

# Somerset

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## Young people's specialist substance misuse treatment planning 2011/12

### Planning Framework

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## INTRODUCTION

Each planning section contains a summary of priorities and expected outcomes for the area it covers. It is the intention of the Drug & Alcohol Partnership to work to a 3 year vision in the future. However at this point with long term decisions over commissioning yet to be made it is not possible to identify specific outcomes over 3 years.

There are however actions in the planning framework that seek to undertake work that will move commissioning in this direction, especially in seeking to make most effective use of all the resources available to the Partnership and to achieve best outcomes for young people e.g. feasibility of 16-24 year old service, alcohol brief interventions in A&E and custody, implementation of Somerset's Hidden Harm Strategy.

As at the time of submission two funding streams are confirmed: NTA young people's pooled treatment budget - £188,051; and allocation from Early Intervention Grant – following submission of costed proposal – (this is confirmed for 2 years) - £150,200 per year

The YOT substance misuse allocation has yet to be confirmed but it has been agreed that this will be part of the Somerset YP pooled budget arrangements to be used within the commissioning model developed subject to any specific grant conditions imposed centrally.

## Glossary

DAAT Co-ord	DAAT Co-ordinator
JCM	DAAT Joint Commissioning Manager
HP Manager	Health Promotion Manager – Drugs and Alcohol
PIU	Partnership Intelligence Unit
CAMHS SM	CAMHS, Service Manager
TYSS SM	Targeted Youth Support Service, Service Manager
TP AM	Turning Point Area Manager
TPSM	Turning Point Service Manager
SM midwives	Specialist Substance Misuse Midwives at Musgrove Park and Yeovil District Hospitals
Training Exchange	Independent training provider
PS Productions	Independent theatre in education provider
NHS AD	NHS Somerset Associate Director of Joint Commissioning
CMYPMH	Commissioning Manager YP Mental Health

## Planning Section 1: Commissioning and system management

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### **Identification of key priorities following needs assessment relating to commissioning system:**

Somerset has a well established commissioning process through the Young People's Substance Misuse Commissioning Group (YPSMCG) as a shared subgroup of both the Drug and Alcohol Partnership and the Somerset Children's Trust.

As a consequence of wider changes in children & young people's services, YPSMCG will be reviewed along with its advisory group to ensure this is the most effective and efficient mechanism for delivery. The review will also look at the development of effective young people's and family/carer involvement in commissioning to ensure that within the challenging financial climate, young people's views are reflected. The change in future funding allocations for young people's treatment presents partners with a challenge to continue to deliver services to young people, but within reduced resources. Therefore the main priority for 2010/11 was to review the existing specialist and targeted provision to re-align within available resources. This review work has been completed and partners have agreed a forward strategic approach for both targeted and specialist young people's services. Implementing this approach is the key priority for 2011/12.

Fundamental to this is a major change in the culture and ethos of provision, with providers expected to adopt a more assertive approach to working with young people. In the past services have operated a voluntary engagement model which as the needs assessment highlights has failed to engage those young people in the most deprived LSOAs in Somerset. Both the targeted and specialist substance misuse workforce need to be skilled in motivational approaches to ensure young people engage with provision and achieve positive outcomes.

For specialist provision a one year contract extension has been agreed with the existing provider against a revised specification which will integrate young people's substance misuse workers into CAMHS rather than a separate team hosted within CAMHS. In extending for a year commissioners will work to identify a longer term solution to the provision from 1<sup>st</sup> April 2012. This will include options for: tendering the service – either as open tender or with preferred providers, joint commissioning with one or more of the DAATs boundary neighbours or maintaining contract with Somerset Partnership with the revised specification. As part of the cross analysis between young people's and adults needs assessments there is also a medium term option of developing a 16- 24 year old service and assessing the feasibility of this will be part of the options explored.

Within the revised commissioning approach for specialist young people's services there is an increased requirement for the young people and adult service to work together - in part to ensure a systematic and managed approach to transitions but also to make more efficient use of the prescribing expertise within the adult service for the small numbers of young people that require that

intervention. This builds on the approach previously used for needle exchange & BBV vaccination & testing for young people under 18 years.

This approach will mean the targeted service becomes the direct access point for young people whose initial assessment will determine what service can best meet the young person's needs. This will include services for children looked after who will receive targeted support from the worker based in the area in which they live rather than from one specialist worker across the county.

This work also needs to take account of the wider changes in public sector funding for young people's services within the County Council, which includes supported housing provision. YPSMCG is working closely with commissioning colleagues in relation to supported housing options for young people, increasing the opportunities for less exclusive joint commissioning to achieve the best outcomes for young people.

The drug & alcohol partnership will continue to develop its relationship to the Partnership Intelligence Unit for data analysis, making increased use of its skills to support performance management of commissioned services. In particular this function requires further development to enable more up to date awareness of commissioned services performance and wider organisations performance working at targeted level. As identified in the needs assessment, the quality and consistency of data being collected must be improved. This is particularly important in relation to: the treatment provision (to inform commissioning decisions for 2012/13 provision); and the targeted service (to evidence the work and secure future funding through EIG).

From the Somerset Children's Trust: audit of equalities and commissioning completed in Autumn 2010, there was no local evidence to suggest the need to develop specific services/work for identified equalities groups (ethnic groups / LGBT / disabled YP etc); however staff need a highly developed awareness of how to work with different groups and of the possible interlinking factors affecting substance misuse (supportive and/or hindering factors). All future service provision will be required to collect as a routine part of the assessment process, all equalities data and provide data analysis on access/outcomes against equalities groups routinely as part of contract review process.

### **Expected outcomes 2011-12:**

1. Revised YPSMCG membership reflect changes in commissioned services locally; and formalised commissioning links with SCC for young people's supported housing provision.
2. Revised YPAG ensuring there is effective and appropriate young people's practitioners input into commissioning.
3. Partnership Intelligence Unit delivers regular up to date performance information to Drug & Alcohol Partnership, including analysis of data quality to support improvement planning with providers.

4. An effective Information Sharing Protocol is agreed between CAMHS, DAAT and PIU in relation young people's substance misuse treatment
5. Remodelled young people's substance misuse treatment provision in place delivered through CAMHS and Turning Point.
6. Improved access to young people's substance misuse treatment provision for specific target groups – young offenders, children looked after and young people living in deprived LSOAs.
7. Improved management of clients in transition between young people's and adult treatment services through an agreed pathway and improved outcomes for these clients
8. Increase in the number and percentage of planned exits from the young people's substance misuse treatment service.
9. Integrated housing pathway for young substance misusers
10. Agreed commissioning approach for 2012/13 onwards for young people's substance misuse treatment.

**Expected outcomes 2012-13 and 2013-14:**

See comment in introduction

**Delivery Plan:**

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1	Review the membership & function of both YPSMCG and its subgroup YPAG in light of SCT structural reviews and changes to commissioned services to ensure there are effective practitioner forum(s) in Somerset to support the commissioning process.	May 2011	DAAT Co-ord / HP Manager
2	Finalise specification for the contract extension with CAMHS for the provision of young people's substance misuse treatment interventions, including outcomes and performance requirements.  This will also include a requirement to record data in relation to all equalities groups and to report access/outcomes against equalities groups	April 2011	DAAT Co-ord / JCM

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
3	Finalise specification for the contract variation with Turning Point for the provision of prescribing services for young people's substance misuse in line with 2009 <i>"Guidance for the pharmacological management of substance misuse among young people"</i> .	April 2011	JCM / TP AM
4	Ensure CAMHS YP substance misuse service completes and signs off joint working protocols with Turning Point in relation to management of substance misuse prescribing interventions for young people including information sharing, case co-ordination & NDTMS reporting.	April 2011	CAMHS SM / TP AM with DAAT Co-ord / JCM
5	Working with the PIU: <ul style="list-style-type: none"> <li>▪ Agree protocol for CAMHS to supply PIU with NDTMS extracts prior to upload</li> <li>▪ Agree format for interrogation and reporting of this data to inform performance monitoring, in particular noting blank fields and TOP completion</li> </ul>	April 2011 & then ongoing	DAAT Co-ord / PIU / CAMHS SM
6	Undertake options appraisal for future commissioning of substance misuse treatment for young people from April 2012 - to include: tendering the service – either as open tender or with preferred providers, or joint commissioning with one or more of Somerset's boundary neighbours or maintaining contract with Somerset Partnership/CAMHS with the revised specification.	August 2011	DAAT Co-ord /JCM / PIU
7	Assess the feasibility of a specific approach to working with 16-24 year olds as part of longer term commissioning intentions, to include: <ul style="list-style-type: none"> <li>▪ Completing a review of the treatment needs of 16-24 year olds in Somerset</li> <li>▪ Reviewing the effectiveness of the new YP substance misuse configuration</li> <li>▪ Reviewing the commissioning framework being developed for supported housing provision for young people</li> </ul>	December 2011 with commissioning intentions by February 2012	PIU / DC/ JCM
8	Work as part of the thematic groups (young people and socially excluded) to agree supported housing pathways for young people and maximise the opportunities for joint	September 2011	DAAT Co-rd

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
	commissioning as part of the tendering process for supported housing provision from 2012/13 onwards.		
9	<p>Working with PIU develop information sharing protocols with key partners to produce real time data/information on young people's substance use, needs and gaps. This will include:</p> <ul style="list-style-type: none"> <li>▪ Agree data sets to be collected from non-substance misuse specific services e.g. health, TYSS including YOT, children's social care, police, colleges and other key stakeholders</li> <li>▪ Agree information sharing protocol and establish system for stakeholders information to be shared with PIU (monthly/quarterly)</li> </ul>	Starts April 2011 and ongoing	PIU / DAAT Co-ord

**Other Comments/Updates:**

## Planning Section 2: Maintaining and improving access

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### **Identification of key priorities following needs assessment relating to access to the young people's specialist substance misuse treatment system:**

As indicated in planning section 1, the change in future funding allocations and routes for young people's substance misuse presents partners with a challenge to continue to deliver services to young people, but within reduced resources. The remodelled treatment provision requires that access to services is revised. This approach will mean the targeted service becomes the direct access point for young people whose initial assessment will determine what service can best meet the young person's needs.

As part of this work and following the audit of SUST in 2010/11, new screening and assessment tools will be developed and implemented across young people's services - with particular emphasis on SCC Targeted Youth Support Service including YOT and Targeted Substance Misuse Workers, supported housing providers and schools/colleges including young people's health clinics.

Accompanying this will be the redesigned substance misuse training programme that will support universal and targeted services to use the tools and develop skills and knowledge as required to work with young people.

This will support the referral pathways between levels of provision and clarify the roles of staff in relation to the outcome of screening or assessment. Universal services especially schools/PCSOs will be supported to provide information and advice and brief interventions in line with their role and setting.

The needs assessment indicated the need to engage with local organisations such as 2BU (gay & lesbian youth organisation), Somerset Black Development Agency, Midwest European Community Association and Compass Disability, to develop an understanding of young people's needs in relation to substance misuse within these equalities groups. Further by establishing links pathways between services can be developed to ensure these young people's needs are understood and met.

The pattern of substance use continues to identify alcohol as a major substance affecting young people in Somerset. The drug and alcohol partnership has over the last year invested in early/brief interventions in tackling alcohol misuse in light of the significance of the issue county wide. In particular two pilots have been set up - one in acute hospitals with a focus on A&E and one in police custody setting. The age range for these is 16 years and over. The pathway between these pilots and the remodelled services will need to be established and reporting requirements clarified.

The evaluation of the pilot group programme for children of substance misusing parents (HHYPE) clearly indicated the need for this provision to continue. YPSMCG have agreed to include this in the specification for Targeted Substance Misuse work as part of

SCC Targeted Youth Support Service, which will link with Somerset Young Carer work. Specific monitoring requirements will be established to monitor access to, activity and outcomes of this programme. This is one of the priorities in the Somerset Hidden Harm Strategy and full implementation through the adult's agenda will have positive outcomes for children and young people.

The drug & alcohol partnership will continue to develop its relationship to the Partnership Intelligence Unit for data analysis, making increased use of its skills to support performance management of commissioned services. In particular this function requires further development to enable more up to date awareness of commissioned services performance and wider organisations performance in working at targeted level. As identified in the needs assessment, the quality and consistency of data being collected at targeted level must be improved. This is particularly important in relation to evidencing the outcomes of the targeted service to maintain continued EIG funding from 2013/14 onwards.

Following an audit of substance misuse education in schools and other youth settings, there is need to continue to raise and maintain the profile of substance misuse education, including methods and approaches to delivery (formal and informal), and appropriate responses to young people – especially those needing more support in relation to possible substance misuse. This will also involve promoting the new screening tool with schools.

Linked with this is partners continued support of the use of Theatre in Education in relation to alcohol and cannabis following positive outcomes from previous years commissioning of this intervention for schools.

There is also need to provide better information to parents and carers – about the content of substance misuse education generally, and also more specifically in relation to their own knowledge and behaviour about substances, and building upon the Chief Medical Officer's guidance on alcohol. Continuing to provide information to young people about substance misuse and where to get help and information is also required.

### **Expected outcomes 2011-12:**

1. Remodelled targeted substance misuse provision is in place
2. Improved access to young people's targeted substance misuse provision for specific target groups – in particular young offenders, children looked after and young people living in deprived LSOAs.
3. Partnership Intelligence Unit delivers "real time" performance information to Drug & Alcohol Partnership, including analysis of data quality to support improvement planning with commissioned and non commissioned services.
4. An effective Information Sharing Protocol is agreed between TYSS (including YOT), DAAT and PIU in relation to young people's

targeted substance misuse interventions.

5. Young people access the most appropriate tier of intervention in line with their needs through the use of the universal screening and targeted assessment tools, with increased numbers of young people receiving targeted interventions for substance misuse.
6. The HHYPE group for children/young people of substance misusing parents is run a minimum of twice in each area of Somerset; and increased numbers of children and young people are able to access the group programme for support.
7. An effective pathway is in place for the pilot alcohol brief interventions service in A&E and custody settings to link with targeted and specialist young people's services; and that data is shared with PIU in relation to anyone aged 16 -18 seen through this provision.
8. YP workforce is equipped with the necessary skills and knowledge to respond appropriately and effectively to young people's use/misuse of substances.
9. The drug and alcohol partnership has established links with key equalities focussed services in Somerset working with young people and have agreed information sharing protocol in place.
10. Effective pathway in place between universal, targeted and specialist services.
11. A third of all schools have adopted the statement of entitlement for drug/alcohol education
12. The alcohol and cannabis theatre in education performance is offered to all secondary schools with a target of 30 schools accessing each performance between April 2011 & March 2012.
13. A package of information materials is available for use with parents and young people

**Expected outcomes 2012-13 and 2013-14:**

See comment in introduction

## Delivery Plan:

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1	<p>Finalise specification for the contract with SCC Targeted Youth Support Service (TYSS) for the provision of:</p> <ul style="list-style-type: none"> <li>▪ young people's substance misuse targeted interventions, including outcomes and performance requirements</li> <li>▪ group support programme for children of substance misusing parents (HYPPE)</li> </ul>	April 2011	DAAT Co-ord / JCM
2	<p>Ensure there is a joint working agreement between the TYSS substance misuse element and the rest of the TYSS including YOT for the provision of targeted substance misuse interventions</p>	April 2011	TYSS SM
3	<p>Working with the PIU:</p> <ul style="list-style-type: none"> <li>▪ Design activity and outcome reporting schedule for targeted substance misuse work from substance misuse workers in TYSS</li> <li>▪ Agree protocol for TYSS to supply PIU with data monthly</li> <li>▪ Agree format for interrogation and reporting of this data to inform performance monitoring.</li> </ul>	April 2011	DAAT Co-ord / PIU / TYSS SM
4	<p>Develop a new system for screening and assessment of young people's substance misuse within universal and targeted services. This will involve:</p> <ul style="list-style-type: none"> <li>▪ Consultation with expert group</li> <li>▪ Mapping use of other assessment frameworks/tools being used locally</li> <li>▪ Research evidence base and examples of good practice nationally</li> <li>▪ Understanding outcome measure and data collection needs.</li> <li>▪ Drafting of two tools – one for universal services and one for targeted services</li> <li>▪ Consultation with young people on tools</li> </ul>	All stages to be completed by end of July 2011	DAAT Co-ord / Training Exchange

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
	<ul style="list-style-type: none"> <li>▪ Piloting of drafted tools</li> <li>▪ Finalising tools for design/print</li> </ul>		
5	<p>Roll out young people's substance misuse training programme:</p> <ul style="list-style-type: none"> <li>▪ to use the screening and assessment tools to settings/key staff groups</li> <li>▪ to develop skills and knowledge required to work with young people in universal and targeted settings</li> <li>▪ set out the expected competencies of the workforce in relation to universal and targeted service delivery.</li> </ul>	March 2012	DAAT Co-ord / Training Exchange
6	<p>Develop links with equalities focussed services to:</p> <ul style="list-style-type: none"> <li>▪ Understand needs of young people in relation to substance use</li> <li>▪ Establish data collection system</li> <li>▪ Promote the use of Somerset screening and assessment tools with these services</li> <li>▪ Establish pathways with targeted and specialist substance misuse services to ensure appropriate referral</li> </ul>	October 2011	DAAT Co-ord / Equalities Groups leads /PIU
7	Develop a clear pathway between tiers of service - universal – targeted – specialist and routes back into services as appropriate.	May 2011	DAAT Co-ord / TYSS SM / CAMHS SM
8	Establish a pathway between the pilot alcohol brief interventions service in A&E and custody settings to targeted and specialist young people's substance misuse provision.	July 2011	DAAT Co-ord / TP SM / TYSS SM / CAMHS SM
9	Ensure data recording and collection is in place for pilot alcohol brief interventions service in A&E and custody settings to understand the young people's access to brief	May 2011	DAAT Co-ord / TP / PIU

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
	interventions via these routes: <ul style="list-style-type: none"> <li>▪ Provide client profile data and activity/outcome data</li> </ul>		
10	Working with schools/colleges promote the adoption and implementation of the Statement of Intent/Entitlement that is part of the Somerset drug and alcohol education strategy.	March 2012	HP Manager
11	Disseminate advice and information for parents/carers and young people through schools, and other youth services and networks following reorganisation of services	March 2012	HP Manager
12	Continue to develop the use of Theatre in Education (TIE) as part of the Somerset drug and alcohol education strategy implementation by: <ul style="list-style-type: none"> <li>▪ Commission alcohol and cannabis TIE performances for schools across Somerset</li> <li>▪ Developing the pupil evaluation questionnaire for each TIE to enhance partners understanding of young people's use/knowledge of substances through the analysis of the responses.</li> </ul>	April 2011 ongoing for the year	DAAT Co-ord / PS Productions / PIU

**Other Comments/Updates:**

## Planning Section 3: Treatment system delivery

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### **Identification of key priorities following needs assessment relating to access to delivery of the young people's specialist substance misuse treatment system:**

The remodelling of the young people's substance misuse treatment provision has been under discussion over the last year and a two stage way forward has been agreed by the drug and alcohol partnership – in part because of the uncertainties over funding. The contract with the existing provider (Somerset Partnership NHS Foundation Trust) has been extended for 12 months under a revised specification and at a reduced cost. The result of this is that provision will be integrated within CAMHS community teams, drawing on a wider range of psycho-social structured interventions already commissioned via the contract for CAMHS, but with a clear set of outcomes specific for this client group.

Pharmacological interventions specific for substance misuse will be provided by Turning Point – therefore using more efficiently the resources and expertise already commissioned within the county. In line with CAMHS, self referral to this tier of service will end, with the direct access point to the young people's substance misuse system being at targeted level.

Targets for activity and performance will be agreed but based on the system review and needs assessment, the commissioning approach seeks to:

- increase the numbers of young people seen at any one time (60-80 cases),
- improve planned exits from the service through using a structured approach to length of time in service (as opposed to open ended) and increasing the use of structured psychosocial interventions emphasising a recovery model,
- work to a more proactive assertive ethos for client engagement (as opposed to voluntary engagement approach).

Planning section 1 already details requirements for CAMHS YP substance misuse service to agree a joint working protocol with Turning Point in relation to management of substance misuse prescribing interventions for young people including information sharing, case co-ordination & NDTMS reporting. Linked with this will be the requirement to review the existing protocol arrangements for BBV testing and vaccination and needle exchange that form part of the delivery of treatment ( planning section 3); and transitions protocol for young people leaving treatment with a young people's service and entering an adult one (planning section 4).

Additionally the substance misuse treatment for young offenders will be part of this remodelled YP service. This will replace the separate tier 3 substance misuse service delivered by the YOT. Joint working arrangements will need to be specifically developed

for the management of young offenders between the YOT and young people's substance misuse service. Performance monitoring will be critical to ensure that as part of the local activity recorded & reported the YP profile is captured to be able to report on numbers of YP in treatment that are young offenders and /or children looked after etc. The needs assessment for the last 2 years has shown a very small number of young offenders in treatment as compared to the regional and national average, so this will be monitored very closely to ensure young people are accessing the appropriate level of service.

Hidden Harm is a priority area for partners both through drug and alcohol partnership and LSCB. Work undertaken on hidden harm in 2010/11 did not include the young people's treatment service, and although numbers will be small there are a number of parents in the young people's service and therefore that information needs to be captured for future analysis/understanding. It is also critical that the service has robust working arrangements with the two Substance Misuse Specialist Midwives; and that as outlined in the Somerset Hidden Harm strategy, data recording and reporting of substance misuse services on substance misusing parents including *de facto parents* needs to be improved. For the young people's treatment service in CAMHS this needs to be in line with NDTMS data collection fields and client records on RIO (their internal data collection system).

In 2010/11 partners agreed a process and role/responsibility of the young people's substance misuse service in relation to tier 4 residential rehabilitation and this was aligned to the complex health panel for financial decisions. Along side this has been the use by children's social care of the use of secure accommodation which has often included drug/alcohol misuse in the reason for placement. The processes in place need to be reviewed in light of service changes at both targeted and specialist levels. With the specialist treatment service being more closely embedded in CAMHS, commissioners also want to review the feasibility of delivering detox in the community and through the use of CAMHS inpatient facilities at Broadway Park.

As noted in planning section 1, commissioners will be working with supported housing commissioners on the housing pathway for young people/socially excluded to ensure there is a joined up approach and resources are used effectively/efficiently within the challenging financial environment that needs to be managed.

### **Expected outcomes 2011-12:**

- Agreed protocol in place for the management of YP access to BBV testing & vaccination and needle exchange
- Revised performance framework in place for the assessment of the effectiveness of the remodelled YP substance misuse treatment system
- Young offenders have a clear pathway to access substance misuse treatment services.
- Agreed protocol in place between the CAMHS substance misuse treatment service and the two Substance Misuse Specialist

<p>Midwives for the management of pregnant clients</p> <ul style="list-style-type: none"> <li>▪ Young people have appropriate access to community and/or inpatient detoxification and residential treatment services</li> <li>▪ All young people placed in secure accommodation where substance misuse is a factor have an assessment and care plan agreed prior to placement which includes managed return to the community.</li> </ul>
<p><b>Expected outcomes 2012-13 and 2013-14:</b></p> <p>See comment in introduction</p>

**Delivery Plan:**

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1	Revise the joint working protocol between CAMHS YP substance misuse service and Turning Point in relation to BBV testing & vaccination and needle exchange	April 2011	CAMHS SM / TP SM
2	Implement the performance framework with agreed targets/performance outcomes for the new young people's substance misuse treatment service to assess impact of changed system by Q2 2011/12 and so inform future commissioning approach	September 2011	DAAT Co-ord / PIU / CAMHS SM
3	Ensure there is an agreed joint working protocol between CAMHS young people's substance misuse treatment service and the YOT for the management of young offenders substance misuse treatment	April 2011	TYSS SM / CAMHS SM
4	Ensure the CAMHS substance misuse treatment service complies with the data collection requirement set out in the Somerset Hidden Harm Strategy	April 2011	CAMHS SM / PIU
5	Ensure that there is a joint working protocol between the CAMHS substance misuse treatment service and the two Substance Misuse Specialist Midwives for the management of pregnant clients	April 2011	CAMHS SM / SM midwives at YDH & MPH

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
6	<p>YP access to tier 4 services:</p> <ul style="list-style-type: none"> <li>▪ Review the existing process and pathway for young people's access to residential treatment including the use of secure accommodation placements when substance misuse is a factor</li> <li>▪ Ensure that as agreed in 2010/11 this process is tied into the Children &amp; Young People with Complex Needs: Arrangements for Convening the Virtual Complex Panel for Commissioning Placements/Services</li> <li>▪ As part of negotiations on remodelled specialist YP substance misuse service review use of YP inpatient detox facilities</li> </ul>	<p>May 2011</p> <p>May 2011</p> <p>April 2011</p>	<p>DAAT Co-ord / CMYPMH</p> <p>NHS AD / CMYPMH</p> <p>NHS AD / CMYPMH / DAAT Co-ord / CAMHS SM</p>

**Other Comments/Updates:**

Over the next few weeks as the specification for the remodelled young people substance misuse treatment services takes shape additional actions will be added which set out the performance expectations/targets.

## Planning Section 4: Leaving specialist treatment

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### **Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the drug treatment system:**

The needs assessment highlighted the need to improve planned exits from the young people's treatment service as there is a significant percentage recorded as unplanned discharge, especially when viewed against the total numbers in treatment. The emphasis in the remodelled provision is to ensure all young people achieve a planned exit from the service either as drug free or as transfer to the adult service if there are continuing treatment needs beyond their 18<sup>th</sup> birthday. Part of this links with the increased focus on structured psychosocial interventions that emphasise a recovery model.

NDTMS adults' data show that 17 people were in treatment with the young people's service in the financial year 2009/10. Two of these people had been in treatment for 2 years and 6 for 4+ years. This has been a major issue of concern from commissioners and as part of the remodelling and the joint work with Turning Point a clear transitions protocol needs to be in place for the management of those young people that need to stay in treatment beyond their 18<sup>th</sup> birthday.

There also needs to be a clear pathway out of treatment which links with the targeted service provision, whilst also agreeing clear criteria for re-entry post discharge. Discussions with the service indicate that they will in the new model be introducing an "orange card" system to enable those exiting treatment to re-enter quickly in case of relapse.

Performance targets will be established locally to monitor exits from the young people's system, and this will be a part of commissioner's decision making as to future of the provision from April 2012.

### **Expected outcomes 2011-12:**

1. Increase the number of young people successfully completing treatment free of the drug of dependence
2. The percentage of exits which are successful completions reaches 75% by end of 2011/12
3. An "orange card" system is introduced for those leaving treatment to aid swift re-entry to service
4. A transitions protocol is in place to manage young people's transitions to adult treatment services

### **Expected outcomes 2012-13 and 2013-14:**

See comment in introduction

**Delivery Plan:**

	<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1	Agree a comprehensive transitions protocol between the CAMHS young people's substance misuse treatment service and Turning Point as the adult drug/alcohol service	April 2011	CAMHS SM / TP SM
2	Transitions are monitored through both CAMHS young people's substance misuse treatment service and Turning Point as part of contract review process to assess numbers of clients managed under transitions, their profiles and outcomes from that transfer.	April 2011	DAAT Co-ord / JCM
3	Through the monthly reporting to PIU monitor: <ul style="list-style-type: none"><li>▪ the numbers of young people successfully completing treatment free of the drug of dependence</li><li>▪ the numbers of young people re-entering system on the back of the "orange card" system</li></ul>	Monthly	PIU

**Other Comments/Updates:**