

Oxfordshire Drug and Alcohol Action Team
Local Area Single Assessment and Referral Service (LASARS)
Summary of Specification

Purpose

The main function of LASARS will be to provide an independent assessment (including criminal justice assessment) and referral service. The Provider shall have a multi-disciplinary team which will be the gatekeeper for all referrals for drug and/or alcohol recovery services, acting as a single point of contact for treatment across Oxfordshire, including self-referrals and those from the criminal justice system.

Service Scope

1. Service Description

The Provider shall provide a LASARS, which will be a new Oxfordshire countywide service, made up of a multi disciplinary team, which will be required to operate independently of recovery services in Oxfordshire, and will consist of the core elements described in this section.

1.1 Referral

The Provider shall:

- Operate the LASARS such that it is a single point of access for any person requiring drug and/or alcohol services in Oxfordshire, minimising disadvantage through geographical location, gender or disability;
- Ensure, where possible, that the immediate needs of the Service User are met, this may include facilitating access to a range of services such as needle exchange programmes or primary care services;
- Facilitate access to harm minimisation services as required;
- Ensure that Service Users are offered an assessment date that is within 7 days (inclusive of weekends) of referral to the LASARS;
- Where a Service User is assessed as needing to access recovery services, ensure that he/she waits no more than 3 weeks between referral to the LASAR and his/her first appointment with the recovery provider.

1.2 Comprehensive Assessment

The Provider shall:

- Complete a comprehensive assessment of a Service User's suitability for drug and/or alcohol recovery services and/or harm minimisation services and gain further detail of the Service User's history and current situation;
- Ensure that the Service User fully understands the assessment process and work collaboratively with him/her to determine the most appropriate provider, exploring his/her readiness for recovery;
- Assess immediate risk to the Service User and/or others;
- Where recovery services are chosen, the Provider shall NOT define what treatment modalities (for example opiate substitution therapy or counselling) are required, but shall assist the Service User to choose a recovery provider from the 'menu' of providers available (the recovery provider will develop the appropriate care plan with the Service User);
- Pass information to the recovery provider, harm minimisation provider or other service providers if appropriate, noting that recovery providers can only refuse to take on Service Users in exceptional circumstances and with the agreement of the Provider and the Commissioner's DAAT
- Ensure that assessment is an inclusive process whereby the Service User and the Provider's assessor work in partnership to identify need and plan care appropriately;

- Ensure that the individual fully understands the assessment process and will work collaboratively to ensure that needs are jointly identified.

Assessment by the Provider will:-

- Ensure fair and equal access to drug and/or alcohol services for any person resident within Oxfordshire;
- Undertake comprehensive robust assessment, including assessment of risk, of individual need for all Service Users who wish to access recovery services for drug and/or alcohol misuse;
- Undertake comprehensive robust assessment, including assessment of risk of individual need for all those waiting to access the harm minimisation service for opiate substitution therapy;
- Identify Service Users' immediate requirements and ensure these are met, including, for example, the need for primary or emergency care services;
- For parents, or those in contact with children, undertake a full or comprehensive assessment of any drug and or alcohol related risks to which they may be exposed and to highlight any safeguarding concerns;
- Ensure compliance with "Required Assessments" under the Drugs Act 2005 by undertaking the second Required Assessment, where appropriate, for those Service Users referred from police custody and to provide those appointments within 3 working days of a positive drug test;
- Using the assessment and matrices provided, profile Service Users according to the local point system and allocate the corresponding tariff;
- Undertake all Restrictions on Bail (ROB) assessments in compliance with the Drugs Act 2004 and either refer Service Users to the harm reduction service or work towards accessing recovery services for the Service User;
- Assessment for recovery services of potential Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) candidates to relevant court deadlines;
- Identify, following assessment, those who require, and are ready to access, recovery services and those who are not ready for recovery and who require harm minimisation services;
- Identify, following assessment, those who require brief interventions;
- Assessment of any young people under the age of 18 years who require Opiate Substitute Therapy (OST) or medically assisted withdrawal;
- Residential treatment assessment that incorporates a community care assessment, of those eligible under the Oxfordshire eligibility criteria attached and for whom community options have failed, to enable access to residential provision from the residential detoxification and residential rehabilitation framework;
- Assessment of those requiring access to drug and/or alcohol service provision from prison custody within 3 days of release where no prior notification of release was received;
- Completion of a Start Treatment Outcomes Profile (TOP) as part of the assessment, for all Service Users who are assessed as requiring either recovery provision or OST from the harm minimisation service, as appropriate;
- Completion of Oxfordshire Treatment Information System (OTIS) assessment and referral information for all individuals who are assessed as requiring either recovery provision or OST from the harm minimisation service, as appropriate.

1.3 Case Management

The Provider shall:

- Work with the Service User on choosing the most appropriate recovery provider to meet his/her needs, ensuring that Service Users have all the information available to make an informed decision;
- Select the appropriate recovery provider from the Commissioner's framework and arrange the call-off contract;
- Arrange for the Service User to have their first appointment with a relevant recovery provider;
- Complete Oxfordshire Treatment Information System (OTIS) for all individuals who are reviewed;
- Complete a Review TOP, for all Service Users accessing recovery services (not those accessing the harm

minimisation service) every 12—26 weeks [to be confirmed], and input onto OTIS within 2 weeks of review;

- Complete an Exit TOP, for all Service Users accessing recovery services (not those accessing the harm minimisation service) when they leave recovery provision successfully (NDMTS definition is currently ‘Treatment completed drug free’, ‘Treatment completed alcohol free’ or ‘Treatment completed occasional user (not heroin or crack)’), and input onto OTIS within 2 weeks;
- Receive notification of outcomes achieved from all recovery providers on the community framework, where appropriate;
- For those who are referred to recovery services, use the matrix provided and score individual needs and choose the appropriate needs cluster;
- Report monthly to the Commissioners on outcomes achieved, where required (some outcomes may be reliant on data provided by the National Treatment Agency);
- Advocate for Service Users who are not receiving a satisfactory service from their chosen provider on the recovery framework;
- Proactively work with Service Users and other service providers to encourage engagement and facilitate re-engagement of Service Users;
- Refer to the local residential detoxification project;
- Work with mental health services across Oxfordshire to ensure that Service Users with a dual diagnosis are referred to the appropriate services;
- Always seek to reduce the impact of a Service User’s substance misuse on children with whom the Service User is in contact;
- Have and work to appropriate information sharing protocols to enable all assessment information to be shared with the recovery service provider and harm minimisation service provider.

2. Treatment Outcomes Profile (TOP)

The Treatment Outcomes Profile (TOP) will be used to measure some dependency and health and wellbeing outcomes for payment to recovery providers. Therefore, completion and data entry for Start, Review and Exit TOP is a vital component of the Provider’s responsibility. As such the Provider shall complete the TOP with the Service User at the start of treatment, periodically throughout treatment and at the end of treatment.

3. Advice and Information

The Provider shall:

- Work in partnership with the Commissioner’s DAAT to continually develop appropriate literature for individuals, parents, carers, professionals and Service Users, and ensure its dissemination throughout the county;
- Actively promote services widely across each locality by informational posters and literature disseminated through, for example, community centres, GP surgeries and local newsletters;
- At all times have accurate and up to date information on all providers on the residential detoxification and rehabilitation framework and the recovery framework to ensure that Service Users can make an informed choice as to which service they wish to access;
- Provide a central telephone line for professionals, Service Users, individuals, parents and carers which will be a first point of contact for information.

4. Moving to the new Oxfordshire model

The Provider shall:

- Assess all people who are already accessing treatment services prior to their current provider’s contract end date (see below), and;
- Assess all people, in particular those on opiate substitution therapies (“OSTs”), as to their suitability for either the harm minimisation or recovery services;

- Manage transition to either the harm minimisation service or a recovery service jointly with the existing provider and the new provider.

5. Inclusion Criteria

- The Provider shall not decline to assess any person or Service User who falls within the following criteria:
- Aged 18 or over, resident in Oxfordshire who are problematic illicit drug users, or moderately or severely dependant alcohol users;
- Any person aged under 18 referred by the young people's substance misuse service requiring an assessment for medically managed alcohol or opiate detoxification;
- Any person aged under 18 requiring an assessment for residential detoxification and/or rehabilitation
- Any young person aged 17 or under (who would normally access a young person's service, with the exception of the above), whom it is appropriate to allow to access this Service, recognising that young people in this bracket develop at different rates.

6. Peripatetic work

The Provider's Service will cover the whole of Oxfordshire and will include home visits where individuals cannot access their nearest service. The Provider will deliver Services peripatetically across Oxfordshire and will carry out assessments in any locality across Oxfordshire to ensure that no individual/Service User is disadvantaged due to his/her geographical location.

The Provider will also make facilities available for travel reimbursement and travel vouchers to facilitate Service User access.

7. Days/ hours of operation

The Provider will deliver a flexible Service inside and outside of core office hours to include weekends and bank holidays and will provide regular out of hours Services across the county according to needs.

8. Referral Criteria and sources

Referral will be through any route.

9. Discharge Processes

It is expected that Service Users will be engaged with the Service for a limited length of time. Discharge planning is the responsibility of the Provider, and will occur once the assessment has been conducted, any immediate needs have been met and the Service User has been referred to and is engaging with the appropriate substance misuse service with the appropriate tariff set if applicable.

Should the Service User not engage with the recovery service the Provider shall take all reasonable steps to contact the Service User and re-engage with him/her, determine and remedy the cause of failure to attend where possible and facilitate re-engagement with recovery services or coordinate engagement with other services, where possible. Thereafter, the Provider shall undertake Review and Exit TOPs, as outlined above.

10. Outcomes and payment

The contract will be based upon annual contract price and quality outcomes measures on an approximate ration of 75% contract value and 25% outcome measures.

DRAFT MEASURES FOR AGREEMENT:

Outcome	Metric
<i>All individuals who need an assessment will receive one</i>	<i>All individuals currently accessing treatment services, and recorded on OTIS, are assessed during the transitional timeframe</i>
	<i>All individuals who are referred and are eligible for an assessment (after the transitional timeframe) to receive one within 7 days (as recorded on OTIS)</i>
<i>OTIS will be completed for all individuals assessed</i>	<i>Assessment and onward referral information completed and inputted onto OTIS, at the acceptable standard, for all individuals assessed</i>
<i>TOP will be completed for all individuals at the appropriate time intervals</i>	<i>During the transitional timeframe a review or start TOP will be completed, and inputted onto OTIS within the defined timescales, for all individuals assessed as requiring treatment services</i>
	<i>A start TOP will be completed, and inputted onto OTIS within the defined timescales, for all individuals who are assessed (after the transitional timeframe) and referred to treatment services</i>
	<i>A review TOP will be completed, and inputted onto OTIS within the defined timescales, every 12-26 weeks following their start or latest review TOP, for all individuals accessing services on the recovery framework</i>
	<i>An exit TOP will be completed, and inputted onto OTIS within the defined timescales, for all individuals leaving services on the recovery framework</i>