Partnership name:

Cambridgeshire

Young people's specialist substance misuse treatment plan 2010/11
Part 1

This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.	
Director of Children's Services	*Signature*
Partnership Chair	*Signature*
Chair, Young People's Substance Misuse Commissioning Group	*Signature*

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

Cambridgeshire Drug and Alcohol Action Team (DAAT) sit within the County Council, in the Adult Services Directorate. We have recently been moved from Children's Services to Adult Services. The development of the DAAT Young People's Plan takes place alongside Public Service Agreements, as well as local plans, including the Children's Plan[1] and the Local Area Agreement[2]. The priority actions detailed within these plans are:

- Local Area Agreement
  NI 115 'Reduce the proportion of young people frequently misusing drugs, alcohol, or illicit substances'
- Countywide Children and Young People's Plan priority 1.2:
  Increasing the number of children choosing a healthy lifestyle (to focus on drug use, alcohol, smoking, sexual health/teenage pregnancy and obesity), (This is measured in part by progress against NI 115 Substance misuse by young people).

These plans support the ambitions set out in the following Public Service Agreements:

- PSA 14, "Increase the number of children and young people on the path to success" (the substance misuse indicator, NI 115 within this) and
- PSA 25 "Reducing the harm from drugs and alcohol" (related to effective treatment, which applies to those aged 16 and 17)

The Cambridgeshire Children's Trust came into being in September 2009 and has developed from Cambridgeshire's Children and Young People's Strategic Partnership. The reasons for this development are:

- to make partnership arrangements more secure
- to meet the requirements of Cambridgeshire Together
- to meet new statutory guidance from the Department for Children, Schools and Families

And most importantly, to improve outcomes for children and young people faster.

The Young People's Commissioning Group (YPSMCG) reports to the Drug and Alcohol Action Team as well as to the Children and Children's trust Executive, which in turn reports to the Board.. The strategic links between the DAAT Young People's plan and the Children and Young People's plan (CYPP) are mainly encompassed in the 'Positive Contribution' strand of the CYPP, alongside the Youth Offending Service Executive Board, Integrated Youth Support, including Teenage Pregnancy, Participation and the Parenting Project Board.
It is anticipated that there will be a dedicated joint commissioning unit in future.
The YPSMCG is chaired by the PCT Children's Lead who is a member of the Children's Trust Executive.
The DAAT also reports to the Safer and Stronger Board, on progress against the LAA target NI 115.
The DAAT has established effective links with children and young people's services at a locality level (universal and preventative) and at an area level (targeted and specialist) and is involved at a strategic level in the development of Community Safety Plans with each CDRP.
The roll out of the Common Assessment Framework in Cambridgeshire has been achieved alongside the development of the Model of Staged Intervention. All specialist treatment providers have received CAF training and are engaged in the CAF process, which leads to an increased level of partnership working.

Cambridgeshire is taking actions to integrate further services for young people, and as part of this the DAAT is seeking to commission services in a more integrated way. The treatment system is being re-tendered for 2010/11 in order to make the system more accessible to young people and ensure that successful outcomes are achieved for young people. It will also ensure cost effective

[1] http://www.cambridgeshire.gov.uk/childrenyoungpeople/cypsp/plansandstrategies/cypscypsppasbig.htm
[2] http://www.cambridgeshire.gov.uk/council/partnerships/LAA

service delivery, with an Increasing focus on performance management and targets. The system has been tendered in a way that ensures more equity of service across the county. In particular, the South of the County will have more designated staff covering it than they have had over recent years. Drug and alcohol treatment will be provided by the same provider, rather than having a distinct alcohol service, that we have commissioned up until this point. This has been a major priority during 2009/10,.
In 2009/10 there was a marked move away from commissioning broadly across three tiers of interventions, and made the YPSMCG responsible for more specialist interventions. From 2010/11, this is even more the case. The expectation now is that universal services will train their staff to deliver universal and some targeted interventions, and that specialist services will be there to support them, not to deliver universal interventions with young people themselves.
A summary of what substance misuse treatment services will deliver from 2010 is outlined below.
Universal interventions
Specialist services will support universal services to deliver basic interventions, and to sign post and refer young people when necessary to more specialist services. Universal interventions delivered will be a workforce development programme, consultancy to the workforce
Targeted prevention work
Targeted services are defined as those delivering interventions to young people identified as requiring some support with substance misuse. Targeted interventions delivered in Cambridgeshire are; Outreach, Informal Education/Targeted Prevention Work, Substance misuse assessment and support to families. Support will be provided to the families of young people engaged in treatment, and advice and information offered to parents who need this level of support, whose children are not be in treatment.
Specialist treatment interventions
Young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse."
Interventions offered can include, but are not limited to:

- Psychosocial
- Family
- Specialist harm reduction
- Pharmacological
- Residential treatment for substance misuse

The system will also provide criminal justice interventions to substance misusing young people who are engaged with the Youth Offending Service. The substance misuse team to support the Youth Offending Service will be commissioned as a distinct service.

The treatment system commissioned will be expected to deliver some of these interventions directly, and in the case of pharmacological and residential treatment interventions, will be expected to facilitate access to these for young people, where appropriate and necessary. Specialist pharmacological interventions are provided under the supervision of a CAMHS Adolescent Consultant Psychiatrist employed by Cambridgeshire and Peterborough NHS Foundation Trust. Residential rehabilitation is spot purchased as and when required. Cases would be taken to the Joint Assessment Panel within Children's services. The criteria for these cases was set to be re-visited in 2009/10, and this priority will need to roll over into 2010/11.

The DAAT have a robust process of monitoring in place to assess, evaluate and monitor all areas of delivery throughout 2009/10 with a dedicated monitoring Officer. A transparent and structured commissioning process within a partnership framework supports the Young Peoples Treatment Plan. We are in the process of developing a three-year DAAT strategy, which will bring together the adult, young people's and DIP agendas, so that we can work more effectively and achieve more.

Ensuring the delivery of treatment services within a framework of clinical governance is a high priority for the DAAT. Clinical Governance is embedded within all service delivery from staff training and competences to appropriate and evidence based treatment inventions within national agreed protocol and specifications. The DAAT began to audit this in 2008 and this will continue

into 2010/11.

The DAAT works with the Local Safeguarding Children's Board (LSCB) and the adult drug and alcohol treatment providers, to ensure clear pathways across the drug and alcohol treatment system. Specifically, the DAAT will be working with Addaction and the LSCB to ensure that all adult drug workers have up to date training on safeguarding issues, care and treatment. The increased focus on the Safeguarding agenda has been an opportunity to re-enforce role of DAAT and specialist treatment and improve access to specialist services via universal services.

Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact

This section will consider what we know about the key care pathways related to specialist substance misuse treatment in Cambridgeshire, the current demand for treatment and estimated likely demand in the future. Demand for specialist treatment has increased over the last four years, with a year on year increase in the number of young people accessing specialist treatment being seen. In 2005/06, there were 47 young people recorded on NDTMS as having received specialist treatment intervention during the year. In 2006/07, there were 58, in 2007/08 75 and in 2008/09 103. Targets set for providers for 2009/10 were increased. We would expect there to be in excess of 125 young people in treatment this year (127 young people are in treatment at the end of Q2 2009/10).

The 2008/09 treatment map, as well as information from 2009/10, helps us to understand the current issues with the existing treatment system, and current care pathways in Cambridgeshire, and present a picture of current demand. The number of young people in treatment for substance misuse in Cambridgeshire is below the average for the East of England.

Analysis of our youth population helps us to determine what the level of demand is likely to be for treatment in Cambridgeshire. By looking at our vulnerable groups:

There were 643 young people engaged with the Youth Offending Team in 2008/09. Of these, 591 (92%) were screened for substance misuse, 124 (21%) received a specialist substance misuse assessment and 97 were assessed as requiring a targeted substance misuse intervention, and 10 were assessed as requiring specialist treatment. This was fewer than the previous year, when 26 were referred to specialist treatment.

Of the 295 Looked after children in Cambridgeshire in 2007/08. Six of these young people were identified as having a substance misuse problem (2%), and five received a specialist intervention.

There were a further 295 young people defined as vulnerable housed in 2008/09[3]. The YOS caseload regularly records between 5% and 10 % of the active caseload as being in unsuitable accommodation at the end of statutory interventions. The links between unsuitable accommodation and further offending are well known.
Also, of the 203 young people aged over 18 open to the 16+ Advisory Service, they can be broken down into the accommodation categories outlined in the chart below. The majority, 64%, moved into independent accommodation upon leaving care. 11% remained in foster care, and 8% (17) went on to live in supported accommodation practices, such as the YMCA or Foyers.

On average 806 young people were recorded as Not in Employment of Education (NEET) each month by Connexions in 2008/09. Each month, 1% of all NEETs were recorded as having substance misuse issues. NEETs were over-represented amongst all those who were assessed as having a substance misuse need as on average, throughout the year, 23% of all those with a substance misuse need were NEET.

[3] Data from Supporting People, related to young people in their projects who are either teenage parents, leaving care or defined as at risk

During 2007/08, there were fewer than five permanent exclusions for drug and alcohol use/incidents from all schools in Cambridgeshire, including state funded secondary schools, maintained primary and secondary schools and academies in Cambridgeshire. There were 120 fixed period exclusions for these reasons.

3434 young people were in contact with the CAMHS service in 2008/09 (tier 2 and 3).
We would expect that a significant proportion of referrals into treatment to come from within these populations, however, there were no referrals from either LAC or CAMHS to treatment last year, and very low numbers from general healthcare, Children's Social Care and outreach services.

In terms of parental substance misuse, of 11, 219 Contacts that Social Care teams had with families between 1st September 2008 and 31st August 2009, 350 were for Parental alcohol misuse and 296 for parental substance misuse. Of the 1234 young people in Young Carers services during the specified period, only 8% (99) were there due to parental substance misuse.

A further 35 young people have been screened and identified as at risk of sexual exploitation through an assessment process. The result has been case planned intensive support to 24 young people.

Within the adult treatment system there were 202 18-24 year olds in treatment during 2008/09. This represented 15% of all adults in treatment. The group was comprised of 20 eighteen year olds, 16 nineteen year olds and 166 20-24 year olds. We would expect that many of these young people would have already been in contact with the young people's treatment system. However, due to the low numbers in the young people's system (103 young people in 2008/09) it is clear that we are unlikely to be capturing all those under 18 who require treatment, as there is a significantly number of 18 and 19 year olds accessing the adult treatment system. NDTMS green reports do not identify whether the adults in treatment have previously been treated in a young people's setting. However, data from MUSE shows that there were only 17 clients aged who had been triaged in a previous episode when they were under-18, and had subsequently re-presented for treatment during 2008/09, whilst aged between 18 and 24. Four of them had been referred on from a young people's to an adult service and were continuing treatment with a gap of a month or less. This leaves only 13 clients who had been lost to treatment while under-18 and then re-appeared as young adults. Data from young people's services for 2008/09 also shows that 16 'adults' remained with young people's services after their 18th birthday. This may suggest there are currently problems with the transitions process.

The National Offending, Crime and Justice Survey (OCJS) research suggests that if vulnerable young people (truants and excludees, young offenders, looked after children, young homeless people, young people who are sexually exploited or work in the sex industry and the children of drug users) account for just 28% of a sample group of young people, they will account for 61% of reported Class A drug use. Young people in vulnerable groups are five times more likely to report having used any type of drug (35%) than the non-vulnerable (7%). Frequent drug use amongst this group is likely to be 12 times higher (12%).

It is estimated that the 10 -16 population in Cambridgeshire is 44,800. Therefore, by applying national statistics to this population size, it is possible to estimate the number of vulnerable young people that have become involved in drug use. Of the 44,800 10 – 16 year olds living in Cambridgeshire, if national statistics are applied 16% are expected to be in one of the vulnerable groups listed above (7,168). Of these 7,168, just over a quarter (26% -1862 individuals) are expected to have used a drug in the last year, 12% (860 individuals) are expected to have frequently used drugs in the last year and 4% (286 individuals) are expected to have used Class A drugs in the last year. As the vulnerable group accounted for 61% of reported Class A drugs use, the calculated number of Class A drugs use for all young people in Cambridgeshire in the last year would be 470 individuals. As only 103 young people received a specialist, tier-3 intervention during 2008/09, these figures would suggest that there is a significant population of substance misusers who are not accessing treatment and therefore, a high level of unmet need potentially.

In order to identify more substance misuse amongst the vulnerable populations we need to ensure that providers deliver more assertive outreach work, target vulnerable groups when delivering targeted prevention work and proactively seek new referrals from a variety of sources.

In terms of the likely demand for different types of treatment interventions; of those in treatment who disclosed their injecting status, only 3% (one client) of them were currently injecting and none of them had previously injected. However, as 40% of clients refused to give out this information, we cannot be confident that there is such a small proportion of active injectors. We only know that amongst young people who are known to the treatment system, injecting is low. Substance misusers are considered to be at high risk of Hepatitis B and C infection. Therefore, we need to be screening more young people. The threshold for offering young people Hepatitis B and C screening may need to be reviewed.

The fact that we have a very low number of injecting drug users, (and also young people requiring pharmacological interventions), in the treatment system is also of concern. We must ensure that those at the greatest risk are being identified and referred to treatment services.
In 2008/09 there were three young people who received pharmacological interventions (3% of all interventions). In the first half of 2009/10, there have been two. We intend to conduct more outreach work, in an attempt to find young people who may not currently be accessing treatment. Therefore, we would predict a slight increase in the demand for this type of intervention, once the impact of increased outreach has been felt. When re-tendering treatment services we worked on the assumption that a maximum of 10 young people per year would require pharmacological interventions, and that reflects the amount of Consultant Psychiatry time we have commissioned.

In line with these findings delivery of needle exchange and other harm reduction services was reviewed in 2009/10, to ensure that services have the capacity to respond should greater demand be identified in future. The needle exchange protocol will be reviewed prior to the new treatment system contract/s commencing in 2010.

In terms of the likely demand for specialist harm reduction interventions, to date, the types of interventions that have been recorded as harm reduction include contingency management intervention, as opposed to being purely needle exchange and safer injecting advice. Therefore, our harm reduction interventions do not tally with the information being recorded about injecting drug users. Recording practices will be will amended, so that we can more accurately understand what treatment our injecting drug users are receiving. Therefore we expect will be a reduction in the number of harm reduction interventions being delivered next year, as contingency management work will be re-defined as a type of psychosocial intervention.

There is likely to be a greater demand for work with families than providers are currently recording. Provider agencies will be asked to promote the services they can offer to families more in future. There have been data recording issues where some interventions were not being captured as they are not a tier-3 modality. Local recording systems will be put in place to accurately record the work being delivered at a targeted level and the level of tier 3 modalities being delivered will increase next year too. 79% of the treatment population in 2008/09 were recorded as living with their parents or other relatives. Therefore, we would expect that treatment providers should be involving families in treatment in at least 50% of cases (approximately 50 young people). Instead, only 3 family work interventions were delivered in 2008/09. In the first two quarters of 2009/10, 7 family interventions have been delivered. This increase is viewed as very positive.

The majority of work with families/carers is done in universal settings and there is a direct link between specialist treatment agencies and staff based in locality teams, such as Parent Support Advisors, who offer these universal/targeted interventions. The workforce development programme, commissioned from DrinkSense in 2008/09 and 2009/10 included two modules around the impact of parental substance misuse, aimed at those working with young people, and those working with families. The DAATs intention is to provide the universal workforce with the skills to screen for substance misuse and the knowledge of how to make referrals to local

agencies.

There were no clients assessed as requiring young people's residential rehabilitation in 2008/09 or 2009/10 to date. In the last five years in Cambridgeshire, there has been one case that has resulted in a young person going into residential treatment. It is perceived that the YOUS service, and the intensive, outreach nature of its service reduces the demand for referrals to residential placements. This ethos will continue when the new treatment contract/s come into place in 2010. We will still be commissioning Consultant Psychiatry time, and the Psychiatrist will work closely with link workers from the mainstream service, and the YOS substance misuse team, on cases where he is providing a pharmacological interventions. This will mean that young people can continue to be worked with in the community, rather than needing a referral to residential treatment. There are also many projects developing in Cambridgeshire, that work with families, including MST, so it may well be the case that young people can be referred to these. Pathways between MST and substance misuse services will be defined in 2010/11. The number of referrals to residential treatment is expected to remain extremely low. Processes are in place to respond to cases that do need to be referred to the Joint Assessment panel and this treatment can be purchased as required. These processes will be reviewed next year. The links with existing and future MST services will also be reviewed.

It is likely that demand for treatment overall will increase based on current trends. Therefore targets have been set higher as part of the re-tendering process. In 2010/11 the Service shall be expected to provide specialist interventions to 160 young people, targeted interventions must be delivered to 400 young people on a 1-2-1 basis or in a group setting and the service shall deliver 10 targeted intervention sessions per week to vulnerable groups.
As we aim to get more young people into treatment in future years, and psychosocial interventions are the most frequently delivered, we expect to see an increase in demand for this type of treatment.
In 2008/09, 82% of all interventions were this type. The service is expected to deliver 160 specialist interventions, and we would expect at least 75% (120) to be psychosocial interventions. The types of psychosocial interventions delivered in Cambridgeshire include motivational interviewing, contingency management, cognitive behavioral therapy and psychodynamic therapy The YOUS service have been working to a model for cannabis users where they offer 6 sessions of psychosocial interventions initially, then try to discharge people after this, but in some cases, 6 weeks has proven to be too long and cases can be closed sooner. It was deemed necessary to bring in some kind of model though, so that at the start of a case, the key worker and client would have a sense of what they were working towards, as in many cases, this approach has been viewed as successful.

As for YOT targets, the Contractor shall provide specialist interventions to at least 50 young people. It is expected to deliver targeted interventions to 150 young people on a 1-2-1 basis or in a group setting and to deliver targeted interventions to vulnerable groups in the three reporting centre settings once a month. They will also offer support to 50 parents.

Referrals are expected to increase from Looked After Children (LAC) teams in the second year of the use of the screening tool for substance misuse by all workers as work that has been ongoing for nearly two years to improve the referral rate will continue. LAC teams will be meeting with specialist treatment providers in order to ensure that they understand the role of specialist agencies do and how and when to refer to them. The DAAT will be facilitating this and ensuring that effective use of the screening tool continues to be encouraged at strategic and senior management levels. The DAAT sits on the Corporate Parenting Board and have responsibility for actions relating to substance misuse.

We anticipate that the number will increase from 0 (2008/09) to at least 10, based on the fact that in the first year of the LAC screening tool being used in Cambridgeshire, 6 young people were recorded on the OC2 return as requiting an intervention. It is hoped that at least 10 young people will be referred to specialist treatment, and that many more will receive tier 2 interventions, as social workers are encouraged to liaise with specialist substance misuse workers more frequently.

In the first two quarters of the year, only one referral has come from this source, so there is still work to be done.

Referrals are also expected to increase from the YOT. It is hoped that the number may increase from 11 (2008/09) to at least 30 in 2009/10 and 50 in 2010/11, based on our understanding of how many YOT clients are being assessed currently as requiring a specialist intervention. In the first two quarters of 2009/10, the YOT have had 12 primary alcohol new referrals into treatment and 17 primary drug new referrals into treatment, so we are confident that the numbers will continue to increase.

We also must consider the impact of an increase in new populations settling in Cambridgeshire. For example, Eastern European migrants. The needs of this group have not yet been scoped, but if services were to be promoted in a variety of languages, we may find that there is increase in demand for services. Also, the traveller population has not been targeted by specialist substance misuse services for a few years now, as it may be time to re-focus work on this group, using the existing framework of county council and district council services that already engage well with these communities.

55% of those in treatment last year were male and 45% were female. 94% were from White ethnic groups, which is in line with the Cambridgeshire population profiles. This suggests that the proportion of young people in the treatment system from each ethnic group was appropriate and in line with our population. However, increased outreach work may identify pockets of need that were previously not known about.

Increased staffing levels may also help to increase treatment figures. Within the new treatment system, there will be the same amount of staff on the ground as there currently is, however, the distribution of staff will be different, and more flexible and responsive to need in identified areas.

Specific actions that will be taken to improve access to services and address the negative impact on certain hard to reach groups; those with mental health issues, LAC, those who have been excluded from school, those who are vulnerably housed, and those who are potentially at risk of sexual exploitation, will be taken in 2010/11, and are outlined in Part 2 of the plan.

Key findings of 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

As stated in the estimated demand section, certain prevalence estimates related to substance misuse in Cambridgeshire suggest there is significant unmet need. This section will present other key findings from the Needs Assessment that have helped to shape Cambridgeshire DAAT's priorities. It has been acknowledged by the DAAT that the Needs Assessment must be developed in future years to include a wide range of data sources; so that we can be confident that we have an accurate understanding of young people's needs in Cambridgeshire, and shape our services to meet them. In order to do this, the DAAT will undertake a range of research methodologies to establish this in 2010/11 including questionnaires, 'peer-lead' research and an audit of treatment accessibility and outcomes. Peer led work is something that has not been attempted before in Cambridgeshire, and it is hoped it will yield useful results. In general, more consultation with young people about their treatment needs and user involvement is needed. We also need to consider using further data analysis to determine prevalence, for example, more extensive analysis of Balding Survey data, and comparison of that data with treatment figures, and enforcement data from Cambridgeshire police.

<u>Prevalence</u>

The Health Related Behaviour survey, which is carried out in schools every two years with year 8s and year 10s and used as a measure of prevalence of substance misuse also found that a significant proportion of young people in Cambridgeshire have been offered and used drugs. Young people were asked if they had ever been offered any drugs, and given a list of 15 possible drugs. The most offered drug was cannabis. 37% of Year 10 male and female pupils said that they have been offered cannabis. The proportion of Year 8 pupils was much lower (13% for males and

9% for females). Nevertheless this confirms the high availability of cannabis among school pupils.

The second most offered drug was poppers with 15% and 16% of the Year 10 male and female reported had been offered it. Traditionally, poppers have been mainly used in the gay community as it is used to enhance sexual experience or to boost the effect of other stimulants like ecstasy, but their use is now more widespread and is particularly on the increase among 11-15 year olds.

As for the third substance, cocaine, 11% of year 10 males and 13% of the year 10 females stated that they had been offered this substance. 88% of young people stated they had not used any illicit drugs. Of those who had, cannabis was the most frequently used drug (10%), and following that, poppers (3%), solvents (2%) cocaine (1%), natural highs (1%) and ecstasy (1%) were used, but very small proportions of respondents. An average of 3% of the pupils surveyed said they regularly used cannabis (6% of year 10 male, 5% of year 10 female, 1% for both year 8 male and female pupils). This rate remains the same as the rate in the 2006 survey. Older pupils are more likely to have ever tried an illegal drug, with rates slightly higher amongst girls than boys. This is what we would expect and follows year on year trends. The majority of young people said they had not regularly taken any of the drugs. The only exceptions are for cannabis and poppers. However, the proportion of young people using poppers regularly is also very low (1% for year 10 pupils).

There are also high levels of alcohol use reported via Balding. The findings indicated that 26% of Year 8s and 49% of Year 10s surveys had drunk alcohol in the last 7 days. At least 7% of the year 10 females and 6% of year 10 males are exceeding the safe drinking limit calculated for adults. More worryingly, 1% of Year 8 males admitted drinking over 27 units per day. Considering this group is aged between 12 and 13, they are putting themselves at very high risk. Alcohol is being provided by parents/other adults more than it is being bought by young people themselves. Approximately 20% of young people in each area were given alcohol by their parents or other adults.

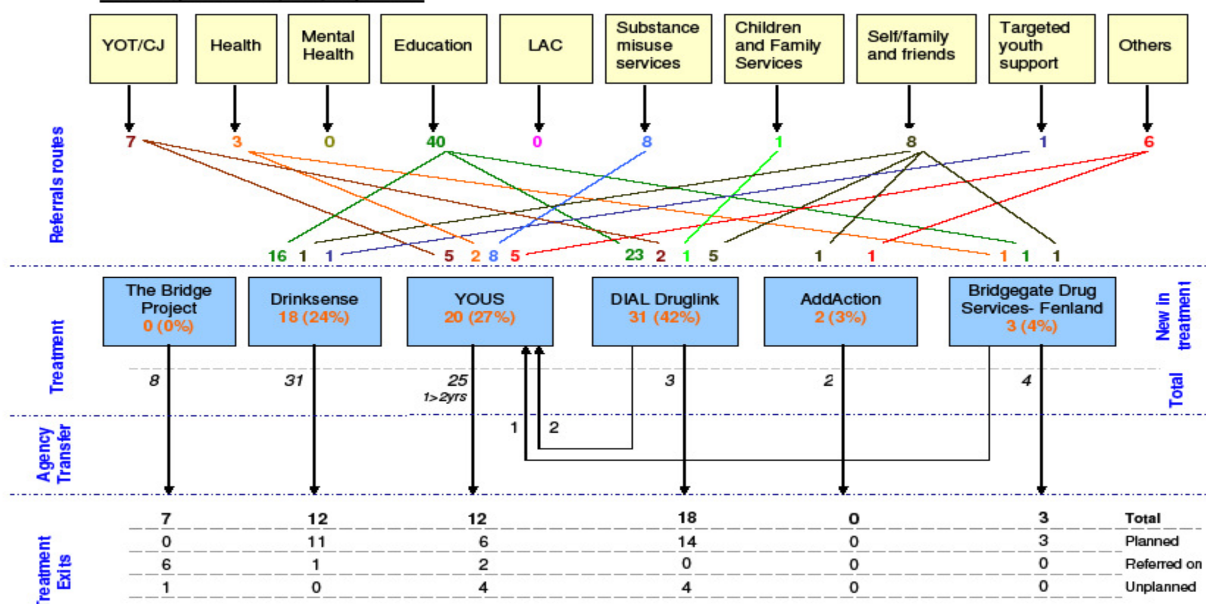
<u>Penetration rates in terms of treatment population</u>

Cambridgeshire had the second lowest rate of referrals per 100 people in the population, 1.96, of all DAATs in our family group. Only Essex had a lower rate of new referrals. We have similar rates to Essex and Wiltshire, but other areas such as North Yorkshire and Devon had far higher rates of referrals last year and have far more young people overall in the treatment system.

However, on a positive note, numbers are increasing year on year, and 2009/10's figures are expected to show an increase on 2008/09. In Q1 of FY0910, there were 34 new referrals into treatment. In the same period in FY0809, there were 13, so we can be confident that numbers are increasing. There is huge variation in the recording practices across DAATs, and other DAATs do not commission preventative work or services, who delivered targeted interventions.

Cambridgeshire DAAT feel confident that the re-commissioning of the treatment system that is currently underway will lead to a more effective treatment system in 2010/11, which in turn will see more of a focus on delivering specialist work and recording on NDTMS. The re-commissioning will allow the DAAT to have a greater sense of co-ordination of agencies and for there to be consistency in recording of treatment across the county.

<u>Treatment mapping and Changing Trends</u>



Cambridgeshire treatment system map, aged under 18, 2008/09, NDTMS, 2009

Overall, 103 young people received treatment last year, 78 of these were new referrals. This means that 25 young people remained in treatment from the previous year. As stated, this represents an increase in new referrals from last year of 48%.
51% (53) had a primary drug of cannabis, 38% (39) alcohol. There were no other substances being reported to agencies on any significant scale. Primary drug use reported included solvents, cocaine, hallucinogens, amphetamines and heroin, in very small numbers. Secondary drug use, of substances other than alcohol and cannabis included ecstasy (6, 5.8%), amphetamines (4, 3.8%), methadone (1, 0.8%), crack (1, 0.8%).

Trends have been stable over the past few years. However, in the first half of 2009/10, there are four young people in treatment for primary cocaine use, and four for solvent use. Last year, there were very few young people in treatment for cocaine or solvents, so there has been some change. There has been a huge increase in the number of young people in treatment for primary alcohol use since 2008/09, due to recording by our distinct alcohol agency, DrinkSense.
The majority of referrals last year came from Education (55%) and this has been the trend for several years. Self referrals were also significant (11%) and referrals from other substance misuse services (11%).
Of greatest concern is the fact that there were no referrals made to specialist treatment from Looked After Children's teams and no referrals from CAMHS. These are two service areas that work with some of the most vulnerable young people in Cambridgeshire, and we would expect referrals to be coming from these service areas. There were three young people in treatment in 2008/09 who reported that they live in care. This represented 8% of all those starting a new treatment journey. This means that despite there being no referrals recorded as coming from LAC services, three looked after children were in treatment.

The majority of young people in treatment services received psychosocial interventions (94, 82%), and harm reduction (14, 12%). There were only three cases where family work interventions were delivered and three where specialist prescribing was delivered.

The planned discharge rate was good, as the majority of young people made a care-planned exit (83%, 43 cases).However, the rate of onward referral was relatively low, only 17 young people discharged from treatment were referred on (40%). This has improved in the first half of 2009/10.

Of 33 planned exits up until the end of Q2, 10 (30%) were referred on (or back to the referrer) and in 7 (21%) cases a referral on was not deemed to be required.
In terms of TOPS, our completion rates are improving but as we are still not achieving 80% of start and exit TOPs being completed. Individual agency performance reports suppress the numbers as such low numbers are having TOPs completed, so we do not yet have any data about the outcomes that treatment has helped to achieved for young people. We are working with providers to performance manage them, and next year we will adapt the adult treatment system's action plan that was used to improve TOPS performance, as they have been very effective, and we aim to be too.

There were also very few referrals between agencies within the treatment system, as only three young people were transferred to YOUS. This is perceived to be appropriate, as YOUS accept referrals from other agencies delivering specialist treatment when certain interventions are required, and the three clients tallies with the number of clients last year that received specialist prescribing.

The ethnic profile of clients in treatment matches the profile of Cambridgeshire's young residents. Therefore, there are not perceived to be any barriers in terms of ethnicity affecting access to treatment services. Figures also indicate that the gender division amongst young drug users in the community in Cambridgeshire only varies slightly from the national gender division in treatment. There are more males in treatment than females (55%: 45%), but this is not perceived to be a problem, as is in line with what national research shows should be the case.("Drug Misuse Declared: Findings from the 2007/08 British Crime Survey – England and Wales", Home Office). Regional figures that the NTA hold suggest that the young people's treatment population is closer to 50:50, with an emphasis towards slightly more females.

The key areas of unmet need that emerged from the Needs assessment were that the DAAT need to concentrate its efforts on promoting:

Referrals into treatment
Referral sources into treatment also present some concerns to Cambridgeshire DAAT, as during 2008/09, there were very low levels of referrals that came from Looked After Children's teams, the YOT, CAMHS and Connexions. Action plans will be put in place to address each of these.

In particular, a protocol may need to be put in place for joint working arrangements between CAMHS and substance misuse agencies. Other DAATs in the region have already developed this work, and advice will be sought in order to effectively implement a protocol. However, prior to this, there is more local scoping work to be done, and the support of the CAMHS Commissioning Group will be sought.
We may also need to consider developing a new screening tool for all agencies to use, that will replace the current LAC screening tool that has not been well used. We will work with Connexions, social services, CAMHS and others to ensure that something is developed that will be viable for a variety of professionals and has the buy-in of professionals working with both the mainstream youth population and vulnerable young people.
Local Understanding of Prevalence of Substance Misuse
We still struggle with getting accurate information and estimates about prevalence of substance misuse, particularly amongst some key vulnerable groups of young people (e.g those with mental health problems). Anecdotal information from specialist agencies suggests that ketamine use, and use of natural highs are far more prominent than treatment figures indicate. We rely heavily on national prevalence estimates.
We may need to investigate local prevalence of Substance Misuse via the following methods:

- User involvement
- Peer-lead research

We may also need to research the housing needs of young people specifically affected by substance misuse, or young people on programmes like Princes Trust, E2E and make better links with the Participation Unit, Young Lives and other service areas, such as Teenage Pregnancy Partnership, to do effective pieces of consultation and needs analysis work.

This will help to ensure that our services are needs lead.
We acknowledge that Cambridgeshire rely heavily on national prevalence data. The input of local data, in particular regarding young peoples population with more complex needs and vulnerabilities e.g. LAC, CAMHS etc, would assist the partnership to determine need further. Actions to achieve this will be outlined in Part 2 of the treatment plan.

Transitions to adult treatment

The needs assessment high-lights the fact that there is a large group of 18-24 year olds in treatment in adult services, many of whom have not been in contact with a young people's service prior to this. Young people's agencies are retaining some clients aged over 18, and we need to understand why this is happening. The DAAT have little understanding of the transition process and why it is sometimes successful and why other times, clients fail to engage with adult services.
We will try to improve the rate of successful transitions by:

- Analysing current performance, in order to inform us of any gaps in services that we should be concerned about. (i.e drug used, gender, area of county- do any of these variables affect how the transition works).
- Developing a transitions policy once the new treatment system is launched in 2010.
- Performance monitoring agencies and asking to review cases where 18 year olds are being retained in young people's agencies.
- Working with Addaction to ensure that retaining 18-24 year olds in treatment is a shared priority.
- Investigating further the occurrence of transfers to adult system, and what leads to successful transitions and vice versa.

Injecting Drug Use

The DAAT needs to prioritise identifying injecting drug users who may not currently be known to the treatment system. This can only be achieved via proactive outreach, and services are encouraged to do this, and by effective information sharing between adult and young people's agencies, as adult clients may be the people who are best placed to know about trends in injecting drug use amongst under 18s.

BBV Screening

This remains a performance issue for the DAAT. We need to clarify with the NTA when exactly young people's agencies should be offering BBV tests to young people, as current guidance states tests should be offered to injectors, and as we have very few, we have a very low rate of BBV screening. However, if there is a move towards screening young drinkers for Hep B, treatment providers will need to be advised of this, and practice changed accordingly.
An action plan would be implemented for improving BBV screening rates.

TOPs

The adult treatment system has put a lot of work into improving TOPs completion. The Young People's system needs to learn from this work and improve its own recording.

Outcomes for Young people

This was high-lighted as a weak area in last year's treatment plan, and this year's needs assessment shows that improving our definitions of and understanding of successful outcomes for young people must remain a priority.
We will aim to achieve better outcomes for young people by improving our systems. We must do this before we can hope to understand what outcomes are for young people.
We will aim for all young people leaving specialist treatment to do so in a care-planned way and be referred on to another agency as part of their discharge plan When the new system comes into place, we will have a local process of recording referral on.

We will improve our understanding of the CAF system and tie up what we know about the outcomes for young people that are being recorded via treatment agencies, with whether a CAF has been used, and try to assess whether the CAF has contributed to a successful outcome.

The new treatment system will develop its own outcome monitoring processes, as an emphasis was placed on outcomes in the service specification that went out to tender.

Discharge routes out of the Young People's Specialist Treatment system

There needs to be strong links between specialist services and mainstream services, so that

those who have received support around substance misuse, but need support in other aspects of their lives are not discharged without a referral on to further help. Our data indicates that currently treatment services are not recording the onward referrals for young people they are making. Work needs to be done to investigate whether this is a practice issue, or primarily a recording issue, and also whether the CAF is being used effectively as an onward referral tool.
Also, very little is currently understood about the links between the young people and adult treatment systems. The rate of young people who are treated in a young people's agency, and subsequently go on to be an adult treatment client needs to be investigated in the next needs assessment and a protocol between young people's and adult services developed potentially. This will include transitions to the adult treatment system.

User Involvement
Whilst the DAAT has consulted with a variety of professionals working with young people, and some young people, via youth workers, in order to inform the needs assessment and planning process, service users themselves have not been involved in the planning process during the last few years in Cambridgeshire. It is important that young people are involved in the planning, design and delivery of their treatment.
This has been a weak area, and it is hoped that once a new system is embedded, we can take the time to develop this work. Involving young people has been included as a requirement for the new service in the service specification.

Parents and Carers involvement also needs to be addressed in future and improvements made in this area. We will look to the NTA User Involvement lead for support with this work.

Children of Substance Misusing Parents
We identified last year that we were potentially not addressing the needs of children of substance misusing parents. We will be working in close partnership with the adult treatment co-ordinator to develop services that support the whole family, and particularly the children of substance misusing parents next year. This development will be closely monitored by the Young Peoples and Adult Treatment Coordinator and overseen by the respective commissioning groups. Ensuring that adult drug workers are working to the same thresholds in terms of safeguarding and identifying young people who are being affected by family substance misuse is a key priority for the adult treatment system, and we support this. We need to work with adult services to ensure that all drug and alcohol workers receive updated training on hidden harm and Safeguarding issues and that they always record parental status. A Protocol between Children's Social Care and adult drug services being developed, and this will help to strengthen future working arrangements. The protocol will make sure that referrals made to Social Care that do not met their thresholds are not referred back, but instead, alternative options are provided to the adult drug service making the referral, so that the family's needs are met.

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
Cambridgeshire DAAT aims to achieve the best possible outcomes for all young people involved in substance misuse services and has identified this as a key area for improvement. What is defined as a good outcome will obviously vary for each case, and is very subjective. However, our overall strategic aims are to ensure that on completing specialist treatment, every young person is referred back to the referring agency, or onto another agency. This will help young people to achieve the Every Child Matters aims of staying safe, enjoying and achieving, making a positive contribution and achieving economic well- being. For example:

Be healthy
Complete treatment with a care-planned discharge, receive a general healthcare assessment and as a result be referred on to any other appropriate services that provide healthcare related services.

Stay safe
Young people living independently in unsettled accommodation or living independently with no

fixed abode achieve a settled living arrangement. = needs and what is considered as a successful outcome for them.

Enjoy and Achieve
Addressing NEET issues and improving psychological well-being, measured via TOPS forms, and onward referrals could be used to measure outcomes related to enjoying and achieving. We will work with partners, such as NACRO and EYS and the Princes Trust, and ensure that specialist substance misuse support is made available to these projects.

Make a Positive Contribution
Peer-lead research would help young people to achieve this aim, and service user involvement in service design.

Achieve Economic Well Being
Connexions data regarding young people accessing benefits, training courses and employment could be used as a measure of success against this aim. We will develop our relationship with Connexions, in order that the relationship they have with a large number of young people is used effectively to promote the work of the DAAT.

The Common Assessment Framework (CAF) and SARF processes are seen as vital to achieving these outcomes for young people. Care-planning and the importance of working within the CAF framework, in terms of referring young people onto other services, be they specialist, targeted or universal, in order to achieve the best long-term outcome for the young person is being emphasised to providers. All staff in provider agencies have attended CAF training, and promote the use of the Single Agency Referral Form and CAF within their agency.

In terms of specific outcomes that can be more easily measured, provider agencies will continue to complete Treatment Outcome Profile (TOP). The DAAT will work with the Monitoring Unit for Substance Misuse in the East (MUSE) to identify which providers are struggling to complete the forms, and where problems are identified, monitor progress regularly. We will strive to meet the 80% completion target, in order to obtain information from TOPs.

The new treatment system will develop its own outcome measures, in partnership with the DAAT. They will evidence the effectiveness of different types of intervention, when working with different types of substance misuse.

For example, they will use a model that is very structured and time limited in terms of what is offers young people presenting with cannabis use (5 treatment sessions), and then evaluate the effectiveness of this model, and outline any adaptations that had to be made throughout the treatment journey of young people. They will use more evidence-based treatments and be informed by research when delivering package of care-planned treatment.

Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year

1. Launch and embed the new treatment system, which will be delivered by two agencies. Ensure the service is easily accessible and part of the team around the child.
2. Increase referrals into treatment from key vulnerable groups.
3. Drug services to provide far more family friendly services
4. Improve outcomes for Young People leaving specialist treatment, including making effective transitions to adult treatment.
5. Improve data management and performance monitoring framework with new provider agency.
6. Improve Harm Reduction services available to young people.