

## Young People Overview and Scrutiny Committee

11<sup>th</sup> July 2008

### Young People's Substance Misuse support and service provision in North Yorkshire

#### 1. Background.

- 1.1 Young people's substance misuse programmes including the budget was previously administered by the NHS, more recently this has passed to the local authorities as part of children and families services. In North Yorkshire it now sits within Integrated Youth Support in the Children and Young People's Service.
- 1.2 Until the middle of last year there was no nationally recognised data collection system for young people's substance misuse, not all providers kept robust information so very little baseline data is available to provide comparisons.
- 1.3 All providers undertaking work on behalf of NYCC, from April 1<sup>st</sup> 2008 have been contracted to provide base line data to the National Drug Treatment Management System (NDTMS) and have been given activity targets to meet alongside national waiting time targets. This information will only give data about those entering Specialist Treatment.
- 1.4 Prior to 1<sup>st</sup> April 2008 the specialist treatment providers had no contracts or Service Level Agreements but since becoming part of NYCC and following the appointment of the Young People's Substance Misuse Joint Commissioning Manager contracts have now been agreed and will be issued by August 2008.

#### 2. National Drivers.

- 2.1 This year the National Treatment Agency (NTA) and DCSF took on a merged roll to look at the provision of the young people's substance misuse. This has resulted in a change of definition from tiers of work, formally tiers 1 – 4 to three levels of Generic, Targeted and Specialist Treatment. These correspond to the levels used in Children and Young People's Service(CYPS) of Universal (Generic). Early Intervention/Prevention (Targeted) and Complex and Intensive (Specialist Treatment). The NTA is concentrating on Specialist provision and the DCSF is concentrating on Generic and Targeted prevention.
- 2.2 This year guidance was issued related to the Substance Misuse Grant with a requirement that the main expenditure should be directed at Specialist Treatment provision. There is an expectation Generic and Targeted work will be absorbed by the Universal and Early Intervention/Prevention provision within CYPS. There was no additional funding allocated to these areas of work therefore existing providers at Universal and Early Intervention/Prevention were expected to meet these costs.

2.3 The new Government Drug Action Plan 2008 was announced which outlines six key priorities:

- Preventing Harm to children, young people and families affected by drug misuse
- Early targeted prevention for all young people
- Specialist treatment available to all young people
- Drug education available in schools
- Reduction of Drug and Drink related risk taking behaviour
- Reduction in Drink and Drug related offending

2.4 The new Government Youth Alcohol action plan was announced in 2008 with Key priorities:

- Stopping young people drinking in public places
- Taking action with industry on young people and alcohol
- Develop a national consensus on young people and drinking
- Establish a new partnership with parents
- Supporting young people make sensible decisions

**3. Local knowledge about young people's substance misuse.**

3.1 There is now a comprehensive survey of children and young people's health and well-being conducted by the Quality and Improvement service area of CYPS. The 'Health Related Behaviour Questionnaire' captures valuable information about children and young people's alcohol and drug related knowledge and behaviour.

3.2 Information on substance misuse amongst young people (aged 10+) is gathered through Connexions, Youth Offending Team, Youth Work and other partners that support young people. This information is reliant on the self-reporting of young people and is not consistently recorded.

3.3 As of 1<sup>st</sup> April 2008 there will be accurate data on young people entering specialist treatment services. A flaw in the process is that a young person seeking information or ad hoc support but does not require treatment will not be recorded.

3.4 A needs and gap analysis focusing on young people's substance misuse specialist treatment in North Yorkshire was conducted at the end of 2007. The information was analysed using the model supplied by the NTA and a plan for 2008/09 was established using the NTA criteria, covering Specialist Treatment provision only.

3.5 Key findings:

- 3.5.1 The provision of generic and targeted prevention should be part of main stream provision, this has traditionally been delivered by specialist agencies who now deliver only specialist treatment. This change may result in a skills deficit amongst staff and practitioners working in universal and early intervention/prevention settings.
- 3.5.2 The specialist treatment provision is weighted in favour of the geographical areas with highest need and this was seen as appropriate. However, the demand for treatment services outweighs the available resource and care needs to be taken that untrained practitioners are not being expected to support young people who should be receiving specialist intervention.
- 3.5.3 The guidance for use of the area substance misuse grant changed from 1<sup>st</sup> April 2008, as a result a change in how the substance misuse grant supports delivery of early prevention and targeted work in schools has been proposed.

#### **4. Profile of drug use in North Yorkshire:**

- 4.1 In general the main drugs of choice in the North Yorkshire region are cannabis and alcohol, the reported finding from drug treatment agencies mirrored the findings of the healthy schools survey rather than the national profile.
- 4.2 **Scarborough Whitby Ryedale** (The Coast) has the highest level of need and has a higher reported prevalence of Class A drug use (Heroin and Cocaine) which is distinctly different to the other areas. The demand for treatment services is much higher than anywhere else in the county, this seems consistent with the profile of social deprivation and child poverty in this area. This also seems consistent with the higher age of the client group the majority between 16 and 18 years old.
- 4.3 **Selby**, (Central Vale) area has the second highest demand although a different profile of client and patterns of use, most worrying was the prevalence of young children using alcohol regularly, some referred from primary schools.
- 4.4 **Harrogate** and district whilst seemingly affluent and having a less obvious social deprivation issue has a surprisingly high level of demand and need for drug treatment.
- 4.5 **Hambleton and Richmondshire** areas has the largest geographical spread and has a significant number referred for drug treatment without indication that there is unmet need. However, anecdotally it was felt there was unreported need in the Catterick Hipswell area with some evidence of links between the army population, alcohol use and teenage pregnancy.
- 4.6 **Craven** service provides a wide geographical service to predominantly rural communities, although statistically it has lower numbers in treatment and this is reflected in the necessity of travel to see clients in rural villages. Anecdotally this service has a good record of very early intervention, generally picking up young people before they have come to the attention of schools or the police with referrals being mainly through self presentation.

## **5. Planning and delivery of young people's substance misuse provision.**

- 5.1 Universal. This relates to all settings where children and young people live, learn and play. The majority of the substance misuse provision will be led by schools and colleges and through youth facilities. It will take the form of awareness raising, education about the risks associated with substance misuse and skills development to help children and young people make healthy choices. There are standards for the delivery of health related education, for example through the Healthy Schools Standard.
- 5.2 Early Intervention/Prevention. This relates to activity where children and young people may be at risk of their substance misuse adversely affecting their health and well being. There may be early signs of how their substance misuse is impacting on their lives although they may not see this as a cause for concern. The establishment of Integrated Youth Support was designed to contribute to early intervention/prevention, especially with the provision of Targeted Youth Support for those young people identified as being most vulnerable and/or at risk.
- 5.3 Complex and Intensive. This relates to those young people whose substance misuse is adversely affecting their health and well being. The planning and monitoring of this level of service provision is the responsibility of the Young People's Substance Misuse Joint Commissioning Group (YPJCG). There is a direct financial allocation to the YOT which is reported on separately under the YOT reporting mechanisms. In 2007 a YPJC manager was appointed to implement the YPJCG action plan, to liaise with managers to ensure that there is joint planning across all tiers for substance misuse, to advise and support colleagues in planning their substance misuse work and to award and monitor the contracts with specialist service providers. The following sections will further outline this service provision.
- 5.4 Role of the YPJCG. Whilst the role of the group is primarily focused on specialist treatment and the monitoring of the budgets related to this level of work it is essential that there is cohesion with what is being planned and delivered at the universal and early intervention/prevention tiers. The YPJCG needs to inform the Children and Young People's Plan and take a lead in monitoring the outcomes related to substance misuse.

## **6. Specialist Treatment Provision in North Yorkshire:**

- 6.1 Currently there are five different voluntary sector specialist treatment agencies commissioned to provide Substance Misuse treatment for Young people in North Yorkshire on behalf of NYCC.
- 6.2 Scarborough Whitby Ryedale area has three full time workers, Selby has two full time workers and the three other areas, Hambleton Richmond, Harrogate and Craven have one full time worker in each geographical area. In all but one area, Craven, the provision of service does not meet the demand placed on the agencies for treatment intervention.
- 6.3 There has been little need or demand for substitute prescribing for young people across the county and little reported use of heroin, the main substances used are alcohol and cannabis. However in line with national guidance a policy and procedure is to be agreed with the adult commissioner to provide specialist prescribing for young people.

## **7. North Yorkshire Young People's Substance Misuse Treatment/Action Plan 2008-09:**

### **7.1 Key action points**

1. Contracts in place for all commissioned services, including core data set for monitoring performance.
2. Common assessment paper work for all Specialist treatment providers
3. 90% of young people seen in young people's services.
4. NDTMS system operational in all treatment agencies
5. Policy and procedure agreed relating to prescribing services for young people
6. Initial training for targeted prevention (Tier 2) operational staff in 2008-09
7. Data collection regarding the need for Tier 4 residential rehabilitation provision
8. Develop a baseline of activity targets in specialist treatment provision
9. Robust care pathways identified
10. Increase availability of treatment places with specialist providers where demand is increased by raising the profile of service availability
11. Liaison and service provision with 90% of schools in the county by T3 staff
12. Specific care pathways, referral routes with schools generally and truant and excludee populations
13. Specific targeted work within the Integrated Youth Support central Hub bases
14. Monitor increases in referrals to specialist treatment from Hub targeted activity
15. Generic and targeted prevention work focus in county YPDARG expert groups
16. Specialist Treatment available in all locality areas
17. 80% of all those entering specialist treatment leave in a planned way
18. Transitional policy agreed with adult commissioners
19. Targets included in commissioned service providers - service level agreements of:
  - Comprehensive assessment within 5 days of referral
  - Comprehensive assessment to first appointment within 5 working days
  - 10 further working days from assessment to treatment

## **8. Next steps.**

- 8.1 Progress the joint commissioning of posts as part of TYS to work in targeted areas/schools to improve early identification and prevention of risk taking.
- 8.2 To produce a substance misuse delivery plan for 2008 – 11 which reflects the targets set within the Children and Young People's plan.
- 8.3 To implement the North Yorkshire Specialist Treatment Plan 2008 – 09.

**Report by Leigh Bell, Young People's Substance Misuse Joint Commissioning Manager.  
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