



Haringey Council

NOTICE OF MEETING

Scrutiny Review – Support to pupils at risk of substance abuse

TUESDAY, 21ST APRIL, 2009 at 14:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Alexander and Allison
Non Voting Co-opted: Ms Baker, Ms Amin and Ms Randall

AGENDA

- 1. APOLOGIES FOR ABSENCE (IF ANY)**
- 2. URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item 7 below.)

- 3. DECLARATION OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to the meeting the existence and nature of that interest at the commencement of that consideration, or when the nature becomes apparent.

A Member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and if this interest affects their financial position of a person or body as described in paragraph 8 of the Code of Conduct and/or it relates to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

4. MINUTES (PAGES 1 - 4)

To confirm the minutes of the meeting held on 17 March 2009.

5. RESPONSE TO GOL PRESENTATION (PAGES 5 - 6)

To receive information on how Haringey uses the Common Assessment Framework (CAF) in relation to young people and substance abuse.

6. EARLY IDENTIFICATION AND ASSESSMENT OF YOUNG PEOPLE AT RISK OF SUBSTANCE ABUSE (PAGES 7 - 38)

To provide the Panel with details of the size of the problem in Haringey, information on identification of substance abuse and the effectiveness of the treatment provision in place.

7. NEW ITEMS OF URGENT BUSINESS.

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8 April 2009

MINUTES OF THE SCRUTINY REVIEW ON SUPPORT FOR YOUNG PEOPLE AT RISK OF SUBSTANCE ABUSE**17 MARCH 2009**

Councillors * Alexander and * Allison, * Ms Baker, * Ms Amin and * Ms Randall

* Members present

7. APOLOGIES FOR ABSENCE

There were none received

8 URGENT BUSINESS

There was none.

9. DECLARATION OF INTEREST

There were no declarations of interest made

10. MINUTES

The minutes of the meeting held on 29 January 2009 were confirmed.

11. PRESENTATION FROM GOVERNMENT OFFICE FOR LONDON

The Panel received a presentation from Ms Sharon Dodds from the Government Office for London on behalf of the Department for Children, Families and Schools. Ms Dodds spoke about wishing to achieve integrated working between authorities. A stock take had found that across London there was a very different approach to delivering the common assessment, integrated working, different threshold levels of need and triggers. Also service provision was very different and there was confusion on the frontline about whom should complete a common assessment and what process should be used. Furthermore there was not sufficient workforce development needs or skills in place to identify risk triggers and there was no regional integrated strategy for joint working.

There was huge variable application of the Common Assessment Framework in London and nationally, in London the range was from 50 to 2000 per authority. Also there was no formal analysis of data although some authorities were doing their own. However the Panel were advised that Tower Hamlets had a good model for common assessment in schools, with teachers having ownership and that Hackney and Leeds had developed integrated Targeted Youth Support teams.

GOL was working on a draft protocol to produce a coherent and coordinated approach to integrated working and the use of the CAF across London local Authorities boundaries.

The CAF was an important tool for the early identification of young people at risk of, or involved in, substance abuse. GOL had developed a threshold guide to risk of substance misuse. It was accepted that ideally need should be met at the lowest level of intervention with clear referral pathways in place with movement between the different levels of intervention. The CAF would also play a vital role in ensuring effective plans were in place for young people needing targeted support or specialist treatment. A set of six standards was proposed to enable cross authority working. The CAF should be completed as an early or the first assessment tool, and so frontline staff must be fully trained. If the common assessment raised a concern about substance abuse, then screening should be undertaken by a worker trained in screening for substance misuse.

The Panel considered that further training for School Governors would improve the understanding around the CAF. In particular it was suggested that schools should not exclude without an assessment. However some concern was expressed over the CAF being used as a further hoop that schools would have to go through before exclusion, instead of it being used as part of the mainstream services, as a referral.

During 2009/10 GOL hoped to be able to be aware of good practice and be able to share this information with Authorities. They would develop action learning sets to support workforce development of frontline workers to be able to:-

1. increase early identification of young people and prevent high intensive need
2. increase the numbers of young people accessing services at tier 1 and 2
3. enhance workforce development

Local Authorities need to review their current referrals to ensure that the focus was on early identification and to consider those attending schools outside the borough. Also they should review the levels of need and carry out a stock take of provision, referral pathways and treatment pathways. Additionally that should examine workforce training needs for frontline staff and service configuration to support increased access and support needs. This information would support the joint needs assessment.

RESOLVED

1. That officers examine the good working practices identified in Tower Hamlets, Hackney and Leeds and consider if they could be applied to Haringey.

2. That the need for workforce training and development be acknowledged and specific training be organised for School Governors around the CAF
3. That officers examine the advice given by GOL to ensure that the best practice and processes are adopted in Haringey.

12. EARLY IDENTIFICATION AND ASSESSMENT OF YOUNG PEOPLE

In view of the lack of attendance by statutory partners it was agreed that consideration of this report be deferred to a further meeting. A provision date of Tues 21 April at 2.30pm was agreed.

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Response to GOL Presentation:**Use of the CAF in relation to young people and substance misuse.**

1. The presentation from Government Office for London focussed on the different ways that Local Authorities are delivering the Common Assessment Framework (CAF) and achieving integrated working. Both of these are key strands of the Every Child Matters agenda.
2. One of the key points of the presentation was the finding that there are 33 London boroughs and 33 different approaches to delivering this work! As well as having different approaches, GOL observed that there were also differing thresholds, levels of need and triggers for the completion of a CAF and little commonality across borough boundaries.
3. In relation to young people with issues related to substance misuse, there is also confusion about which screening tools should be used by universal services. ONSET, DUST, SAASI and Pastoral Support Plans are all used with these young people and there is a lack of clarity about how all of these fit with the CAF.
4. The numbers of CAFs undertaken in other London boroughs ranges from 50 – to over a 1000. In Haringey we are at the upper end of this with over 1200 CAF referrals completed since the introduction of the format in January 2007. However, this figure needs to be treated with some caution as it is used as both a referral and assessment tool and we have received many more referrals than assessments. Current work is focused on embedding the CAF as the key tool that universal; services use to assess children/young people who may be vulnerable and this is one of the key themes in the JAR action plan.
5. A Pan-London Integrated working and CAF Protocol' is being developed by GOL and is in the final stages of consultation. This is intended to support safeguarding and to promote the well-being of children through a common and consistent approach and appropriate information-sharing across borough boundaries.
6. GOL recommends that the CAF should be completed as an early or the first assessment tool. If further concerns about possible substance misuse emerge during the CAF process then substance misuse screening should be undertaken by a trained worker. This approach is consistent with the use of the CAF in Haringey and the work that is developing through the JAR action plan.

7. In conclusion, the GOL presentation set out high aspirations for the use of the CAF in universal settings as a powerful tool for identifying the needs of children and young people who may be or may become vulnerable. It is not intended to replace specialist screening but should assist in gathering information that might support the decision about whether more specialist screening is needed. It advocates an integrated approach to identifying and intervening in the needs of young people and for services to deliver a joined-up approach that is configured around the needs of the individual. This is entirely consistent with the approach in Haringey. We intend to achieve this through:

- Building the capacity to intervene early to promote positive outcomes for children and young people (AFI 4.1);
- Developing and publishing a clear set of thresholds that operate across targeted and specialist services that provide guidance on levels of vulnerability and the service required to address these (JAR AFI 2.3.1)
- Ensuring that the CAF is established as the basis within universal and targeted services for identification and assessment of additional needs and decision making about appropriate intervention (JAR Area For Improvement 4:2);
- Establishing the role of the Lead Professional (JAR AFI 4:3); and
- Improving information-sharing (JAR AFI 2.2.3).

8. The JAR action plan is being regularly monitored in relation to every action and a very detailed programme is in place that will ensure that these activities are achieved. A further report could be made available for scrutiny detailing the specific impact of these on young people for whom substance misuse may be an issue. It is suggested that this might best be produced 6 months into the delivery of the JAR plan as this would give time for the major themes to be embedded in practice.

Jan Doust
Head of Children's Networks
5th April 2009

Agenda item:

**Scrutiny Review of Support to Pupils at risk of substance abuse
On 17 March 2009**

Report Title. EARLY IDENTIFICATION AND ASSESSMENT OF YOUNG PEOPLE WITH DRUGS AND ALCOHOL PROBLEMS

Report of Assistant Chief Executive Policy, Performance, Partnership and Communications

Signed :

Contact Officer : Marion Morris, Drug and Alcohol Partnership Manager Tel: 0208 489 6962

Wards(s) affected: All

Report for: Non Key Decision

1. Purpose of the report (That is, the decision required)

To provide the Scrutiny Panel with a further report as requested at the previous meeting setting out details of the size of the problem in Haringey, information on identification of substance abuse and effectiveness of the treatment provision into place.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

The work of this Scrutiny Review links closely to both the **Safer for All** (Community Safety) Strategy where young people and crime prevention are a priority, and with **Changing Lives** (Children and Young People's Plan) where addressing the needs of children misusing drugs is part of the Stay Safe chapter. It also falls under the Council's priority of: "Promoting independent living while supporting adults and children when needed", and to the Council's **Sustainable Communities** priorities: "Be safer for all" and "Have healthier people with a better quality".

4. Recommendations

To consider the report below to inform the review.

5. Chief Financial Officer Comments

5.1. These will be considered in the final report.

6. Head of Legal Services Comments

6.1. These will be considered in the final report.

7. Equalities & Community Cohesion Comments

7.1. These are considered throughout the report

8. Local Government (Access to Information) Act 1985

For further information or access to any background reports please contact Paulette Haughton on 0208 489 6953

9. Report

Prevalence

- 9.1 Data from the British Crime Survey¹ suggests that there are around 4,500 young people aged 16 -24 who have used drugs in the last month in Haringey. Among these are an estimated 1300 users of Class A drugs, including over 60 opiate users and approaching 1,000 cocaine users.
- 9.2 Extrapolations based on numbers of known vulnerable groups, including arrestees, those looked after and those leaving care, truants and young homeless people, can be used to make more detailed estimates of those whose substance misuse is likely to be problematic. These extrapolations suggest that among the frequent drug users in Haringey there are:
- nearly 400 arrestees under 18
 - 24 frequent truants
 - 21 young people who are homeless or have been in care
- 9.3 Of nearly 1,900 10 – 17 year olds arrested for notifiable offences in 2006/07 over 600 were drug users to some extent, nearly 400 were frequent drug users and that just over 150 were Class A drug users – about 8% of those arrested.
- 9.4 Not all drug users will need or seek treatment. However using the Home Office Toolkit for assessing need, there are approximately 236 young people in need of

¹ 'Drug Misuse Declared: Findings from the 2006-07 British Crime Survey.

specialist drug treatment in Haringey. It appears from the available official statistics that this need is not currently being addressed.

- 9.5 During 2008-09 there were 24 new under-18 treatment starts reported to the National Drug Treatment Monitoring System (NDTMS). Figures from treatment agencies indicate that actual presentations of young people at the services are double. This discrepancy is accounted for by high levels of refusal to participate in having their details reported to the NDTMS by young people. It is possible to estimate that there are around 8 young people between the ages of 18 and 21 being treated, according to the NDTMS definition, by specialist young people's services.
- 9.6 With the assessed need at 236 and 55 young people in specialist treatment, it is clear that fewer than a quarter of those we believe are in need of specialist treatment are receiving it. A more pessimistic calculation based on the estimated number of frequent drug users suggests that around 10% of frequent drug users who are already likely to be known to services are receiving specialist treatment.
- 9.7 The most recent needs assessment clearly indicated that both the number of referrals and the number of individuals in specialist treatment is very low. Its findings could be interpreted as suggesting that many of the young people involved may not require the specialist interventions that require recording for NDTMS. This perception needs to be examined in detail as it may represent a barrier to appropriate referral, preventing young people accessing necessary specialist service.
- 9.8 The Senior Practitioner in Leaving Care received 13 referrals. All these cases were managed as part of an overall care package rather than requiring specialist intervention. A review by the specialist agency (In-volve) of the Senior Practitioner's caseload found this to be the case and not appropriate for NDTMS recording. A similar picture occurred with the Vulnerable Young Person's Worker for school age children and young people. This should remain under review to ensure that opportunities for onward referral and effective treatment are not missed.
- 9.9 Whilst universal children's and young peoples services have a role to play in providing early intervention as part of an holistic social plan, this must not be allowed to be a barrier to appropriate onward referral where necessary, and onward referral should not be seen as excluding holistic approaches.
- 9.10 Young clients often withheld their consent to being recorded on NDTMS and therefore are not reflected in the numbers in treatment. This situation is confirmed by In-volve, which indicates that of 15 young people in treatment only 7 consented to have data recorded for NDTMS. In-volve also reports that the data is not reflective of the actual need, both in terms of complexity and in number of people presenting. However, given that partnerships are measured by the number of young people recorded on NDTMS, it is imperative that Haringey finds a way to resolve this issue.
- 9.11 The NHS Institute for Innovation and Improvement website² suggests approaches to address such problems of refusal, and many treatment services have confidentiality and data protection policies which describe approaches to dealing

²http://cks.library.nhs.uk/opioid_dependence/management/detailed_answers/determining_suitability_for_substitution_therapy/reporting_drug_misuse

with this difficulty. Those who work with young people need to make every effort to secure consent to anonymous NDTMS reporting, and have systems in place which enable service monitoring in the event of refusal. Record keeping must be seen as fundamental to good service planning and effective case management.

- 9.12 The recording and collection of data from all partners, including schools, is complex and the development of a common, well understood, coherent, appropriate and timely collection system of such data is a challenge for the DAAT. This is especially true when families, young people and the settings themselves may not have a clear understanding of the boundaries between use and misuse and may also consider confidentiality to play a key part in successfully engaging and retaining young people.
- 9.13 Where services are provided through mainstream provision it is important that information is collected and the data is managed in a way that is consistent with the needs of all parties.

10. Identification

- 10.1 Identification of drug misuse is complex, particularly for children / young people. There is still much conversation, awareness-raising and training across the community, with parents/carers, with agencies (including schools) working or coming in to contact with young people and with young people themselves about the impact of substance misuse and what is normal or acceptable.
- 10.2 In families where substance misuse is the practice or is tolerated it is unlikely that the young person would be referred by them, or unlikely that they would self-refer. Across agencies and schools there is confusion about what level of use/misuse would require specialist or treatment interventions and what could / should be managed within the service itself. Across communities there are differing attitudes to different substances and their use/misuse.
- 10.3 Often within schools and other settings for young people, resources such as counselling or targeted workers are used who may, or may not, be providing appropriate interventions and diversions without referral to treatment. However, there may also be a delay of referral to treatment.
- 10.4 However, because referral to and engagement in treatment are some of the indicators by which Haringey is judged – and more importantly because we want to ensure young people have access to the support they need – there needs to be a closer examination into the interventions made / provided by schools and services for young people to see if they are appropriate and effective and, if they are ‘treatment-like’, consider ways in which these interventions can be recorded.
- 10.5 As detailed in the first report to scrutiny, referrals are made through the CAF panel to the Vulnerable Young Person’s Worker (VYPW) for school-age young people by schools and other agencies where either the referrer has exhausted the resources and/or expertise available to them from within their own organisation or where those skills do not exist. This will differ from agency to agency depending upon its core purpose and school to school depending upon their particular profile.
- 10.6 The VYPW will engage with that young person and their family and will work to

signpost to treatment and try to ensure they remain engaged with the provider, or will provide low-level interventions in cases where treatment is not needed. To inform the level of need and appropriate onward route, the DUST screening tool is used (see report 1).

- 10.7 As stated earlier in this report, the level of awareness of the referring agency / school, will determine which young people are referred via CAF – and indeed if a referral is made at all – and which are referred direct to a treatment agency. Generalist training in this forms part of the training for those making CAF referrals but needs strengthening, and is found in the Young People’s Substance Misuse Plan (Appendix 3).

11. Treatment Effectiveness

- 11.1 In 2006 the DAAT conducted a comprehensive commissioning review to ensure that treatment provision in the borough was aligned to the Essential Elements identified by the NTA (appendix 1). This review informed the commissioning of a new treatment system across the borough. The treatment model was devised with the aim of increasing referral routes into specialist services for vulnerable young people across universal and targeted services.
- 11.2 New commissioning arrangements involved arrangements whereby there was identified separate service provision for those aged 0-12 years and those 13-21 years. These age ranges of provision for specialist services were extended from 18-21 to tie in with the leaving care age, as well as providing for 18-21 year olds who appeared to fall through the net and to re-appear at the age of 25 at adult drug services. New arrangements also included satellite provision where support is more informal and less structured. Early indications suggest that the changes are beginning to bring increased uptake of services, but it is too early for the improvements to be reflected in NDTMS data.
- 11.3 Despite the re-commissioning of treatment services, referrals to specialist treatment remain low. The priority in the year ahead is to establish whether it is the treatment system that needs changing or if improved identification, assessment, screening and referral routes into specialist treatment would yield the improvements we seek.
- 11.4 The appointment of a Young Persons Substance Misuse Commissioner and the integration of this post in the CYPS during 2009/10 will enhance the dialogue and improve operational systems between strategic partner agencies. Also the substance misuse needs assessment will link more effectively with the Children and Young People’s Plan, the Joint Strategic Needs Assessment, and the Specialist Substance Misuse Needs Assessment for vulnerable young people.
- 11.5 Findings from the focus groups with young people in the PRU and YOS (2009) suggest that they are unwilling to go to a specialist service, for a variety of reasons. Young people indicated that they did not see drinking or taking illegal drugs as unusual or problematic. They indicated in focus groups that they would not go to a specialist service saying that it was “embarrassing” and that others would “talk about them”. They were concerned about privacy and people “knowing my business”. Whilst embarrassment and anxiety about confidentiality is understandable, it is important that this is addressed and is not accepted as a

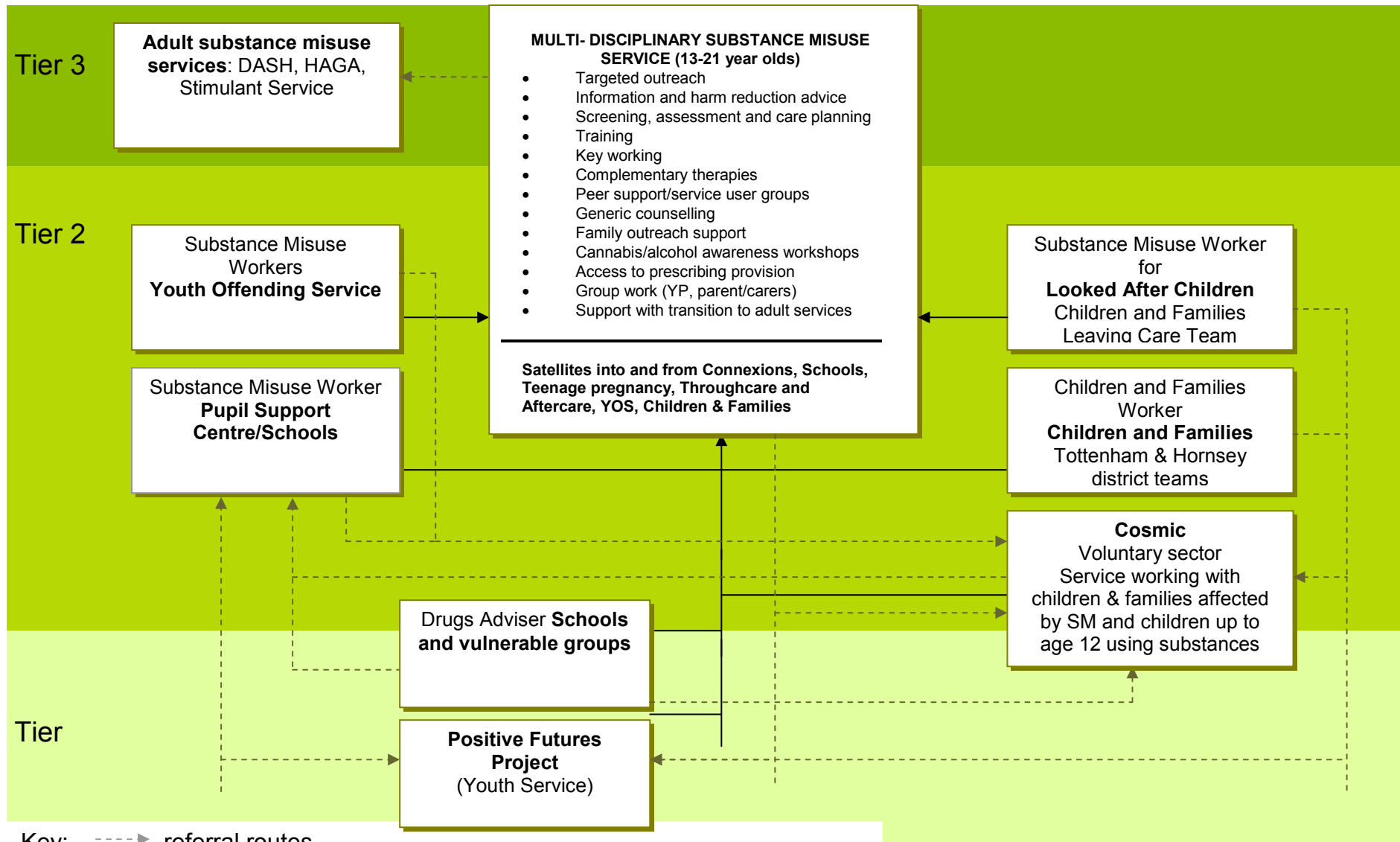
- 11.6 It must be recognised by staff that substance misuse can be a very damaging 'condition' which, in some cases, may even threaten life. Services must ensure that they present in a way that gives young people confidence, and those who work with young people must seek to address young people's perceptions about confidentiality and embarrassment.
- 11.7 Where a preference for a particular type of intervention was expressed, it was for workers to be available in setting like youth clubs/ youth centres, school and as mentors. This was again supported by the review which indicated that schools were frequently dealing with issues holistically in the school environment through counsellors. Focus group participants felt that young people "telling other young people about themselves", ie. straight talking, was the most effective deterrent.
- 11.8 A new children and young persons health needs assessment is due to be started in March and will look at a way of addressing a range of health needs through a model of provision in a setting close / appropriate to them – in some places called 'Health Huts'.
- 11.9 The focus groups identified that we are faced with a problem of how to break through cultural/ family ties to the local drug economy. This is an area requiring further investigation and more direct work with young people and families, possibly incorporating the Communities and Availabilities agenda.
- 11.10 The focus group work provides valuable insight into the opinions of young people in the PRU and YOS. Further focus group work with young people from other backgrounds, for example specialist service users and former users, would help identify issues within the service and inform work to lower barriers to access, reduce unplanned discharge and improve retention. This will be undertaken throughout the year as part of the on-going needs assessment.
- 11.11 The rate of unplanned discharges is high, and we understand from the specialist provider that there is an issue about being able to keep young people engaged in treatment. This is a serious matter to be addressed as a priority.
- 11.12 In a recent report, 'Exploring the Evidence: Young people's specialist substance misuse treatment' (January 2009), the National Treatment Agency for substance misuse says:
"Evidence of the effectiveness of young people's substance misuse treatment is a relatively new area of academic study; traditionally studies have focused on vulnerabilities to substance misuse and education and prevention initiatives. Research on effective treatment interventions is still scarce but is growing both in quantity and quality. In the past good practice reports have been based on an extrapolation of adult based research and evidence in relation to working with young people in other areas of health or social care."
- 11.13 According to the NTA, informed guidance and consensus about good practice suggests there are a number of conditions that should be met before providing specialist substance misuse treatment to young people. They are summarised below.

- Assessment should always take place before any intervention.
- Risk assessments are a vital first stage in assessment.
- Young people should have an individual care plan that addresses the needs identified in the assessment.
- Multiple professionals and services may be required to meet young people's needs which are often complex, multiple and extend beyond the remit of specialist substance misuse services.
- Care should be coordinated across services by an identified lead professional and in line with arrangements sent out in guidance on the Common Assessment Framework.
- Young people have a right to be safeguarded from harm and as such child protection issues should be explored and addressed if identified.
- Some young people can consent to their own treatment (i.e. when they are assessed as competent to do so). Others will require their parents' consent prior to treatment interventions.
- Young people should be encouraged to allow parents and carers to participate in their treatment plans. However where this is not achievable young people can expect confidentiality from health care providers, though this may limit the service that they can receive due to consent issues.
- Young people should have their views taken into account. This is both in terms of the treatment they receive and the design and delivery of the service.

- 11.14 Haringey's commissioned young people's services meet the majority of these conditions. There is, however, a number of areas where we could improve and so provide more frequent and effective interventions. These are essentially around joint agency working and on-going, systematic consultation with young people:
- multiple professionals and services may be required to meet young people's needs which are often complex, multiple and extend beyond the remit of specialist substance misuse services;
 - care should be coordinated across services by an identified lead professional and in line with arrangements sent out in guidance on the Common Assessment Framework;
 - young people have a right to be safeguarded from harm and as such child protection issues;
 - young people should have their views taken into account. This is both in terms of the treatment they receive and the design and delivery of the service.

- 11.15 A key focus of the 2009/10 Young People's Substance Misuse Plan will be to establish whether the treatment model needs to adapt/ change or if the issue is more about ensuring that screening and referral pathways are used and understood. A full copy of the draft plan can be seen at Appendix 3 of this report.

PROPOSED YOUNG PEOPLES' SUBSTANCE MISUSE SERVICE STRUCTURE

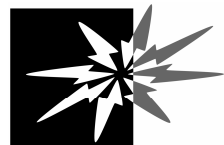


Key:
 - - - - -> referral routes
 ———> referral routes to the tier 3 multi-disciplinary service

Young people's substance misuse treatment services – essential elements – June 2005
12/27

By 2006, every young person with a substance misuse problem in all areas of the country should be able to access a range of specialist substance misuse treatment services as listed below:

- comprehensive assessment of substance misuse needs within five days, of referral to a specialist agency ;
- care-planned interventions based on identified needs, including onward referral to Tier 3 and 4 services, within ten days of assessment;
- harm reduction services – interventions provided to meet a young person's need to use substances more safely, including but not exclusively safer injecting advice and interventions provided at Tier 3 and Tier 4;
- support for family members, with or without the substance misusing young person, within ten days of referral;
- psychosocial interventions, structured interventions involving individual or group work focusing on assessment, defined treatment plans and treatment goals with regular reviews;
- a community-based pharmacological intervention within ten days of referral. This can be provided by a doctor in a community setting, including a competent general practitioner (GP) in or outside of structured shared care arrangements;
- access to specialised inpatient or residential treatment services (this may consist of a range of services or identified provision outside of the local area).



Young People’s Substance Misuse Plan (Draft) – Planning Grids

Planning grid 1: Commissioning and system management

Identification of key priorities following needs assessment relating to commissioning and system management:
 To improve the partnership structures for the planning and commissioning of Young People’s Substance Misuse services
 To improve service provision by greater integration of young people’s substance misuse services into wider children services provision
 To improve local needs assessment processes
 To improve information systems and performance management arrangements
 To improve the quality of services provided

Objective 1
 To improve the partnership structures for planning and commissioning of Young People’s Substance Misuse services

Delivery Plan:

Actions and milestones	By when	By whom
To ensure the YPSMCG directly reports into the Children and Young Peoples Partnership Board	June 09	DDCS
Ensure that appropriate leads from across the partnership actively engage in the YPSM planning process	May 09	DDCS
Review the terms of reference of the Young People’s Substance Misuse Commissioning Group (YPSMCG) and ensure that membership is in line with national guidance (see apx1)	May 09	DSM
To strengthen the YPSMCG and continue the phased handover process from the DAAT to CYPS incorporating appropriate peer-training and development events/ sessions.	Sept 09	YPSMC DSM
Ensure that the YPSMCG understands the extent to which local service provision fulfils NTA guidance and includes the five treatment interventions described in guidance documents.	Aug 09	DSM

Ensure that the YPSMCG has mechanisms in place to identify actions required to address the gaps in provision,	Sept 09	YPSMC
Appoint a Young Persons' Substance Misuse Coordinator/Commissioner who has good understanding of, and involvement with, wider CYPS strategic planning and who can ensure the effective planning, commissioning and delivery of Young People's services within wider service agendas and that partnership and other relevant funding is appropriately managed and reported on	June 09	DSM
To continue to commission a Senior Practitioner based in Safeguarding/ Children in Need to work with social workers and senior management across the teams to lead on training and the provision of information, advice and support around parental substance misuse and the Hidden Harm agenda	ongoing	YPSMC
To ensure accurate and timely reporting on activity to the HSP via the ABG reporting process, the NTA quarterly returns and other relevant reports as requested.	Quarterly from April 09	YPSMC
To extend the In-Volve Contract for one further year till 2011 to allow time for full review of treatment system to take place.	Oct 09	YPSMC

Expected outcomes:

Improved congruence between YPSM Plan and other strategic plans

The range of services available includes the five treatment interventions set out in the NTA assessment and commissioning guidance

Objective 2

To improve service provision by greater integration of young people's substance misuse services into overall children and young peoples service provision

Delivery Plan:

Actions and milestones	By when	By whom
Ensure that specialist substance misuse treatment interventions are commissioned as part of an integrated commissioning process within the Children's Trust to	Sept 09	DDCS
To ensure effective partnership work, especially with Connexions, schools and colleges and to reflect this in Training strategies (the work force development strategy, the training strategy for the Integrated Youth Support Service and the training strategy for 'Keys to Wellbeing) ,	June 09	?
To work collaboratively to ensure the integration of Targeted Youth Support initiatives in the Youth Service with the broader substance misuse agenda	June 09	YPSMC (who else?)

Expected outcomes:

More integrated approach to commissioning young people & substance misuse agenda within the Children's Trust
 More integrated approach to commissioning YPSM services across universal, targeted and specialist provision

Objective 3

To improve local needs assessment process ensuring that it is in line with nationally agreed guidance in order to improve the knowledge base for commissioning young people's substance misuse services

Delivery Plan:

Actions and milestones	By when	By whom
Children's Trust to lead on 2009-10 young people's substance misuse needs assessment, ensuring that it is in line with nationally agreed guidance in order to improve the knowledge base for commissioning young people's substance misuse services	Sept 09	DMCS
To ensure care planning and TOP outcomes for those leaving specialist treatment are reviewed as part of the needs assessment process	Sept 09	YPSMC In-Volve
To ensure all staff working with young people in universal and targeted services are trained in the appropriate use of CAF, are able to recognise when the use of DUST (more detailed screening tool) is required and where how to refer young people to specialist services	June 09 & ongoing	LAC Practitioner Vulnerable Young Persons worker YPSMC Manager In-Volve
To undertake a series of focus groups and user satisfaction activities to enable commissioners to understand the extent to which young people are having their needs met in universal and targeted services, and if these needs are not being met, to identify, in what ways do the treatment model and reporting mechanisms need to be adapted	July 09 onwards till Sept 09 to feed into needs assessment	YPSMC Council's consultation service
To re-establish the Young Peoples Provider Task Group (YPPTG) to ensure that this plan can be both owned and monitored by this group which in turn will feed into the YPSMCG	June 09	YPSMC DSM
To ensure that young service users and parents/ carers views are made available to the YPSMCG and Task Group (YPPTG) to inform the ongoing service evaluation and Needs Assessment (consideration should be given to extending membership to include carer and young person lead).	May 09 onwards	DSM

Expected outcomes:

Greater strategic commitment to YPSM needs assessment

Improved use of service outcome data to inform future commissioning

Improved service user input to needs assessment and service commissioning
Improved care pathways

Objective 4

To improve information systems and performance management arrangements for all posts or services commissioned out of the YPSMG (ABG)

Delivery Plan:

Actions and milestones	By when	By whom
To ensure that all providers delivering interventions which are defined as 'treatment' (for definition see apx 2) have information systems that are compliant with the National Drug Treatment Monitoring System (NDTMS), and that they provide accurate, timely and comprehensive information to NDTMS as required.	May 09	YPSMC DAAT data analyst
To produce forward planning investment plans for the purchase or development of IT systems to meet the clinical, NDTMS and other reporting needs of specialist YPSM services, children and young people's services and mainstream services who deal with children and young people	August 09	YPSMC DAAT data analyst
To extend the membership of the DAAT provider's PMG to include all managers of young people services/staff to ensure consistency of reporting, monitor performance, and inform practice in the light of this.	June 09	YPSMC
To hold regular practice, performance and data monitoring meetings to assess target numbers and submissions to NDTMS, ensuring that all services are properly recording their full range of interventions	May 09 Onwards/quarterly	YPSMC
To transfer responsibility for receiving and acting upon NDTMS monitoring reports from DAAT to the Children's Trust as part of general transfer of responsibility for YPSM planning	Dec 09	DAAT data analyst

Expected outcomes:

Improved NDTMS reporting
 Improved information systems
 Improved performance monitoring
 Improved compliance with SLAs and other commissioner expectations

Objective 5

To ensure that the treatment model is widely understood and works as an integrated, whole system

Delivery Plan:

Actions and milestones	By when	By whom
To ensure that best practice clinical governance systems are in place across the Young People's specialist substance misuse delivery system and organisations (EBP, Competency framework, Supervision, consent, workforce development, partnership working, safeguarding protocols, YP involvement, confidentiality, risk management, disease prevention, health promotion)	July 09	DSM YPSMC
Produce credit card style information cards for relevant staff that illustrate the referral pathways and circulate to targeted and specialist children's and young people's services	Aug 09	YPSMC In-Volve
To ensure that all Contracts and SLAs have appropriate targets, are signed, implemented and regularly reviewed	April 09 onwards	YPSMC DDCS
To ensure that all Young people in specialist substance misuse treatment have a care plan within 2 weeks of treatment commencing	April 09 onwards	YPSMC In-Volve
To ensure that the specialist service is cost effective, measured by its ability to engage and retain its target number of young people in effective treatment for the year	April 09 onwards	YPSMC

Expected outcomes:

All young people in specialist substance misuse treatment have a care plan specifically related to their substance misuse treatment needs
 Increased confidence in child protection and risk management arrangements
 Increased awareness of the treatment system, the services available and the screening, assessment and referral arrangements
 Greater understanding of training and development needs

Planning grid 2: Access to treatment

Identification of key priorities following needs assessment relating to access and engagement with young people's specialist substance misuse treatment services:

- * To ensure that care pathways meet the needs and expectations of young people and those who care for them
- * Ensure that screening, assessment and referral arrangements effectively direct young people to the appropriate tier of service
- * Ensure that those who control access to treatment and/or are responsible for undertaking assessment and screening have the appropriate competence, and to make most appropriate and cost effective use of available skills and expertise in line with Drug and Alcohol National Occupational Standards (DANOS) And Common Core of Skills for the Children's Workforce (Common Core)³

Objective 1

To ensure that care pathways meet the needs and expectations of young people and those who care for them

Delivery Plan:

Actions and milestones	By when	By whom
Deliver a training event, for universal, targeted and specialist services, to outline the service model/referral routes and to ensure that the care pathways are understood by relevant staff	June 09	DSM YPSMC
As referrals to specialist service increase, to ensure that waiting lists for specialist services do not develop and that all young people assessed as requiring specialist treatment, continue to commence treatment within 15 working days of referral	April 09 ongoing	YPSMC
Review systems for identification and early intervention within Haringey primary and secondary schools as part of the scrutiny review being undertaken.	May 09 onwards	DDCS
Examine the individual roles of staff working with young people to identify any training needs that they may have in line with the competency frameworks for ECM Common Core and/or DANOS as applicable	July 09	DDCS
Review the extent to which case workers in universal and targeted Children and Young People's	April 09	DDCS

³ Common Core of Skills for the Children's Workforce. Dept. for Education and Skills. 2005

services are using assessment tools appropriately and making appropriate deductions about the need for and value of specialist treatment.	onwards	YPSMC DSM
Undertake focus group work with young people from a range of backgrounds, for example specialist service users and former users to help inform work to lower barriers to access, reduce unplanned discharge and improve retention (as part of needs assessment)	July 09 Onwards till Sept	YPSMC
To ensure that out of hours specialist substance misuse services are available to ensure that young people in education or employment can access services	April 09	YPSMC
To develop accessible information packs for young people about local substance misuse services, to be produced in consultation with young people	June 09	YPSMC Manager In-volve
The management of substance misuse needs as part of an overall care package by non-specialist services should remain under review to ensure that young people's needs are adequately met and that opportunities for effective treatment are not missed	May 09 Onwards	YPSMC
To ensure the provision of targeted outreach to the young people in key communities to engage them in treatment where appropriate	April 09 Onwards	In-Volve
To ensure that specialist service provision is delivered in agreed satellite locations to ensure maximum uptake of services.	May 09 onwards	In-volve DSM YPSC DDCS

<p>Expected outcomes:</p> <ul style="list-style-type: none"> Detailed care pathways in place Improved awareness of and understanding of care pathways across the partnership Better use of assessment tools to inform care Improved service user input to care pathways Improved access to services

Objective 2

Ensure that screening, assessment and referral arrangements effectively direct young people to the appropriate tier of service

Delivery Plan:

Actions and milestones	By when	By whom
To ensure referral pathways from the criminal justice system (including those on community sentences and returning to the community from custodial establishments), consistent with YJB/NTA guidance, are in place	April 09	YOS Manager
Undertake a programme of training and development work to help staff in universal and targeted services deal with young people's concerns about embarrassment and anxiety about confidentiality in order to reduce the extent to which such concerns present a substantial barrier to accessing treatment ⁴	June 09	Manager In-volve YPSMC Young People
To develop a publicity/marketing campaign which de- stigmatises getting help for a drug problem amongst young people – designed with young people	July 09	Manager In-Volve Young People YPSMC
To establish arrangement with universal service providers (e.g. schools, youth clubs and youth organisations, GPs, pharmacists and other primary care practitioners), providing them with information on misuse services for young people and identifying referral pathways for specialist treatment	June 09	YPSMC DSM
To implement operational policies and protocols to ensure borough-wide substance misuse screening, assessments and care planning across all levels of children's and young persons services, undertaking training of staff as appropriate.	July 09	YPSMC DDCS
To set individual referral targets for all services, including:- LAC post, Vulnerable Young Person Post, COSMIC, and Senior Practitioner Post	May 09	YPSMC
To ensure that Teenage Parent Support Team carry out substance misuse screening and that referral pathways are clearly identified.	June 09	YPSMC

⁴ http://cks.library.nhs.uk/opioid_dependence/management/detailed_answers/determining_suitability_for_substitution_therapy/reporting_drug_misuse

Expected outcomes:

Improved referral rates and fewer barriers to referral process and access to treatment

Quantifiable targets:

At least 20% of referrals to specialist substance misuse treatment should be from Children and Families services

Increase the rate of referrals to, and uptake of services from 2008-09 baseline

From the 2008-09 baseline,

- increase the proportion of those in need for whom services are being provided
- increase the proportion of those in the arrestees who enter specialist treatment
- increase the proportion of YOS clients who enter specialist treatment

Objective 3

Ensure that staff responsible for undertaking assessment and screening have the appropriate competence, and make most appropriate and cost effective use of available skills and expertise in line with Drug and Alcohol National Occupational Standards (DANOS)⁵ and the Common Core of Skills for the Children's Workforce (Common Core)⁶

Delivery Plan:

Actions and milestones	By when	By whom
To require services to demonstrate that their staff meets the competency requirements for their tier of provision and the specific requirements of their role, and that they use assessment tools and criteria to enable the identification and referral young people whose needs are within the scope of their service.	July 09	YPSMC DDCS
Training and support on screening and identification of substance misuse is available to all in contact with young people, but particularly as part of CAF	April 09 ongoing	LAC Post
To ensure that advice, support and training on supporting young people with substance misuse is available to all staff in targeted services in line with DANOS and Common Core	May 09	DDCS
All services to report annually to YPSMCG on the extent to which services meet the competency requirements for their tier of provision and the roles of their staff	August 09 Feb 10	YPSMC
All services to report annually to YPSMCG on the extent to which services have appropriate assessment tools and criteria to identify and refer YP to services at other tiers	August 09 Feb 10	YPSMC
All services to report annually to YPSMCG on the extent to which they have arrangements identify and refer those who relapse	August 09 Feb 10	YPSMC
Review skill mix and competency profiles within provider organisations to discover to what extent the system is making most appropriate use of available skills and expertise and achieving optimum desired outcomes within available resources in line with DANOS and Common Core	July 09	YPSMC Managers of services DDCS

⁵ www.skillsforhealth.org.uk/js/uploaded/DANOS/DANOS_guide_1.pdf

⁶ Common Core of Skills for the Children's Workforce. Dept. for Education and Skills. 2005

Expected outcomes:

Staff in all services meets the competency requirements for their tier of provision and the specific requirements of their role.

All services have assessment tools and criteria to enable their staff to identify and refer young people as appropriate (might need to say staff will have implemented findings of scrutiny review)

Planning grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating delivery of young people's specialist substance misuse treatment services:

To ensure that service provision meets the needs and expectations of young people and those who care for them

To ensure that those who deliver and manage services have the appropriate competence in line with Drug and Alcohol National Occupational Standards (DANOS)

To make most appropriate and cost effective use of available skills and expertise

To ensure that service provision achieves optimum desired outcomes within available resources,

To ensure that service providers involve young people and those who care for them (where relevant)

Objective 3.1

To ensure that service provision meets the needs and expectations of young people and those who care for them

Delivery Plan:

Actions and milestones	By when	By whom
To undertake a programme of work with young people (users, ex users and those from vulnerable groups) to discover the extent to which service provision meets their needs and expectations	June 09 onwards	YPSMC
To ensure that all specialist substance misuse services assess risks to children and young people and identify child protection concerns and needs that cannot be met by the service, and take appropriate action to address those needs and concerns	June 09	YPSMC Manager In-Volve Manager COSMIC
To ensure that the range of services available includes the five treatment interventions set out in the NTA assessment and commissioning guidance	June 09	YPSMC

To ensure that those identified by CAF, DUST or other screening tools as in need of intervention but not requiring referral to a specialist receive further detailed substance misuse assessment as a basis to inform a care plan and determine appropriate intervention	June 09	YPSMC DDCS
All young people who have a history of injecting should be offered a personal Hepatitis C test with appropriate pre and post test counselling	June 09	YPSMC Manager In-Volve
Targeted and universal services to work with specialist treatment service providers to produce a range of the harm reduction information, advice and interventions (to meet a young person's needed to use substances more safely) for clients in those services	June 09	YPSMC DDCS
To ensure systems and funding arrangements are in place to enable timely access to specialised inpatient or residential treatment services (this may consist of a range of services or identified provision outside of the local area)	June 09	YPSMC DDCS
To ensure liaison arrangements are in place with accident and emergency services to identify and prevent future substance misuse injuries	June 09	YPSMC DDCS
To explore the setting up of enhanced foster care placements as an alternative to residential or inpatient treatment	June 09	YPSMC
<p>To monitor and report quarterly:-</p> <ul style="list-style-type: none"> the extent to which all young people referred for specialist substance misuse treatment have a comprehensive assessment undertaken within 5 working days of referral the extent to which young people in specialist substance misuse treatment have a detailed care plan within 2 weeks of treatment commencing the extent to which young people receive care-planned interventions based on identified needs, including onward referral to Tier 3 and 4 services, within ten days of assessment the numbers of clients engaging in psychosocial interventions⁷ as set out in NTA guidance with breakdown showing numbers who have not been able to access this service within ten days of referral the numbers of community based pharmacological interventions, with breakdown showing numbers who have not been able to access this service within ten days of referral 	April 09 and quarterly thereafter	YPSMC

⁷ see appendix 1

<ul style="list-style-type: none"> the harm reduction information, advice and interventions (to meet a young person's needed to use substances more safely) provided for their clients the numbers of parents, carers and other family members accessing services using psychosocial methods to enable them to manage the impact of a young person's substance misuse and to enable them to better support the young person in their family with breakdown showing numbers who have not been able to access this service within ten days of referral on uptake of specific harm reduction services including information re overdose etc, safer injecting advice and safer injecting interventions provided (at Tier 3 and 4) the extent to which progress of all young people over the age of 16 in care-planned treatment is monitored using the TOP at the start of treatment, at care plan reviews and at discharge the number of young people referred to tier 4 <p>Reports to be feed into the YPSMCG</p>		
<p>To monitor and report annually on:-</p> <ul style="list-style-type: none"> the extent to which progress of all young people over the age of 16 in care planned treatment is monitored using the TOP at the start of treatment, at care plan reviews and at discharge the extent to which arrangements are in place for joint working with other specialist teams when required, including mental health services, emergency services, youth justice settings and adult drug and alcohol treatment services 	<p>June 09 and annually thereafter</p>	<p>YPSMC</p>

Expected outcomes:
All young people in specialist substance misuse treatment will have a care plan specifically related to their substance misuse treatment needs
Increased awareness of the pattern of service use and availability of this information to inform needs assessment and service commissioning
Safeguarding protocols are in place and agreed by local safeguarding board

Objective 2

To ensure that those who deliver and manage services have the appropriate competence in line with Drug and Alcohol National Occupational Standards (DANOS)

Delivery Plan:

Actions and milestones	By when	By whom
To require commissioned service to report on their arrangements to ensure that workforce development and training is in place to equip workers to competently and effectively deliver commissioned services.	June 09 Annually as part of SLA monitoring	YPSMC
To require commissioned services to report on arrangements to quality assure the competence of staff	June 09	YPSMC
To require commissioned services to demonstrate the extent to which they comply with DANOS or an equivalent occupational standards framework	June 09	YPSMC
To require commissioned services to demonstrate that practitioners and managers are provided with opportunities to develop and update their knowledge and skills	June 09	YPSMC

Expected outcomes:

Increased awareness of the competence of the employed workforce and increased availability of this information to inform needs assessment and service commissioning

A workforce which is competent in line with national occupational standards and other relevant guidance

Planning grid 4: Leaving specialist treatment

Identification of key priorities following needs assessment relating to young people leaving specialist substance misuse treatment services:

- To improve transition arrangements for young people leaving treatment
- To reduce the proportion of unplanned discharges

Objective 1

To improve transition arrangements for young people leaving specialist treatment

Delivery Plan:

Actions and milestones	By when	By whom
To ensure that formal transitional care planning arrangements are in place for all young people leaving specialist treatment (particularly where they are going onto adult treatment services.). This can be aged 18 or 21 dependent on the young person's needs and preference of young person (as In-volve caters for up to 21's).	June 09	Managers In-volve; Adult services; YPSMC
To require services to report on the extent to which specialist substance misuse treatment issues are included in young people's transition plans whenever appropriate through SLA reviews/monitoring meetings	May 09 onwards	CYPP
To ensure that In-Volve has an identified care co-ordinator (or care co-ordination role) to manage young person leaving specialist treatment	May 09 onwards	In-Volve
To require commissioned services to report on the extent to which care pathways are in place as a route out of specialist substance misuse services (with particular reference to the support available from targeted and universal services for young people and specifically back to children's services where appropriate)	May 09 onwards	Commissioned Service Providers

Expected outcomes:

Increased awareness of discharge planning arrangements and increased availability of this information to inform needs assessment and service commissioning

Objective 2

To improve the effectiveness of young peoples specialist treatment

Delivery Plan:

Actions and milestones	By when	By whom
To require service providers to take action, based on the available evidence of best practice, to reduce the proportion of clients whose treatment experience ends in unplanned discharge ⁸	May 09 onwards	YPSCM Manager In-Volve
To undertake training and development workshops aimed at reducing unplanned discharge.	June 09 onwards	YPSMC Data Analyst

Expected outcomes:

To reduce the proportion of young people who leave treatment in an unplanned way

Quantifiable target:

At least 65% of young people should leave treatment in an agreed and planned way

⁸ Young People's specialist substance misuse treatment: Exploring the evidence. NTA 2009

Commissioning Arrangements

1. Strategic Partnership

Young people's specialist substance misuse systems are complex and require appropriate management and support. Local commissioning mechanisms [should] have a formal strategic partnership with key stakeholders including

- Children's Trusts (this includes partners from Strategic Health Authorities, Primary Care Trusts, District Councils, Police Authorities, Local Probation Boards, Youth Offending teams and others),
- YP specialist substance misuse providers and
- local parents and families representatives

2. Commissioning Group

Young People's Substance Misuse Commissioning Group (YPSMCG) [should] include representatives from the Children's Trust, Drug Strategy Partnership, Primary Care Trust, Youth Offending Team, Child and Adolescent Mental Health Services, specialist substance misuse provider organisations, targeted youth support services, and Safeguarding or lead professional group

3. Commissioning

Specialist substance misuse treatment interventions [should be] commissioned as part of an integrated commissioning process within Children's Trusts to encourage an integrated approach across universal, targeted and specialist provision

4. Information Systems

Information systems should be compliant with the National Drug Treatment Monitoring System (NDTMS), [and] have appropriate data and information sharing protocols and forward planning investment plans for the purchase or development of IT systems to meet the clinical and NDTMS needs of providers

5. Commissioned Services

For the purpose of this document, 'Commissioned Services' are those commissioned or funded by the Young People's Substance Misuse Commissioning Group and reported via DAAT

Definition of terms used in relation to the essential elements of treatment to be provided

1. Pharmacological

These interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

2. Psychosocial

These interventions use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change; the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.

3. Family

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

4. Specialist harm reduction

Specialist harm reduction interventions should include services to manage:

- a. **Injecting** - young people need to be able to access young people's specific injecting services, as adult services for injectors are too low threshold and will put young people in contact with adult drug service users, both of which may put them at further risk of harm. These services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services.
- b. **Overdose** – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place.
- c. **Accidental injury** – protocols with accident and emergency services to ensure that measures to identify and prevent future substance misuse related accidental injuries are in place.

List of Abbreviations

CYPP	Children and Young Peoples Service
DSM	Drug Strategy Manager
DAAT	Drug & Alcohol Action Team
DDCS	Deputy Director Childrens' Service
LAC	Looked After Children
YOS	Youth Offending Service
YPSMC	Young Peoples Substance Misuse Commissioner
LAA	Local Area Agreement
YPSMCG	Young Peoples Substance Misuse Commissioning Group
YPPTG	Young Peoples Treatment Task Group

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