. Risks that were identified during the initial Mentor recruitment phase will be monitored regularly in supervision. Our main objective is to enable Mentors to remain engaged in their placement. However, should risk levels increase to a point where it is deemed inappropriate or unsafe for a placement to continue, the Mentor will be withdrawn and their own treatment package re-assessed. Once stability returns the Mentor will be able to re-join the programme.

- Enrolment on accredited learning package

Mentors will be encouraged to enrol on an Open College Network (OCN) accredited learning package at Level 2/3 in Mentoring/Drug Treatment with support from an in-house Assessor. Inclusion's experience is that Mentoring placements are all the more effective in the long term if learning is embedded through study, formally recognised and appropriately rewarded.

- Successful completion of Recovery Mentor placement

Once the Mentor placement has been completed the Mentor's performance will be assessed by the named Supervisor and the Volunteer Co-ordinator. Successful completion of the Mentor placement will allow the Mentor to progress to wider volunteering roles with the Cambridgeshire service and lend weight to the individuals access to other ETE opportunities

- Graduation Ceremonies & Trust Awards

As valued members of services, Inclusion Recovery Mentors will have their success recognised. All Recovery Mentors successfully completing their placements will be invited to regular graduation ceremonies held at locations across Cambridgeshire to receive award certificates. Staff, partner agencies and commissioners will all be able to attend graduations. Recovery Mentors will also be considered for Trust awards along side paid staff and volunteers.

30. Section 11.0 Sub heading 11.1.2 a – i **Weighting 3** **Maximum word count of 500 words**	Competencies and Training of staff (Social Workers)	Please evidence what mechanisms are in place to support the integration of social workers within the service.

Contractors response:

Inclusion and SSSFT fully support the secondment of Social Work staff to the Adult Drug Treatment Service from Cambridgeshire County Council (CCC's) Adult Social Care Team. We support the concept of a multi-disciplinary approach to substance misuse services and will ensure integration mechanisms for Social Work staff are agreed and actioned. During implementation following contract award, Inclusions Implementation Manager will negotiate a secondment agreement with CCC and move to secure the secondment of 3 full-time Social Workers to be in place by contract start.

SSSFT has previously successfully integrated Social Work staff into mental health service provision through a partnership agreement under Section 75 of the NHS Act 2006. This involved the TUPE transfer of 70 staff and the subsequent re-organisation of management structures to support Social Workers and social care staff as per the code of conduct for employers of Social Workers as published by the General Social Care Council. As part of the management re-structuring SSSFT appointed a social care professional lead who sits on the Foundation Management Team (FMT) and who plays an important role in SSSFT's governance structures. SSSFT is also sponsoring eligible staff on the Open University Graduate Social Work course, and with the appointment of a Social Work Advanced Practitioner at Band 8a has established a clear career progression for social care and social work staff.

To ensure that seconded Social Workers (SSW's) are fully integrated in Cambridgeshire Adult Drug Treatment Service Inclusion will:

- Ensure that all SSW's have access to work place resources including keys, Information Technology, telecommunications, stationary and all other reasonable facilities to carry out their duties

- Ensure that all SSW's are given adequate inductions in respect of use of premises, on-site Health & Safety and operational policies & procedures. Inclusion will ensure that all service related information sharing protocols include the role of all SSW's.
- Ensure that adequate time is allowed for SSW's to take part in CCC's professional development, supervision processes and to access necessary training courses. Inclusion will make SSSFT and other training course accessible by Cambridgeshire staff available to all SSW's.
- Ensure that all SSW's are supported on a day to day basis by providing a named on-site proxy Supervisor available for case discussions, advice and information.
- Ensure that SSW's play a full role in the delivery of services by comprehensive provision of relevant information including role clarity and responsibilities, attendance at team meetings and involvement in service planning & development initiatives
- Ensure that all staff working within Cambridgeshire Adult Drug Treatment Service are briefed by SSW's regarding relevant legislation particularly in relation to the Community Care Act, Child & Adult Safeguarding and Human Rights. We will provide opportunities for this at team meetings, through staff bulletins and through co-working of service users.
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31. Section 13.0 Sub heading a – c **Weighting 5**	Policies, Protocols and Written Strategies	Please provide copies of all policies, protocols and strategies as set out in Section 13.0 a – c

Contractors response:

The following Policies and Procedures have been provided:

- Child protection
- Safeguarding
- CAF
- Complaints
- User involvement
- Information sharing
- Confidentiality
- Drugs and alcohol in the workplace
- Lone working
- Exclusions from the service
- Maximising access to underserved / socially excluded groups
- Social care
- LSCB
- Domestic Violence
- Dual Diagnosis
- Adult Safeguarding

32. Section 13.0 Sub heading 13.1 **Weighting 5** **Maximum word count of 2000 words**	Policies, Protocols and Written Strategies (Clinical Governance)	Please describe what the Clinical Governance arrangements will be for the service.

Contractors response:

Clinical governance is the system through which Inclusion and our parent body, South Staffordshire & Shropshire NHS Foundation Trust (SSSFT) is accountable for continuously improving the quality of its services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish. Inclusion have built our approach to Clinical Governance on the Seven Pillars incorporated in Standards for Better Health (Department of Health 2004 – Update 2006)

1. Service user focus.
2. Risk management/safety
3. Clinical audit
4. Staffing and management
5. Education and training
6. Clinical effectiveness
7. Use of information

Whilst the framework for clinical governance remains in place, Standards for Better Health has now been replaced by the essential standards of quality and safety set out by the Care Quality Commission (CQC). These consist of 28 regulations (and associated outcomes) that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

As NHS providers we comply with the essential standards, which focus on the 16 regulations (out of the 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care. We produce documented evidence that these outcomes are met. This is co-ordinated centrally at SSSFT and all Inclusion services must provide the required evidence of compliance. All new services are separately registered and must satisfy the CQC requirements for NHS trusts.

Inclusion recognises that clinical governance can be complex in drug & alcohol treatment, crossing over as it does the fields of social care and criminal justice. This requires a clear understanding of partner agency roles and working arrangements based on mutually agreed protocols that are bench marked against national standards e.g. CQC standards, NICE Guidelines.

Good governance is based on a number of factors; the expertise of our staff, learning from past experience and new thinking, evidenced based practice; focus on service user's needs, including service user's perspectives and robust clinical audit to constantly monitor

effectiveness.

Strong Service User Involvement Ethos

A general overarching principle, enshrined in the Clinical Governance Pillars and guidance is that service users are involved and participate in services, which are provided for them. Our approach includes:

- Providing service information in an appropriate manner/format.
- Access to complaints procedures whilst also providing full support throughout the complaint process.
- Displaying a charter of service user rights and responsibilities.
- Full involvement with recovery planning, ensuring that their needs are represented, documented and that treatment outcome goals are mutually agreed.
- Periodical satisfaction surveys, with full feedback given of the results.
- Comments book, suggestion box and 'your shout our shout board', availability.
- Closely working with service user groups and representatives, including BME/diverse groups.
- Regular service user meetings and events
- Direct involvement in recruiting staff, developing literature
- Direct involvement in the meeting cycle, with policy development and at strategic level.

We have found that involving service users directly leads to fresh creative outcomes; we also know that it is essential to provide support, training and expenses to promote empowerment. We have developed a service user involvement strategy which provides the framework for all our services to maximise the engagement, involvement and utilisation of service users in the development and delivery of our services. Feedback is essential even when the feedback is contrary to suggestions made. Involving service users in promoting and developing good clinical governance within our services is about 'partnership'; to be meaningful and genuine the process must include negotiation and compromise.

Inclusion takes sound governance in health promotion extremely seriously. Our client group can be high risk and include those living in poor environments, sex workers, poly drug users, the street homeless and recidivist offenders with substance misuse problems. Many use excessive amounts of alcohol/drugs, often of poor quality due to adulteration. They engage daily in high risk behaviour, which can lead to serious infections, illness and premature death. Our service model is based on 'recovery' principles: on the pathway to recovery/abstinence we work to reduce the harm caused by problematic substance misuse to individuals and to communities.

We work consistently and collaboratively with partners, from all disciplines, to promote healthy living behaviour to reduce the spread of infection. Through our health promotion strategies we seek, not only to raise awareness of the negative consequences of substance misuse and how to minimise those consequences, but to also reduce the recruitment of new users.

Sound governance, given the nature of our work, requires being ambitious about full involvement with local health promotion initiatives within our geographical areas of operation. Effective exchange of information is vital to highlight potential areas of concern and emerging difficulties. By appropriate information sharing, we will make a valuable contribution by

bringing our specialist knowledge and experience to planning and action arrangements to community based health promotion strategies.

Clinical Effectiveness

We incorporate NICE Interventional Procedures, which seek to standardise good practice and cost effectiveness, into our everyday practice simply as a matter of assuring we provide effective and safe evidence based interventions. This is not possible unless we are aware of NICE guidance and procedures. Similarly medical assessment, prescribing practice and review is based on Drug Misuse and Dependence – Guidelines on Clinical management (DH 2007)

An example of working to NICE guidelines is that their research clearly shows that Buprenorphine/methadone treatment is best delivered when supported by Psycho/social interventions applied at the same time. This also supports the reintegration and recovery agenda.

NICE Technology Appraisals are based on sound evidence of the benefits of an intervention in the broadest sense. This includes the impact of interventions on a service user's quality of life and on specific recommendations for defined groups. This gives us confidence in the treatment we apply and methodology used. It is the basis of good governance.
Line managers are tasked with keeping staff informed of existing and new national guidance by incorporating clinical briefings as a standard team meeting agenda item. If new training is required, we incorporate it into individual staff annual appraisal and training review. We monitor compliance by regular supervision, file audit, observed practice and performance improvement plans for staff whose work falls below standards.

We also ensure that our agency is compliant with good practice by regular review of policies and procedures, consistent with NTA and CQC guidance and recommendations.

Service managers are responsible for performance improvement, action planning, implementing and monitoring effectiveness within their area and scope of responsibility. Compliance is reviewed on a regular basis by the Community Services Manager who is Inclusion's named Clinical Governance Lead who reports to the Director.

Clinical Audit

Reviewing and implementing clinical procedures and standards consistent with the Orange Book, NICE and Public Health guidelines is a vital element of effective service delivery. Inclusion is required by the Trust to produce a forward programme of clinical audit activity at the start of each financial year. This is informed by requirements in relation to the National Service Framework, national guidance, risk management issues and learning from complaints.

All clinical and non-clinical staff including doctors are expected to actively participate. Data collected must be accurate and of good quality to inform the audit. An audit has no real value unless the findings are followed through with improvements made and sustained. Audit results are shared with commissioners and partner agencies where changes made could impact on their areas of responsibility.

Development of action plans to implement audit recommendations are drafted which states the:

- Desired action required
- Dates for individual strands to be completed
- Named person charged with responsibility
- Mode of reporting progress
- Evidence that demonstrates that change has been implemented
- Processes that need to be built in to sustain the audit recommendations.
- Overall target date for completion.

The process is overseen by our Clinical Governance lead who reports to Inclusion's Director and the Trust's Clinical Audit Team.

Changes to systems and practice require full staff participation. Change can be difficult for some; we make every effort to retain motivation and fully share the audit findings.

An important part of the clinical audit cycle is to ensure that the learning is disseminated throughout our services and that service user opinion is sought about their perspective of the impact on their treatment.

The Care Quality Commission (CQC) requests all NHS organisations assess their performance against the Department of Health's 28 Standards and to declare this information publicly. We are subject to CQC inspection, which is a further powerful measure to ensure good standards.

Staff/Management/Education/Training

Staff are the most important resource we have: all strands of clinical governance are dependent on the standard of staff performance. Supervision is the tool we use which ensures performance is managed effectively on a day to day basis and that investment in training results in consistent best practice. We provide line management supervision, clinical supervision in groups or individually and professional supervision.

Line managers have responsibility to enable staff to undertake one form of clinical supervision, which best suits their clinical development needs, and ensure protected time for them to attend. Post the induction period for new employees when supervision is offered weekly based on need, line management supervision is mandatory and on a strict monthly basis.

Line management supervision is linked to the NHS Knowledge and Skills Framework annual performance appraisal and review. Performance appraisal reviews past activity; provides an opportunity to reflect on performance, identify areas for improvement, develop the next work plan and agree training needs for the following year. Completion of training requirements must be evidenced at monthly supervision.

Incidents of poor performance are subject to performance management with clear a clear timed plan agreed for competency to be achieved. Additional training and supervision is offered. If improvement is not achieved redeployment or dismissal is initiated.

33. Sections 14.0 and 15.0 **Weighting 5** **Maximum word count of 1000 words**	Data Collection Requirements/Monitoring and Review	Please demonstrate how data monitoring requirements will be met with consistent and robust data.

Contractors response:

As a current provider of drug services, Inclusion is fully compliant with the monitoring requirements as laid out in the National Drug Treatment Monitoring System (NDTMS). Our services are fully compliant with the monthly monitoring requirements TOP. As an organisation we fully understand the importance of evidence based practice supported by strong performance management systems.

Our community services currently use the HALO system. As well as being compliant with all national monitoring requirements the system also acts as a client casework record. The system is adaptable enough to provide the detailed reporting required by NDTMS as well as providing individual workers with reminders for TOP reviews and completions.

Upon contract award and during implementation, prior to the start of service delivery, Inclusion will work with Cambridgeshire commissioners, the HALO system provider and SSSFT's Health Informatics Service to ensure that the system as deployed locally meets all the reporting requirements set in the tender specification. Training would be provided to staff that were not familiar with the HALO system and any client records that need to be transferred onto the system would be migrated or inputted as necessary.

Inclusion has a range of measures to ensure the accuracy of the data. Within the staffing structure we have included an administration staff with a Data Lead included. Their primary responsibility will be to ensure that the client records are up to date and that the data produced from these records is accurate. Inclusion has ensured that this type of post forms part of all our community teams. In the process we have seen both the quality of client records and the accuracy of performance management information improve. We would see this post as key within the proposed staffing structure.

There are a range of other methods that we will have in place to ensure the robustness of data monitoring and reporting. All staff will be provided with training and regular refreshers on how to use the HALO system. The data output is only as good as the input and all staff will need to be competent in their use of the system. The data lead will undertake regular checks of client's records to ensure that they are up to date and accurate. If individual workers are struggling with the inputting; this will be raised with their line manager to discuss with them in supervision. If additional training is required then this will be provided. If the data inputting does not improve this will be dealt with as a performance issue through the performance management process.

The HALO system produces the data for the monthly returns to NDTMS. These will be checked by the data lead and signed off by the service manager before uploading. TOP returns will be collated via the administration team, new referrals will have a TOP form completed at the assessment stage and HALO provides a reminder to workers when a TOP review is required. HALO will not allow a client record to be closed unless a TOP form is completed.

Data accuracy is everybody's responsibility. Within individual line management supervision the quality of the electronic records and data recording will be discussed with each individual worker; data is used as a management tool. Performance management information is a standing agenda item at team meetings and at Inclusion manager's meetings. As well as reporting against the targets in the service specification and against NDTMS, the Cambridgeshire service will also have to report to Inclusion senior managers.

As well as the areas laid out in the service specification there are a number of additional areas that could be reported against. Below are some examples,

- The geographical area of referrals based on postcode – This would help to identify areas of most need and would help to target services at particular hotspots and diverse groups.
- Monitoring by GP – This could help to identify areas where greater GP involvement would be useful. It could also be used to track referrals from individual surgeries
- Health Carer Reviews – One of the outputs identified in the service specification is percentage of healthcare assessments completed. This could be expanded to include a review so a measure could be seen of general health care improvement
- Service user feedback – Regular, formalised service user feedback could also be undertaken to establish data on the effectiveness of the project from a service user perspective
- Number of re-referrals to the service – This data could help to establish the numbers that clients that are in a cycle of treatment, exit and referral. This information could be used to target specific interventions at this client group.

Inclusion has a range of measures in place to ensure that the data provided is of the highest quality and meets national reporting requirements. We would also work closely with the local commissioners to develop data the meets the needs of this area.

34. Part A Section 4 Paragraph 3.2 **Weighting 5** **Maximum word count of 2000 words**	Contract Documents Duration of this Contract	Please demonstrate and detail how you will provide the service if there was a reduction in funding as stated in paragraph 3.2 in the Council's Terms and Conditions.

Contractors response:

Inclusion recognise that future levels of income are uncertain and that the service may have to be delivered with lower levels of funding in future. There are a number of general principles that would define our approach to future funding cuts.

<u>Approach to managing a reduced budget</u>

- Inclusion would work with Cambridgeshire commissioners to identify where necessary cost savings could be made with as little impact upon service delivery as possible
- Inclusion would seek the maximum possible notice period prior to a budget cut to allow for reductions in the level of service and any associated staff redundancy whilst maintaining continuity of care for service users

- Redundancies proposed due to budget cuts will be subject to statutory consultation processes with all staff affected
- If significant budget cuts were likely then Inclusion would, in consultation with commissioners and service users, refine its accommodation portfolio. This may involve the closure of one or more service sites and the greater use of available space in community venues and primary care settings.
- Wherever possible, Inclusion would seek to develop the ways in which Recovery Mentors and volunteers are recruited and deployed across the service. At the same time, we do not see the use of volunteers as a straight replacement for paid staff; rather volunteers augment the role of paid staff.
- Our recovery-orientated approach to prescribing is expected to drive down associated costs over the life of the contract.
- In the event of significant, long term budget cuts Inclusion would expect the entire treatment service to be re-configured and we would play a full part in such a process.

35. Section 3.0 Sub heading a – b **Weighting 4** **Maximum word count of 2000 words**	Provision of Service	Please demonstrate how the service will review all current clients at the time of handover.

Contractors response:

Inclusion recognises both the importance and significant challenge of a thorough-going review of all clients at the point of service handover. As an agency familiar with transferring services and staff into the organisation following a successful tender, we have developed significant experience of conducting large-scale caseload reviews over relatively short time scales. Given the clear emphasis upon driving forward the recovery agenda in the Cambridgeshire service specification, a service-wide review of clients is in all likelihood entirely necessary.

To undertake and complete a review of all clients Inclusion will adopt the following approach:

- Following contract award, Inclusion will agree an implementation communications strategy for Cambridgeshire. The strategy will be aimed at a broad range of stakeholders, not least service users. We will seek to provide service users with accurate and timely information relating to the impending change of service provider together with details such as any changes to service locations or opening times. Our priority here will be to ensure that service users do not suffer any undue anxiety or concerns regarding the change of service provider and to make clear the message that any changes will be communicated in good time.
- Prior to contract start, through negotiation with Addaction and Phoenix Futures, agreement will be reached to transfer all client case files and electronic data records. This will include securing individual consent from all clients to appropriate information sharing. In our experience client consent is best secured by existing service staff in the run up to service transfer; as such we will negotiate with the existing service providers to allow this to happen. Consent forms will be produced detailing what information will be shared and it is our expectation that each worker will raise the issue in scheduled key working sessions in the weeks prior to transfer.

- Once consent is secured and the date of transfer approaches, Inclusion's Implementation Manager will negotiate with the existing service providers for case files to be physically moved as necessary. This should cause minimal disruption as Inclusion's accommodation strategy, explained in method statement 8, is to assume responsibility for the existing premises portfolio across the county. In the event that one or more service locations do change, then the Implementation Manager will arrange for appropriate and secure transfer of case files immediately prior to handover.
- It is of importance to note that service continuity is the absolute at the time of handover. In the weeks prior to handover, Inclusion will work with Addaction to ensure that continuity of care and prescribing has been thought through to cause as little disruption to service users on the first day of the new service – April 2nd 2012. (Staff transfers will take effect from April 1st for employment purposes). This in of itself will require excellent organisation and planning, with the added challenge of Easter Bank Holidays at the end of the first week of service delivery.
- Once the transfer to Inclusion as the new service provide has taken place, we will initiate the process of a full caseload review. It is our intention, due to the large number of clients transferring, to establish three small working groups to drive the caseload review. These will be lead by Ian Merrill, Inclusion's Implementation Manager, Jim Barnard, Inclusion's Community Services Lead and Catherine Larkin, Inclusion's lead Nurse Prescriber. Each team will comprise two other members of staff, drawn from those transferring from Addaction or Phoenix Futures. Ideally this will be a Team Leader or another member of staff with supervisory responsibility as well as an experienced practitioner. With this range of staff skills and experience we can expedite the case review as efficiently as possible whilst at the same time, familiarise newly transferred staff with Inclusion's working practices and culture.
- A full caseload review across all services in Cambridgeshire will be a significant task. Inclusion is confident the review can be completed in its entirety in the first 8 weeks of service delivery. We will update commissioners weekly as to the progress of the review as well as outlining any significant findings or concerns.
- In carrying out a full caseload review of all clients, we will have in mind the following principles:
    - Is the service user being seen by the correct service?
    - Is a harm minimisation approach balanced with interventions that are recovery-orientated?
    - Are interventions being delivered safely?
    - Are risks understood and appropriately managed?
    - Are organisational policies and procedures being followed?
    - Can the client move to nurse-led prescribing?
    - Are interventions for Criminal Justice System clients aimed at reducing re-offending?
    - Are the client's mental health needs being met and is Care Co-ordination sitting with the correct agency
    - Is current prescribing in line with clinical guidelines
    - Are care plan goals co-opting the support of external agencies with an interest in recovery and re-integration?

In addition the caseload review will offer insights as to:

- The size and complexity of practitioner caseloads
- Necessary changes to case allocation procedures
- Gaps in practitioner skills and knowledge
- Subsequent training requirements of the staff team

- Inclusion has developed a caseload review tool that will be utilised in Cambridgeshire. The tool enables review teams to examine each client's treatment by focussing on the following processes and areas of intervention:
    - Complete and up-to-date demographic and contact details
    - Details of referring agency and feedback given
    - Easily identifiable case chronology and significant events log
    - Harm minimisation checklist is completed
    - Completed assessment
    - Completed risk assessment and associated risk management plan highlighting issues such as polydrug use, BBV's, chronic alcohol use, IV drug use etc.
    - Initial care plan with evidence of client receiving copy
    - Comprehensive care plan with evidence of client receiving copy
    - SMART care plan goals recorded with evidence of progress
    - Evidence of confidentiality agreement and sign consent to share form
    - TOP forms completed in line with case progress
    - Safeguarding issues highlighted and action as necessary
    - Case conference meetings minuted if relevant
    - Evidence of re-engagement strategy in the event that client drops out of treatment
    - Evidence of any outreach carried out
    - NDTMS forms in files as appropriate
    - Evidence of the use of node link maps
    - Drug testing results available
    - External agency referrals recorded.
    - Easily identifiable, legible and succinct case notes.

Inclusion's maxims in relation to case file recording are simple but effective:

(1) 'If it isn't recorded in the file, it didn't happen'.
(2) 'If a member of staff falls sick, they should be confidant that a colleague could pick up the case that day and the client be unhindered in their recovery due to the inadequate state of the their file'.

By looking at all of these features, the review teams will be able to develop an excellent understanding of each case and any outstanding actions that are necessary. Given the size of the caseload we will inherit and the complexity of some service users, it is also our intention to categorise each case where there are significant risks using a simple red:amber:green rating system. This will enable the review teams to prioritise what happens next in each case. The rating system is based upon:

<u>Red:</u>
These are likely to be service users who need input at least on a weekly basis. For example service users with unstable mental health needs that are not being comprehensively managed by Mental Health services or where the involvement of a number of other agencies is in place so that significant case management and care co-ordination is required. This may include pressing child protection issues. Where risk assessment indicates that the service user has a high likelihood of needing such co-ordinated support in the near future.

<u>Amber:</u>
Service users who require input at least fortnightly. Needs which are moderate such as an ongoing mental health problem which is reasonably stable but without significant support

from other agencies. Ongoing housing needs which require advocacy from drug services or child care issues involving liaison with child care agencies. The risk of these service users needing more intensive support in the foreseeable future should be medium or low.

Green:
Service users who only require monthly input and who have a low risk of needing more intensive support. They may have mental health needs but these will either be stable or adequately managed by another agency. However service users in this group will need targeting with more input to facilitate recovery and may need transferring to red status to support this.

Following completion of the full caseload review the findings will be collated and made available to:

- Staff teams in the form of aggregated feedback and observations relating to current practice
- Staff in supervisory positions to inform supervision agenda and objective setting for individual practitioners
- SSSFT Learning & Development and Cambridgeshire Managers to inform training needs analysis and delivery of training plans.
- Commissioners in the form of summary report, findings and recommendations.
- Service User representation in the form of summary report, findings and recommendations