

Partnership name: Croydon DAAT (18.03.08)

Young people's specialist substance misuse treatment plan
2008/09

Planning grids

Date published: 27 September 2007

Summary of the Young People's Needs Assessment

1. The overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions

The overarching aim of Croydon DAAT's young people's substance misuse strategy is to make progress against the PSA 14: Increase the number of children and young people on the path to success, and indicator 3 within this PSA: Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. This will require close partnership work between the DAAT and Children's Services in Croydon as the young people's substance misuse agenda sits within a wider context. This is made up of education, prevention and early intervention as well as specialist treatment.

Croydon is currently deciding which 35 indicators to choose as part of the Local Area Agreement (LAA) arrangements. The substance misuse priority is likely to be 'Drug users in effective treatment' (A5, 40) which primarily relates to adults (although problem drug users¹ under 18 will contribute towards this target). An alcohol indicator is still under discussion but it is likely that alcohol will be included.

For young people, the following LAA indicators are under discussion: 'Young people's participation in positive activities, First time entrants to the Youth Justice System aged 10 – 17, Under 18 conception rate, Rate of permanent exclusions from school and 16 -18 year olds who are not in education, training or employment.' Young people's substance misuse provision (including alcohol) is closely related to these particular indicators and will impact on the borough's chances of making progress on them. Target setting will follow once the priorities have been confirmed.

The DAAT is clear about the importance of this close relationship with Children's Services and is committed to building on this further. This will enable the DAAT and services to make more progress on the young people's substance misuse agenda. Substance misuse targets are currently included in the local Children and Young People's Plan (2006 – 2009). There will be an opportunity for the DAAT to feed into the consultation on the revised plan which will take place in the spring of 2008. Membership of the DAAT will be reviewed shortly following the recent re-structuring of local Children's Services, to ensure there is the right representation at DAAT level.

The DAAT partnership is committed to making more progress on effective treatment services for young people in Croydon who are experiencing substance misuse issues. The DAAT will be committed to the NTA's new requirements for young people's specialist treatment provision. As part of this commitment, the aim is to make good progress on the National Treatment Agency's (NTA) new performance measures for young people's treatment provision in 2008/09 and these can be found at the end of this section. These performance measures focus on treatment quality and effectiveness, whilst treatment outcome monitoring is further developed by the NTA.

¹ Problem drug users are people using crack and/or opiates.

It is not clear yet, what the future of the Government Office for London's Process Checklist will be in 2008/09. This is the current national performance management framework for the young people's substance misuse agenda. It includes Healthy Schools and drug education areas of work which are not covered by this plan. These areas play a very important role in educating young people about drugs and alcohol, and identifying vulnerable young people in schools and PRUs.

In addition to the national picture and priorities, the purpose of this strategy is to meet the substance misuse treatment needs of young people living in Croydon and local priorities. These needs and priorities have been identified through the local needs assessment into young people's specialist treatment provision (2007). They have also been identified by previous comprehensive reviews of DAAT services such as the DAAT Strategic Review (published in January 2006).

There has been good progress made in the young people's treatment services which are available in Croydon. The most significant development recently has been the young people's substance misuse Virtual Team. The need to develop the Virtual Team was the main recommendation from the DAAT Strategic Review. This was taken forward because a key finding from the review was a lack of operational co-ordination across the substance misuse specialists that were commissioned from the Young People's Substance Misuse Partnership Grant (YPSMPG). The alternative was to develop a 'real' substance misuse service for young people but the virtual team model was the one which was locally preferred and adopted. The Virtual Team has been a positive development.

This strategy and plan aims to build on the developments made by the Virtual Team. There is more work to be done on the integration of systems used within the Virtual Team. Such as those systems used to assess a young person's substance misuse issues and the integration of care pathways and referral processes. Case work discussions will also become part of the Virtual Team meetings in 08/09.

2. The likely demand for specialist substance misuse treatment interventions for young people. This section must identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact

The demand in Croydon for substance misuse services for young people is likely to be high given the fact that Croydon has the largest population of children and young people of any London borough, with a youth population of nearly 90,000. The borough has a large BME population: 40% of resident from BME groups compared with 42% in London and 15% in England. 39% of children and young people are from BME groups. Croydon also has some significant trends in the different groups of vulnerable young people. This includes a high population of LAC, higher than any other London borough. The LAC population was reported as 1,038 at the time of the needs assessment, with an unaccompanied minor's population accounting for 679 of these young people. Exclusions are also high and reducing them a high local priority.

Other groups of vulnerable young people which will also require attention in 2008/09 are: teenage parents, young people not in education, training or employment (NEET) and young people who are the target of youth crime prevention initiatives. This will require the DAAT to maintain and build on its partnership links. This includes contribution to the Sex and Relationships Education forum to hear about teenage pregnancy initiatives and to link in with these. This also relates to the existing provision of a young people's substance misuse service at Connexions which targets NEET young people and this is funded by the DAAT. Maintaining links with Connexions through partnership groups such as the Youth Matters Steering Group and involvement with the Youth Crime Prevention Steering Group are also important. These forums will continue to inform the DAAT about the needs of these particular groups of young people, and new services or initiatives for the DAAT to link into.

The DAAT and the young people's substance misuse services have been closely involved with the Targeted Youth Support (TYS) programme in the borough to date and plan to continue to do so. The programme is about to start its pilot phase which involves the development of a TYS Early Intervention Support Team in the north of the borough. This team will call in specialist staff when required, including specialist substance misuse practitioners. This initiative will help to identify vulnerable young people at an earlier stage and provide them with the right care package which could include support for a substance misuse issue. If the pilot is successful it will be rolled out across the borough.

Likely demand by young people for substance misuse treatment interventions will be emphasised more in the next needs assessment. This work will build on the information gathered by the Home office prevalence toolkit provided by the NTA which was used in the local needs assessment this time and the experience of using this tool.

Young people's services have done more work in 07/08 through Croydon DAAT's involvement in the High Focus Area initiative which included the theme of 'diversity'. The DAAT unit carried out diversity audits with all the young people's treatment services. This led to the development of a young people's diversity action plan that will feed into the DAAT Diversity Strategy. The DAAT diversity working group also provides a forum to address diversity issues. The DAAT will work with providers during the coming year to ensure that services are reviewed for negative impact and that action is taken to address this. Through the work of the DAAT Diversity Group and the development of an outreach action plan for young people, better information should be available to be able to address the needs of groups not in contact with services or who have high attrition rates.

3. The key findings of the current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates, and treatment outcomes

Prevalence of problematic substance misuse by young people in Croydon was estimated in the needs assessment using the Home Office Prevalence Toolkit. It looked at particular vulnerable groups of young people and their likely need for substance misuse services. The toolkit

highlighted some issues that will need to be considered in the planning and commissioning of young people's substance misuse services. It gives an indication of the likely need in a local area and those vulnerable young people who might need some support around their drug use.

By further embedding the substance misuse screening it should be possible to establish more about the unmet needs of vulnerable young people in the future. Truants are not being specifically targeted at the moment by specialist substance misuse services which presents a significant gap which needs to be addressed. The High Focus Area findings on working with truants and excludes are due to be published shortly on the Every Child Matters website. In addition to truants and excludes, the LAC population for Croydon is very high and at the moment there is no specialist substance misuse treatment provision for this vulnerable group of young people.

There have been some changes in the female and BME population accessing treatment services. The number of young women in treatment services in 06/07 went down by 5% compared to 05/06. The number of young people from BME groups in treatment though rose by 5%. The BME group with the highest presentation to treatment services in 06/07 was Mixed and in 05/06 this was Carribean. The most common age group in treatment services in 06/07 was young people who were aged 17. In 05/06 the most common age group in treatment was young people who were aged 16.

Trends in drug use appear similar to previous years in that cannabis was the most common problem drug for young people presenting to treatment followed by alcohol. These were also cited as the 2 most common second drugs of choice.

However, it's more difficult to make comments about the trends in drug use amongst young people who are not in treatment due to the challenge in embedding the substance misuse screening processes in mainstream children's services working with these groups of young people. Also, there have been some changes in the population of vulnerable young people; particularly the rising looked after children's population. The current looked after children's population for Croydon is 1,038.

The key issues that the Treatment Map showed for young people coming into treatment in the financial year 2006/07 were:

- large numbers of Croydon young people in treatment services. This finding is based on information about local substance misuse services, numbers of young people in treatment services in other London boroughs and the high number of young people as a proportion of the total treatment population.
- Not many transfers between agencies.
- Not many planned or unplanned discharges or referrals on, at the end of treatment, when young people are exiting the treatment system.
- The majority of Croydon young people coming into treatment services are accessing young people's specialist substance misuse services in Croydon as opposed to being seen in adult substance misuse services, which is in line with good practice.

These findings and actions to address them are reflected in this plan and the planning grids.

Met Need – In 2006/07 there was a total number of 308 young people who were in contact with drug treatment services. Although it has been established that this number is not accurate and this needs to be addressed. The major profile of Croydon young people coming into drug treatment services were: White British, male, cannabis users aged 17 years old. 30% of the treatment population was female and 70%

were male. The number of young women in treatment went down by 5% compared to 05/06 treatment figures. 97 young people out of 308 were aged 17 years old, with 72 aged 18 and over and 67 aged 16 years old. 51% of the young people's treatment population was white British and 49% were from other ethnic minority groups. There has been an increase of 5% of young people from BME groups in treatment in 06/07 compared to 05/06. Cannabis was the most common drug for those in treatment in 06/07, with 213 or 60% of 308 in treatment for cannabis problems, followed by 82 or 26% of 308 in treatment for alcohol problems in 06/07. Alcohol followed by cannabis was cited as the most common drug of misuse by young people coming treatment.

(Unmet Need – discussed above under prevalence)

It has been hard to map the attrition rates (drop out or disengagement rate) in the needs assessment due to the lack of discharges by local services in 06/07. Therefore, it is hard to say what the true picture is. This lack of discharges is currently being addressed by the DAAT working with local providers. It is envisaged that through the further development of the NTA's Treatment Outcome Profiles (TOPs) for young people under 16 years old there will be better evidence of treatment outcomes for young people in the future, plus the completion of TOPs for young people aged 16 to 18 by young people's treatment services (introduced in October 2007, compulsory from April 2008). It is recognised that young people's attrition will need further analysis by the DAAT unit in the new financial year and this will be done through the next needs assessment.

4. The improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning

A key area of work in 2008/09 will be the further development of Croydon's Virtual Team of young people's substance misuse services. This will include the development of more integrated systems to meet the needs of young people with substance misuse issues. This includes a greater focus on outcomes of young people in treatment which will be measured to start with, in 2008/09; through the NTA's new performance measures (refer to these at the end of this section). Also, any new substance misuse clinical governance guidance, such as NICE guidance, will be implemented by the Virtual Team, with support and advice from the DAAT unit.

The local DAAT Young People's JCG will need to review local substance misuse services against the gaps identified in the needs assessment. Following this they will need to decide how to take the recommendations forward with the resources available.

5. The key priorities for developing specialist young people substance misuse treatment interventions to meet local needs during the following financial year and how these will be funded

- Establish the accurate number of young people currently in structured treatment in order to be able to establish more about the needs of young people in treatment in future. This will be done by treatment agencies by the end of 07/08 and will need to continue by improved reporting to the National Drug Treatment Monitoring System (NDTMS) in 08/09 and progress against the NTA's new performance measures.

- Continue to develop the Virtual Team of specialist substance misuse practitioners in the borough and the substance misuse systems used by the team.
- An outreach action plan to be developed to target the substance misuse needs of vulnerable young people.
- Improve data collection on vulnerable groups of young people and their substance misuse needs at a local level. Aim to do this by continuing to embed the substance misuse screening of vulnerable groups in mainstream children's services, with a need to make more progress on work with truants, excludees and LAC in particular.
- Target particular teams of mainstream children's services with substance misuse training and particularly those services that are not making any referrals into specialist services. If targeted training has already taken place, more in depth discussions will be required as to why referrals are still low or not apparent at all.
- Decision to be made about how to address the Tier 3 or treatment gap for LAC.
- Decide how to address gaps in local provision when assessed against the NTA's Essential Elements document and the NICE guidance 'Interventions to reduce substance misuse among vulnerable children and young people'. These gaps are: need to review and sign off the protocols for needle exchange and community prescribing, protocols for Tier 4 services or inpatient/residential treatment services need to be developed. Support for family members affected by a young person's substance misuse and group behavioural therapy are also gaps that need to be examined. The JCG will need to consider how these gaps can be addressed.
- Examine the High Focus Area work on truants and excludees and review the local picture against this good practice guidance.
- Review the referral pathways between mainstream, targeted and specialist services at all points of the treatment journey to ensure they are effective.
- Develop a better understanding of the needs of diverse groups of young people, particularly BME groups of young people and young women through the development of the outreach action plan. Re-visit the draft young people's action plan on diversity and agree the recommendations within it. Incorporate these into the DAAT Diversity Strategy.
- Continue to build on the work that has been done in relation to Hidden Harm in partnership with adult substance misuse services and the Local Safeguarding Board. Re-visit the recommendations in the DAAT paper on Hidden Harm.
- Review transitional arrangements and services available to young people transferred to adult substance misuse services.
- Better links to be made between the Virtual Team and the DAAT's Harm Reduction and Blood Borne Viruses (BBV) Strategy Group.
- Continue to ensure treatment services implement new substance misuse clinical guidance including NICE guidance. The DAAT unit to provide them with specific support to do so where required.
- The Virtual Team to continue to be aware of the Common Assessment Framework developments, integrated working and lead professional arrangements, for example by attending training on these topics.
- Attrition and likely demand issues to be looked at in more detail in the next needs assessment.

Funding

There has recently been an update on the young people's substance misuse funding for 2008/09 and how this will come down to areas which is likely to be via three routes. This includes a substantial part of the grant going into the Local Area Based Grant. However, the JCG has not yet met to discuss this funding update in detail yet. Areas have been informed allocations will not be reduced in 08/09 as previously thought but amounts will stay the same as 07/08. This was £343,064 for Croydon in 07/08. This will present challenges for the JCG in deciding what to keep against the issues highlighted in the Needs Assessment. The JCG will need to decide what to fund for the first part of the year and they will then need to do a more comprehensive review. An update on mainstream funding towards young people's substance misuse will also need to be considered by the JCG.

For additional information:

The NTA's National Performance Measures for 08/09 (taken from the NTA's Treatment Plan Guidance)

DAAT funded services will be monitored on the following performance measures during 08/09:

- At least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service
- The range of services available should include at least four modalities as defined within Essential Elements², including community prescribing
- At least 20% of referrals to specialist substance misuse treatment should be referred by key services for vulnerable young people (Children and Families, Looked after Children and Education)
- All young people referred for specialist substance misuse treatment should have a comprehensive assessment undertaken within 5 working days of referral
- All young people who are assessed as requiring specialist substance misuse treatment should commence treatment within 10 working days of the comprehensive assessment
- All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs
- All young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre and post test counselling
- At least 80% of young people should leave treatment in an agreed and planned way

² Young People's Substance Misuse Treatment Essential Elements, NTA London 2005 – www.nta.nhs.uk

Planning grid 1: Commissioning and system management

Identification of key priorities following needs assessment relating to commissioning and system management:

- It is important that all services commissioned by the DAAT are clear about the conditions of their funding and the relevant targets within this treatment plan. Services must be able to demonstrate progress against local and national targets. This requires analysis of quarterly statistics submitted by agencies to the DAAT and more accurate reporting by agencies to the NDTMS in 08/09. This concerns discharges of young people from treatment services in particular. All treatment services need to use the NTA's new definition of young people's treatment:

"Young people's specialist substance misuse treatment is a care planned medical, psychosocial or harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse."

This should also help them to report accurately on the NDTMS and clarify when they need to do so. Services will also need to be well aware of the NTA's new performance indicators for young people's treatment services and the contribution that they make to these.

- There is a need to review the links between the DAAT and the Children, Young People's and Learner's (CYPL) Department in 2008/09 and the commissioning processes. This also relates to the recent re-structuring of the CYPL Department locally and the new assistant directors now in post with particular briefs for different areas of work. Improvements may need to be made in these links. There are also planned and current developments in Children's Services relating to commissioning in 2008/09, i.e. the new performance and commissioning unit in the CYPL Department, Local Delivery Partnerships (LDPs) in 5 local areas and so on. These commissioning arrangements are still under development.
- There is a need to involve more young people and parents and carers in the planning and commissioning of young people's substance misuse services. This is an area that has moved forward with the development of the Virtual Team but is still not as well developed compared to adult substance misuse services.

(The NTA requires the needs assessment to be carried out in line with the children's planning cycle and the refresh of the Children and Young People's Plans in 2008/09. Timeframe for this is spring to September 2008)

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1 Services commissioned by the DAAT Young People's JCG demonstrate progress towards local and national substance misuse targets and report all treatment activity accurately to the NDTMS using the NTA's new treatment definition, published in October 2007.

Objective 2 There are better links between the CYPL department and the DAAT regarding strategic planning and commissioning.

Objective 3 Young people and their families/carers are actively involved in the planning and commissioning of local substance misuse services for young people. This includes consultation on services currently provided and gaps or areas for improvement.

Delivery Plan:

Actions and milestones	By when	By whom
Objective 1:		
1a. Service level agreements with all young people's treatment services to be updated for 2008/09 and new local and national targets are reflected in them, including the new NTA performance measures for 08/09 and the NTA's new treatment definition.	By the end of Quarter 1	DAAT Young People's Co-ordinator
1b. Monitor NDTMS reporting by treatment agencies to ensure that it is more accurate in 2008/09 and that the issues highlighted in the 2007 needs assessment are addressed (for example the high number of young people in treatment services and the low number of discharges).	Ongoing	DAAT Young People's Co-ordinator/DAAT Data Team
1c. All services delivering substance misuse treatment to young people are reporting treatment activity accurately on NDTMS and are using the NTA's new treatment definition published in October 2007.	Ongoing	Treatment Services in the Virtual Team
1d. Continue to monitor services specifically in relation to the closure of cases because of the issue raised about the high number of young people recorded as being in treatment in 06/07 through the local needs assessment (carried out in December 2007).	Ongoing	DAAT Young People's Co-ordinator/DAAT Data Team
Objective 2:		
2a. Review the links to the CYPL department and ensure the right strategic leads in the CYPL department are on the DAAT YP's JCG and the DAAT, and that the DAAT is represented on the right Children's Service's groups.	April/May 2008	DAAT YP's JCG
2b. Decide how the DAAT and Children's Services will work together on the commissioning of young	April/May 2008	DAAT Co-

Actions and milestones	By when	By whom
people's substance misuse services in 2008/09.		ordinator/Relevant Assistant Directors in Children's Services
2c. Ensure that there are young people's substance misuse targets in the revised Children and Young People's Plan, including a young people's treatment target.	September 2008	DAAT Co-ordinator/DAAT Young People's Co-ordinator/CYPL department
Objective 3:		
3a. Develop a strategy for involving young people and their parents and carers in the planning and commissioning of local substance misuse services for young people with Virtual Team input.	August 2008	DAAT YP's JCG with support from the Virtual Team
3b. The Virtual Team to continue to consult with young people and their parents/carers and to support the DAAT with any consultation events where possible. Feedback to be given at the relevant DAAT forums.	Ongoing	Virtual Team
3c. Young people's feedback to be sought on a regular basis at quarterly contract monitoring meetings with all services and to feed this into the relevant DAAT forums.	Ongoing	DAAT Young People's Co-ordinator

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:

Key priorities following needs assessment:

- There is a need to improve the early identification of substance misuse issues amongst LAC, truants and excludees. This will enable substance misuse interventions to be offered at the earliest opportunity which could help to prevent problems from developing and enable vulnerable young people to get back on the path to success. It would also provide the DAAT with more information about the substance misuse needs of vulnerable young people not in treatment services and so plan services more effectively.
- There is a need to increase the referrals from children's services to specialist treatment services to at least 20% (new national performance measure). Ensure young people's treatment agencies are recording referral sources accurately and establish a more accurate baseline for the number of referrals from mainstream agencies. Also, there is a need to check that targeted early intervention services are working and that mainstream children's services are very clear about how to make referrals to specialist substance misuse services.
- There is no substance misuse treatment worker for LAC. This may prevent some of these young people accessing treatment services and could explain, at least in part, why LAC was not represented as a referral source on the 06/07 treatment map. Also, the care pathway and referral protocol for LAC needs to be reviewed and updated, as well as widely publicised as a result.
- There is no substance misuse outreach strategy at the moment for young people. This is about the need to improve access for hard to reach groups of vulnerable young people. This also links into the fact that some mainstream agencies haven't made any referrals in 06/07 to Croydon treatment services (LAC, Connexions and Education). There is a need to target under-represented groups of young people, particularly young women and young people from BME groups.
- There is a need to build on the young people's diversity work carried out during 07/08 and to develop clear actions in relation to diversity and young people's substance misuse work. These actions need to feed into the DAAT Diversity Strategy. More analysis is needed of the negative impact on diverse groups of young people receiving treatment.
- Continue to ensure young people's specialist treatment services are well publicised.
- More progress needs to be made on the Hidden Harm agenda (responding to the needs of children of problem drug users).

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1 Substance misuse early identification or screening processes are firmly embedded in Children's Services and working well for LAC, truants and excludees. This is linked to the Common Assessment Framework but is not replaced by it.

Objective 2 Mainstream children's services are clear about referral pathways into specialist substance misuse services and they are making appropriate referrals to these services. Children's services also provide regular feed back to the DAAT through the JCG and/or other partnership groups if they identify gaps in provision or duplication of services. National performance measure is: at least 20% of referrals to specialist substance misuse treatment should be referred by key services for vulnerable young people (Children and Families, LAC and Education). Treatment agencies have clear referral policies in place which are included in SLAs.

Objective 3 LAC have access to a dedicated substance misuse treatment service, similar to the substance misuse services in place in the YOT and CAMHS and this service reports to the NDTMS.

Objective 4 There is a clear outreach plan for young people with substance misuse issues and the plan is linked to other appropriate strategies, e.g. Targeted Youth Support and the Integrated Youth Support Programme, and gangs work. The plan addresses diversity issues by looking at under-represented groups of young people who are not currently accessing specialist treatment services or accessing them less than their peers.

Objective 5 The DAAT Diversity strategy includes clear targets for young people's substance misuse services. A process for analysing the negative impact on diverse groups of young people receiving treatment has been developed.

Objective 6 There is strategic ownership of the Hidden Harm agenda. The DAAT has reviewed the Hidden Harm report published following the DAAT seminar on Hidden Harm and agreed the way forward regarding the recommendations within this report.

Objective 7 Young people's specialist substance misuse treatment services are well publicised in the borough.

Objective 8 Future needs assessments to provide greater analysis to identify unmet need, anticipated demand in service provision and attrition. Contribute to any borough wide surveys which may help with this objective, and lobby for involvement in any surveys which may help with this, for example the Tell Us 3 survey.

Delivery Plan:

Actions and milestones	By when	By whom
Objective 1:		
1a. Review the progress made on the early identification or substance misuse screening project and agree the way forward, including the operational leads for these pieces of work (LAC, truants and excludees).	April 2008	DAAT Young People's JCG
1b. Services conducting the screening for LAC, truants and exlcudees to receive regular training in the	March 2009	LAC - DAAT

Actions and milestones	By when	By whom
substance misuse screening process.		consultant and the Oak Avenue Project – all the relevant teams in social care in the CYPL department to have received this training at least once. Truants – Virtual Team – twice a year Excludees - DNA with Virtual Team support – twice a year
1c. The DAAT receives quarterly updates from children’s services regarding the outcomes of the substance misuse screening for LAC, truants and excludees.	Ongoing LAC – by the end of quarter 1 in 2008/09	CYPL Department /The DAAT
Objective 2:		
2a. Establish a baseline of the number of referrals made by mainstream children’s agencies into specialist treatment services in 2007/08 in order to be able to target these services more effectively.	June 2008	DAAT Young People’s Co-ordinator/DAAT Data Team
2b. Review and develop the referral pathways for LAC and truants and excludees and ensure these are well publicised to the CYPL department.	July 2008	Oak Avenue Project for LAC DNA for excludees Virtual Team for truants
2c. Signpost mainstream children’s services to substance misuse training and in particular those	Ongoing	Virtual Team

Actions and milestones	By when	By whom
services who are not making referrals to specialist treatment services or who have not attended any substance misuse training recently.		
2d. Continue to monitor the number of referrals from different children's services and have meetings where necessary to make sure processes are working well regarding referral procedures and links with specialist substance misuse services are in place.	Ongoing	DAAT Young People's Co-ordinator/Virtual Team Co-ordinator
Objective 3:		
3a. The JCG review the substance misuse service for LAC and how the need for a dedicated substance misuse service for LAC can be taken forward in 08/09.	May 2008	DAAT YP's JCG
Objective 4:		
4a. Write a report about the young people's outreach provision available at the moment and any evidence of unmet needs, for example truants or areas of the borough not being targeted. This will need to also consider links to other agendas, for example Targeted Youth Support, Youth Service and the detached youth service teams etc.	May 2008	DAAT Young People's Co-ordinator
4c. Consult with the Virtual Team about the report and other relevant DAAT sub-groups and stakeholders, and with vulnerable groups of young people and their parents and carers.	June 2008	DAAT Young People's Co-ordinator
4b. Write a young people's substance misuse outreach action plan with recommendations as to how outreach should be delivered in the future. (The options may depend on the resources available.)	End of June 2008	DAAT Young People's Co-ordinator to write the action plan, with input from the Virtual Team
Objective 5:		
5a. The young people's diversity action plan (developed as part of the HFA work) is sent out for consultation and is then amended and agreed. The targets are included in the DAAT Diversity Strategy.	April 2008	DAAT Young People's Co-ordinator

Actions and milestones	By when	By whom
5b. A process for analysing the negative impact on diverse groups of young people receiving treatment has been developed. This will help to highlight issues relating to attrition.	June 2008	DAAT Unit
Objective 6:		
6a. The DAAT continues to raise the Hidden Harm agenda and strategic ownership through the Safeguarding Board meetings and to feed back to the DAAT on progress.	Ongoing	DAAT Young People's Co-ordinator
6b. The DAAT will discuss the DAAT unit's Hidden Harm Report and the recommendations within it and agree the way forward.	April 2008	The DAAT
Objective 7:		
7a. The Virtual Team to continue to carry out 2 communication campaigns to promote the team in the borough and young people's awareness of it. 1 campaign will take place during the summer at the Croydon Mela with a general 'drugs' focus and the other campaign will take place at Christmas time with an alcohol and sexual health focus in partnership with Teenage Pregnancy.	July/August 2008 – Summer Campaign December 2008 – Christmas Campaign	Virtual Team
Objective 8		
8a. Via the next local needs assessment look in more detail at unmet need, anticipated demand in service provision and attrition.	September 2008	DAAT Young People's Co-ordinator with support from the expert group

Planning grid 3: Treatment System Delivery

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

- There are some gaps in the range of substance misuse treatment services for young people. These gaps need to be reviewed and the way forward agreed. Due to the funding available these gaps will need to be prioritised and the most urgent ones addressed first. Particular gaps include: the lack of a substance misuse treatment service for Looked after Children, no targeted substance misuse provision for truants or children of substance misusing parents/carers, access to Tier 4 services is unclear and the type of Tier 4 services should also be explored, family work with or without the substance misusing young person within 10 days of referral, and group behavioural therapy. Some of these gaps have been identified following local assessment against the NTA's 'Essential Elements' and NICE guidance 'Community-based interventions to reduce substance misuse among vulnerable and disadvantaged young people'. Protocols for access to substitute prescribing and needle exchange also need to be re-visited and signed off.
- There is the need to improve the effectiveness of specialist services and the outcomes for young people by ensuring services are providing assessments and interventions rapidly. This relates to the NTA's new national performance measure of a comprehensive assessment to be carried out with 5 working days of referral and 10 working days for treatment to commence following a comprehensive assessment.
- Need to continue to develop the Virtual Team of specialist substance misuse practitioners in the borough and the substance misuse systems, care pathways and integrated referral and assessment forms.
- There is a need to improve access to Tier 4 services for those young people who require them and to agree the types of Tier 4 services which will be commissioned.
- Need to review access to prescribing and needle exchange services for those young people who require them.
- The young people's substance misuse services need to link into the DAAT's strategies on Harm Reduction and BBV more.
- Review any new clinical guidance for substance misuse services and also NICE guidance, for example the updated Orange Book³.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

³ The NTA published 'Drug misuse and dependence: UK guidelines on clinical management' in September 2007. This is a new version of the 1999 clinical guidelines, commonly called the 'Orange Book'.

Objective 1 Review the young people’s treatment services currently commissioned and what they provide in order to ensure there is a good range of treatment services available locally. Identify efficiencies or agree changes where needs are not being met. The range of treatment services available should include at least four modalities as defined within Essential Elements, including community prescribing (NTA national performance measure).

Objective 2 All specialist treatment services provide all young people referred for specialist substance misuse treatment with a comprehensive assessment within 5 working days of referral and those young people who require specialist substance misuse treatment should commence treatment within 10 working days of a comprehensive assessment (NTA national performance measure).

Objective 3 The process for enabling young people with substance misuse issues who require access to Tier 4 substance misuse services is agreed.

Objective 4 The protocols for accessing prescribing and needle exchange have been developed and signed off. The signing off of these protocols should also be done by the Local Safeguarding Children’s Board as well as the DAAT. These protocols reflect good practice guidance such as forthcoming guidance from the NTA and the updated Orange Book.

Objective 5 The Virtual Team have a clear work plan and priorities for 08/09. NTA and NICE guidance has been used to help inform priorities, plus the NTA performance indicators for 08/09, as well as findings from the Local Needs Assessment.

Objective 6 The Virtual Team are well informed and feed into the DAAT’s plans and strategies on Harm Reduction and BBV where appropriate.

Objective 7 The Virtual Team discuss any new substance misuse clinical guidance and NICE guidance regularly, and take appropriate action to implement recommendations or findings from it or to feedback any issues to the DAAT.

Delivery Plan:

Actions and milestones	By when	By whom
Moved from section 1: - Objective 1:		
1a. Agree what to fund for the first part of 08/09.	April/May 2008	DAAT YP’s JCG
1b. Decide what to continue to fund following notification of the funding for young people’s substance misuse services for 08/09 or what services need to be re-shaped in 2008/09 or if any services need to be de-commissioned.	October 2008	DAAT YP’s JCG
1c. Decide how to meet the gaps between local provision and the range of modalities as outlined in the NTA’s Essential Elements and NICE guidance following the notification of the young people’s substance misuse allocation for 2008/09 and funding decisions for 08/09.	October 2008	DAAT YP’s JCG

Objective 2		
2a. Waiting times for comprehensive assessments (5 days) and receiving treatment interventions (10 days) are written into funding letters and service level agreements.	April 2008 for funding letters and end of quarter 1 for SLAs	DAAT Young People's Co-ordinator
2b. Performance against waiting time targets is monitored through quarterly monitoring meetings. Where waiting times are outside of the NTA's national performance measure action is taken to address this.	Ongoing	DAAT Young People's Co-ordinator
Objective 3		
3a. The DAAT JCG to discuss the Tier 4 issue and how this can be taken forward locally. This may involve discussion with relevant Children's Services partners who are also involved in commissioning these services for young people.	July 2008	DAAT Young People's JCG
3b. A protocol and referral pathway is developed for access to Tier 4 services for young people with substance misuse issues.	August 2008	Virtual Team
Objective 4		
4a. The Virtual Team reviews the young people's protocols for prescribing and needle exchange, including how these services are currently provided. This review should include national guidance from the NTA on how these services should be provided. New guidance on young people's prescribing should be available from the NTA early in 2008/09.	June 2008	Virtual Team
4b. Findings from the Virtual Team's review of the prescribing and needle exchange to be brought to the Virtual Team Steering Group for agreement about the way forward.	July 2008	Virtual Team Co-ordinator
4c. Prescribing protocol and needle exchange protocols are re-written and taken to the appropriate groups including the Local Safeguarding Board's Health Sub-group to be signed off.	August 2008	Virtual Team

Objective 5		
5a. The Virtual Team's work plan is reviewed and updated and the Virtual Team Steering Group have agreed it.	April 2008	DAAT Young People's Co-ordinator/Virtual Team Co-ordinator
5b. The Virtual Team's Information Sharing Protocol is in operation and cases are being discussed at Virtual Team meetings.	April 2008	Virtual Team
5c. The Virtual Team to be consulted on the single assessment process and the views of the Virtual Team Steering Group on this and how to take this work forward.	June 2008	Virtual Team
5d. The Virtual Team Steering Group to re-visit the single assessment process and whether or not the Virtual Team should develop this.	July 2008	Virtual Team Steering Group
5e. An integrated care pathway is developed for the Virtual Team, including more detailed information on thresholds of eligibility for the different structured interventions, and more guidance for practitioners on circumstances in which tier 2 interventions are appropriate.	June 2008	Virtual Team
Objective 6		
6a. Identify a link person from the Virtual Team who will attend the DAAT Harm Reduction's Strategy Group when possible and appropriate and who will cascade information from this group to the Virtual Team and the Young People's Drug and Alcohol Group.	End of April 2008 to identify the link Ongoing for the cascades	Virtual Team
6b. Continue to cascade relevant information on substance misuse training courses, including harm reduction, to the Virtual Team and the Young People's Drug and Alcohol Group.	Ongoing	DAAT Young People's Co-ordinator
Objective 7		
7a. The Virtual Team to discuss the Orange Guidelines Book and anything appropriate will be implemented by the Virtual Team and agencies in the Virtual Team will take feedback any relevant issues to their individual services.	July 2008	Virtual Team

7b. The Virtual Team to continue to discuss and implement other clinical guidance and NICE guidelines and to seek support from the DAAT unit to help them to do so.	Ongoing	Virtual Team with support from the DAAT Unit
---	---------	--

Planning grid 4: Leaving specialist treatment

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

- There is a need to improve the transfers of young people between the young people's specialist substance misuse treatment agencies.
- Referral into adult services and transitional arrangements need to be reviewed. This needs to include an analysis of transitional arrangements and ensuring that the right services are in place and they meet the needs of the young people concerned.
- The need to ensure that all young people's treatment agencies are discharging clients is a key priority and also that discharges are planned as far as possible.
- Need to build closer working relationships between adult substance misuse services and young people's substance misuse services to assist referrals on and transitional arrangements for young people.
- Good links also need to be in place between the Virtual Team and other mainstream Children's Services. This should include links to the CYPL department's lead professional arrangements as well.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1 Seamless and integrated referral processes exist between the young people's specialist treatment services which promote the effective transfer of young people between the specialist agencies.

Objective 2 Transitional arrangements are working effectively and adult substance misuse services have the right interventions/services to support young people who are transferred from young people's services.

Objective 3 At least 80% of young people should leave treatment in an agreed and planned way (NTA national performance measure).

Objective 4 There are improved links between adult and young people's substance misuse services.

Objective 5 Good links are in place between the Virtual Team and other mainstream children's services which enables re-referral to these mainstream services at the end of a young person's care plan.

Delivery Plan:

Actions and milestones	By when	By whom
Objective 1		
1a. A review of the Virtual Team's integrated referral form is carried out and amended if appropriate.	September 2008	Virtual Team
Objective 2		
2a. Review the transitional arrangements to adult substance misuse services and how these are working in practice.	July 2008	Virtual Team
2b. Review the types of interventions available to young people transferring to adult services and if there are any gaps in these which need to be addressed.	July 2008	Virtual Team
Objective 3		
3a. Write the national target for numbers of young people receiving a planned discharge into funding letters and all service level agreements.	April 2008 for funding letters and end of quarter 1 for SLAs.	DAAT Young People's Co-ordinator
3b. Through quarterly contract monitoring meetings and NDTMS reports, monitor the number of discharges by an agency and the number of planned discharges by an agency, where this number is below the national target agree action to address the situation.	Ongoing	DAAT Young People's Co-ordinator
Objective 4		
4a. The Virtual Team is represented at the Adult Drug and Alcohol Treatment Group and feeds back relevant issues to the Virtual Team, the Young People's Drug and Alcohol Group and the Virtual Team Steering Group.	Ongoing	Virtual Team Co-ordinator
4b. Adult substance misuse services are invited to Virtual Team meetings to discuss joint work when appropriate.	March 2009	Virtual Team

Actions and milestones	By when	By whom
Objective 5		
5a. The Virtual Team to review links to mainstream children's services regarding re-referral to these services and lead professional arrangements.	June 2008	Virtual Team