

**Capital development programme for inpatient
and residential rehabilitation substance misuse
(drug and alcohol) services 2007/08 and 2008/09**

Application Guidance Notes

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Contents	page
Key Actions and Milestones Summary	3
1. Introduction	4
2. Aims and Objectives	6
3. Allocation Process	7
4. Bidding Criteria	12
5. New Build and Remodelling	14
6. Strategic Framework	16
7. Revenue Funding	17
8. Arrangements to ensure return on investment	19
ANNEX 1 – Definition: inpatient assessment, stabilisation and assisted withdrawal services	20
ANNEX 2 – Definition: residential rehabilitation services for substance misusers	22
ANNEX 3 – Definition: Aftercare Services	23
ANNEX 4 – Proforma Summary of Prioritised Bids	25
ANNEX 5 - NTA Regional Teams details	27
ANNEX 6 - Information for Tier 4 providers as to how to report to NDTMS	28
ANNEX 7 – Expressions of interest proforma	29
ANNEX 8 – Application cover sheets	32
ANNEX 9 – Consultation Record proforma	40
ANNEX 10 – Statement of Regional Priorities	43

Key Actions and Milestones Summary

Date	Actions and Milestones
July 2006	Publication of this Guidance and promotion of the capital development programme to providers of inpatient and residential rehabilitation services.
August 2006	NTA Regional Teams and SHAs convene Regional Forums (see section 3.2 for membership details).
31 August 2006	<p>Regional Forums agree regional priorities for development of in-patient and residential rehabilitation services. (This should include supra-regional provisions to meet the needs of identified underserved groups.)</p> <p>Regional Forums invite proposals for capital development of in-patient and residential rehabilitation services from providers via Local Drug Partnerships that address the gaps and priorities identified.</p> <p>The Forums will make clear at this stage whether they intend to undertake a two stage sifting process or invite single proposals (see section 3.10 for further details).</p>
10 November 2006	Final proposals for capital development, with the endorsement of key stakeholders, are submitted to the Regional Forums for assessment.
30 November 2006	Regional Forums submit portfolios of their prioritised proposals, which meet the criteria detailed in Section 4, to the National Panel.
Early January 2007	The National Panel will agree the national capital development programme funding allocations and make recommendations to SHAs on spend.

1. Introduction

1.1 This guidance is to outline the strategic bidding process for resources to facilitate the capital development of inpatient and residential rehabilitation substance misuse services (collectively Tier 4) in 2007/08 and 2008/09 -see section 1.5. Definitions of these treatment modalities are detailed in ANNEXES 1 and 2.

1.2 The total capital fund available is **£54.9** million. The capital will be allocated to Strategic Health Authorities with recommendations for spend based upon the outcome of a strategic bidding process.

1.3 This guidance is designed to assist Strategic Health Authorities and NTA regional teams in convening Regional Forums to inform their strategic role in assessing and prioritising bids as well as statutory and voluntary sector providers and Local Drug and Alcohol Partnerships in developing capital proposals.

1.4 An overview of the Capital Allocation Model

- Following publication of this guidance the NTA and SHAs will inform Local Drug Partnerships and Local Drug and Alcohol Partnerships and providers of the process.
- The NTA, working in close collaboration with the SHA, will convene Regional Forums co-terminus with the reconfigured 10 SHA boundaries.
- Regional Forums will undertake a process to identify gaps and priorities for the capital development of inpatient and residential rehabilitation drug and alcohol services.
- Regional Forums will invite proposals from providers, usually with the endorsement of **two or more** Local Drug (and Alcohol) Partnerships to meet the identified and published gaps and priorities for capital development. Where partnerships are making proposals to enhance existing service capacity, this process should clearly be undertaken in close consultation with the existing local provider(s). There may not always be an existing provider directly involved in a proposal, as partnerships may wish to bid for a “new build” project that could subsequently invite providers to tender for the contract to run the service.
- Proposals should be submitted to the NTA regional offices by 10th November 2006.
- Regional Forums will assess and prioritise proposals for capital development received via PCTs and Local Drug (and Alcohol) Partnerships and submit portfolios of prioritised proposals to the National Panel for consideration. NB: If bids are not prioritised by the Regional Forum they will not be submitted to, or considered by the National Panel.

- The National Panel will agree capital funding allocations for successful proposals and allocate funding to the SHAs with recommendations for spend in 2007/08 and 2008/09.
- Regional Forums will assure delivery primarily through the National Treatment Agency treatment planning/quarterly review process, implemented in partnership with SHAs and other regional partners. With large scale projects, additional performance monitoring may be required.
- In the case of stand alone alcohol services PCT's and LA's who endorse and commit revenue funding for these developments will be required to report directly to the Regional Forums in regard milestones and progress of proposals.

1.5 NB: It is anticipated that most capital developments will be completed and operational by 1 April 2009. In some circumstances completion dates will require agreement by Regional Forums on a project by project basis.

1.6 The National Panel's recommendations to the SHAs are final and there are no mechanisms for appeal.

2. Aims and Objectives

2.1 The national aims of the capital development programme are to:

- To increase capacity within Tier 4 services (drug and alcohol)
- To improve outcomes for individuals accessing Tier 4 services (drug and alcohol)

2.2 Nationally, the primary objectives of the capital development investment are to:

- Increase the capacity of inpatient assessment, stabilisation and assisted withdrawal services for substance misusers. See definition in **ANNEX 1**.
- Increase the capacity of residential rehabilitation services for substance misusers. See definition in **ANNEX 2**.
- To increase the capacity of residential rehabilitation services that include inpatient assessment, stabilisation and assisted withdrawal services for substance misusers. See definition in **ANNEX 2**.
- To improve in-patient and residential rehabilitation treatment outcomes through remodelling and refurbishment.
- To improve access to aftercare services and move-on accommodation in supported housing, which provide or have access to planned drug and alcohol treatment interventions eg, self-contained accommodation with support commissioned by or in agreement with the local Supporting People Commissioning Body.

3. Allocation Process

3.1 Funding will be allocated to SHA's with recommendations for spend upon the outcome of the strategic bidding process agreed by the National Panel.

3.2 Regional Forums

The NTA, working in close collaboration with the SHAs, will convene the Regional Forums with the following suggested membership:

- NTA Regional Teams
- SHA representative(s)
- Government Office Crime/ Drugs Team
- CSIP representative
- CSCI representative
- Regional Public Health representative
- Regional Offender Manager

3.3 Attention should be paid to ensuring that Regional Forums have appropriate membership to consider the needs of alcohol users.

3.4 Regional Forums may also wish to draw on the expertise of other regional organisations that may support their decision-making, making sure that there is a clear distinction between Regional Forum members (who should be disinterested in all organisations making proposals) and those involved in submitting proposals via service providers and Local Drug (and Alcohol) Partnerships.

3.5 In some regions, there may be existing or developing structures designed to improve the regional planning for drug and alcohol treatment services. Where they exist, these structures may form the basis for the Regional Forum

3.6 Regional Forums are requested to undertake an assessment of access to current in-patient and residential rehabilitation services within the region and agree gaps and priorities for capital development. Regional Forums should account for the needs of underserved groups to be met through supra-regional developments and these should be reflected in the final statement of gaps and priorities. Regional Forums should consider the following sources of evidence in agreeing gaps and priorities for inpatient and residential rehabilitation capital development:

- The regional consensus of Joint Commissioning Managers, also taking into account the views of providers, users and carers – please see **ANNEX 9** for a suggested proforma to record and collate consultation for this process.
- National Needs Assessment for Tier 4 Drugs services in England (NTA, 2005)
- Alcohol Needs Assessment Research Project (ANARP) (2005)

3.7 Regional Forums might also consider evidence of locally and regionally identified health and social care inequalities in their decision making.

3.8 The signatories for the endorsement of the Regional Forum will be the NTA regional manager and nominated SHA representative.

3.9 Regional Forums should invite proposals for capital development of in-patient and residential rehabilitation services against the agreed priorities for development and assess these against the criteria detailed in Section 4 of this guidance – please see **ANNEX 10**. All proposals that meet the criteria should be set out in preferred priority order based upon the greatest impact they will have upon regional gaps and priorities identified. An assessment and prioritisation Form is provided at **ANNEX 4**. An Assessment cover spread sheet is provided at **ANNEX 8**. These should be submitted electronically to stuart.priestley@dh.gsi.gov.uk by 30 November 2006.

3.10 Regional Forums might wish to consider a two staged process in which expressions of interest are invited and sifted to identify a pool of possible proposals for capital development. A detailed application may then be invited and assessed in accordance with the recommendations within this guidance. Regional Forums are asked to agree which process they wish to follow and inform partnerships and providers if they intend to pursue a two-staged process, making clear the timescales for submission for both the initial expressions of interest and the final full proposal (if the partnerships is successful at the sifting stage). A proforma for Expressions of Interest is attached at **ANNEX 7**.

3.11 SHAs are requested to assure delivery of the capital development programme with the NTA regional teams. Quarterly progress will be monitored by the Regional Forum via the NTA treatment planning / quarterly reporting process.

3.12 Regional Forums are requested to consider the development of models of regional revenue commissioning appropriate to their regional need to become functional in 2007/8. Such models should provide a mechanism to enable for partners across the region:

- An overview of need related to existing and planned provision for inpatient and residential rehabilitation substance misuse services
- An overview of gaps and priorities for these services in the region
- A mechanism to help the commissioning decisions of local drug and alcohol partnerships to support the consensus on gaps and priorities

3.13 The National Panel

The Department of health will convene a National Panel with membership from the Department of Health, Home Office and National Treatment Agency. The National Panel will seek advice and guidance in its decision making from the cross-government Tier 4 group whose membership includes:

- Department for Communities and Local Government (formerly ODPM)
- Commission for Social Care Inspection
- Healthcare Commission
- Care Services Improvement Partnership

- National Probation Directorate
- Housing Corporation

3.14 The National Panel will allocate capital funds to SHAs with recommendations for spend based upon the outcome of the strategic bidding process. Where the number of proposals exceeds the funding available the National Panel will account for the following in their final decision making:

- The greatest impact proposals will have upon the gaps and priorities identified and agreed by the Regional Forums.
- Supra-regional proposals to meet the needs of underserved populations.
- An analysis of the Local and National Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use (2004/05), Report for the Home Office, Drugs Analysis and Research Programme and NDTMS data on current levels of residential and inpatient detoxification provision within the area in question.
- The findings of the Alcohol Needs Assessment Research Project (ANARP) (2005)
- National Needs Assessment for Tier 4 Drugs services in England (NTA, 2005)
- National strategic fit – evidence that bids fit with regional and national strategies and priorities
- Value for money – evidence of unit costs and availability of other capital.

3.15 NB: endorsement of capital proposals by Regional Forums does not guarantee funding. Final funding recommendations to SHAs will be made by the National Panel based upon the above and accounting for available resources.

3.16 Proposals for Capital Development

To be eligible for consideration by Regional Forums, final bids should be based on this guidance and must include the following:

- Application Cover Sheets – provided at **ANNEX 8**
- A coherent structure with an index
- Summary sheet with brief details of the bid, supporting partnership and contact details
- Outline project delivery plan approved by project partners
- Confirmation of any other capital funding sources if secured
- Confirmation that access arrangements are agreed with partners
- Confirmation of likely sources of revenue funding and evidence that this is sustainable.
- References to local strategies and plans, including the care pathway and aftercare arrangements
- Timescales
- Project management arrangements – these will be proportionate to the spend and the complexity of delivering on time and to quality

NB: Proposals should generally be no more than 20 sides excluding the Application Cover Sheets

3.17 All proposals should comply with the following:

- Appropriate building standards for residential health care or supported housing
- Supported housing rents should be set in line with the Housing Corporation's rent influencing scheme.
- The Department of Health, on behalf of the National Panel will only accept proposals from the Regional Forums. Proposals will not be accepted directly from anyone else.
- Supporting documentation should be clearly marked with the name of the Regional Forum and must include the name and contact details for the lead officer.
- Most bids should have the signatures of endorsement from of two or more Local Drug (and Alcohol) Partnerships. This should include Local Authorities Social Services Departments, Primary Care Trusts and other partners as appropriate at senior management/Director level.
- Bids from single partnerships can be accepted in some circumstances. For example, where a partnership is very large and can achieve economies of scale on its own, or where the sum being bid for (perhaps for refurbishment) is comparatively small, then it is acceptable for single bids to be submitted to the regional forum. However, it is anticipated that single bids will not be common as the National Panel is seeking projects that can make an impact on a sub-regional, regional or supra-regional level.
- Where a service relates to young people under 18 or to drug using parents with children the signatures of the Director of Children's Services will be required.
- Bids for supported housing must be endorsed by a signature from a senior manager/director of the local housing authority and, where Supporting People Grant is sought, by the Supporting People Commissioning Body.
- Each bid should include a letter from key partners setting out how the bid will contribute to the delivery of local strategies and targets.
- Exit strategies should local or regional priorities change (please see Section 8 for further details).

3.18 Meeting the needs of underserved groups

Proposals should address the needs of any specific groups for whom there is evidence of under-provision of Tier 4 services. NB: there is some evidence to show that some groups may currently be over-represented in some Tier 4 services (e.g. black and minority ethnic substance misusers). However, such groups may be underserved in other ways and care should be taken to ensure that all staff are culturally competent and trained in anti-discriminatory practice.

Groups who may be underserved by Tier 4 treatment include:

- Women
- Pregnant women
- Substance misusing parents
- Stimulant users

- Black and minority ethnic substance misusers
- Individuals with dual diagnosis or stable on psychiatric medication
- Young people
- Drug users with alcohol problems

3.19 There may be other local and regional priorities and where these exist proposals should clearly highlight and evidence them within the context of health and social care inequalities identified within regional and supra-regional assessments. **The National Panel would welcome supra-regional proposals to meet the evidenced needs of underserved groups.**

3.20 Procurement

Guidance on a procurement procedure that would satisfy the EU Procurement Directive when used in conjunction with advertising in the EU Official Journal (OJEC) can be found at:

http://www.lgib.gov.uk/european_work/democracy/publicProcurement/index.htm
|

Local Authorities should seek independent legal advice on the applicability of the Directive.

3.21 Providers serving multiple partnerships

Where a proposal is made to provide capital improvements to an agency which provides services to multiple Local Drug (and Alcohol) Partnerships, the proposal should normally be routed to the Regional Forum by the Partnership covering the area where the agency is located. However, if there are specific reasons why this may not be appropriate (e.g. the Partnership does not commission places from the agency in question), then some other Partnership can act as the primary endorsing Partnership (as long as the reasons for this are explicit in the proposal and local Partnership also endorses this).

3.22 Supra-Regional bids

The National Panel would be interested to receive proposals on behalf of more than one region, particularly where need has been identified for specialist provision where referrals from a single region may not produce the required economies of scale (e.g. substance misusing parents). As per the procedure outlined in 3.22, proposals should normally be routed through the Local Drug (and Alcohol) Partnership and Regional Forum within whose boundaries the proposed service would be located.

4. Bidding Criteria

4.1 Proposals can only be accepted for capital developments that meet the aims detailed in Sections 2 and 5.

4.2 Regional Panels should assess proposals against the following criteria:

Strategic approach to need and provision:

- Evidence that regional need for the service development has been assessed and evidenced through an explicit methodology. This work should comply with the principles and methodologies of the NTA guidance on Needs Assessment for 2007-08 (due for publication 31.7.06). Proposals should relate to existing provision and show the contribution in meeting unmet need.
- Evidence of a strategy that takes account of the effect of the proposal, if successful, on current services regionally.
- Evidence that the proposal accounts for work force issues and is in line with work force strategies established at a local, regional and national level.

Partnerships

- Typically, two or more Local Drug (and Alcohol) Partnerships should endorse and sign off the proposal. Signatures must be obtained from senior managers/directors of Local Authorities Social Services Departments, Primary Care Trusts and Local Drug (and Alcohol) Partnerships as a minimum. Where a service relates to young people or to drug using parents with children the signature of the Director of Children's Services will be required. Where a service relates to supported housing, the signature of a senior manager/director of the local housing authority and Supporting People Commissioning Body will be required.

Commissioning

- Evidence of how the proposal is embedded within the strategic commissioning of inpatient and residential rehabilitation services within Local Drug (and Alcohol) Partnerships and any proposed arrangement for commissioning residential rehabilitation services at a level wider than local partnerships.

Revenue

- Evidence of the ability to commit revenue funding should be explicit in the proposal. If successful, those sponsoring will be required to commit revenue as a condition of the capital grant

Care Pathways and aftercare

- Local Drug (and Alcohol) Partnerships that endorse proposals should evidence that effective care planning systems are in place to ensure service provision is needs-led and seamless. This will require evidence of "timely" assessment. This will allow arrangements that include access

to wrap around services including advice on housing options; housing related support; health; training and employment opportunities; and care planning systems to be in place by the end of the treatment.

Quality

- Evidence that the service will be commissioned in line with relevant national quality standards.

Consultation

- Details of existing and planned consultation mechanisms and events are included. This should include consultations with users, carers, existing providers and local communities.

Monitoring

- Proposals for the enhancement of existing services will only be considered where those services are fully compliant with National Drug Treatment Monitoring System (NDTMS) reporting requirements (as outlined on the NTA website). In the case of bids that propose new build/ tendering for provider, assurances must be given that NDTMS reporting compliance will be built into the SLA.

NB See Annex 6 for more information on how to start reporting to NDTMS.

Asset Management

- Proposals for new build should ensure that they meet local relevant development priorities.
- Proposals for re-modelling and refurbishment of existing accommodation should undertake and evidence an options appraisal or asset management plan.

4.3 Capital proposals that fully meet the above criteria, as assessed by the Regional Forums, should be set out in preferred order of priority by the Regional Forums based upon the greatest impact upon regional gaps and priorities as previously evidenced.

5. New Build, Re-modelling and Refurbishment.

5.1 The capital can be used for any or all of the following, alone or in combination:

- New build development
- Remodelling of existing buildings (not necessarily used for the provision of substance misuse services at present)
- Refurbishment of existing building (not necessarily used for the provision of substance misuse services at present)
- Infrastructure development of inpatient and residential rehabilitation services in line with the NHS Capital Accounting Manual conditions available at:
<http://www.doh.gov.uk/doh/finman.nsf/4db79df91d978b6c00256728004f9d6b/7106a4c743a294ce80256c630058c30e?OpenDocument>

5.2 Proposals should include information on sites (where it is new build) including site ownership and planning status. All bids should include information on partner agencies and contact details. Proposals should also specify whether additional capital funding is being sought from other sources, for example, NHS Estates, the Housing Corporation, the private sector or charitable donations.

5.3 Building design and location:

It is recognised that building design and location needs will be highly variable, depending on a range of factors including: Whether the proposal is for new build or remodelling; The target user group (e.g. single adults or parents accompanied by children); Models of treatment and care being delivered; Average length of stays; etc. It would therefore be unhelpful to be over-prescriptive about building design or location at this stage. However, proposals should include consideration of the following issues:

5.4 Design Issues:

- The 'fit' between building design features and the proposed service user group and treatment regime.
- In the case of refurbishment of existing drug and alcohol treatment services, proposals should illustrate how service outcomes will be enhanced and / or capacity increased.
- Creche facilities or access to creche facilities as appropriate.
- Need for communal space – e.g. catering, group therapies, education, etc
- Staff accommodation and office space.
- Access for people with physical disabilities.
- Issues of security and safety, for staff and service users.
- For registered care homes, building designs should meet minimum standards, as set out in Care Homes for Adults (18-65) National Minimum Standards and (where relevant) Supplementary Standards for Care Homes Accommodating Young People (16-17).
- Consideration of the need for gender or young people specific provision

- For supported housing provision, building design should meet the Housing Corporation scheme development standards.

5.5 Location issues:

- Links with the local community and other services, such as primary health care, training, education, employment, housing advice and provision and criminal justice services.
- Opportunities to establish in-patient detox treatment facilities at existing residential rehabilitation services, to provide integrated tier 4 treatments on one site and continuity between detoxification and rehabilitation treatments.
- Opportunities to adapt existing supported housing provision to create specialist supported housing for people actively engaged with drug and /or alcohol treatment.

6. Strategic Framework

6.1 National Strategy, Policy and Research Context

6.2 Proposals should clearly demonstrate how they will contribute to the delivery of national drug treatment strategy and alcohol treatment commitments in Choosing Health and key policy frameworks. They should also be directly informed by research into current provision and future needs for Tier 4 drug and alcohol treatment services in England. Key documents include:

- Tackling Drug Use To Build a Better Britain (1998, updated 2002): The Government's 10 year strategy for tackling drug misuse, 1998 – 2008. One of the four areas addressed by the strategy is the development of treatment services. The key treatment objective of the strategy is:

'To Increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime.'

- The National PSA Target for drug treatment:
"Increase the participation of problem drug users in drug treatment programmes by 63% by 2005 and by 100% by 2008, over a 1998 baseline, and increase year on year the proportion of users successfully sustaining or completing treatment programmes."

6.3 Models of Care (National Treatment Agency, 2006)

Models of Care sets out the national framework for the commissioning of adult treatment for drug misuse in England. Proposals for capital development should reflect a care pathway approach detailed in this documents A copy can be found at www.nta.nhs.uk

6.4 Models of Care for Alcohol Misusers (MOCAM, 2006)

MOCAM provides a four Tiered approach to the provision of alcohol treatment services aligned with the Tiers detailed above for drug services. Proposals for capital development should reflect a care pathway approach detailed in this documents. A copy can be found at www.dh.gov.uk.

6.5 National Needs Assessment for Tier 4 Drugs Services in England (NTA, 2005)

6.6 This report makes a range of recommendations and highlights shortages in specialist tier 4 services for specific groups. It also provides regional data on existing provision and projected needs, which will be of assistance in evidencing need for capital proposals. A full copy of the report can be found at: www.nta.nhs.uk

6.7 Choosing Health: making healthier choices easier (Department of Health 2004). A copy can be found at www.dh.gov.uk

6.8 Alcohol Needs Assessment Research Project (ANARP) (2005). A copy can be found at www.dh.gov.uk

7. Revenue Funding

7.1 Bidders are expected to consider a range of funding sources for the ongoing revenue costs for their development.

7.2 Proposals for capital development should include evidence of an intention to provide revenue funding from PCTs, Local Authorities and other key stakeholders along with evidence that this is sustainable. This could include partnership arrangements to pool revenue resources from NHS, Community Care, the Pooled Treatment Budget and other revenue resources, for example. NB: for stand alone alcohol services the Pooled Treatment Budget will not be available for revenue funding. **If successful, bidders will be expected to provide firm revenue commitments by endorsing organisations and partnerships as a condition of receipt of capital funding.**

7.3 Where there is an outstanding dispute in relation to Pooled Treatment budget disinvestment or other financial issues identified via the NTA's quarterly reporting process, this need not prevent PCTs and Local Drug (and Alcohol) Partnerships endorsing proposals for a capital grant. However, Regional Forums are strongly advised not to commit to endorsing proposals until any such issue or dispute has been resolved. Regional Forums, in considering proposals, might also wish to account for Partnerships' and service provider organisations' previous engagement within local, regional and national performance assessment exercises, such as the unit cost survey implemented through the NTA during summer 2006.

7.4 A new residential rehabilitation scheme, which is in housing rather than residential care provision will be likely to need some revenue funding for housing-related support services as part of the funding package. (Re-modelling sheltered housing could include re-cycling existing SP grant) This may, but need not necessarily, be provided through the Supporting People grant, depending on whether the scheme meets local needs and priorities, is providing a good value, quality service and is agreed by the Commissioning Body to be strategically relevant. Bidders should, however, bear in mind that the Supporting People is now capped nationally and locally and Commissioning Bodies are required to prioritise within the available funding, in line with local need. Whatever the revenue source, funding for housing-related support will be relatively minor compared to revenue funding for care and treatment elements of the package. Supporting People Grant is not available for new residential care schemes.

7.5 Local Drug (and Alcohol) Partnership might wish to identify opportunities to secure revenue commitments through inclusion of capital developments within Local Area Agreements.

7.6 The Housing LIN website at www.changeagentteam.org.uk/housing provides further information for residential rehabilitation bids that are not registered through CSCI.

7.7 By definition, more than one Drug and Alcohol Partnership will be involved in each bid. Where applicable, an assurance should be given that a risk sharing agreement for the relevant element of the project is in place.

8. Arrangements to ensure return on investment

8.1 In deploying NHS capital, SHAs and PCTs have a duty to apply the guidance in the Government Accounting manual and the 27th June Treasury letter DAO(GEN)07/05 on proportionate recovery arrangements, which foresees the establishment of binding, enforceable agreement to protect the interests of the taxpayer.

8.2 In making grants to providers Regional Forums should ensure that the grant is tied to maintaining or developing Tier 4 drug and alcohol services over a medium term period and recovering money to the extent this condition is not met.

8.3 For instance, a Regional Forum might choose to specify that, once the capital scheme has been completed, the premises will remain in use for the delivery of drug and alcohol treatment services and that the level of service provided will be at least equivalent to now:

for projects costing up to £50,000 plus VAT for at least 5 years, and

for projects costing over £50,000 plus VAT for at least 10 years.

8.4 The Regional Forum would then specify that the provider must repay a proportion of the grant should the premises cease to be used to provide drug and alcohol services, or if there is a reduction in the level of drug and alcohol services provided, before that 5 year (or 10 year) period of guaranteed use has expired. The repayable amount would, for instance, be:

[the amount of grant] x [amount of time (in whole and part years) left] divided by [5] or [10].

Completed bids should be submitted to the Regional Forums via the NTA regional teams – details provided at ANNEX 5.

ANNEX 1 Definition: inpatient assessment, stabilisation and assisted withdrawal services

Proposals will be considered for inpatient services for substance misusers that embed the key features outlined below within a planned specialist substance misuse inpatient setting.

Models of Care for the treatment of adult drug misusers Update 2006 (NTA) identifies inpatient drug treatment as follows:

Inpatient drug treatment interventions usually involve short episodes of hospital based (or equivalent) drug and alcohol medical treatment. This normally includes 24-hour medical cover and multidisciplinary team support for treatment such as:

- medically supervised assessment
- stabilisation on substitute medication
- detoxification / assisted withdrawal from illegal and substitute drugs and alcohol in the case of poly-dependence
- specialist inpatient treatments for stimulant users
- emergency medical care for drug users in drug-related crisis.

The multi-disciplinary team can include psychologists, nurses, pharmacists, occupational therapists, social workers, and other activity and support staff.

Inpatient drug treatment should be provided within a care plan with an identified keyworker. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

Care planned inpatient treatment programmes may also include a range of additional provisions such as:

- preparing the client for admission to inpatient treatment (if this is not carried out by a suitably competent community worker as part of the agreed care plan leading to admission)
- psychosocial interventions, including relapse prevention work
- interventions to tackle excessive levels of drinking
- appropriate tests/immunisation (if appropriate) for hepatitis B and C and HIV
- other harm reduction interventions
- educational work
- physical and mental health screening
- linking inpatient treatment to post-discharge care – this may involve preparation for referral to residential rehabilitation or community treatment, aftercare or other support required by the client.

Inpatient drug treatment is an important intervention for enabling adequate assessment of complex needs and for supporting progression to abstinence.

It is very important to have effective discharge care planning, and to ensure appropriate referrals to mainstream medical services (e.g. liver clinic and

psychiatric services) or social and community services (e.g. housing, legal advice, social services), as well as harm reduction and relapse prevention advice as required.

Annex 2: Definition: residential rehabilitation services for substance misusers

Proposals will be considered for residential rehabilitation services for substance misusers

Models of Care for the treatment of adult drug misusers Update 2006 (NTA) identifies residential rehabilitation as follows:

Drug residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence-orientated drug interventions within the context of residential accommodation.

Residential rehabilitation programmes should include care planning with regular keyworking with an identified keyworker. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

There are a wide range of types of residential rehabilitation services, which include:

- Drug and alcohol residential rehabilitation services whose programmes suit the needs of different service users. These programmes follow a number of broad approaches including therapeutic communities, 12-step programmes and faith-based (usually Christian) programmes.
- Residential drug and alcohol crisis intervention services (in larger urban areas).
- Inpatient detoxification directly attached to residential rehabilitation programmes.
- Residential treatment programmes for specific client groups (e.g. for drug-using pregnant women, drug users with liver problems, drugs users with severe and enduring mental illness). Interventions may require joint initiatives between specialised drug services (Tier 3 or 4 – depending on local arrangements) and other specialist inpatient units.
- “Second stage” rehabilitation in drug-free supported accommodation where a client often moves after completing an episode of care in a residential rehabilitation unit, and where they continue to have a care plan, and receive keywork and a range of drug and non-drug-related support
- Other supported accommodation, with the rehabilitation interventions (therapeutic drug-related and non-drug-related interventions) provided at a different nearby site(s).

Residential rehabilitation programmes normally combine a mixture of group work, psychosocial interventions and practical and vocational activities. These components are also used in specialist residential programmes for particular client groups (e.g. parent and child programmes).

Clients usually begin residential rehabilitation after completing inpatient detoxification. Sometimes the detoxification will take place on the same site as the rehabilitation programme, to enhance continuity of care. Prior to starting the rehabilitation programme, the client should be supported by their key worker (or other substance misuse professional) to prepare for admission, so as to minimise disengagement and maximise benefit, but there may also be preparation input from the rehabilitation service.

Annex 3 - Definition: Aftercare

Aftercare

Aftercare, as described in Models of Care, is a package of support that is planned with the client to support them when they leave structured treatment. The aim of aftercare is to sustain treatment gains and further develop community reintegration. Aftercare may include drug-related interventions such as open access relapse prevention or harm reduction. It may also include non-drug-related support such as housing, access to education, and generic health and social care. It is important to note that aftercare is not necessarily what a client receives after leaving Tier 4 treatment or prison, as they may still have an active care plan, involving community interventions. Only once the client's care plan is complete do they enter planned aftercare.

During a period of care-planned treatment, clients will receive a range of interventions to address their drug and alcohol-using behaviour and interventions to target non-substance use domains of functioning (e.g. housing, family support). Some of these interventions will come to an end when the care plan comes to an end, but some may need to continue.

As long as clients have an active care plan they are considered to be "in treatment". When their care plan with the treatment provider comes to an end, they may continue to receive a range of services that they were receiving as part of the care plan, and in this context, these will be deemed to be aftercare. These include drug-related support and non-drug-related support.

There is a need to ensure the client has access to support pathways (e.g. for housing and training) If links to all appropriate support services are not already in place during a client's care-planned treatment, drug treatment agencies should assist the client to make these links before their treatment comes to an end. The keyworker or service should work closely with local agencies providing aftercare and support services to enable all necessary support to be in place in time for the client leaving treatment.

During the completion or exit phase of treatment, an aftercare plan should be drawn up by the keyworker and agreed with the client, based on assessment of ongoing support needs, and informed where possible by related professionals (e.g. housing and CJIT workers).

The aftercare plan should include measures that cover possible relapse and ensure swift access back to treatment if required. The aftercare plan must be passed from the drug treatment agency to the agencies responsible for delivering the aftercare, and key staff in this agency should ensure that the plan is implemented and clients receive what is outlined in the aftercare plan.

Drug-related support could include open-access relapse prevention, mutual support groups (e.g. AA/NA or equivalent user-led groups), and advice and harm reduction support. In addition a range of open-access and low-threshold interventions should be available to provide specific interventions to people who have completed treatment, but who may want or need to have occasional non-care-planned support.

Non-drug-related support can cover a range of issues such as access to housing, supported accommodation, relationship support, education and training, support to gain employment, and parenting and childcare responsibilities. In addition, women's services, peer mentor programmes and other social and activity groups can form elements of non-drug-related support.

ANNEX 4: Proforma Summary of prioritised bids

DH Tier 4 Capital Development Programme

Regional Panel Assessment and Prioritisation of Bids

Regional Priority (all proposals that address gaps and priorities and meet the criteria at section 4 should be prioritised in order with 1 as the highest priority).	Number:
---	----------------

Scheme Name or details	
Scheme ID or reference	
Lead partnership & contact details	

<p>Strategic approach to need and provision</p> <p>Is there evidence that regional need for the service has been assessed and evidenced through an explicit methodology?</p> <p>In the case of drug services does comply with the principles and methodology included in the NTA Needs Assessment Guidance for 2007-08?</p> <p>In the case of alcohol services have the needs of alcohol misusers evidenced?</p> <p>Is the proposal strategically linked to existing provision and is there evidence that it will meet unmet need?</p> <p>Is there evidence of a strategy that takes account of the effect of the proposal (if successful) on existing provision?</p> <p>Is there evidence that the proposal has accounted for workforce issues and is in line with workforce strategies?</p> <p>Meets fully: 3 Meets in part: 2 Not at all: 1</p>
<p>Commissioning</p> <p>Is there evidence to show how the proposal is embedded within strategic commissioning of inpatient and residential rehabilitation services within local drug and alcohol partnerships?</p> <p>Meets fully: 3 Meets in part: 2 Not at all: 1</p>
<p>Revenue</p> <p>Is there evidence of a commitment to adequate revenue funding – and evidence of sustainability? (If successful, sponsoring organisations will be expected to commit revenue funding as a condition of the capital grant)</p> <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Care pathways and aftercare</p> <p>Is there evidence that effective care-planning systems are in place to ensure service provision is needs led and seamless?</p> <p>In the case of proposals for residential rehabilitation services, is there evidence of care planning systems that include access to housing, housing related support, training and employment opportunities?</p> <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Partnerships</p> <p>Have two or more local drug partnerships endorsed and signed off the proposal (except in the cases that fall under guidance contained in section 3.17)?</p> <p>Are there signatures from senior managers/Directors of Local Authorities, Primary Care Trusts and Drug Partnerships?</p> <p>Where a service is for young people or to drug using parents with children, is the proposal signed off by the Director of Children’s Services?</p> <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Quality</p> <p>Is there evidence of that the services will be commissioned and provided in line with relevant national standards?</p> <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Consultation</p>

<p>Does the proposal include details of existing and planned consultation mechanisms and events?</p> <p>Does the proposal include consultation with service users, carers, existing providers and local communities?</p> <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Asset Management</p> <p>For a new build accommodation, does the proposed site meet relevant development priorities?</p> <p>For proposals on re-modelling or refurbishing existing accommodation has:</p> <ul style="list-style-type: none"> • an options appraisal or, • asset management plan been undertaken? <p>Meets in full: 3 Meets in part: 2 Not at all: 1</p>
<p>Total Score:</p>

ANNEX 5: National Treatment Agency Regional Teams

Lynn Bransby
Regional manager, London
NTA London
Government Office London
4th floor, Riverwalk House
157-161 Millbank
London SW1P 4RR
Tel: 020 7217 3660

David Skidmore
Regional manager, West Midlands
NTA West Midlands
G.O. West Midlands
4th floor, 5 St Philip's Place
Colmore Row
Birmingham B3 2PW
Tel: 0121 352 5075

Hugo Luck
Regional manager, South East
NTA South East
Government Office South East
Bridge House
1 Walnut Tree Close
Guildford GU1 4GA
Tel: 01483 882427

Mark Gilman
Regional manager, North West
NTA North West
G.O. North West
17th floor, City Tower
Piccadilly Plaza
Manchester
M1 4BE
Tel: 0161 952 4131

Glen Monks
Regional manager, South West
NTA South West
Government Office South West
2 Rivergate, Temple Quay
Bristol BS1 6ED
Tel: 0117 900 3529

Colin Bradbury
Regional manager, North East
NTA North East
11th floor, Wellbar House
Gallowgate
Newcastle Upon Tyne
NE1 4TD
Tel: 0191 202 2245

Janaka Perera
Regional manager, East of England
NTA East of England
G.O. East England
Eastbrook
Shaftesbury Road
Cambridge CB2 2DF
Tel: 01223 372778

Glennis Whyte
Regional manager, Yorkshire and the
Humber
NTA Yorkshire and Humber
G.O. Yorkshire & Humber
12th floor West, City House
New Station Street
Leeds
LS1 4US
Tel: 0113 2835446

Sue Finn
Regional Manager, East Midlands
NTA East Midlands
G.O. East Midlands
The Belgrave Centre
Talbot Street
Nottingham NG1 5GG
Tel: 0115 971 2737

ANNEX 6: Information for Tier 4 providers as to how to report to National Drug Treatment Monitoring System

NDTMS collects a core data set on all clients in Tier 3 / 4 treatment, details of this dataset can be found at -

http://www.nta.nhs.uk/programme/national/docs/NDTMS_Core%20Data%20Set%20- Business%20Definition%20 Ver%203.2 .pdf

Data can be extracted from existing clinical databases or if this is not available the NTA has devised a data collection tool that can be used to return information to NDTMS. If you would like further information or would like to start submitting data please contact your regional NDTMS team -

<http://www.nta.nhs.uk/programme/national/contacts.htm>

In the autumn of this year NDTMS.net will begin reporting specifically on the activity of all Tier 4 services in England.

than 50 words):

5. Local Partnerships

Please briefly describe how the scheme will be embedded within the strategic commissioning of Local Drug (and Alcohol) Partnerships (no more than 50 words)

6. Care Pathways and Aftercare

Please briefly describe how the scheme will “fit” within an Integrated Care Pathway and links to aftercare (no more than 50 words):

7. Quality and Monitoring

Please briefly describe the national quality standards that the scheme will work within and confirm systems to ensure compliance with NDTMS reporting (no more than 50 words)

8. Draft Milestones

Please briefly outline the draft milestones for the Scheme: (no more than 50 words)

9. Additional Information

Please Use this space to provide any additional information you feel appropriate.

ANNEX 8 - Application cover sheets

Sheet 1: Scheme address & organisations

Department of Health
 Substance misuse services – capital allocation Tier 4
 services 2007/08 Bidding Form

NTA Regional lead:
Regional Forum lead:

Scheme Name					
Scheme Address and postcode					
Social Services Authority		Lead SHA		Primary Care Trust	
Address		Address		Address	
Contact Name		Contact Name		Contact name	
Contact Telephone		Contact Telephone		Contact telephone	
Contact E-Mail		Contact E-Mail		Contact email	

Signature		Signature		Signature	
Other organisations 1		Organisation 2		Organisation 3	
Role of Organisation		Role of Organisation		Role of Organisation	
Address		Address		Address	
Contact Name		Contact Name		Contact Name	
Contact Telephone		Contact Telephone		Contact Telephone	
Contact E-Mail		Contact E-Mail		Contact E-Mail	
Signature		Signature		Signature	

Sheet 2: scheme details & timescale

Department of Health
Substance misuse services – Capital
allocation Tier 4

2007/2008 Bidding Form

				scheme type (select all that apply)
Scheme Name	Test Scheme		newbuild	
Local Primary Care Trust			remodelling	
SHA			other (eg adaptations, communal facilities)	
			Revenue funding for functioning of the services – annual amount?	
			Revenue funding per episode.	
			Conformation that revenue funding has been secured	
	land and property details			tenure (select all that apply)
Do you already own the building/land?			social rent – supported housing only	
If no, then please give the name of the landowner			residential	
Has the property previously received any public subsidy such as supported housing grant?				
Brownfield site?				
Site area (Ha)				
Gross internal floor area (m2)			other specify	
Planning Permission: Outline	Date			
Detailed	Date		other non-housing accommodation proposed (please specify)	

	forecast timescale			
Site Purchase (if applicable)				
Start on site				
Practical completion				

NOTES

Scheme type

Enter if this is new build, remodelling or refurbishment of an existing building. Indicate all that apply; most schemes will fall into just one category but some will fall into two.

Remodelling: this is an existing building that may have previously had the support of public sector funding /grant but needs funding for remodelling to make it suitable for the provision of residential and inpatient treatment for drug misuse

Shared Facilities: Indicate if the scheme is part of a development with other facilities such as outreach services

Revenue: indicate amount required and how this will be funded

Tenure

For each bid, you should enter tenure type e.g. social rent (this will only apply to supported housing schemes) or residential.

Land and property details

Indicate if the land is in your ownership, or give details of the landowner. Also, indicate if there has been any previous public capital funding for the land and/or building. Give further details in the covering letter if possible.

Brownfield sites

Indicate if any new development is on a site that has been subject to a previous development use

Area of the Site

If the bid is for new build enter the site area in hectares.

Planning permission: Dates of outline and/or detailed planning consents

Gross Internal Floor Area

Enter the Gross Floor Area for the bid including all circulation and communal space and individual flats/units.

Forecast timetable

Please complete this realistically. Guarantees cannot be made to fund schemes that fall outside dates given, particularly if these move between financial years.

Ethnic groups

Please give estimates of the number of units to be occupied by the following ethnic groups:

White – British; Irish; Other White

Mixed - White & Black Caribbean; White and Black African; White & Asian; Other Mixed

Asian or Asian British – Indian; Pakistani; Bangladeshi; Other Asian;

Black or Black British – Caribbean; African; Other Black

Chinese or other ethnic group - Chinese; Other ethnic

Do not know - not known

Sheet 3: unit details

Department of Health
Substance misuse services - capital allocation Tier 4 services 2007/08
bidding form

Test scheme - details

construction	new build	remodeling of existing building	refurbishment of existing service	other
number of units				
people per unit				
internal floor area per unit (m2)				
capital grant claimed per unit £				
match funding - amount £				
- source				
revenue funding per annum £				
rental income supported housing schemes				
support costs supported housing schemes				
number of placements per annum				
unit ID - residential or supported housing				

Unit ID: Your description to differentiate between different unit types

Grant claimed per unit: Bidders should enter the amount of funding they require from the Department of Health per unit by unit type.

Sheet 4: costs and grant details

Department of Health
Substance misuse services - Capital allocation Tier 4 2007/08

summary

Details

	Scheme name
	units
	bedrooms
	people
£	total scheme costs
£	capital grant claimed from DH
£	other capital funding
£	total annual revenue funding
£	annual rental income supported housing only
£	annual support costs supported housing only
£	overall scheme grant % (total grant/total scheme costs)

Total Scheme Cost:

You should enter 100% of projected outturn costs including on-costs, in pounds. Note that all bids should be based on projected outturn costs at the price levels you anticipate. This is to enable the cost of competing bids to be compared on a similar basis.

Other capital funding

Include the amount of any other capital funding. Any other subsidy such as a capital contribution or free or cheap land can be included.

Annex: 9

Tier 4 capital development programme (2007 / 09) Consultation record

This proforma is designed to provide a record of a consultation meeting between a member/ representative of a Regional Tier 4 Forum(s) and members of key interest groups (e.g. Commissioners, drug treatment providers, users or carers). The results of this meeting will be fed into the appropriate Regional Tier 4 Forum(s) in order to inform them of the views held by such interest groups.

The feedback from all the consultation meetings will assist the Regional Tier 4 Forums in deciding the gaps and priorities that they agree and are required to publish a summary of by the end of August 2006. All of the 9 regions/ 10 SHA summarise of gaps and priorities will be available on the NTA website www.nta-nhs.uk by the beginning of September.

Please note that the results of each consultation meeting are for information only. The Regional Tier 4 Forums are solely responsible for the prioritisation of bids and are therefore under no obligation to accept or act upon any of the views or recommendations made as a result of these meetings.

Tier 4 capital development programme (2007-09) Consultation record

Part 1

Name of Regional Forum(s) representative(s):	
Date:	
Interest Group consulted:	
Region(s)/ SHA(s) concerned:	
Name/ agency of individuals consulted (NB this information is optional in the case of users and carers:	
1) What are the gaps and priorities in the region(s) for in-patient assessment, stabilisation and assisted withdrawal services?	
2) What are the gaps and priorities in the region(s) for residential rehabilitation?	
3) What are the gaps and priorities in the region(s) for combined in-patient and residential rehabilitation services?	
4) What are the gaps and priorities in the region(s) for aftercare and move-on accommodation?	
5) Are there any specific issues about the care pathways for referral into tier 4 in the region(s)?	
6) What opportunities are there for supra-regional bids?	
7) What are the needs of underserved groups in the region(s)?	
8) What, in the groups view, is the highest tier 4 priority/ priorities for the region(s)? (please rank in order of importance)	
9) Please add any other relevant information here	

Part 2

	In-patient detoxification	Residential rehabilitation	Combined in-patient detoxification and residential rehabilitation services	Aftercare and move-on accommodation
10) On what sort of evidence are the groups views based on (e.g. anecdotal, personal experience, local / regional/ national needs assessment)?				
11) Were there any marked differences of opinion within the group?				

Annex 10

Statement of regional priorities for development of in-patient and residential rehabilitation services

Region/ SHA:	
Date of Publication:	
1) Summary of results of the regional consultation exercise and wider evidence base	
2) Priorities for Regional Tier 4 Development*	
3) Timetable for initial expressions of interest (if applicable)	

NB Final bids are to be submitted to the NTA regional office by close of play Friday 10th November 2006 via ([insert e-mail address here](#)).

* Please include regional priorities for meeting the needs of underserved groups and supra-regional activity.