

Appendix 2 – Proposed Services Summary

Detailed service specifications have been prepared in draft for all services and will be consulted upon with relevant stakeholders including partnership organisations. These summaries are provided to give a brief overview of the types of interventions which will be delivered.

CONTRACT 1: NON-OPIATES SERVICE – DRUGS

- **Part A** – Specialist needle exchange (DRUGS)
- **Part B** – Open access (Non-opiates)
- **Part C** – Targeted/Assertive Outreach (DRUGS)
- **Part D** - Formal Psychosocial Interventions (Non-opiates)
- **Part E** – Post Treatment Recovery Support/'Aftercare' (Non-opiates)
- **Part F** – Universal prevention/ education (DRUGS)
- **Part G** – Learning Schemes (DRUGS)

Part A – STATIC and MOBILE and EMBEDDED Specialist Needle Exchange:

The service will provide a *separately located* specialist needle exchange.

The service will provide clean injecting and other drug use paraphernalia in line with current law and protocols agreed with South Yorkshire Police.

The service will collect and safely dispose of used paraphernalia with a high number of returns to reduce needle waste problems in the city.

The service will provide overdose prevention and safer injecting advice to reduce harm.

This service will be offered on a static and mobile basis (van and bicycles). Specialist static and mobile exchange will be supplemented by a weekly offer of embedded advisory drug workers within the busiest city centre pharmacy needle exchanges.

Professional advice and training to pharmacy needle exchange will be provided as part of this service.

This service will manage needle exchange orders and stock on behalf of city non-specialist needle exchange, as well as managing its own stock.

The service will provide non clinical harm reduction advice to all drug users and brief motivational interventions to support them to engage with formal structured treatment. Medical community harm reductions commissioned through Contract 2 will in-reach into this service.

The provider will be given a target to achieve a minimum 30% modality start in formal structured treatment (Opiates or Non Opiates service).

Per capita payments will be made for each service user registered with the service. Registration with the service means that service users in regular contact with the service will receive an initial assessment, care plan including recovery goals and will provide personal data to identify them as unique individuals; this will reduce the risk of duplication of effort and dual funding for unique individuals.

Part B – Open Access

The Service will provide access without an appointment to non-opiate users for a screening assessment of drug use including AUDIT (Alcohol Use Disorders Identification Tool), initially at AUDIT C level of brief 5 questions, and if a need is identified, full AUDIT, brief advice, motivational interviewing to engage in treatment and escorted formal handover to treatment services.

Part C – Targeted/Assertive Outreach and Satellites

The Service will focus on identifying and screening cohorts of non-opiate users out in the community e.g. 18-30, steroid users, cannabis users, khat users, club drug users, New Psychoactive Substance (NPS) Users, sex workers, stimulants users.

As a minimum, the service will provide a screening assessment of drug use, brief advice, motivational interviewing to engage in treatment and escorted formal handover to treatment services to these targeted cohorts will be provided on an outreach basis. Per capita payments will be made for each service user registered with the service.

Targeted outreach must be offered on a satellite co-located community/partnership settings e.g. safer neighbourhoods, housing offices.

Part D - Psychosocial Interventions (Non opiates)

This service will provide up to 12 week packages of group and one to one interventions at different levels of intensity/complexity for non-opiate users. Briefer packages e.g. 4-6 weeks can be provided as part of this offer ONLY where these will result in drug free completions with no re-presentation within 6 months.

Part E – Recovery Support/’Aftercare’

The purpose of this service strand is to consolidate the gains from treatment and avoid re-presentation within 6 months in order to meet Public Health Outcome Framework indicator (2.15ii). The provider must provide up to 6 months of post treatment recovery support for each individual leaving treatment with a successful exit (‘treatment complete – drug free’ or ‘treatment complete - occasional user’).

This offer must commence with detailed preparation for discharge and recovery planning in the last 4-8 weeks of treatment (4 weeks for psychosocial and 8 weeks for pharmacological modalities).

This offer will include Recovery Check Ups to provide focused support to sustain abstinence and recovery goals on leaving treatment.

This offer must include facilitating participation with mutual aid, peer support and recovery offers in the city and must include assertive offers of accompanied first attendance.

This offer must include facilitating participation with the wider Sheffield offer including use of city centre, community and neighbourhood facilities and broader offers aimed at increasing recovery capital particularly employment, training and education offers including volunteering.

The Personal Recovery Budget element of the Non- Opiates Service directly impacts on the national target of no re-presentation within 6 months of treatment exit and is designed specifically to support this target. Performance against this target will support the city to benefit from the 'Health Premium' incentive from Public Health England.

Part F - Universal Prevention/Education

The Service will focus on a universal offer of supported roll out of a simple drug screening tool for use in generic settings and information about how to refer into treatment (Sheffield Treatment Pathways). Supported roll out will include induction into use of the tool, supported implementation for up to 2 weeks, monitoring of screening and activity levels by the setting and formal feedback after six weeks; if screening is not established in the setting up to a further 4 weeks support will be offered.

Part G - Learning Schemes

The Service will offer a number of learning schemes including **Peer Mentor**, **Expert Patient** and the Service User and Carer **Ambassador** and **preparation for employment schemes** will be integrated within this contract as part of the broad PSI and recovery support offer.

***ENDS ***

Appendix 2 – Proposed Services Summary continued.....

CONTRACT 2: OPIATES SERVICE – DRUGS

- **Part A** - (SPAR) 'Single Point' of assessment and referral to drug treatment (Opiates)
- **Part B** - Pharmacological Interventions (Opiates)
- **Part C** - Formal Psychosocial Interventions (Opiates)
- **Part D** – Post Treatment Recovery Support/'Aftercare' (Opiates)
- **Part E** - Specialist Harm Reduction Interventions including static Needle Exchange provision and Vulnerable Adults/Dual Diagnosis (DRUGS)

Part A – (SPAR)

The Provider will deliver a Clinical Nurse Specialist led assessment service providing a single point of assessment and referral for professionals to refer opiate users (including over the counter / prescription substance misusers) and for Service Users to access on an open access 'walk in' basis. The Service User will receive at assessment point:

- Full clinical assessment;
- Health care assessment;
- A personalised summary or recommended care;
- Consent sought and Service User details logged on NDTMS
- Biological testing of urine to ascertain substances of misuse;
- Venous blood testing;
- AUDIT C screening (Alcohol Use Disorders Identification Test – 5 questions version – if score is indicative of further need the full AUDIT);
- Referral onward to an internally provided pharmacological treatment intervention or other appropriate treatment intervention (see Clinical Pathway).

The referral onward will be based on assessment using the SPAR eligibility criteria assessment tool which has been devised by the Purchaser along with incumbent treatment providers and allows Service Users to be placed into the most appropriate level of treatment needed based on their need and complexity.

Part B – Pharmacological Interventions

The Provider will deliver a prescribing service to support the recovery of substance misusing individuals who meet the threshold for Primary Care Prescribing Services through the SPAR eligibility threshold tool whose problems are mild to moderate – this pharmacological intervention must be GP led and delivered in an appropriate clinical location.

The Provider will deliver a Secondary Care Specialist Prescribing Service to support the recovery of substance misusing individuals who meet the threshold for Secondary Care Prescribing Services through the Single Point of Assessment and Referral (SPAR) eligibility threshold tool, whose problems are moderate to severe, by providing quality treatment based on substitute prescribing interventions – this pharmacological intervention must be Consultant led.

Part C – Formal Psychosocial Interventions

The Provider will deliver Formal Psychosocial Interventions to assist Service Users in receipt of the above pharmacological interventions through their treatment with an explicit emphasis on recovery. 2007 NICE Guidelines on Drug Misuse: Psychosocial Interventions¹ states the following, ‘a range of psychosocial interventions are effective in the treatment of drug misuse; these include...a range of evidence based psychological interventions, such as cognitive behavioural therapy, for comorbid mental health problems’.

The Provider will also deliver solely formal Psychosocial Interventions to opiate using Service Users for whom a pharmacological intervention is not necessary. Whilst these are likely to be small numbers, this is a group of individuals for whom the Provider must deliver services.

The clinical guidelines also suggest that ‘around 30%’ of people in substitute prescribing may benefit from formal psychosocial interventions and that ALL pharmacological treatments should comprise a psychosocial element whether this be informal through key-working or formal through formally delivered psychosocial interventions. The Provider must ensure that all those appropriate for formal Psychosocial Interventions receive this intervention and volumes have been commissioned to provide formal PSI for 30% of the caseload. The Purchaser will monitor delivery on a quarterly basis for need and demand. Informal interventions can include ITEP² and BTEI³ based interventions delivered in line with best practice guidance from the former National Treatment Agency (now Public Health England). The Provider will assess those Service Users for whom formal Psychosocial Interventions are appropriate and provide these interventions for 30% of the caseload. The Provider will take a stepped care approach to these interventions based on clinical need of either one to one or group evidence based interventions based on cognitive behavioural therapy of clinical psychology.

Part D –Recovery Support/’Aftercare’

The purpose of this service strand is to consolidate the gains from treatment and avoid re-presentation within 6 months in order to meet Public Health Outcome Framework indicator (2.15i). The provider must provide up to 6 months of post treatment recovery support for each individual

¹ National Institute for Health and Clinical Excellence, July 2007, ‘Drug Misuse: Psychosocial Interventions’

² National Treatment Agency, 2008, ‘Routes to Recovery Part 2: The International Treatment Effectiveness Manual – delivering psychosocial interventions’.

³ National Treatment Agency, 2008, Routes to Recovery Part 3: Birmingham Treatment Effectiveness Initiative – a fresh perspective on delivering talking therapies’.

leaving treatment with a successful exit ('treatment complete – drug free' or 'treatment complete - occasional user').

This offer must commence with detailed preparation for discharge and recovery planning in the last 4-8 weeks of treatment (4 weeks for psychosocial and 8 weeks for pharmacological modalities).

This offer will include Recovery Check Ups to provide focused support to sustain abstinence and recovery goals on leaving treatment.

This offer must include facilitating participation with mutual aid, peer support and recovery offers in the city and must include assertive offers of accompanied first attendance.

This offer must include facilitating participation with the wider Sheffield offer including use of city centre, community and neighbourhood facilities and broader offers aimed at increasing recovery capital particularly employment, training and education offers including volunteering.

Part E – Specialist Harm Reduction Interventions including Needle Exchange provision, BBV and venous blood testing and Vulnerable Adults/Dual diagnosis.

The Provider will deliver needle, syringe and drug paraphernalia within clinical appointments in order to ensure that the 'gold standard' of Needle Exchange is met, i.e. that injectors have more than one clean needle for 100% of their injections. Service Users must be asked as part of their monthly clinical appointments if they require clean paraphernalia to use for any planned injecting, and then provided with equipment accordingly. Service Users must also be given the opportunity to return used paraphernalia within these appointments. The provision of this service must be discreet and needs based, and is in place for the safety of the Service Users accessing the Opiates Service. All provision must be in line with NICE Guidance for Needle Exchange published in 2009⁴ (an update of this guidance is under consultation at the time of writing the specification and new guidance is expected in 2014. The Provider must be willing to adapt services based on new guidance when this is published). Equipment must be provided in a discreet manner so as to minimise exposure of individuals not injecting illicit substances whilst accessing pharmacological interventions, to injecting equipment.

The Provider will deliver nurse-led harm reduction interventions including Blood Borne Virus screening and immunisation and nurse led BBV, wound-care and venous care services. Additionally, the nurse-led team will deliver a targeted service focussing on problematic non-engagement and supporting vulnerable adults with substance misuse problems. This service is a resource which the Vulnerable Adults Risk Management Meeting/Vulnerable Adults Panel may call upon in safeguarding vulnerable and socially excluded drug users to provide basic oversight, harm reduction interventions and to meet basic health and social care needs. The Provider will ensure input from RGN, RMN and Social Work disciplines, as appropriate. The Provider must deliver all interventions in line with Sheffield's Blood Borne Virus Strategy updated in 2013.

In addition, the Provider will deliver specialist nurse input for Service Users with a Dual Diagnosis presentation in order to support them to stay in treatment successfully and manage their dual issue presentation.

The Provider will deliver overdose prevention awareness and training among Service Users and staff

ENDS

⁴ National Institute for Clinical Excellence, 2009, 'Needle and Syringe Programmes: Providing people who use drugs with injecting equipment'.

Appendix 2 – Proposed Services Summary continued...

CONTRACT 3: ALCOHOL SERVICE SUMMARY

- **Part A – Single Entry and Assessment Point (SEAP) and Identification and Brief Advice (IBA)**
- **Part B – Pharmacological Interventions**
- **Part C – Formal Psychological Interventions (PSI Alcohol)**
- **Part D – Nurse Support Services (Alcohol)**
- **Part E – Criminal Justice / Enforcement Routes to Alcohol Treatment**
- **Part F – Recovery Support/'Aftercare'**

Part A – Single Entry and Assessment Point (SEAP) and Identification and Brief Advice (IBA)

All individuals requiring interventions for increasing risk, binge or dependent drinking will be routed through SEAP.

As a minimum, all will receive a screening assessment using validated clinical tools AUDIT C, AUDIT PC or full AUDIT⁵ as appropriate. Personalised harm reduction advice will be given to all individuals. Individuals who are also using drugs will be assessed for primary substance of misuse and referred onto drug services where appropriate.

Service Users who, following SEAP assessment require alcohol treatment will be offered medical prescribing interventions or psychosocial interventions as appropriate.

Those not requiring treatment will be offered a follow up review, which may be delivered by telephone, internet/smart phone application or face to face, within 6 weeks, for re-AUDIT and then either discharged if drinking is within safer limits or offered referral to alcohol treatment interventions to alcohol treatment if changes have not been implemented.

Part B – Pharmacological Interventions

This will include community detoxification, prescribing interventions to reduce harm e.g. nutritional prescribing or prescribing to prevent relapse. Prescribing interventions may be Consultant Psychiatrist, GP, Non-medical Prescribing Nurse or Pharmacist led dependent on complexity.

All Service Users receiving prescribing interventions must be seen monthly, as a minimum, for recovery based clinical and key working appointments. All prescribing treatment must include psychosocial components.

Part C – Formal Psychosocial Interventions (PSI Alcohol)

These interventions will either be 3-6 weeks of Extended Brief Interventions or 6-12 weeks of Psychosocial interventions, based on clinical need. Patient placement criteria must be used to provide care at the appropriate level and individuals should not receive both EBI and PSI within the same treatment episode.

⁵ Alcohol Use Disorder Identification Tool.

Part D – Nurse Support Services (Alcohol)

A and E, Hospital Liaison Nurse and GP/Primary Care Liaison Nurses for alcohol will be provided under this contract and will identify individuals in either GP or Hospital settings who may have alcohol misuse problems alongside any other health problems. Individuals will be screened, offered personalised harm reduction advice and offered referral into treatment where appropriate.

These post holders will equip professionals in generic health settings with the tools and skills to identify those with alcohol misuse problems and refer them through SEAP in order that this work becomes 'mainstreamed'.

Part E – Criminal Justice/Enforcement Routes to Alcohol Treatment

This service will provide appropriate interventions to those mandated to attend treatment appointments as part of criminal justice or other enforcement measures e.g. acceptable behaviour contracts, restorative justice arrangements, other civil justice arrangements, Fixed Penalty Notice Waiver, Conditional Caution, Alcohol Conditional Bail, Alcohol Treatment Requirements and others that apply.

This will be provided within resource using screening and treatment capacity described in Parts A,B,C. Satellite clinics must be provided into the DIP premises where this would increase access for alcohol misusing offenders.

Part E of this contract is subject to change and elements may be included within the Drug Interventions Programme (DIP) contract when it reaches its 'break clause' on 30th June 2015 where this would create a more streamlined pathway for alcohol misusing offenders.

Part F –Recovery Support/'Aftercare'

The provider must provide up to 6 months of post treatment recovery support for each individual leaving treatment with a successful exit ('treatment complete – alcohol free' or 'treatment complete -occasional user'.) in order to prevent resumption of drinking ('relapse').

This offer must commence with detailed preparation for discharge and recovery planning in the last 4 weeks of treatment.

This offer will include Recovery Check Ups to provide focused support to sustain abstinence and recovery goals on leaving treatment.

This offer must include facilitating participation with mutual aid, peer support and recovery offers in the city and must include assertive offers of accompanied first attendance.

This offer must include facilitating participation with the wider Sheffield offer including use of city centre, community and neighbourhood facilities and broader offers aimed at increasing recovery capital particularly employment, training and education offers including volunteering

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