

Partnership name: Surrey DAAT

Young people's specialist substance misuse treatment planning
2011/12

Planning Framework

Planning Section 1: Commissioning and system management

Please see checklist planning section 1 of the 2011/12 treatment plan guidance for possible areas to include within this planning grid

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

Whilst the new strategy's objectives for young people remain broadly the same albeit they are more vague and autonomous, they do support Labour's previous directives on early intervention, the family approach, specialist treatment and prevention. The national strategic departmental and funding changes are what will impact significantly on young people's substance misuse commissioning in Surrey. Therefore some careful consideration and due diligence will need to be undertaken by the DAAT to identify where it sits within the local landscape, the commissioning methods applied, the outcomes to be delivered and the financial envelope within which to deliver them.

Strategic Objective:

- **To review the DAAT infrastructure and align it locally.**

Key Actions:

1. ALIGN YOUNG PEOPLE'S SUBSTANCE MISUSE COMMISSIONING WITH NEW STRATEGIC INFRASTRUCTURE AND PARTNERSHIP STAKEHOLDERS
2. IDENTIFY SUSBTANCE MISUSE FUNDING ALLOCATION FROM EIG AND OTHER LOCAL AUTHORITY GRANT MONIES
3. AGREE LOCAL PERFORMANCE INDICATORS
4. ENSURE EXISTING TREATMENT PROVISION DELIVERS NEW LOCALLY AGREED OUTCOMES AND IDENTIFIED NEED
5. IDENTIFY POTENTIAL PBR MODELS AND PLAN FOR IMPLEMENTATION
6. EXPLORE JOINT FUNDING INITIATIVES WITH OTHER STAKEHOLDERS TO ACHIEVE BETTER VALUE FOR MONEY AND EFFICIENCIES
7. REVIEW ALL CONTRACTS TO ENSURE THEY ARE FLEXIBLE ENOUGH TO RESPOND EXPEDIENTLY TO SHORT NOTICE FUNDING CHANGES
8. PRODUCE CONTINGENCY PLANS IN PREPARATION FOR CHANGES TO FUNDING
9. IMPROVE DATA RECORDING TO REFLECT A MORE ACCURATE PICTURE OF DELIVERY

Expected outcomes 2011-12:

- A more robust commissioning framework fit for commissioning in the current changing environment.
- Improved integration with Surrey County Council Children and Families commissioning.
- Best value commissioning of services rather than efficiencies made due to funding cuts.
- Clearly identified and shared locally agreed outcome measures that will demonstrate an effective response to local need.
- A plan of action for implementing a new contract payment methodology.
- Better use of money from a wider range of budgets.
- Robust yet flexible contracting arrangements that are in line with current contracting requirements.
- A plan for a measured and diligent response to any in year unexpected funding efficiencies.
- More accurate data that is shared with wider stakeholders.

Expected outcomes 2012-13 and 2013-14:

- A more flexible treatment system focussed on results and recovery.
- A more integrated partnership approach to commissioning YP substance misuse provision.
- A three year locally agreed plan.

1. ALIGN YOUNG PEOPLE'S SUBSTANCE MISUSE COMMISSIONING WITH NEW SURREY STRATEGIC INFRASTRUCTURE AND PARTNERSHIP STAKEHOLDERS

Delivery Plan :

Key milestones	By when	By whom
Review YP joint commissioning group membership and identify appropriate stakeholders in light of local authority and NHS infrastructure changes	May 11	YPJCG
Review attendance at stakeholder meetings i.e. Children's and Families Services and ensure that YP commissioner is on membership	May 11	YPJCG
Review YPJCG commissioning toolkit to ensure it is in line with current arrangements	May 11	YPJCG
Ensure that there is appropriate Young People's representation on the DAAT Executive	July 11	YPJCG
Review the current treatment system in line with the DAAT best value framework to ensure it is efficient and economic	August 11	YPJCG

2. IDENTIFY SUSBTANCE MISUSE FUNDING ALLOCATION FROM EIG AND OTHER LOCAL AUTHORITY GRANT MONIES

Key milestones	By when	By whom
Identify EIG allocation and reporting mechanisms	April 11	HR/KD
Identify ABG allocation and reporting mechanisms	May 11	HR/KD
Identify PCT allocation and reporting mechanisms	May 11	HR

Agree Surrey DAAT adult financial contribution for 2011/12	May 11	HR
Identify potential to any funding streams risks for 2011/12 and beyond	May 11	HR/KD
Draw up contingency measures and explore alternative options to mitigate any risks	May 11	HR/KD/RM

3. AGREE LOCAL PERFORMANCE INDICATORS

Key milestones	By when	By whom
Identify key county performance stakeholders and agree joint outcome measures for substance misuse	June 11	YPJCG
Plan implementation and performance monitoring of locally agreed outcomes	July 11	HR
Revise Performance management arrangement and agree performance monitoring tools	July 11	HR

4. ENSURE EXISTING TREATMENT PROVISION DELIVERS NEW LOCALLY AGREED OUTCOMES AND IDENTIFIED NEED

Key milestones	By when	By whom
Review all service specifications against locally agreed outcomes and needs assessment reconfigure / retender if necessary	December 11	HR

5. IDENTIFY POTENTIAL PBR MODELS AND PLAN FOR IMPLEMENTATION

Key milestones	By when	By whom
Monitor Surrey DAAT progress against PBR pilot application	April 11	HR
If successful - Draw up impact assessment and implementation plan	May 11	HR
If unsuccessful – engage in discussion with adult commissioner to ensure that YP issues are included in the planning of a PBR local model	Ongoing	HR
Monitor / consult other DAATs to get ideas on best practice of PBR	Ongoing	HR

6. EXPLORE JOINT FUNDING INITIATIVES WITH OTHER STAKEHOLDERS TO ACHIEVE BETTER VALUE FOR MONEY AND EFFICIENCIES

Key milestones	By when	By whom
Discuss potential joint funding with wider YP stakeholders in SCC and the boroughs and districts	Ongoing	DAAT team / YPJCG

7. REVIEW ALL CONTRACTS TO ENSURE THEY ARE FLEXIBLE ENOUGH TO RESPOND EXPEDIENTLY TO SHORT NOTICE FUNDING CHANGES

Key milestones	By when	By whom
Review contracts to ensure that they are fit for purpose	June 11	HR
Produce a standard contract template to ensure consistency and flexibility in contracting arrangements	July 11	HR

10. IMPROVE DATA RECORDING TO REFLECT A MORE ACCURATE PICTURE OF DELIVERY

Key milestones	By when	By whom
Ensure that providers are recording accurately, particularly for referrals and interventions delivered	Ongoing	HR
Encourage providers to regularly review their data for accuracy and to ensure that it reflects the work delivered accurately	Ongoing	YP Provider Group
Set up reporting for the Catch 22 A&E Post	May 11	HR
Set up reporting for the Catch 22 Transition post	May 11	HR
Set up reporting for the Catch 22 CAMHs post	May 11	HR
Set up reporting for the YJS Interventions clinic service	April 11	HR

Other Comments/Updates:

It is not yet clear what impact the changes to the NHS will have on Surrey DAAT as it is currently hosted by the PCT. Local Authority and PCT post holders are changing constantly so it is difficult to identify who the key stakeholders will be. Furthermore, Surrey County Council is moving towards a commissioner status and this will impact on many of its young people and Children and families provision as it the commissioner/provider split is implemented.

All the DAAT can do at the moment with regards to YP is maintain the stability of the treatment system whilst being flexible and planning for change as it emerges.

Planning Section 2: Specialist substance misuse treatment system

Please see checklist planning section 2 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to access to the young people's specialist substance misuse treatment system:

The majority of Young People were referred through either family and friends and the YJS suggesting that the services are well known to the public. The referrals from Children and Families (n71/30%) exceeds guidance requirements. The fact that there are high numbers of referrals from other referral routes could suggest that there are good links across the spectrum of universal services except for Looked After Children Services.

There were 16 referrals from Health and Mental Health services. There is now a CAMHS link nurse and A&E link worker in post which will build stronger links with these services.

The data highlights the lack of referrals from Looked After Children's services (0). On further exploration service provider feedback stated that there are children from Looked After Services in treatment however this may not have been recorded at the time of referral and therefore will not show up in the data at this point.

The DAAT Executive have set out clear ambitions for 2011 to deliver robust interventions to prevent young people needing specialist treatment, to ensure that those that are in treatment achieve a successful outcome as quickly as possible and do not progress on to become adult drug user in treatment, and to adopt a family based approach to ensure that there are long term gains for the individual and their families reducing the wider social impact. There will need to be a stronger focus and earlier engagement for those children that are highest risk such as looked after children to prevent any drug use escalating. There will a strong focus on delivering outcomes rather than targets.

Strategic Objectives:

- **To prevent young people from using drugs and alcohol and those who do from becoming adult drug and alcohol misusers in treatment.**
- **To intervene as early as possible and adopt a family based approach.**

Key Actions:

1. ENSURE THAT THERE ARE SUFFICIENT REFERRALS FROM ALL KEY AGENCIES

2. INCREASE THE NUMBER OF REFERRALS FROM LOOKED AFTER CHILDREN'S SERVICES
3. IDENTIFY TARGET PRIORITY GROUPS
4. REVIEW AND REALIGN EXISTING TREATMENT DELIVERY MECHANISMS TO NEWLY IDENTIFIED TARGET GROUPS AND KEY OUTCOMES
5. ENSURE THAT THERE IS SUFFICIENT PREVENTION WORK BEING UNDERTAKEN

Expected outcomes 2011-12:

- Increased joined up working with Children and Families services
- Strong delivery of prevention work, reducing the numbers of people entering specialist treatment
- Confidence that young people who are at the highest risk of becoming adult users are identified early, receive a holistic package of care and achieve a tangible recovery based outcome.

Expected outcomes 2012-13 and 2013-14:

- A marked reduction in the numbers of young people needing to access specialist treatment

1. ENSURE THAT THERE ARE SUFFICIENT REFERRALS FROM ALL KEY AGENCIES

Actions and milestones	By when	By whom
Ensure that there are clear and documented referral pathways in place for each service particularly LAC	June 11	YP Provider Group
Ensure that referrers including parents and carers are clear about what treatment is available and how to access it	Ongoing	YP Provider Group

2. INCREASE THE NUMBER OF REFERRALS FROM LOOKED AFTER CHILDREN'S SERVICES

Actions and milestones	By when	By whom
Ensure that there is a joint working protocol between Surrey substance misuse providers and LAC services	June 11	YP Provider's Group
Explore further as to why the referrals are so low and take measures to increase them if there is an identified need	August 11	YP Provider's Group

3. IDENTIFY TARGET PRIORITY GROUPS

Actions and milestones	By when	By whom
Identify which groups are priority nationally and locally under the new drug strategy.	May 11	HR/YPJCG

Explore prevention/education options and monitor curriculum changes in education around PSHE drug and alcohol education	Ongoing	YPJCG
Where appropriate take steps to mitigate the risks to PSHE delivery in Surrey	Ongoing	YPJCG/Exec
Ensure that the needle exchange and community prescribing services are suitable for the needs of young people and in line with guidance	August 11	YPJCG
Identify and map the location of the existing population and ensure that services are concentrated in the highest areas of need and accessible	September 2011	YPJCG

4. REVIEW AND REALIGN EXISTING TREATMENT DELIVERY MECHANISMS TO NEWLY IDENTIFIED TARGET GROUPS AND KEY OUTCOMES

Actions and milestones	By when	By whom
Agree local outcomes with partnership stakeholders	July 11	YPJCG
Ensure that they are consistent with the drug strategy requirements	August 11	YPJCG
Ensure that they are measurable under existing data monitoring arrangements	August 11	HR/MB
Agree local outcomes with partnership stakeholders	August 11	YPJCG

Other Comments/Updates:

Discussions are already taking place with SCC Childrens Services to identify local outcomes however it is crucial that there are realistic recording monitoring arrangements in place and that substance misuse outcomes are in line with NTA guidance.

Planning Section 3: treatment system delivery

Please see checklist section 3 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to delivery of the young people's specialist substance misuse treatment system:

Still in treatment

There were 181 young people still in treatment on 31st March 2010 of which 107 were male and 74 were female. There were 3 young people aged 12 and under, 36 13-14 year olds and 142 15 plus. There were a total of 18 crack and heroin users, 53 other class A, 69 cannabis & alcohol and 12 alcohol only. There were 7 injectors, 5 previous injectors and 157 young people that had never injected.

Their treatment needs were mainly psychosocial with 3 needing family work and 3 needing pharmacological interventions.

In treatment

The majority of clients were male (65%), white British (95%). The majority (61%) were over 16 years of age, however there were some as young as 12 (1%/n4), and under 15 yrs represented 28% /n 124 were under 15 years of age. The most prevalent drug of choice is cannabis and alcohol (35%) closely followed by other class A (32%) with (n 28/8%) using heroin and crack. The majority (95%) have never injected, there are 10 individuals that are current injectors and 6 previous injectors.

Interventions

The most commonly intervention delivered was psychosocial (n303). Some family work did occur as well as some harm reduction but in relation to the number of individuals, more harm reduction could have been delivered. However, service provider feedback suggests that there was more than the amount reported harm reduction and other interventions however only the first intervention was reported.

Of the 356 Young People in treatment, 38 (11%) did not receive any interventions. Of this cohort 17 where the most high risk clients in that they were heroin & crack or other Class A users. The reasons for this have not been identified but anecdotal evidence suggests that this was a recording rather than a delivery issue.

The data suggests that the highest risk clients i.e. those with an injecting status have had no harm reduction intervention, yet those with no

injecting history have had a small number of interventions (322 individuals /12 interventions).

Length of time in treatment

12% of the in treatment population have been in treatment 1-2 years and a further 3% have been in treatment for over 2 years.

The NTA Partnership performance report for Quarter 2 2010/11 shows that Surrey's Young People's average length of time in treatment is 23.45 weeks, 9% higher than the regional average and 6% higher than the national average.

Treatment Exits

The majority 79% completed either drug free or with occasional use. 3% were transferred to other agencies and 17% left in an unplanned way. Provider feedback has identified that there are not enough suitable transitional services to transfer people on to which is impacting on the length of time spent in treatment and successful completion rates.

Strategic Objectives:

- **To ensure that those young people that are in treatment recover completely from their substance misuse and exit the treatment system as soon as possible.**
- **Success will be identified by the reduction of numbers of young people entering treatment, a reduction in the length of time spent in treatment, and the increase in successful outcomes for those in treatment.**

Key Actions:

1. INCREASE THE RANGE AND NUMBER OF INTERVENTIONS DELIVERED TO PRIORITY GROUPS
2. ALIGN EXISTING PROVISION WITH CHANGES IN YOUTH SERVICES PROVISION
3. AIM TO HAVE ZERO YOUNG PEOPLE WHO RECEIVE NO INTERVENTION
4. ENSURE TREATMENT PROVISION IS RECOVERY FOCUSED AND THAT THERE IS AN INSPIRATIONAL RECOVERY FOCUSED WORKFORCE
5. IMPLEMENT THE SURREY DAAT SERVICE USER FEEDBACK FRAMEWORK

Expected outcomes 2011-12:

- More efficient effective delivery of treatment
- More integrated working with wider Surrey County Council Children's Services
- A focus on recovery and better outcomes
- Richer information with which to plan and commission services
- A reduction in the length of time young people spend in treatment
- An increase in treatment complete drug free

Expected outcomes 2012-13 and 2013-14:

1. INCREASE THE RANGE AND NUMBER OF INTERVENTIONS DELIVERED TO PRIORITY GROUPS

Actions and milestones	By when	By whom
Improve data recording to reflect the range of interventions delivered	Ongoing	YP Provider's Group
Monitor interventions to ensure that priority groups are receiving an appropriate intervention	Ongoing	YP Providers Group
Ensure that no young person receives no intervention through robust performance management	Ongoing	HR/YPJCG
Identify ways to capture information on the range of interventions delivered not recordable on NTDMS to inform future need	Ongoing	YP Providers Group
Increase the numbers of people who can access tier 4 or residential treatment	September 11	YPJCG
Increase the number of Hepatitis offers and vaccinations	Ongoing	YP Providers Group
Map interventions against best practice (Commissioning Drug Services for Young People) at delivery level to ensure the full recommended range are being delivered	July 11	HR/YPJCG

2. ALIGN EXISTING PROVISION WITH CHANGES IN YOUTH SERVICES PROVISION

Actions and milestones	By when	By whom
Ensure there is good communication between the DAAT YPJCG and SCC Youth provision stakeholders to keep abreast of changes in infrastructure	Ongoing	BB/YPJCG
Meet with SCC key decision makers to identify how the DAAT can integrate better and utilise some of their provision to deliver and promote substance misuse treatment and information	July 11	HR/YPJCG

3. AIM TO HAVE ZERO YOUNG PEOPLE WHO RECEIVE NO INTERVENTION

Actions and milestones	By when	By whom
Identify reasons for no intervention via the YP Provider group	May 11	HR/ YP Providers Group
Put remedial actions in place to ensure all young people receive an intervention	June 11	HR/ YP Providers Group

4. ENSURE TREATMENT PROVISION IS RECOVERY FOCUSED AND THERE IS AN INSPIRATIONAL RECOVERY ORIENTATED WORKFORCE

Actions and milestones	By when	By whom
Explore ITEP model for young people and consider providing training	April 11	HR
YP services to review their ethos, values and policies to align them with the recovery agenda	Ongoing	HR/YPJCG

5. IMPLEMENT THE SURREY DAAT SERVICE USER FEEDBACK FRAMEWORK

Actions and milestones	By when	By whom
Agree implementation plan of Surrey YP service user involvement framework with DAAT Service user co-ordinator	June 11	HR / KS
Organise implementation	July 11	HR/KS

Other Comments/Updates:

Surrey DAAT Service User Involvement manager has developed a robust service user framework for the adult system that can be transferred to young people's treatment

Planning Section 4: leaving specialist treatment

Please see checklist section 4 of the 2011/12 plan guidance for possible areas to include within this planning grid

Identification of key priorities following needs assessment relating to outcomes, discharge and exit from the drug treatment system:

Treatment Exits

The majority 79% completed either drug free or with occasional use. 3% were transferred to other agencies and 17% left in an unplanned way. Provider feedback has identified that there are not enough suitable transitional services to transfer people on to which is impacting on the length successful completion rates.

Strategic Objectives:

- **To ensure that those young people that are in treatment recover completely from their substance misuse and exit the treatment system as soon as possible.**
- **Success will be identified by the reduction of numbers of young people entering treatment, a reduction in the length of time spent in treatment, and the increase in successful outcomes for those in treatment.**

Key Tasks:

1. INCREASE THE NUMBER OF DRUG FREE COMPLETIONS
2. REDUCE THE NUMBER OF UNPLANNED EXITS
3. ENSURE THAT THERE ARE SUITABLE TRANSITIONAL SERVICES IN PLACE FOR YOUNG PEOPLE TO MOVE ON TO AFTER TREATMENT.

Expected outcomes 2011-12:

- A higher rate of drug free completions
- A lower rate of unplanned exits

- A reduction in the length of time spend in treatment

Expected outcomes 2012-13 and 2013-14:

1. INCREASE THE NUMBER OF DRUG FREE COMPLETIONS

Delivery Plan:

Actions and milestones	By when	By whom
Ensure that there is consistency in reporting definition of planned exit	May 11	YP Provider Group
Ensure there is a consistent reporting definition of drug free	May 11	YP Provider Group
Identify barriers to drug free completions via the Provider Group	Ongoing	YP Provider Group
Put remedial action plan in place	August 11	YPJCG

2. REDUCE THE NUMBER OF UNPLANNED EXITS

Actions and milestones	By when	By whom
Identify the reasons for unplanned exits via the Provider Group	Ongoing	YP Provider Group
Put a remedial action plan in place	July 11	YPJCG
Commissioner to take up with individual providers	Ongoing	HR

3. ENSURE THAT THERE ARE SUITABLE TRANSITIONAL SERVICES IN PLACE FOR YOUNG PEOPLE TO MOVE ON TO AFTER TREATMENT

Actions and milestones	By when	By whom
Identify the gaps in transitional services	July 11	YP Provider Group
Put a remedial action plan in place	August 11	YPJCG
Commissioner to progress through DAAT Executive and other identified mechanisms	Ongoing	HR/ RM/ YPJCG

Other Comments/Updates:

There is a transitional worker in post.