

## North East Lincolnshire Substance Misuse Treatment Plan 2008-09

### Strategic statement

The vision that underlines North East Lincolnshire Young Person substance misuse treatment strategy are:

- 'All young people not only receive high quality substance related services by specialist young person providers, but this service provision is commissioned, planed and integrated within mainstream children services'.
- That the substance misuse, treatment system, demonstrates integration at the strategic, process and delivery stages.

### Local response

In meeting this vision North East Lincolnshire has adopted the philosophy of the Children Act 2004 and developed integration from strategic management through to front line delivery. Levels (or tiers) of intervention is viewed locally as a process the young substance user progresses through (where more than one level of need can be required) and whatever need is required will be met within a single agency. The process that enables this is the multi-agency team NEST (North East Substance Team) which works with the whole child utilising common assessment and planning processes across all levels of intervention by all commissioned providers. The strategic lead comes from the local children's partnership (Change for Children Board) via the Young Persons Substance Misuse Joint Commissioning Group (JCG). What we hoped for and believe we have is a robust system that is adaptable to changing priorities and need. See appendix 1. As can be seen from this model North East Lincolnshire has integrated its substance misuse services within mainstream children services from partnership with the DAAT at a strategic level through to service delivery being provided solely by young people service providers. However clinical governance comes from the system utilised by all drug services within North East Lincolnshire. NEST has the following dedicated services commissioned to address as much as possible the holistic needs of the young substance user and ensure all young people who are assessed (within 5 working days) by NEST as requiring a specialist service, receive a co-ordinated holistic delivery (within 10 working days):

Commissioned	Provision
Pelham Medical Group	Prescribing, general health, clinical advise,
NLG Health Trust	Paediatric Nurse; BBV, testing, general health, dentist,
Child Care social workers	Operational management; Targeted and specialist services, key-worker, counselling services,
Youth workers	Targeted and specialist services, key-worker, counselling services, group work
Family worker	Support families
DASH Health Trust	CAMHS; Specialist Psycho-social interventions, Supervision of counselling services

All operational management, assessment and care planning is provided within the team and each service is dedicated for the time commissioned. Clinical governance for CAMHS comes from DASH Health Trust. All NTDMS and TOPS reporting come from within NEST. Policies and Procedures are endorsed by Local Safeguarding Children Board whose procedures indicate NEST response to safeguarding concerns.

### **Summary of local demand**

For the summary needs assessment see appendix 2. The needs assessment looked at alcohol and drug need separately. The purpose behind this is that locally, there are separate strategies to deal with these issues and the analyses of treatment data indicates that alcohol makes up the largest (26%) proportion of people in treatment. National Statistics indicates that within North East Lincolnshire the number of young people under the age of 18 totals 39,269 of which 18,733 are aged between 10 and 18 years. The needs assessment indicated that >2000 young people between 10 and 18 (10.7%) will misuse drugs and >4900 (26%) will misuse alcohol. Of 10 to 17 year group, >450 (>2.4%) will need an intervention in relation to drug misuse and >2200 (>11.7%) in relation to alcohol. Overall these figures indicate an above average misuse of drugs and alcohol within our region. Analyses of the young people in treatment indicated that being a member of a vulnerable group is not exclusive and the majority were members of more than one group, primarily comprising of offenders, looked after by the local authority, homeless and frequently excluded from or have unauthorised absences from school. This gives an indication that within North East Lincolnshire, of the young people who misuse substances 63% (>284 drugs; >1380 alcohol) will probably be a member of a vulnerable group.

### **Key findings of 'needs assessment'**

- Data on screening for substance use within the YOS has decreased recently
- NEST data on modalities and care pathways not reflected within NTDMS reporting
- NEST reporting of planned discharges on the NTDMS is low, probably due to not having a workable definition
- Referrals from LAC and other mainstream children services decreased, the following needs reviewing: NEST screening tool and / or LAC and child care services training, in relation to assessing substance misuse
- Mainstream targeted youth and youth offending services training and capacity to meet more targeted substance misuse harm reduction interventions to address capacity issues
- Review local data analyses systems in relation to substance misuse amongst young people locally for future assessment
- Issues exist around alcohol use being assessed by agencies working with young people and capacity to meet demand

- The screening by agencies in contact with young offenders needs consideration for development due to high levels of opiate use amongst problematic young offenders
- Issues around some school policies, in relation to providing young people knowledge of available services
- The feasibility of NEST having integration with youth and sexual health services needs consideration
- Assessment of agencies substance misuse policies and training of staff who work with vulnerable groups
- Inconsistency amongst agencies and people who work with some vulnerable groups identifying, providing or referring for support
- Developing effective training and screening by people who work with all young people
- The maintenance or expanding of the 'Hidden Harm' service as a preventative factor towards preventing future problematic use amongst children of drug users.

### **Local prevalence**

Most of this need is based on national statistics being applied locally. In relation to vulnerable groups we tend to be lower in regional averages but above National (England) averages and our estimates reflect this. Past local research in relation to 11 – 14 year olds (Lifestyle Survey 2004) does indicate that drug and alcohol use locally for this age range is above average. Though an updated survey may challenge this, the information currently available indicates at this age range our young people are well above national averages for using substances. This is why in our above estimations we are looking at numbers above our estimates and an above average representation of under 16's. Trends indicate that for young people opiate use has decreased slightly with the exemption of problematic offenders where we are about 5 times the regional average for this group. Overall alcohol is the main reason young people are referred for support and this is backed up by data from the 'Lifestyle Survey'. However a growing and worrying trend locally is the significant increase in mixing alcohol with illicit drugs and 'benzodiazepines'. Within North East Lincolnshire there is a trend in using illicit drugs such as Ecstasy and Amphetamine. Though indications are this is prevalent and being recognised when brought into treatment, it is not significant within referrals, particularly from agencies who work primarily with vulnerable groups.

### **Improvements**

Local treatment numbers are high and vulnerable group representation within treatment is 2% higher than national estimates. However the prime route for entry is through the criminal justice system and referral rates from mainstream services working with vulnerable groups is low. This would indicate a young person would have to have commenced criminal activity before being

engaged in substance services. **An increase in referrals from agencies and schools that work primarily with vulnerable groups such as LAC, excluded and / or unauthorised absence from education is required.** Much of what NEST report locally as types of intervention, are not reported within the NDTMS (National Drug Treatment Monitoring System) to the same level. **An improvement in how work is recorded on the NDTMS is required.** In the light of possible financial constraints the efficiency of the substance misuse service needs reviewing. However capacity is high even with prioritisation and the above improvements could lead to an increase in referrals, so reduction in drug workers is not recommended. **The high cost elements of the paediatric arm of the service need reviewing as a small reduction has occurred in this type of need.** Case numbers within drug services is high and the trend is increasing at this time. Unit costs are well below average and have decreased as demand has grown. More capacity is required, but further efficiencies would reflect under investment through lower unit cost, stretch existing resources and increase the risk to the service user. Utilising existing Targeted Youth Provision can enable this. **Capacity needs to improve without compromising quality to a level where a risk is increased beyond acceptable levels.**

#### **Key Priorities**

1. To maintain a young persons substance misuse service that can meet current levels of demand.
2. To improve efficiency in areas of prescribing, management costs and through integration with targeted youth service.
3. That an examination of why referral rates are low from mainstream agencies and schools who work with vulnerable groups is carried out.
4. To review why current care pathways are not as effective for some agencies by assessing their screening processes through to their policies in relation to substance misuse.
5. To develop the capacity within mainstream children services and targeted youth services to meet and identify substance misuse related issues.
6. That the reporting of modalities on the NDTMS reflects the work carried out in North East Lincolnshire through an assessment of the treatment providers skills in reporting and review of policies in the area of planned discharges.
7. Identify alternative funding or resource for maintenance of the 'Hidden Harm' provision.

### Financial implications

<b>Recommended Budget Sources 2008-09</b>				
<b>NEST Need (based on 2007-08 cost)</b>	<b>Cost</b>	<b>Funding Sources</b>	<b>Budget</b>	<b>Balance</b>
Paediatric nurse (NL&G)	65,000	NEL Care Trust Plus	133,474	
Operational Manager (NELC)	42,791	NEL Youth Offending Service	42,690	
Offender drug worker (NELC)	33,220	LAA	67,540	
Accommodation (NELC)	20,000			
Admin (Agency)	13,185			
Prescribing service	5,000			
Treatment costs	7,000			
Youth Drug Workers	53,820			
Family Support Worker	26,370			
<b>Sub total</b>	<b>266,386</b>		<b>243,724</b>	
<b>CAMHS (DASH)</b>	10,000	CAHMS Mainstream	10,000	<b>0</b>
<b>Total</b>	<b>276,386</b>		<b>253,724</b>	
<b>Total shortfall</b>				<b>-22,662</b>

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## Delivery Plan

### Planning grid 1: Commissioning and system management

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

To maintain current level of provision to meet the needs of current and future demand and improve financial efficiency.

#### Objective 1

To maintain the existing young person substance misuse service (NEST), that can respond to need identified within the needs assessment December 2007) within agreed budget planning.

#### Delivery Plan:

Actions and milestones	By when	By whom
1. The Young Person Substance Misuse Joint Commissioning Group (JCG) is maintained and reports to North East Lincolnshire Change for Children Board (CfCB - lead strategic child care forum)	April 2008	CfCB
2. Re-commission local authority drug workers, CAMHS and paediatric nursing service	April 2008	JCG
3. To de-commission existing prescribing service and re-commission dedicated time from existing community prescribing service to work as part of young person substance misuse service (NEST) with view to a more efficient cost quality ratio.	April 2008	JCG
4. To identify funding to meet potential shortfalls for 2008-09	January 2008	Executive Director Children Services

**Objective 2**

To integrate substance misuse services within the wider targeted youth service provision to meet and respond to substance misuse related issues.

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
5. To mainstream young person substance misuse services within North East Lincolnshire Targeted Youth Service.	March 2009	NELinc's Youth Service

**Objective 3**

To improve the NDTMS reporting skills of the young person substance misuse treatment service (NEST).

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
6. To review training needs and provide training to all young person substance misuse treatment providers	April 2008	DAAT / NEST

## Planning grid 2: Access to treatment

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

That an examination of why referrals from mainstream child care services and schools are low, is carried out  
 To review why current care pathways and systems are not as effective for some agencies

### Objective 1

To improve the effectiveness of care pathways linking treatment to mainstream child care services and schools

### Delivery Plan:

Actions and milestones	By when	By whom
7. An audit of mainstream child care services policies, procedures and training needs in relation to substance misuse is carried out to identify areas of development within each agency that could increase the number of young people having their needs identified and met within mainstream children services.	May 2008	Drug Alcohol Action Team (DAAT)
8. To review current 'screening tool' and if required produce a new user friendly version which is rolled out to mainstream services.	May 2008	DAAT
9. To increase referral rates from mainstream children services and education as a percentage of total referral rate (10% by September 2008 20% by March 2009)	March 2009	JCG / DAAT

### Planning grid 3: Treatment System Delivery

#### Identification of key priorities following needs assessment relating delivery of young people's specialist substance misuse treatment services:

To develop the capacity within mainstream children services and targeted youth services to meet and respond to substance misuse related issues.

#### Objective 1

Develop the skills within mainstream children services and targeted youth provision in relation to screening, assessing and meeting the needs of young substance users.

#### Delivery Plan:

Actions and milestones	By when	By whom
10. Provide training to mainstream children services in relation to reviewed 'screening tool'	September 2008	NEST
11. Provide training to targeted youth services in relation to providing targeted interventions to vulnerable young people who have been identified as having a substance misuse related problem and when to refer on for specialist services.	September 2008	DAAT
12. Local Safeguarding Children's Board (LSCB) to develop and commence provision of a level 2 course on vulnerable groups and substance misuse.	April 2008	LSCB / NSPCC / DAAT

#### **Planning grid 4: Leaving specialist treatment**

##### **Identification of key priorities following needs assessment relating to young people leaving specialist substance misuse treatment services:**

To improve performance of reporting on National Drug Treatment Monitoring System (NDTMS) in relation to planned discharges.  
To develop policies and procedures in relation to planned discharges

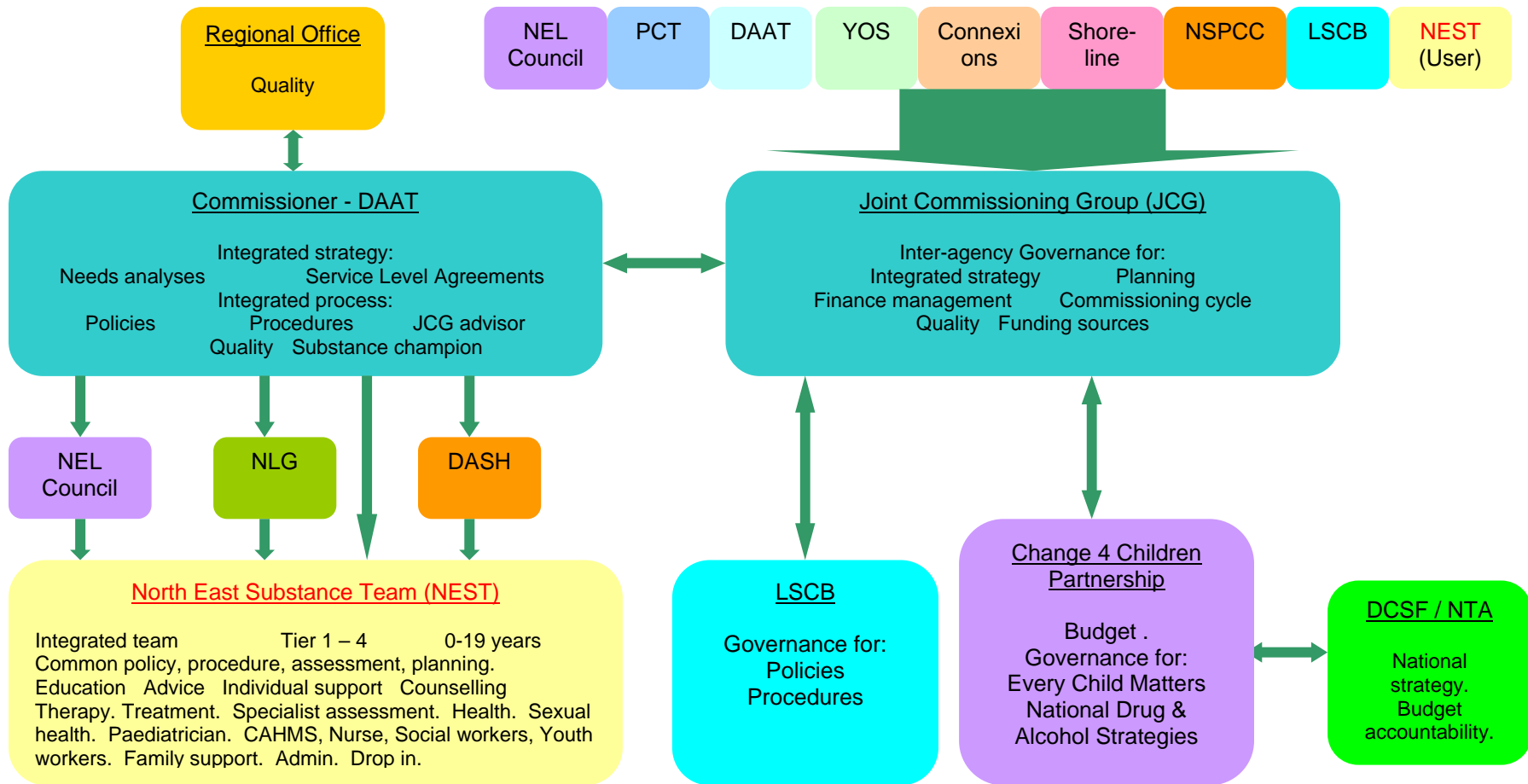
##### **Objective 1**

To review young person integrated policies and procedures in relation to planned discharges.

##### **Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
13. To provide a practice definition of a planned discharge within NEST procedures to enable NEST practitioners.	April 2008	DAAT/ NEST
14. To increase the number of planned discharges as a percentage of the total discharges (55% by March 2009)	March 2009	DAAT / NEST

**APPENDIX 1**  
**North East Lincolnshire 0-18 years Substance Misuse Integrated Process**



## **APPENDIX 2**

### **Summary of North East Lincolnshire under 18's Substance Use Needs Assessment (December 2007)**

#### **Introduction**

The requirement of this assessment has come about due to the Memorandum of Understanding (MoU) between the NTA and DCSF which places an annual requirement on all local authorities to carry out updated needs assessments that inform annual plans. The vision intended is that all young people not only receive high quality substance related services by specialist young person providers, but this service provision is commissioned, planned and integrated within mainstream children services. This assessment is designed to give key strategic bodies within North East Lincolnshire the opportunity to identify its substance misuse needs for year 2008-09 and answer the key questions set by the NTA. Does substance misuse delivery meet the needs of young substance users? Do young people with substance misuse need, receive services that meet these needs.

#### **Methodology**

The methods utilised within this assessment can be based within an epistemology of 'objectivism'. This was not done in preference to more 'constructive' or 'subjective' forms of research, but primarily due to tight time frames, strengths of expert group, what was available at hand which was more congruent with this approach and utilising effectively a wealth of data provided and encouraged by the NTA. The 'methodologies' utilised are mainly 'experimental' and 'survey' which are manifested in methods of 'sampling', 'measurement & scaling', 'questionnaires' and 'feedback forms' from young people focus groups. Analyses on vulnerable groups relate to 'young offenders', 'looked after children', 'truants', 'excluded from school' and 'children of drug users'.

#### **Messages from 'met need' (see treatment map below)**

63% of people in treatment are an identifiable member of a vulnerable group (60% member of two groups). Amongst problematic users 86% are identified as being members of 4 vulnerable groups.

Two thirds of service users are male; Two thirds of service users are under 16 years. The average user of substance misuse services is male, under 16 and a young offender with a history of truancy. This indicates that earlier interventions are occurring.

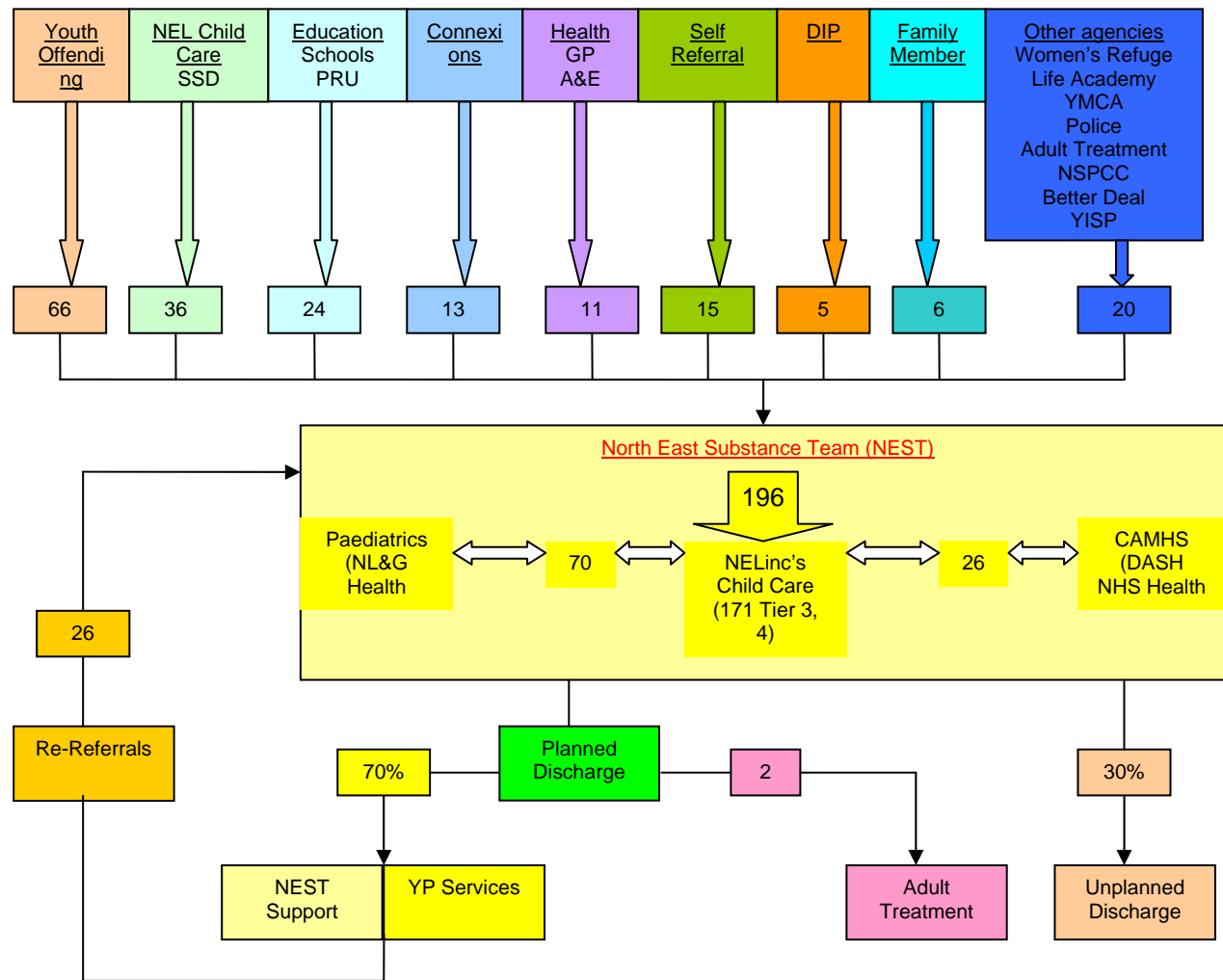
Vulnerable groups are well represented throughout the young treatment service, but most enter treatment via the criminal justice system. This indicates that most young people are not having their substance misuse related needs identified or being engaged until they become young offenders.

Larger proportions of young substance users reside within areas of higher social and economic need but this is not significantly higher and significant need exists throughout the local authority. North East Lincolnshire is a compact area and the centrally based locality of service is accessible to the majority.

Though re-referrals are as low as 13%, there is still a gradual trend of increase in referrals and capacity is becoming an issue. Low unit costs emphasises this point.

Local data higher than NDTMS reported data. Issue exist in relation to reporting performance.

### Treatment Map



### Substance use within treatment (2006-07)

Drug type	Percentage
Alcohol	31
Cannabis	23
Poly drug use (mixed illicit drugs)	18
Alcohol mixed with illicit drugs	11
Heroin	7
Tobacco	7
Solvents	1
Ecstasy	1
Amphetamines	0.5
Valium	0.5
<b>Total</b>	<b>100</b>

Within local substance misuse services, alcohol use and the mixing of illicit drugs with other illicit drugs and / or alcohol is the highest representation. Cannabis is also significant. Commonly used illicit drugs locally such as amphetamine and ecstasy are lowly represented. Heroin is high for young people but more recently (2007 to date) there has been a small decrease. However the trend of mixing alcohol with illicit drugs continues to grow

### Messages from 'unmet need'

Numbers of young people within vulnerable groups locally is below regional averages but above England average. Local analyses, indicates this links closely to substance use above 16 years. Below 16 years substance use particularly alcohol is significantly and above national and regional averages.

Local estimates of drug only need and service response required:

Total	Service response
>2000	Universal: screening, information, advice (Tier 1, 2)
>450	Targeted: individual education & support, harm minimisation(Tier 2, 3)
>220	Specialist: prescribing, psycho-social interventions (Tier 3, 4)

Local estimates of alcohol only need and service response required:

Total	Service response
4922	Universal: screening, information, advice (Tier 1, 2)
2200	Targeted: individual education & support, harm minimisation(Tier 2, 3)
>1976	Specialist: prescribing, psycho-social interventions (Tier 3, 4)

In relation to drugs, local services can be estimated that services are responding to less than 24% of estimated need and approximately 1.5% of young people under 16 years of age who drink regularly.

**Messages from local analyses**

Young people indicate that substance services should be linked to sexual health and / or youth type service provision.

Within non-vulnerable groups a significant percentage experiment but don't move on to regular usage. Within local vulnerable groups a higher percentage experiment and a significantly higher percentage move on to regular usage:

	Experimental smokers	Experimental alcohol users	Experimental cannabis users	
Non-vulnerable group	50%	89%	17%	
Vulnerable group	73%	90%	45%	
	Daily smokers	Daily users of alcohol	Daily users of cannabis	Used other illicit drugs
Non-vulnerable group	9%	2.5%	1.6%	9%
Vulnerable group	27%	27%	18%	27%

From local analyses (125 children), young people under the age of 16 years and members of a vulnerable group within North East Lincolnshire are:

- 3 times likely to become regular smokers
- 10 times likely to become regular drinkers
- 10 times likely to become regular users of cannabis
- 3 times likely to have used other illicit drugs

This is why estimates above are indicated as being higher (>) and the high representation of young people under 16 represented within substance misuse services.

Recently, referrals for opiate use, has seen a small decline but this has gone in hand with significant increases in the use of illicit drug alongside alcohol.

Up to 10% of children of drug users receive support locally. However this leaves a approximately 800 locally who could become problematic drug users by the time they become adults.

### **Key issues drawn from assessment**

- Data on screening for substance use within the YOS has decreased recently
- Local data on modalities and care pathways not reflected within NTDMS reporting
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- Referrals from LAC and other mainstream children services decreased, the following needs reviewing: NEST screening tool and / or LAC and child care services training, in relation to assessing substance misuse needs reviewing
- Mainstream targeted youth and youth offending services training and capacity to meet more targeted substance misuse harm reduction interventions to address capacity issues
- Review local data analyses systems in relation to substance misuse amongst young people locally for future assessment
- Issues exist around alcohol use being assessed by agencies working with young people and capacity to meet demand
- The screening by agencies in contact with young offenders needs consideration for development due to high levels of opiate use amongst problematic young offenders
- Issues around some school policies, in relation to providing young people knowledge of available services
- The feasibility of NEST having integration with youth and sexual health services needs consideration
- Assessment of substance misuse policy and training agencies and professionals who work with vulnerable groups
- Inconsistency amongst agencies and people who work with some vulnerable groups identifying, providing or referring for support
- Developing effective training and screening by people who work with all young people
- The maintenance or expanding of the 'Hidden Harm' service as a preventative factor towards preventing future problematic use amongst children of drug users.

### **Key Priorities**

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7. Identify alternative funding or resource for maintenance of the 'Hidden Harm' provision.

Signed		Executive Director Child Care	Andy Samson	Date
Signed		Chair Safer Communities Partnership	Kevin Sharpe	Date