

North Somerset Young People's

Substance Misuse Needs Assessment and
Treatment Plan

Part 2

Young people's specialist substance misuse
treatment plan April 2018/March 2021

1: Commissioning and system management

Identification of key priorities following annual report relating to commissioning and system management:

1. Continue management and provision of targeted substance services.
2. To ensure the Substance Advice Service contributes to the development of the Joint Strategic Needs Assessment & Youth Justice Plan.

Partnership Objective 1

YOS Management Board to monitor the activities of the Substance Advice Service, Youth Offending Service.

Actions	By when	By whom	Expected Outcomes	Progress
Reports from SAS into YOS Management Board with provision for exceptional reporting.	Annually and on request.	YOS Management Group, YOS & SAS Service managers	Maintenance of high performing services in accordance with QA processes & national/local indicators.	Ongoing
Management Info report from Information Officer (SSP) based on NDTMS data input by SAS.	Ongoing	Business Intelligence Officer	Commissioning arrangement, and funding for scope and targeting of services to be informed by QA assessments & statistical returns.	Ongoing
Management of working arrangements and protocol between adult and children's services with regards to safeguarding.	Ongoing	Adult Mental Health and Substance Misuse Service Managers.	Effective transition arrangements.	Arrangement in place between Addaction and SAS. Advocacy for mental health remains with adult mental health/CAMHS/Positive Step.
Reports to the Police and Crime commissioner with the focus on treatment exits	Ongoing	SAS & CSDAT Information Officers in liaison with SAS Manager	Achieve 85% planned exits from treatment.	66% of planned exits.

Partnership Objective 2

Substance Advice Service continues to contribute to the work of the People and Communities Directorate and High Impact Families Programme initiative.

Actions	By when	By whom	Expected Outcomes	Progress
Provide assessments and interventions into Children's Support and Safeguarding processes on request where substance misuse needs are identified.	Ongoing	CYPS & SAS Managers	Delivery of interventions to cases escalated from CSS /Academies /Schools /Partner Agencies	Ongoing
Receive referrals from CSS and Single Point Access (SPA) where case is escalated for SAS intervention.	Ongoing	CYPS & SAS Managers	Delivery of interventions to cases escalated from CSS /Academies /Schools /Partner Agencies	Achieved. 20% of all referrals have been from CSS.
(iii) Ensure role of SAS is understood within CYPS and Partner Agencies and thus informing community and specialist services.	Ongoing	YOS Service Manager	Report back to YOS Management Board on level of referral to inform appropriate capacity and funding.	Ongoing

2: Access to treatment

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

1. Maintaining and increasing the level of referral from CSS incorporating the People and Communities Workforce development plan to train staff re substance misuse issues.
2. Links with academies/schools, particularly where substance misuse is linked to exclusions and attendance issues, to ensure appropriate referrals.
3. Continue to promote the service to young people and their families to increase self-referrals.
4. Clear pathways of care are in place for the management of blood borne viruses.
5. Continued utilisation of referral pathway of care to CAMHS as per protocol.
6. Monitor the implementation of referral pathways for young people presenting with alcohol/drug related issues to Accident & Emergency at Weston and any other hospitals.
7. In partnership with CYPS quality assure that appropriate referrals are being made into SAS.

Partnership Objective 3

To ensure universal and preventative advice and training regarding substance misuse continue to be firmly embedded within CSS.

Actions	By when	By whom	Expected Outcomes	Progress
<p>To ensure substance misuse issues are addressed including appropriate use of referral mechanisms in the training for staff in CYPS including; Education Welfare Officers, Psychologists, Social Workers, and Parent Support Advisers as part of People and Communities Workforce Development Plans.</p> <p>This will be actioned by; SM Stage 1, Intermediate and Stage 2 training and delivered twice a year, half day each by SAS; and other bespoke training by agreement.</p>	Ongoing	SAS Team Manager, Workforce Dev. Manager	<p>(i) Records of training completed maintained thus evidencing workforce development.</p> <p>(ii) All referrals emerging from this will be assessed and interventions provided as appropriate, within timescales.</p>	<p>Achieved.</p> <p>20% of all referrals have been from CSS.</p>

Partnership Objective 4

To continue to promote the SAS service with all partner agencies, including academies/school.

Actions	By when	By whom	Expected Outcomes	Progress
To review CLA holistic health assessments and interventions for those requiring Substance Misuse services. Reviewing outputs against CLA performance indicator.	Ongoing	SAS Team Leader, CLA Service Manager, CLA Lead Nurse.	Evidencing appropriate higher tier targeted intervention concerning substance misuse.	<p>Information is provided to CLA contributing towards their performance indicators.</p> <p>11% of all children looked after accessed the service. 5 accessed structured and 2 accessed unstructured.</p> <p>SAS training is being offered throughout the looked after and care leavers teams.</p>
YOT Mental Health Specialist to continue acting as broker between YOS/SAS and specialist CAMHS therefore facilitating the referral process and shared working both ways.	Ongoing	SAS Team Leader, CAMHS Management Group.	Evidencing appropriate higher tier targeted intervention concerning Mental Health	Ongoing

SAS to sustain referral pathways from No Worries Clinics to provide targeted substance misuse work in clinics or at alternative locations. Attendance at No Worries Network meetings to maintain awareness of SAS services and joint working.	Ongoing	SAS Team Leader & Specialist Nurse Clinical Manager No Worries Service.	Targeted interventions to vulnerable young people.	Achieved. No Worries Service has ceased; however, SAS are in liaison with the school nursing team regarding referrals and the SAS team are trained in C: CARD and Pregnancy testing.
Implement new substance misuse diversion scheme in partnership with the police.	01/02/2019	SAS Team Leader/Police Leaders	Young people completing Tier 2 Interventions and in consequence receiving a no further action outcome from the police.	

Partnership Objective 5

Promote the service and increase referrals

Actions	By when	By whom	Expected Outcomes	Progress
Continue to increase awareness of SAS amongst wider public including young people and parents to increase confidence in accessible services and access to treatment/advice e.g. as reflected by self-referrals.	Ongoing	SAS Team Manager	Evidence of increase in self/parental referrals	Most new referrals came from Education 27% (8.6 16/17), criminal justice services 26% (48.3% 16/17). Additionally, 20% of referrals were from CSS (19% 16/17) and 19% from family and self (12% 16/17). SAS continue to offer training, outreach and attend events.
Continued utilisation of referral pathway of care to CAMHS as per protocol.	Ongoing	SAS Team Manager and CAMHS team	YOT Specialist Mental Health worker evidences referrals & process outcomes	Ongoing

Partnership Objective 6

Clear pathways of care - blood borne viruses

Actions	By when	By whom	Expected Outcomes	Progress
Sustain appropriate referrals for blood borne virus testing/vaccination to the local Sexual Health Clinic/GP Surgeries.	Ongoing	SAS Team Manager	Referrals made and screening evidenced on returns to PHE.	Where identified, SAS team members support YP to the local sexual health clinic for BBV testing and where appropriate Hepatitis B Vaccinations, however due to the national shortage of Hepatitis B vaccines, less are being offered.

Partnership Objective 7

Continued utilisation of referral pathway of care to CAMHS as per protocol.

Actions	By when	By whom	Expected Outcomes	Progress
SAS manager/YOT Specialist Mental Health Worker, (integral to the CAMHS strategy) continues to provide mental health assessments and treatment to young people with substance misuse needs and referral on to CAMHS as appropriate.	Ongoing	SAS Team Manager and CAMHS team	YOT Specialist Mental Health worker evidences referrals & process outcomes in relation to needs assessment / treatment of yp with mental health needs.	Ongoing
Young people with substance related need (identified by CAMHS) are offered and receive a timely specialist S/M intervention by SAS	Ongoing	SAS Team Manager and CAMHS team	Young people presenting to CAMHS with dual diagnosis receive appropriate support as evidenced by increase in referrals/interventions	Ongoing – Young people were offered assessment within 15 working days and a specialist care plan was in place within 2 weeks.

Partnership Objective 8

Implementation of existing care pathways with Emergency Department.

Actions	By when	By whom	Expected Outcomes	Progress
Robust liaison between SAS and Emergency Department/A&E, Weston Hospital. To assess and capture potential referrals re safeguarding and substance misuse; and implement any necessary briefing or training requirements. The agreed referral pathways to be monitored by SAS Team Leader and ED and appropriate actions taken.			Reduction in repeat admissions for young people as a result of alcohol or drug use.	Although there has been progress in respect of liaison and meetings with these services, referrals are still not being received from these services.
Assess information received by School Nurses to clarify whether ED/A&E are making appropriate and timely referrals to SAS, and to inform practice development			Reduction in repeat admissions for young people as a result of alcohol or drug use.	Although there has been progress in respect of liaison and meetings with these services, referrals are still not being received from these services.

Partnership Objective 9

Evaluate effectiveness of service provisions informing on strengths/weaknesses for further development.

Actions	By when	By whom	Expected Outcomes	Progress
Detailed analysis of a sample of cases re treatment journey and inform next substance misuse needs assessment and coordinated multi-agency interventions	By April 19	SAS & Data Information Officers and SAS Team Leader		

3: Treatment Delivery

Identification of key priorities following annual report:

8. To ensure the continuation of high quality treatment services within resources.
9. Alcohol remains a key priority. YOS/SAS remain the sole specialist provider for the delivery of the alcohol strategy in North Somerset in relation to young people.
10. Monitoring and providing interventions to young people in relation to Novel Psychoactive Substances (NPS)
11. North Somerset YOS will continue to monitor performance in relation to substance misuse prevention and treatment.
12. Monitoring numbers of young people not in education, training or employment (NEET)

Partnership Objective 10

To ensure treatment continues to be provided to all young people requiring a Tier 3 service.

Actions	By when	By whom	Expected Outcomes	Progress
To implement the arrangement for substitute opiate prescribing with Addaction as and when required. (NB required for one young person 06/07, 0 for 08/09. 09/10, 10/11 and 11/12, 12/13, 13/14 14/15) and any other substance misuse prescribing need.		SAS Team Manager, Addaction, CS/DAT Joint Commissioning Manager		Achieved. Arrangement in place and utilised as and when required.
To ensure that the Adult Treatment Provider offers a Needle Exchange to young people as per service specification		SAS Team Manager, Addaction, CS/DAT Joint Commissioning Manager		Achieved. Arrangement in place and utilised as and when required.

Partnership Objective 11

Inclusion in North Somerset Alcohol Strategy, and Public Health Strategy.

Actions	By when	By whom	Expected Outcomes	Progress
North Somerset Alcohol Strategy includes targeted preventive and treatment issues for young people. Implementation to be monitored by SAS Manager and feedback to Alcohol Strategy Group. (Note: Alcohol remains a Public Health Outcome and is included in the Public Health Strategy.)		SAS Team Manager, Alcohol Strategy Implementation Group (People and Communities Board). Public Health Alcohol lead.		SAS team leader reports back on alcohol issues on needs arising and this is incorporated within the needs assessment.

Partnership Objective 12

Monitoring and providing interventions to young people in relation to Psychoactive Substances (NPS)

Actions	By when	By whom	Expected Outcomes	Progress
<ol style="list-style-type: none"> I. Analysing Quarterly reports from PHE II. Highlighting trends through training/briefings III. Inviting referrals to SAS for specialist interventions IV. Continue with high level data recording on Main, Second and Third drug 	Ongoing	SAS	Reduction in numbers of young people using Novel Psychoactive Substances (NPS)	Ongoing 0% of young people reported NPS use.

Partnership Objective 13

Monitor performance in relation to substance misuse prevention and treatment using previous YJB indicators which were adopted by PHE.

Actions	By when	By whom	Expected Outcomes	Progress
<p>i) All young people screened for substance misuse.</p> <p>(ii) All young people with identified needs receiving appropriate specialist assessment within five working days of assessment.</p> <p>(iii) At least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service.</p> <p>(iv) Compliance for completions of Young People's Outcomes Record for young people aged 16-17 should be 80% at treatment start, review and exit.</p> <p>(v) The range of services available should include treatment interventions set out in the PHE assessment and commissioning guidance.</p> <p>(vi) At least 20% of referrals to specialist substance misuse treatment should be from Children and Families Services.</p> <p>(vii) All young people in specialist substance misuse treatment should have a care plan within 10 working days specifically related to their substance misuse treatment needs. (Definitions of care planning are provided in the PHE assessment guidance.) Ensure all young people access the early intervention and treatment services they require within 10 working days.</p> <p>(viii) All young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre- and post-test counselling.</p> <p>(ix) At least 80% of young people should leave treatment in an agreed and planned way.</p> <p>(x) Collating information via NDTMS monitoring returns and quarterly feedback reports from PHE.</p> <p>(xi) Provide statistical information regarding treatment outcomes to Police and Crime Commissioner to meet requirements for funding</p>	<p>Ongoing</p>	<p>SAS Team Manager, Service Leader, YOS Info Analyst /Officer Business Intelligence Unit, Joint Commissioning Officer CSDAT, and SAS Practitioners, YOS Management Board and Office of Police and Crime Commissioner</p>		<p>i) Achieved.</p> <p>ii) Area for improvement - Currently young people with an identified need receive a specialist assessment within 15 working days.</p> <p>Action: Protected allocated assessment slots will be available to enable an assessment to be offered within 5 working days.</p> <p>Where young people have not been offered an assessment within 5 working days, this will be reviewed and feedback to the Youth Offending Service Management Board on request.</p> <p>iii) 100% of young people are catered for in a young person's service and where services are required from adult services ie prescribing, a practitioner from the young person's service supports this.</p> <p>iv) 75.6%</p> <p>v) Services are offered in line with the Drug Misuse and Dependence Guidelines 2017 (Public Health/Department of Health).</p> <p>vi) Achieved.</p> <p>vii) Development need, care plans are in place within 2 weeks.</p> <p>Action: Team members will be briefed and reminded of the required time frame.</p> <p>Where young people do not have a care plan in place within 10 working days, this will be reviewed and feedback to the Youth Offending Service Management Board on request.</p> <p>viii) Hepatitis C testing and counselling is available via the local sexual health clinic and offered as appropriate.</p> <p>ix) Development need. 66% left treatment in an agreed and planned way.</p> <p>Action: All exits will be discussed and agreed at the clinical team meeting with a final sign off from the SAS Team Leader.</p> <p>Where planned exits are below 85% this will be reviewed and feedback to the Youth Offending Service Management Board on request.</p> <p>x) Ongoing.</p> <p>xi) Ongoing</p>

Partnership Objective 14

Monitoring numbers of young people not in education, training or employment (NEET)

Actions	By when	By whom	Expected Outcomes	Progress
Quarterly analysis of NEET and check against referral/engagement with the NEET and Reintegration service.	Ongoing	SAS	Increase in numbers of young people in ETE or engaged with YES.	Ongoing

4: Leaving specialist treatment

Identification of key priorities following annual report:

- 13. To ensure effective care planning for all young people and successful discharge/relapse prevention, continuing to maintain low level of unplanned discharges.
- 14. Transition to Adult Services.

Partnership Objective 15

To ensure effective transition or exit care planning for all young people

Actions	By when	By whom	Expected Outcomes	Progress
At young person's transitional/exit planning stage practitioners consider referral on to children's services or other agencies services where appropriate, utilising existing referral systems (This will be evidenced on young person's case file).	Ongoing	SAS & CYPS	Care pathways in place as a route out of specialist substance misuse services (SAS) as appropriate.	Ongoing

Partnership Objective 16

Effective transitions to Adult Services.

Actions	By when	By whom	Expected Outcomes	Progress
Transitions arrangements in place with Addaction which commences the quarter prior to a young person reaching 18. This includes communication and involvement with other agencies working with that person. Where appropriate SAS will continue to work with young people over 18yrs of age in order to complete work or ensure effective transition to adult services.	Ongoing	SAS Team Manager & SSP Joint Commissioning Officer	To ensure smooth transitions to Adult Services.	Arrangements in place, although numbers are low for 17/18, it is anticipated successful transitions have increased for 18/19.