

Partnership name

Young people's specialist substance misuse treatment plan 2009/10

Part 1

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

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

Worcestershire has a county wide three-year (2008-11) drug and alcohol strategy, which has five locally agreed outcomes:

- Reducing drug and alcohol related deaths and ill health
- Reducing drug and alcohol related crime and disorder
- Preventing the problematic use of drugs and alcohol
- Improving access to drug and alcohol treatment and support
- Increasing positive outcomes from drug and alcohol treatment

The strategic priorities within Worcestershire are in line with PSA 25 "Reducing the harm caused by drugs and alcohol", PSA 14 "Increase the number of children and young people on the path to success" and PSA 23 "Make communities safer".

The following five priority outcomes for children and young people are contained in the Sustainable Community Strategy and are reflected in the Children and Young Peoples Plan:

- To support children and young people to lead health lifestyles
- To deal effectively with bullying and those affected by it
- To raise educational achievement
- To ensure children and young people have things to do and enjoy in their communities
- To increase the numbers of young people in education, employment and training.

Worcestershire SMAT is working towards a balanced treatment system, enabling access to treatment for all and ensuring that clients are able to leave the system in a planned way, providing services in partnership with universal and targeted youth services.

Data and local anecdotal experiences highlight that alcohol is a major issue for young people across Worcestershire, both in terms of health harms and wider risks to social functioning. Alcohol consumption and the need to reduce the harms associated with it for children and young people has been recognised as a priority for Worcestershire and is strongly represented within the Children and Young People Plan and the Alcohol 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

Approximately, 552,900 people live in Worcestershire and just below a quarter of these are children and young people under the age of 20. In the last ten years, the number of children and young people in Worcestershire has decreased and the number of 0-19 year olds is forecast to decrease further by 2010 at a rate greater than the national average. 4.4% of the under 18 population are from BME groups, in comparison with 2.5% in the total population.

Worcestershire is generally a prosperous and affluent county, but 47 out of 361 areas are amongst the 30% most deprived in England. These areas are geographically small but they are areas in which deprivation is highly concentrated. Access to services can often be difficult for children, young people and families living in rural areas of Worcestershire, an issue which impacts

most heavily on low-income

During 2007/08, 97% of all young people in treatment were with the SPACE service in Worcestershire. The general profile of young people in treatment is 60% male, 96% white, with the majority (79%) being aged 15 or over. The predominant drugs of use were alcohol and cannabis with only 3% of clients presenting with opiates as their main problem drug. Only 1% of all clients (2 individuals) were injecting. This reflects a change in treatment demand, with opiate referrals reducing by 15% and both alcohol and cannabis referrals increasing significantly. Wider universal services report that this trend is also reflected within their wider work covering prevention and education. Further work is planned to ensure that service delivery, both in non- and specialist treatment services, is able to meet this change in service demands.

In 2007/08 there were 293 referrals to the SPACE service, with 263 receiving assessments, 250 of which commenced an intervention within 10 days of their assessment. A large percentage of referrals (49%) of referrals were received from criminal justice sources. Referrals from wider sources are consistently lower than would be expected, although early figures from 2008/09 data evidence positive change in this area, with more referrals being received from Targeted Youth Support, GP's and hospitals.

Only 54% of young people leaving treatment did so in a planned way, with a further 6% being referred on to other agencies. The majority of clients with an unplanned exit were cannabis clients, (67%). Figures from 08/09 quarter three report do show that planned treatment exits have increased, (71%), but further work is required to understand the relationship between the specialist treatment service and wider youth support provision, in order to ensure that individuals continue to access appropriate seamless services in a seamless way.

There are a number of pieces of work that give us some insight into the wider prevalence of substance misuse amongst young people.

Data suggests that alcohol use in Worcestershire is above the national average, with almost 60% of 15 year olds drinking at least one alcoholic drink a week, with almost a quarter of 15 year old boys drinking over the advised weekly limits. There has been an increase in the number of alcohol related offences by young people and the number of alcohol related admissions to hospital is rising with two major areas having the highest rates in the West Midlands. Alcohol is often an important part of young peoples social lives, yet misuse of alcohol can be associated with poor health, crime, antisocial behaviour and domestic violence.

The Tell us 3 survey was carried out in Spring 2008, asking young people and children for their views about their local area. It also included questions covering the five Every Child Matters outcomes. The key findings for Worcestershire found that 76% of respondents had never smoked a cigarette. 79% had consumed an alcohol drink at some point, however 39% had never been drunk. 84% reported never having taken any drugs.

The School Health Education Unit in 2007 provided a sample of data from secondary school pupils (years 8 and 10). The year 10 data showed an increase in percentages across the criteria from year 8, with 62% of year 10's having at least one alcohol drink in the week before the survey. This was above the national reference sample level of 40%. 22% of year 10's drank over the advised weekly limit for adult females of 14 units, again higher than the national level of 9%. 57% reported that they were fairly sure or certain that they knew someone who used drugs that were not medicine, and 36% had been offered cannabis, with 26% offered other drugs. 15% said that they had taken some form of illegal drug within the last month with 16% reporting taking an illegal drug and alcohol on the same occasion. All of these figures were above the national average.

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

- Embed young people's substance misuse commissioning into the Children and Young People's Strategic Partnership Structure, retaining strategic oversight and links with the SMAT Board. The aim is to increase the fit between young people's needs and commissioned substance misuse services. It will increase the influence and accountability of Children's Trust arrangements for young people's substance misuse provision and make quality and commissioning arrangements more consistent with those for other aspects of CYP provision (for example Teenage Pregnancy).
- Reinforcing specialist threshold arrangements by rolling out the substance misuse-screening tool and associated workforce training and development will ensure that all young people have their substance misuse needs assessed and delivered within an appropriate setting.
- Ensure that YOS continue to be actively involved in advisory groups and strategic planning. Substance misuse levels within YOS client group appear to be falling as do overall YOS caseloads. However, there is still scope to increase range of service provision to reduce the levels of offending, particularly low-level alcohol offences or anti-social behaviour.
- Improving joint working arrangements and data collection mechanisms between specialist and generic provision, targeting schools and education welfare organisation, CAMHS and LAC will support targeted interventions with high risk groups.
- The refresh of hotspot data will ensure that resources are targeted enabling specialist services to work in partnership with targeted youth support provision to deliver services to families and young people, particularly in deprived, hard to geographically reach areas.
- Targeted specialist treatment support will reduce the likelihood of the need for emergency services, such as A&E presentations by focusing on harm-reduction and early intervention with alcohol users
- Transitional arrangements and planned discharge referrals need to be given further
- Implementing the Harm reduction strategy will ensure that both specialist and generic services are proactively delivering consistent messages and contributing to the reduction of substance misuse related harm to children and young people
- Expanding the services available for families and the children of drug misusing parents and strengthening links with and transition arrangements to adult services in order to ensure that appropriate support is received to ensure physical, emotional and social wellbeing.
- The review of services and subsequent revision of service specification will ensure that services are able to meet the needs of children and young people and local drug using trends, including optimising discharge opportunities and aftercare arrangements.
- The clinical governance audit and subsequent improvement action plan will ensure that services are safe, effective and clinically sound.
- Engaging young people and service users in service development and treatment planning will ensure that services are responsive and fully engaged with user involvement principles.

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

1. Restructure the current commissioning arrangements, embedding the commissioning function within the Children and Young People's Strategic Partnership Structure and strengthening the functionality of the Joint Commissioning Group and Advisory Group.
2. Reinforce the specialist threshold arrangements by rolling out the substance misuse-screening tool and associated workforce training and development to ensure that all young people have their substance misuse needs assessed and delivered within an appropriate setting.

3. Refresh hotspot information to ensure that resources are targeted.
 4. Develop further services for families, including the children of drug using parents.
 5. Review the treatment options currently provided and the methods of delivery to ensure that the service is responsive to local drug using trends, particularly alcohol use and revise service specifications and contracts where necessary.
 6. Develop service user and young people involvement.
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