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SERVICE SPECIFICATION

FOR THE PURCHASE OF

Kent and Medway Prison Substance Misuse Service
(1st October 2012 – 30th September 2015)

This document defines the
Kent and Medway Prison Substance Misuse Service
purchased by Kent County Council on xxxxxx

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1. Introduction

- 1.1. Kent Drug and Alcohol Action Team (KDAAT) is a partnership of local public authorities (hosted by Kent County Council (KCC)). The KDAAT Partnership aims to:
 - a) Prevent problematic substance misuse
 - b) Reduce drug and alcohol related crime
 - c) Enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent and Medway affected by substance misuse.
- 1.2. KCC is the contracting authority for the Kent and Medway Prison Substance Misuse Service.
- 1.3. We recognise the valuable role that you fulfil in the promotion of services both within the prison, in the community, and the preventative nature of the work. The services funded through this agreement (“the Service/s”) are specified in this service specification (“Service Specification”).
- 1.4. The Service Provider will establish and run an integrated **substance misuse service** in the following 8 Prisons; Blantyre House, Canterbury, East Sutton Park, Rochester, Maidstone, Elmley, Standford Hill and Swaleside (the final 3 known as the Sheppey Group) and Dover Immigration Removal Centre. **The substance misuse service is to be made available to drug and / or alcohol misusers. From this point on the term *substance* refers to drugs and alcohol.**
- 1.5. **From this point on, unless specifically stated, the term “*prison*” refers to the 7 Kent Prisons, 1 Medway Prison and the Dover Immigration Removal Centre (IRC)**
- 1.6. The Service will be required to work in conjunction with the prison establishments, other services delivered within the prisons and community substance misuse treatment services including the KCC Local Area Single Assessment and Referral Service (LASARS).
- 1.7. Payments for the Service will be subject to satisfactory performance
- 1.8. KCC reserves the right to review the content and detail of the Service Specification on an annual basis to take account of changes in national policy, funding and local substance misuse needs and prison re-role within Kent and Medway.
- 1.9. This agreement does not prevent either of us entering into other agreements or contracts for specific negotiated services.

2. Service Outcomes

- 2.1. The Service Provider will work in partnership with K/MDAAT to contribute towards the following outcomes and will consider all opportunities to enhance the aims of the service:
 - 2.1.1. Reduction in substance related offending¹
 - 2.1.2. Freedom from dependence on drugs or alcohol
 - 2.1.3. Improved mental and physical health and wellbeing, including social functioning and personal relationships
 - 2.1.4. Reduction in substance misuse within the Prison setting
 - 2.1.5. Minimisation of substance related harm among people in prison
 - 2.1.6. Prevention of substance misuse related deaths and improved public health through reduction in blood borne viruses

¹ Not applicable to Dover IRC

3. Service Outputs

The service will be available to prisoners within any of the Kent and Medway Prisons

Service Objectives (Kent and Medway Prisons with exception of IRC Dover)

- 3.1. The Service Provider will deliver efficient, effective interventions that meet the needs of service users and contribute to the service outcomes outlined above. In doing this the service must :
 - 3.1.1. Support and enable service users to reduce their dependency on drugs and/or alcohol and enhance their recovery capital
 - 3.1.2. Work closely with the prison and prison healthcare services to enable service users to improve their physical and mental health
 - 3.1.3. Reduce risk of re-offending following release
 - 3.1.4. Establish and maintain professional and appropriate working relationships with Prison Governors and discipline officers to ensure the effective and efficient operation of the Prison Substance Misuse Service
 - 3.1.5. Establish and maintain clear and effective pathways between prison and community substance misuse services from reception through to release as well as during periods of remand and serving sentences to ensure continuity of care
 - 3.1.6. Establish and maintain clear and effective referral pathways into community substance misuse services as well as to other prison services
 - 3.1.7. Ensure access to appropriate substance misuse treatment
 - 3.1.8. Promote substance misuse services and ensure there is clear access to services for vulnerable and priority groups
 - 3.1.9. Contribute to the smooth running of the prison environment, reducing the risk of prescribed drugs being diverted into the wider prison population
 - 3.1.10. Minimise the harms associated with substance misuse, including the risks of HIV, hepatitis A, B and C, other blood borne infections, alcohol related illnesses and alcohol related accidents
 - 3.1.11. Reduce the risks of substance misuse related serious incidents
 - 3.1.12. Work to enhance parenting practice and outcomes for families as part of a holistic package of treatment prior to release
 - 3.1.13. Implement effective practices and integrated approaches to safeguard vulnerable adults in line with Safeguarding of Vulnerable Groups Act 2006
 - 3.1.14. Liaise with community children's services and input, where requested, into the Common Assessment Framework (CAF) and follow Kent Children's Safeguarding Board Guidelines
 - 3.1.15. Develop and maintain positive working relationships with Children and Family Services and contribute to the assessment and continual monitoring of families who are at risk of or subject to child protection plans
 - 3.1.16. Support and promote the use of peer recovery networks, and recovery champions across all stages of service delivery and post discharge and prison release

Screening and Assessment

- 3.2. The Service Provider must undertake an appropriate level of screening for substance misuse and those identified as needing structured treatment must then undertake the comprehensive substance misuse assessment
- 3.3. This assessment will:
 - 3.3.1. Identify the service users' immediate and long term needs and goals to aid recovery
 - 3.3.2. Identify relevant family issues that may have a bearing on the service user's recovery and re-integration
 - 3.3.3. Establish which other agencies are involved with the service user
 - 3.3.4. Identify any need for and make referrals to other prison services (e.g. mental health or Integrated Clinical Assessment & Treatment Service (ICATS))
 - 3.3.5. Ensure that the service user has read and understood how information about them will be handled and shared
 - 3.3.6. Determine whether or not the service user consents to have their information submitted to the National Drug Treatment Monitoring System (NDTMS¹) and K/MDAAT
 - 3.3.7. Assess risk of self harm or harm to others
 - 3.3.8. Establish whether any risk management plans are currently in place and develop risk management plans according to need

Recovery planning and review

- 3.4. The service provider must work with the service user (and other parties as necessary) to develop and agree a suitable recovery plan on the basis of the comprehensive substance misuse assessment
- 3.5. At the recovery planning stage, service users must receive an induction, which must include:
 - 3.5.1. Details about the service
 - 3.5.2. Details of service user involvement, peer support and carer support
 - 3.5.3. General expectations
 - 3.5.4. Code of conduct
 - 3.5.5. Policies and protocols regarding suspension or exclusion of clinical and psychosocial treatment
 - 3.5.6. The complaints procedure as set out by the prison establishment
 - 3.5.7. Emergency planning process in relation to unexpected transfer or release
- 3.6. This induction will be revisited after a period of stabilisation and at regular periods (at least every 3 months), in line with national guidance thereafter, to ensure clarity and understanding.
- 3.7. The Service Provider must ensure suitable and appropriate care co-ordination and review (including regular completion of a Treatment Outcome Profile²) throughout a Service User's treatment journey. As part of this, the Service Provider must ensure provision of recovery

¹ The term 'NDTMS' in this document is used to refer equally to the National Drug Treatment Monitoring System and National Alcohol Treatment Monitoring System

² A Treatment Outcome Profile must be completed at least every 26 weeks

plan reviews at suitable intervals, as well up updating the comprehensive substance misuse assessment at regular intervals

Sentence planning

- 3.8. The Service Provider will contribute to sentence plans for prisoners with substance misuse problems.

Interventions (Kent and Medway Prisons)

- 3.9. In working towards delivering the service outcomes and aims, the service must, as a minimum offer the following interventions:
- 3.9.1. Advice, information and brief interventions to help prevent and minimise problematic substance misuse or dependency
 - 3.9.2. Intensive key-working (comprising regular meetings with a nominated professional) to help enable the service user's recovery
 - 3.9.3. Substitute prescribing services offering a range of pharmacological interventions and supervised consumption and the provision of biological drug and alcohol testing facilities
 - 3.9.4. Structured psychosocial interventions
 - 3.9.5. A GP with special interest (GPwSI) post or Consultant or Clinical Director post, who will liaise with Prison healthcare services and GPs to provide advice, information and assistance in line with clinical governance guidelines
 - 3.9.6. Clinical detoxification and stabilisation from substances of dependency
 - 3.9.7. A rolling programme of evidence based suitable care planned interventions, individually tailored, according to service user need, to include both abstinent only programmes for rehabilitation/recovery clients and programmes suitable for those on pharmacological interventions
 - 3.9.8. Tailored interventions designed to improve social functioning and enhance life skills
 - 3.9.9. Relapse prevention advice and support
 - 3.9.10. Overdose prevention and harm reduction advice
 - 3.9.11. Liaison with appropriate services e.g. acute medical and psychiatric health services (such as ante natal, mental health or clinical hepatology services)
 - 3.9.12. Liaison with social care, housing services and other generic services
 - 3.9.13. Naltrexone prescribing for clients leaving custody opiate free
 - 3.9.14. Disulfiram prescribing for clients who leave custody alcohol free
 - 3.9.15. Ongoing advice and support to help sustain long term recovery
 - 3.9.16. Appropriate interventions for increasing and high risk drinkers as defined in Models of Care for Alcohol Misuse 2006 (MOCAM).
 - 3.9.17. Naloxone and overdose training and prescribing for clients leaving at risk of overdose
 - 3.9.18. Prison wing based treatment options to be available where appropriate
 - 3.9.19. Prior to a planned release all prisoners on substitute medication will have adequate short term substitute medication prescribed and have had continuity of care issues considered, including liaison with community services

3.9.20. A range and choice of substance misuse rehabilitation programmes to support the following:

- Abstinence from drugs and/or alcohol
- Reducing risk of drug or alcohol related offending
- Enhancing Recovery Capital and Relapse prevention

4. Immigration Removal Centre Dover

- 4.1. It is recognised that the needs of detainees will differ from those within Prison settings. Immigration removal centres are holding centres for foreign nationals awaiting decisions on their asylum claims or awaiting deportation following a failed application. Therefore detainees may either be released or deported depending upon their circumstances. This means that substance misuse treatment services within the IRC Dover needs to be structured differently from the rest of the Kent and Medway Prisons.
- 4.2. The following describe the Outcomes, Objectives and Interventions expected from the Service within the IRC Dover:

Service Outcomes

- 4.3. The Service Provider will work in partnership with K/MDAAT to contribute towards the following outcomes and will consider all opportunities to enhance the aims of the service:

- 4.3.1. Freedom from dependence on drugs or alcohol
- 4.3.2. Improved mental and physical health and wellbeing,
- 4.3.3. Reduction in substance misuse within the Removal Centre setting
- 4.3.4. Minimisation of substance related harm among people in prison
- 4.3.5. Prevention of substance misuse related deaths and improved public health through reduction in blood borne viruses

Service Objectives

- 4.4. The Service Provider will deliver efficient, effective interventions that meet the needs of service users and contribute to the service outcomes outlined above. In doing this the service must :
- 4.4.1. Support and enable service users to reduce their dependency on drugs and/or alcohol
 - 4.4.2. Work closely with the prison and prison healthcare services to enable service users to improve their physical and mental health
 - 4.4.3. Establish and maintain professional and appropriate working relationships with Prison Governor, UKBA and disciplined officers to ensure the effective and efficient operation of the Prison Substance Misuse Service
 - 4.4.4. Ensure access to appropriate substance misuse treatment
 - 4.4.5. Promote substance misuse services and ensure there is clear access to services for vulnerable and priority groups
 - 4.4.6. Contribute to the smooth running of the prison environment, reducing the risk of prescribed drugs being diverted into the wider prison population

- 4.4.7. Minimise the harms associated with substance misuse, including the risks of HIV, hepatitis A, B and C, other blood borne infections, alcohol related illnesses and alcohol related accidents
- 4.4.8. Reduce the risks of substance misuse related serious incidents
- 4.4.9. Implement effective practices and integrated approaches to safeguard vulnerable adults in line with Safeguarding of Vulnerable Groups Act 2006
- 4.4.10. Establish and maintain clear and effective pathways between prison and community substance misuse services, where appropriate,
- 4.4.11. Work closely with the prison and prison healthcare services to enable service users to improve their physical and mental health

Interventions (IRC Dover)

- 4.5. In working towards delivering the service outcomes and aims, the service must, as a minimum offer the following interventions:
 - 4.5.1. Advice, information and brief interventions to help prevent and minimise problematic substance misuse or dependency available in a range of appropriate languages
 - 4.5.2. Substitute prescribing services offering a range of pharmacological interventions including supervised consumption and the provision of biological drug and alcohol testing facilities
 - 4.5.3. A GP with special interest (GPwSI) post or Consultant or Clinical Director post, who will liaise with Prison healthcare services and GPs to provide advice, information and assistance in line with clinical governance guidelines
 - 4.5.4. Clinical detoxification and stabilisation from substances of dependency
 - 4.5.5. Relapse prevention advice and support
 - 4.5.6. Overdose prevention and harm reduction advice
 - 4.5.7. Liaison with appropriate services e.g. acute medical and psychiatric health services (such as ante natal, mental health or clinical hepatology services)
 - 4.5.8. Provide access to staff awareness sessions for those staff employed within the prisons where there is an identified need

Single Point of Contact

- 4.6. The Service Provider must have a named Single Point of Contact (SPOC) in each establishment for all relevant professional bodies
- 4.7. Maintain a single point of contact for secure email and a fax number for referrals, within each establishment

Eligibility Criteria

- 4.8. In order to access the service, a service user must:
 - 4.8.1. Be a serving prisoner/detainee of one of the prisons listed at paragraph 1.3.
 - 4.8.2. Have been identified as likely to benefit from a substance misuse intervention
 - 4.8.3. The service provider is required to offer a programme of substance misuse structured interventions for any prisoners entering into the establishment who are screened as having a substance misuse need.

- 4.9. The Service Provider shall not refuse to provide services to any individual without the prior written consent of the K/MDAAT. Such consent will only be given: (a) on grounds that to treat the person would expose the Provider's staff or others to serious risk; or (b) for other good cause, as evidenced)

Under represented groups

- 4.10. The Substance Misuse Needs Assessment for Kent (2011) and The Patel Report, Prison Drug Treatment Strategy Review Group 2011 identify the following groups as being underrepresented within prison substance misuse treatment;
- 4.10.1. Prolific offenders with a history of substance misuse problems
 - 4.10.2. Young people (18-25 year olds)
 - 4.10.3. Service users from BME groups who have substance misuse problems
 - 4.10.4. Service Users with co-existing mental health and substance misuse problems (dual diagnosis)
 - 4.10.5. Women (where appropriate), particularly pregnant service users
 - 4.10.6. Those who are on short sentences, expected to be released from prison within 6 months
- 4.11. In order to ensure equality of outcomes it is important that the service provider offers services specifically targeted at this population

Settings

- 4.12. Clinical services will be delivered from each of the Prisons, and will demonstrate a balance of provision to meet the establishments identified needs.
- 4.13. Advice, information and harm reduction will be delivered at each of the Prisons.
- 4.14. Structured Psychosocial Interventions (SPI's) will be delivered at all of the prisons with the exception of the Dover IRC.
- 4.15. Service provision should include operating at evenings and weekends where appropriate

Equality, Diversity and Accessibility.

- 4.16. Substance misuse screening and first night prescribing services will be available at operating hours appropriate to prison reception regime. Provision for prescribing out of these hours should be available
- 4.17. Prisoners identified as having a first night prescribing need should be seen and prescribed within 4 hours during the hours of 8am -10pm. Those requiring clinical interventions between the hours of 10pm-8am, should be given symptomatic relief until GP cover is available.
- 4.18. All prisoners, irrespective of race, gender, disability, age, ethnicity, religion or sexual orientation should be able to secure access to the same substance misuse treatment services as the rest of the population.
- 4.19. In carrying out the Services the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay due regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver the Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities' as a provider to service users and as an employer to its employees.

- 4.20. Services will respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010. These characteristics are, race, religion or belief, sexual orientation, pregnancy and maternity, age, disability, gender and gender identity. The Service is expected to engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way.
- 4.21. In the delivery of any services commissioned on behalf of the K/MDAAT, Service Providers must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in or attempting to access services.
- 4.22. Accessibility relates to (but is not limited to); physical and mental impairment, communication needs, those with either a hearing or sight impairment, translation / interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification, respect of faith and beliefs.
- 4.23. The Equality Act 2010 replaces the Disability Discrimination Act 1995 (reviewed 2005). Proof of compliance will be required in the form of a current and up to date Access Audit with an action plan outlining any needs and how these will be addressed.
- 4.24. An Equality Impact Assessment (EIA) is a requirement that the Service Provider will complete annually. The EIA will cover these characteristics: age, disability, gender, gender identity, race, religion or belief, pregnancy and maternity and sexual orientation, which need to be assessed against delivery.

Electronic Recording System

- 4.25. The Service Provider must record all structured treatment activity and performance information on SystemOne and all case notes on the National Offender Management Information System (NOMIS)
- 4.26. The provider will operate and manage an appointments system for all clinics and healthcare functions carried out in the prison, via SystemOne clinical system.
- 4.27. The Service Provider must adhere to all relevant Prison Service and NHS information governance and assurance processes relating to access information held on SystemOne.

Reporting

- 4.28. To enable accurate and timely reporting to the National Drug Treatment Monitoring System (NDTMS), the Service Provider must ensure that all relevant information specified in the NDTMS Core Data Set, is recorded on SystemOne. The Service Provider must ensure that the relevant NDTMS information:
 - 4.28.1. Complies with KDAAT and DTMU guidance and requirements for NDTMS submissions
 - 4.28.2. Includes the full home postcode of Service Users in structured treatment
 - 4.28.3. Includes up to date activity information for all of the Tier 3 and Tier 4 treatment interventions (modalities) that the agency is commissioned to provide in Kent
 - 4.28.4. Includes Treatment Outcome Profile (TOP) at treatment start, review and exit stages for all service users for whom the Service Provider is the care co-ordinator
 - 4.28.5. Meets the specified data quality standards of 100% load quality and 100% data quality.
- 4.29. The Service Provider must ensure prompt reporting of structured treatment activity. Information on new treatment starts must be recorded on SystemOne within 24 hours of the triage date.

5. Service Standards

Service Delivery Standards

- 5.1. Interventions delivered by the Service Provider must comply with the following service standards/guidelines:
 - 5.1.1. Drug Misuse and Dependence – UK Guidelines on Clinical Management 2007
 - 5.1.2. NICE Technology Appraisal 114 (Methadone and Buprenorphine for the Management of Opioid Dependence)
 - 5.1.3. NICE Clinical Guidance 51 (Drug Misuse: Psychosocial interventions)
 - 5.1.4. Routes to Recovery: Psychosocial Interventions for Drug Misuse - a framework and toolkit for implementing NICE-recommended treatment interventions (commissioned by the National Treatment Agency (NTA) from the British Psychological Society (BPS))
 - 5.1.5. NICE Technology Appraisal 115 (Naltrexone for the Management of Opioid Dependence)
 - 5.1.6. NTA Models of Care for the treatment of adult drug misusers 2002 and update 2006
 - 5.1.7. NICE Clinical Guidance 52 (Drug Misuse: Opioid detoxification)
 - 5.1.8. Models of Care for Alcohol Misuse 2006 (MOCAM)
 - 5.1.9. NICE Clinical Guidance 100 (Alcohol use disorders: Diagnosis and clinical management of alcohol-related physical complications)
 - 5.1.10. NICE Clinical Guideline 115 (Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence)
 - 5.1.11. NICE Public Health Guidance 24 (Alcohol use disorders: Preventing harmful drinking)
 - 5.1.12. Good Practice in Harm Reduction
 - 5.1.13. NICE Public Health Guidance 18 (Needle and syringe programmes: providing people who inject drugs with injecting equipment)
 - 5.1.14. NICE Clinical Guidance 110 (Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors)
 - 5.1.15. NTA Guidance: Clinical management of drug dependence in the adult prison setting including psychosocial treatment as a core part (2006) and its subsequent updates
 - 5.1.16. All current relevant Prison Service Instructions (PSI's) and Prison Service Orders (PSOs)

Policies and procedures

- 5.2. The Service Provider must have in place suitable and appropriate policies, procedures and protocols covering the following areas:
 - 5.2.1. Safeguarding children
 - 5.2.2. Safeguarding adults
 - 5.2.3. Complaints and Grievances (staff and service users)
 - 5.2.4. Equalities and Diversity
 - 5.2.5. Business continuity and emergency planning
 - 5.2.6. Health and Safety

- 5.2.7. Induction and Training
 - 5.2.8. Recruitment and Selection
 - 5.2.9. Disciplinary / Capability (staff)
 - 5.2.10. Data Protection, Confidentiality and Information Security
 - 5.2.11. Serious Incidents
 - 5.2.12. Workforce supervision, appraisal and / or performance management
 - 5.2.13. Bullying and Harassment
- 5.3. In addition to this there must be robust procedures for the dispensing of medication to ensure that that all medicines are dispensed and administered in accordance with standards for medicine management.
- 5.4. Where prisoners are not allowed in-possession medication, the individual administering the medication must be assured that the medication is actually swallowed to minimise diversion.

Clinical Governance

- 5.5. Clinical governance is an established system in the NHS and the independent healthcare sector to deliver and demonstrate that quality and safety of its services are of a high standard that is continually improving.
- 5.6. Kent and Medway are committed to improving the quality of clinical interventions through a systematic approach. The Service Provider, Service and individual clinicians have to take account of both formal and informal clinical governance structures.
- 5.7. The Service Provider and Service should abide by local and national arrangements for clinical governance (e.g. PCT or provider Trust arrangements, NTA Standards and Inspection Unit). Managers of services will ensure quality through appropriate clinical governance arrangements.
- 5.8. The Service Provider must ensure attendance and contribution at clinical governance meetings within the prison establishments

18-25 year olds

- 5.9. A significant proportion of the Kent prison population fall into the 18-25 age range. There is a need to proactively engage this age group in adult treatment services to reduce longer term problematic substance misuse and re offending. This service must be accessible to meet the needs of this group and should offer individualised care.

Older prisoners

- 5.10. Whilst only a small percentage of the Kent prison population can be described as older prisoners, they may have significant health problems. There is a need to recognise and address this risk, particularly in relation to high risk and dependant drinkers, as well as long term problematic drug users. It is essential that the provider works closely with the general healthcare provider to ensure the holistic needs of the prisoners are met in an overall package of care

Mental Health

- 5.11. Service users with a dual diagnosis of mental health and substance use often have multiple and complex needs, which require a comprehensive, coordinated, seamless, multi-agency response. The Service Provider must:
 - 5.11.1. Contribute to the development of clear pathways with mental health and primary care services to improve levels of joint working for those identified with a dual diagnosis
 - 5.11.2. Ensure substance misuse advice and support is provided to mental health agencies that are responsible for co-ordinating care delivery for service users with severe and enduring mental illness.
 - 5.11.3. Contribute to development of a dual diagnosis protocol for prisons and comply with the protocol once agreed.

Prison Healthcare Services

- 5.12. Service users may present with other healthcare needs which require support from prison healthcare services. Often this will need a coordinated response between substance misuse services and healthcare services. The Service Provider must:
 - 5.12.1. Contribute to the development of clear pathways with healthcare services to improve levels of joint working for those identified with other healthcare needs
 - 5.12.2. Contribute to the development and implementation of a joint working protocol with prison healthcare services

Access to information and Confidentiality

- 5.13. The Service Provider must comply with the Kent and Medway Information Sharing Agreement and the Data Protection Act 1998 as well as PSO 9015; Information Assurance
- 5.14. Information collected and recorded by the Service Provider (or sub-contractors) in regard to Kent service users who attend and/or engage with treatment will be made available to members of the K/MDAAT Operational Team or other appointed persons by K/MDAAT on request in line with the Kent and Medway Information Sharing Agreement.
- 5.15. K/MDAAT (or its appointed persons) will make anonymous any data and information gained as a result of this access. Any information obtained is for the sole purpose of informing the continued development and improvement of K/MDAAT commissioned services.
- 5.16. There must be representation from healthcare managers or pharmacists at security committee meetings and a reciprocal arrangement with Medicine Management Meetings, where the robust sharing of information should be facilitated.
- 5.17. Particular attention should be paid to suspected illicit drugs (including prescription drugs) used by prisoners. Such intelligence and information should be acted upon, and may include reviews of prescriptions and/or risk assessments for in-possession medication, and drug testing where appropriate. Where a prisoner provides a positive drug test this information is required to be shared with relevant prison authorities

Links with Community Services

- 5.18. The Service Provider must develop strong links and clear referral pathways with local community substance misuse providers to ensure continuity of care for service users being transferred between community and prison settings.
- 5.19. The Service Provider must develop robust plans and mechanisms for continuity of care for clients on their release from custody.
- 5.20. The plans should form part of an overarching recovery plan, which is discussed with the service user and community provider at the earliest opportunity.
- 5.21. The release plan must include details of their local treatment provider in case of unexpected or early release and the prison SPOC for the community substance misuse provider to contact
- 5.22. Manager attendance at any relevant community meetings, such as the Drug and Alcohol Related Deaths panel.

Partnership working

- 5.23. The Service Provider is required to work in partnership with the full range of health or social care organisations in the community and in prisons to support service users and/or their families to achieve the Service Outcomes.
- 5.24. The Service Provider shall liaise with and work collaboratively with all commissioned services working within the prison which include:
 - 5.24.1. Sexual Health In Reach Services
 - 5.24.2. Integrated Clinical Assessment & Treatment Service (ICATS)
 - 5.24.3. Dental and Oral Health Services
 - 5.24.4. GP services
 - 5.24.5. Podiatry Services
 - 5.24.6. Occupational Therapy Services
 - 5.24.7. Mental Health In Reach
 - 5.24.8. Mental Health Forensic
 - 5.24.9. Opticians
 - 5.24.10. Pharmacy Services
 - 5.24.11. Any other Specialised Services
- 5.25. Representatives from the Service Provider are expected to attend relevant establishment and /or partnership meetings to improve the effectiveness of the service and to facilitate the smooth running of the prison.
- 5.26. The Service Provider will be required to work in close collaboration with any persons appointed by K/MDAAT to undertake an evaluation of the Service.
- 5.27. The Service Provider must ensure all health and social care professionals involved in the service user's care or associated care are kept fully informed of the service user's progress.

Sub-contracting arrangements

- 5.28. The Service Provider must ensure the effectiveness and efficiency of the entire substance misuse service delivery in the prisons and will remain accountable for all services whether provided directly or sub-contracted to other providers.
- 5.29. The Service Provider must ensure that any sub-contractors have the necessary registrations and licences needed to provide regulated interventions.

Capacity or service delivery issues

- 5.30. The Service will be required to meet the staffing requirements and deliver to capacity.
- 5.31. The Service Provider will alert commissioners to any capacity or service delivery issues in a timely and appropriate way.
- 5.32. The Service Provider must inform KCC of any urgent issues that arise and will work with KCC to agree and implement solutions as necessary. This may include the rerouting of resources as necessary.

Serious Incidents

- 5.33. Serious incidents¹ requiring investigation are:
 - 5.33.1. Unexpected or avoidable death of one or more service users or staff or visitors
 - 5.33.2. Serious harm to one or more service users or staff, visitors or members of the public where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm
 - 5.33.3. A scenario that prevents or threatens to prevent the Service Provider's ability to continue to deliver substance misuse services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure
 - 5.33.4. Allegations of abuse
 - 5.33.5. Adverse media coverage or public concern about the organisation
 - 5.33.6. Serious incidents involving controlled drugs
 - 5.33.7. Breach of information security.
 - 5.33.8. Breach of Prison Service professional standards
- 5.34. The Service Provider must comply with the requirements of K/MDAAT, the PCT and Prison Service for Serious Incident management and reporting. The Service Provider must ensure that serious incidents are reported to K/MDAAT, the PCT and Prison Service, using the relevant reporting mechanism.
- 5.35. The Service Provider must attend the relevant K/MDAAT, PCT or Prison Service Serious Incident meetings as required. The outcome of Serious Incident investigations should inform agency improvement programmes if they are highlighted and evidence of these improvements should be provided to K/MDAAT, the PCT or the Prison Service.

¹ National Patient Safety Agency (2010), National Framework for Reporting and Learning from Serious Incidents Requiring Investigation.

Safeguarding

- 5.36. The Service Provider must comply with the requirements of the Safeguarding of Vulnerable Groups Act 2006, associated regulations and guidance provided by the Independent Safeguarding Authority (ISA) and the Kent and Medway Safeguarding Children Board Guidelines. The Service Provider has a duty to ensure that referrals are made to the ISA whenever necessary in line with ISA guidance.

Service User and Public Involvement

- 5.37. The Service Provider must ensure appropriate and effective service user and public involvement in the development and delivery of services in line with the principles of the Duty to Involve. The Service Provider must comply fully with Section 242 of the NHS Act 2006.
- 5.38. Where appropriate service users' representatives are expected to be supported to attend the KDAAT Service User and Carer Expert Panel meetings as well as service user and carer consultation events.

Service User Feedback and Complaints

- 5.39. The Service Provider will seek the views of service users, their families and carers to help ensure that services are effective and responsive to the changing patterns of need. The Service Provider will seek and review levels of service user satisfaction. This involvement will be documented and sent to commissioners' to evidence how service users are influencing service provision.

Family, friends and carers

- 5.40. The Service Provider will encourage and support family, friends and carers to attend the KDAAT Service User Expert Panel meetings as well as Service User consultation events.
- 5.41. The Service Provider will work in partnership with local carers' agencies to ensure family friends and carers access the range of support available.

Workforce Development

- 5.42. Developing a competent substance misuse workforce is crucial to ensuring a high standard of service delivery for service users.
- 5.43. The Service Provider will have a Workforce Development Strategy in place. This must include:
- 5.43.1. Trainee protocols to ensure:
- All trainees are supervised by a fully competent practitioner as defined in section 4.48
 - All trainees are fully competent within two years
 - No trainee works with complex needs Service Users until fully competent
- 5.43.2. An annual Training Needs Analysis and actions plans to ensure:
- All workers and their line-managers be competent in the substance misuse field, in line with Workforce Compliance requirements
 - Continuous professional development of the workforce

- All workers and their line-managers have completed, or are undertaking, a training course regarding child protection that is consistent with the Kent and Medway multi agency procedures manual 2007 and any new guidance or legislation that may be introduced. This must be undertaken as a minimum biannually
- All line-managers have completed, or are undertaking, a training course in line-management
- All workers and their line managers are competent in the requirements of the Kent and Medway Information Sharing Agreement and Substance Misuse Standard Operating Procedure in line with the joint NTA/Home Office Development Plan and best practice principles of the NTA's National Skills Consortium.

5.43.3. The Service Provider must record evidence of competence of all staff employed. This must include:

- Core generic competence to work with adults and/or children & young people (depending on their client group)
- Competence in the units from the Drug and Alcohol National Occupational Standards (DANOS) and other relevant National Occupational Standards (NOS) appropriate to their specific role.

Workforce Compliance

5.44. The Service Provider will be required to submit workforce statistics and evidence of workforce competence to KCC on request.

5.45. The Service outlined in this specification requires competent practitioners who must have occupational competences in line with DANOS and other relevant NOS.

5.46. All staff will have Prison Service Clearance

5.47. All practitioners must meet the following standard of competence.

Table 1: All practitioners' minimum competence standards.

Old Code	New Code	Unit Title
AA1	Unchanged	Recognise indications of substance misuse and refer individuals to specialists
AA2	(HSC233)	Relate to and interact with individuals
AA3	(HSC330)	Support individuals to access and use services and facilities
AA4	(HSC311)	Promote the equality, diversity, rights and responsibilities of individuals
AA5	(GEN21)	Interact with individuals using telecommunications
AA6	(HSC35)	Promote choice, well being and the protection of all individuals
AB1	(HSC226)	Support individuals in who are distressed
AB2	Unchanged	Support individuals who are substance users
AB3	Unchanged	Contribute to the prevention and management of abusive and aggressive behaviour
AB4	(HSC335)	Contribute to the protection of individuals from harm and abuse
AB5		Assess and act upon immediate risk of danger to substance users
AB7	Unchanged	Provide services to those affected by someone else's substance use
AB8	(HSC395)	Contribute to assessing and act upon risk of danger, harm and abuse
AC1	(HSC33)	Reflect on and develop your practice

AC2	(GEN36)	Make use of supervision
AC3		Contribute to the development of the knowledge and practice of others
AC4	Replaced with (GEN33) & (GEN35)	<i>(Old title) Support and challenge workers on specific aspects of their practice</i> (New title) Enable other workers to reflect on their own values, priorities, & interests and effectiveness (New title) Provide supervision to other individuals

Old Code	New Code	Unit Title
AD1	Unchanged	Raise awareness about substances, their use and effects
AF1	Unchanged	Carry out screening and referral assessment
AF2	Unchanged	Carry out assessment to identify and prioritise needs.
AG2	Unchanged	Contribute to care planning and review
AG3	Unchanged	Assist with the transfer of individuals between agencies
AG4	Unchanged	Retain individuals in contact with substance misuse services
AG5	Unchanged	Implement policies to manage risk to individuals and third parties
AH3	Unchanged	Supply and exchange injecting equipment for individuals
AH4	(HSC225)	Support individuals to undertake and monitor their own health care
AH7	Unchanged	Support individuals through detoxification programmes
AH10	Unchanged	Carry out brief interventions with alcohol users
AI2	Unchanged	Help individuals address their substance use through an action plan
AJ1	Unchanged	Help individuals to address their offending behaviour
AK1	HSC347	Help individuals to access employment
AK2	HSC348	Help individuals to access learning, training & development opportunities
HSC33 1	Unchanged	Support individuals to develop & maintain networks and personal relationships

5.48. Additional competence for any practitioner undertaking motivational approaches and brief interventions.

Table 2: Motivational approaches and brief intervention minimum competence standards.

Old Code	New Code	Unit Title
AB6	Unchanged	Support individuals to deal with relationship problems
AD2	ENTO L10	(Revised title) Enable learning through presentations.
AD3	ENTO	(Revised title) Enable group learning.
AD4	Unchanged	Develop and disseminate information and advice about substance use, health and social well being
AE1	Unchanged	Test for substance use.
AF3	Unchanged	Carry out comprehensive substance misuse assessment
AG1	Unchanged	Develop implement and review care plans for individuals
AH7	Unchanged	Support individuals through detoxification programmes
AI3	Unchanged	Counsel groups of individuals about their substance use using recognized theoretical models
AJ2	Unchanged	Enable individuals to change their offending behaviour
AK2	(HSC348)	Help individuals to access learning
AK3	Unchanged	Enable individuals to access housing and accommodation
AK4	Replaced	(Old title) Support individuals to manage their financial affairs

Old Code	New Code	Unit Title
	With (HSC345) & (HSC346)	Support individuals to manage their financial affairs Support individuals to manage direct payments

5.49. Substance misuse specialists and consultant psychiatrists (or other consultants) working in addiction should have training and competencies in line with both guidance from the Royal College of Psychiatrists (monitored through appraisal and professional revalidation procedures) and DANOS and other relevant NOS.

Table 3: Substance misuse specialists and consultant psychiatrist's additional competence standards

Old Code	New Code	Unit Title
AH1	Unchanged	Prescribe controlled drugs for substance users
AH11	Unchanged	Prepare prescriptions for controlled drugs

Workforce Recruitment

5.50. During recruitment all job descriptions, person specifications and recruitment processes will be expressed in line with DANOS and other relevant NOS. The Service Provider will be able to demonstrate that an appropriate level of funding is allocated to the training and development of staff at all grades, including managers.

Premises

5.51. The Service must be delivered in a safe environment that complies with prison standards.

Communications

5.52. The Service Provider must have in place a comprehensive communications plan and structure. It should include, but is not limited to:

5.52.1. Proactive communications

5.52.2. Quick and effective responses to media enquiries, of which K/MDAAT and the HM Prison Service must be informed and kept up to date at all times

5.52.3. Innovative communications activity to effectively engage service users

5.52.4. Regular communications with partners regarding ongoing treatment provision and access to services.

5.53. The Service Provider will also co-ordinate and delivery activities that promote, within Kent, national drug and / or alcohol campaigns and/or initiatives. The Service Provider is also expected to participate in local Public Health activities, campaigns and initiatives.

Environment and Sustainability

5.54. The service should seek to operate in an environmentally sustainable way and minimise any adverse environmental impact it causes.

5.55. The Service Provider is expected to be prepared for changing climate and should have in place a robust environmental policy and risk based approach that covers the climate impact.

Business Continuity and Emergency Planning

- 5.56. The Service Provider must have comprehensive and adequately tested business continuity plans in place in order to ensure continuation of critical services in the event of severe weather, adverse event or major service disruption.

6. Funding and Performance Management

Funding and Performance Management Overview

- 6.1. The Service Provider must performance manage the service effectively in order to ensure that it meets the required standards, delivers the necessary outputs and contributes to the required service outcomes.
- 6.2. KCC will make payments for the service monthly in arrears subject to satisfactory performance.
- 6.3. Performance in delivering the service outputs and outcomes will be measured by:
- 6.3.1. Level of staffing vacancies
 - 6.3.2. NDTMS data (including NTA quarterly reports)
 - 6.3.3. Activity and performance monitoring data submitted by the Service Provider
 - 6.3.4. Unit costing data and value for money information
 - 6.3.5. Feedback from service users, carers and other stakeholders including complaints, comments, compliments, survey information
 - 6.3.6. Evidence of compliance with relevant clinical and service standards and progress towards delivering agreed actions.
- 6.4. The Service Provider must complete the performance monitoring schedule on a quarterly basis in line with KCC guidance and return to KCC via secure email (kdaat.returns@kent.gov.uk.cjism.net).
- 6.5. The Service Provider must ensure that performance and activity information reported to KCC, NDTMS and DIRWeb is accurate and is submitted within the required timescales. Failure to meet the K/MDAAT or NDTMS submission deadlines or data quality standards may be judged to constitute unsatisfactory performance

Key Performance Indicators

- 6.6. The Key Performance Indicators (KPIs) for the Kent and Medway Prison Substance Misuse Service are grouped into the following three categories:
- Activity
 - Quality
 - Outcomes
- 6.7. The following tables set out the performance monitoring information and KPIs for each category¹. The Service Provider shall collect the information required for each KPI and shall report such information by prison to KCC on a quarterly basis.

¹ KPIs are numbered

1. Activity	Target
Screening and assessment	
1.1. Number of substance misuse screenings completed at reception	
1.2. Total number of substance misuse screenings completed	
1.3. Number of advice, information or brief interventions delivered	
1.4. Number of comprehensive substance misuse assessments completed	
Clinical interventions	
1.5. Number of clients referred for clinical assessment	
1.6. Number of clinical assessments completed	
1.7. Number of clients requiring a prescription on first night	
1.8. Number of clients requiring prescription being seen by a Doctor on first night	
1.9. Number of clients starting first night prescribing (methadone)	
1.10. Number of clients starting first night prescribing (buprenorphine)	
1.11. Number of clients starting first night benzodiazapine detox	
1.12. Poly-substance (including crack) intervention	
1.13. Number of clients receiving crack only intervention	
1.14. Number of clients starting alcohol detoxification	
1.15. Number of clients starting opiate detoxification	
1.16. Number completing opiate detoxification	
1.17. Number of clients requiring maintenance prescribing	
1.18. Number of clients stabilising/reducing	
1.19. Number dropped out from prescribing intervention	
1.20. Number completing alcohol-only detoxification	
1.21. Number completing alcohol detoxification (poly-substance)	
Psychosocial interventions	
1.22. Number of 1 to 1 keyworking sessions delivered	
1.23. Number of individuals receiving 1 to 1 keyworking	
1.24. Number of Groupwork sessions delivered	
1.25. Number of individuals attending group work sessions	
1.26.	
Rehabilitation Programmes	
1.27. Number of programme sessions delivered (by programme type)	
1.28. Number of individuals attending programmes (by programme type)	
1.29. Number of individuals completing programme successfully (by programme type)	

1.30. Number of individuals dropping out of programmes (by programme type)	
Post-treatment interventions and support	
1.31. Number of individuals engaged with peer recovery networks	
1.32. Number of individuals receiving post-treatment support and advice	
2. Quality	
Staffing	
2.1. 24/7 Clinical Cover - Number of days in each Quarter	
2.2. 24/7 Clinical Cover - Number of days in each quarter where cover was provided	
Waiting times	
2.3. Proportion of individuals requiring first night clinical intervention receiving required intervention	
2.4. Average waiting time for clinical intervention	
2.5. Longest waiting time for clinical intervention	
2.6. Average waiting time for psychosocial intervention	
2.7. Longest waiting time for psychosocial intervention	
2.8. Average waiting time for rehabilitation programme	
2.9. Longest waiting time for rehabilitation programme	
Blood borne virus screening and prevention	
2.10. Number of individuals screened for blood borne viruses (Hep A, B & C, HIV)	
2.11. Number of individuals accepting offer of Hepatitis B vaccination	
2.12. Number of individuals starting a Hepatitis B vaccination course	
2.13. Number of individuals accepting offer of Hepatitis C test	
2.14.	
2.15. Proportion of individuals recorded as previous or current injecting drug users with a Hepatitis C test	
2.16. Number	
Post-treatment interventions and support	
2.17. Number of individuals with on-going substance misuse needs released and transferred to community substance misuse services	
2.18. Number of individuals released with on-going substance misuse needs not transferred to community substance misuse services	
Service User Satisfaction	
2.19. Percentage of service users satisfied or very satisfied with Kent and Medway Prison Substance Misuse Service	

3. Outcomes	
3.1. Number of people completing drug treatment successfully (free from dependence on drugs)	
3.2. Number of people completing alcohol treatment successfully (free from dependence on alcohol)	
3.3. Number of individuals completing a Hepatitis B vaccination course	
3.4. Number of individuals (by prison) re-offending within 12 months of leaving prison	
3.5. Number of individuals (by prison) not re-offending within 12 months of leaving prison	
3.6. Average changes in self-reported ratings of health and wellbeing	
3.7. Number of prisoners dying from drug and/or alcohol related causes within 12 months of release from prison	
3.8. Number of drug or alcohol related serious incidents within the prison	