

South Gloucestershire Young People's Drug and Alcohol Service & Safer South Gloucestershire

South Gloucestershire YPTP Part 2 V1 Draft

Part 2

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

Planning grids

Planning grid 1: Commissioning and system management

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

- 1 Maintain an effective Joint Commissioning Group by working cohesively with key JCG members and ensuring that young people's substance misuse priorities continue to be commissioned as part of the wider children and young people's planning process, and Targeted Youth Support Strategy Continue to provide integrated commissioning and planning processes with the CYPD, Safer South Gloucestershire and the NBT.
- 2 To provide a value for money and needs led service which is consistently monitored through a comprehensive system with service providers. This should adopt the vision and principles of Department of Health (DoH) 'World Class Commissioning' and NTA 'Commissioning Young People's Specialist Substance Misuse Treatment Services' publication
- 3 Ensure an annual needs assessment is reviewed by the Joint Commissioning Group, looking at areas where funding for work provision regarding those groups, where little or no engagement is taking place.
- 4 Safer South Gloucestershire to continue using new dataset collection mechanisms (*dataset F*) across all partner agencies, and work with the CYPD to implement Contact Point for young people accessing treatment services.
- 5 Identify possible funding sources through the Joint Commissioning Group, which would enable the specialist service for children of substance misusing parents to continue beyond Sept 2010.

Objective 1: Maintain an effective Joint Commissioning Group by working cohesively with key JCG members and ensuring that young people’s substance misuse priorities continue to be commissioned as part of the wider children and young people’s planning process, and Targeted Youth Support Strategy continue to provide integrated commissioning and planning processes with the CYPD, Safer South Gloucestershire and the NBT.

Delivery Plan:

Actions and milestones	By when	By whom	Q1	Q2	Q3	Q4
1.1.1 To ensure that the YPSMS continues to be measured against key NTA quality measures, this will be done by monitoring data uploaded to the NDTMS system.	Quarterly	Data manager & JCM	✓	✓	✓	✓
1.1.2 To meet the agreed NTA quality measures in that: <ul style="list-style-type: none"> • 90% of young people requiring a service will be catered for. • Completion of Treatment Outcomes Profile (TOP Starts, Reviews & Completions) for at least 80% of 16-17yr olds accessing Tier 3 services. • A range of at least 5 treatment options as per Appendix 2 NTA guidance. • At least 20% of referrals should be from Children & Family Services. • Treatment for Young People will commence within 15 working days. • All Young People should receive specifically related care plans as per NTA assessment guidance. • All Young People identified as IV users should be offered a Hepatitis test and pre & post counselling offered. • At least 70% of Young People should leave treatment in a care planned way. 	Quarterly	Data manager & All JCG members	✓	✓	✓	✓
1.1.3 Treatment Outcomes Profiles will be completed within NTA guidance for starts, reviews and exits. This will be monitored via NDTMS and presented via the performance	Quarterly	Data manager & JCM.	✓	✓	✓	✓

team. A review of these outcomes will form part of the Needs assessment.						
1.1.4 TOP submissions will be presented via SSG to highlight performance and measured against agreed 'Regional Action Plans' as submitted via service providers August 2009.	Quarterly	Data manager & All JCG members	✓	✓	✓	✓
1.1.5 Continue to run and ensure appropriate attendance of the Young People's Joint Commissioning Group chaired by the CYPD Integrated Locality Service Manager. To ensure this group monitors this as an effective commissioning structure which is linked to the formal strategic partnership. Within this structure, to agree pooled funding arrangements and ensure multi-agency representation, including (the NBT, CYPD, YOT, and Safer South Gloucestershire).	Quarterly	All JCG members	✓	✓	✓	✓
1.1.6 Continue to ensure a member of the JCG attends the Integrated Youth Support Strategy meetings to ensure that appropriate links are made between universal, targeted and specialist services.	Apr 2011	DEC	✓	✓	✓	✓
1.1.7 Continue to locate the Young People's Drug and Alcohol Service within the CYPD as detailed within the existing governance protocol.	Apr 2011	SSG Joint Commissioner		✓		✓
1.1.8 Contribute to the production of the single Children and Young Peoples Plan 2009-2012 indentifying cross cutting actions between this plan, the Safer South Gloucestershire Alcohol Strategy and the Treatment Plan.	April 2010	DEC	✓			
1.1.9 Effective joint commissioning of services. Including the CYPD contributing significantly to the funding of education, prevention and strategic development of services, e.g. delivering the Healthy Schools Programme and funding 1.6	Apr 2011	SSG Joint Commissioner		✓		✓

f.t.e staff to contribute to prevention and the coordination of substance misuse services.						
1.1.10 To investigate the possibility of Commissioning a full time worker to improve training for school personnel and assist with the delivery of drug education within school and youth centres to be in line with Healthy Schools Plus. Part of this role will be to support the needs assessment process including consultation.	July 2010	YPJCG & SSG Joint Commissioner			✓	
1.1.11 SSG Joint Commissioning Manager to attend the CYPD quarterly Commissioning Group meetings.	Quarterly	SSG Joint Commissioner	✓	✓	✓	✓
1.1.12 In order for continued improvement and to ensure a needs led service is delivered, the Young People’s Lead will attend quarterly Regional Lead Meetings where new directives can be received, so that implementation plans with stakeholders can be agreed.	On-Going	DEC	✓	✓	✓	✓

- Expected Outcomes:
1. The majority of NTA quarterly performance indicators will be ‘green’ demonstrating good practice towards NTA targets set out in 1.12
 2. A local Needs Assessment will be able to guide the funding requirements for the year ahead and ensure that monies are adequately and properly spent.
 3. TOP forms will be completed in line with NTA guidance and the review of TOP forms as part of the needs assessment will be able to show whether the packages are holistic and effective in helping young people with substance misuse issues to reduce their use.
 4. The treatment Plan will contribute to the delivery of overarching aims within the Children and Young Peoples Plan (CYP Plan) with specific reference to ‘reducing risky behaviour.’
 5. YPDAS to remain based with the CYPD.
 6. JCG links with the Integrated Youth Service will assist with universal, targeted and specialist services being appropriate and

well informed.

7. A new post will be established to assist in Tier 2 and 3 service delivery and enhancement of consultation of the needs assessment.

Objective 2: To provide a value for money and needs led service which is consistently monitored through a comprehensive system with service providers. The service providers should adhere to the vision and principles of DoH 'World Class Commissioning' and NTA 'Commissioning Young People's Specialist Substance Misuse Treatment Services' publication.

Actions and milestones	By when	By whom	Q1	Q2	Q3	Q4
1.2.1 Continue to develop the Local Needs Assessment 2009/2010 with the NBT and partner agencies incorporating a review of local data including;	Sep 2010	DEA		✓		
1.2.2 The 'expert group' to continue to meet quarterly. Continue with a wide ranging membership including the NBT, CAMHS, Safer South Gloucestershire, YOT, Youth Services, Young Carers, NBT Specialist Treatment Provider, CYPD Safeguarding board trainer and CYPD data analysis expert. The group have a greater emphasis on critically reviewing data, unmet need and monitor progress as part of the needs assessment process	Sep 2010	DEA		✓	✓	✓
1.2.3 A review of Tell Us 4 data.	Jun 2010	DEA	✓			
1.2.4 A review of the treatment delivery map to assist in identifying any hidden populations and how these groups can be encouraged to access treatment.	Sep 2010	DEA		✓		
1.2.5 The Joint Commissioning Group to review the progress of the needs assessment twice a year, including a final presentation of the needs assessment to the JCG and Young People's Sub Group on completion.	Apr and Oct	JCG	✓		✓	

	2010							
<p>1.2.6 To adopt the principles & vision of ‘World Class Commissioning’ by ensuring that all commissioned services follow the principles that:</p> <p>It will deliver better health and well being for all:</p> <ul style="list-style-type: none"> • People will live healthier and longer lives. • Health inequalities will be dramatically reduced. <p>It will deliver better care for all:</p> <ul style="list-style-type: none"> • Services will be evidence-based and of the best quality • Young People will have choice and control over the services that they use, so they become more personalised. <p>It will deliver better value for all:</p> <ul style="list-style-type: none"> • Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources. 	On going	Joint Commissioning Manager			✓	✓	✓	✓
<p>1.2.7 To ensure that capacity within the Pooled Treatment Budget will deliver key services, further services will be identified in line with need and will have the capability to have the foresight into sustainability.</p>	Apr 2011	Joint Commissioning Manager						✓
<p>1.2.8 To ensure that all commissioned services have a current signed Service Level Agreement in place along with an agreed target/milestone matrix which will be used as part of the quarterly review process.</p>	Dec 2010	Joint Commissioning Manager				✓		

Expected Outcomes:

1. Pooled funding will help to ensure that all partners will receive the best outcomes.
2. The Joint Commissioning Group (JCG) will continue funding of drug prevention and substance misuse services.
3. The review of the Tell Us 4 survey will help to improve educational practices, in line with the Healthy Schools Plus agenda.
4. All SLA's will have an agreed target milestone matrix in order to review progress.

Objective 3: Using the Needs Assessment and working with the Joint Commissioning Group, to look at areas of unmet need, for diverse and hard to reach groups and identify where funding for work provision regarding those groups where little or no engagement is taking place.

1.3.1 In order to engage Young People from Black and Minority Ethnic Groups (BME), complete a review of the services provided alongside agencies that work with BME groups to evaluate why young people from these groups are not engaging with services offered. YPDAS to provide advertising and literature to youth centres and schools with high levels of BME engagement.	Apr 2011	DEA	✓			
1.3.2 Identify possible funding sources through the Joint Commissioning Group, which would enable the specialist service for children affected by parental substance use to be commissioned beyond 31 st Sept 2010	April 2011	CYPD Safer South Glos Joint Commissioning Manager		✓		✓
1.3.3 Review and analyse on a regular basis the Young Peoples Drug Treatment Service where capacity has increased by 25% to ensure this service continues to meet demand.	April 2011	Safer South Glos Joint Commissioning Manager				✓

1.3.4 Through the JCG identify possible funding sources to continue the specialist service for children affected by parental substance use to be commissioned beyond 31 st Sept 2010.	Sept 2010	Safer South Glos Joint Commissioning Manager		✓		
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Expected Outcomes:

1. YPDAS to have an understanding/mapped out barriers to accessing services and to incorporate findings into the needs assessment.
2. Support will be offered to young people who are carers through the Princess Royal Young Carers project.
3. Young Peoples Drug Treatment Service will have capacity to meet Tier 4 client need.

Objective 4: Safer South Gloucestershire to continue to take responsibility for data performance upload and revisions including new dataset collection mechanisms (*dataset F*) across all partner agencies, and work with the CYPD to implement Contact Point for young people accessing treatment services.

1.4.1 All workers within drug services to receive training on Dataset F and Contact point	Jun 2010 Apr 2011 (Contact Point)	DEA YPDWs		✓		
1.4.2 The latest dataset F (potential dataset G) requirements are passed to the YPSMS and support is given to the team.	Ongoing	Data team	✓	✓	✓	✓
1.4.3 To ensure there is a full review of the data inputting system annually including practitioner competence and data quality.	March 2011	Data team and DEA				✓

1.4.4 To ensure full data inputting responsibilities are in place for the YPSMS.	Sept 2010	Data team & DEA		✓		
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Expected outcomes:
<ol style="list-style-type: none"> 1. All staff will have relevant and up to date knowledge of the programs and systems in place to record data efficiently and effectively. 2. YPDAS will be responsible for the inputting of its own data and uploading information to NDTMS.

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:	
1	Continue to ensure that robust referral pathways into treatment are in place across all agencies including geographical areas and strengthen links with services where referrals are low.
2	Achieve NTA targets and local targets within the Local Area Agreement and Children and Young People’s Plan 2009-2012 related to PSA 14 and 25 and ensure effective monitoring as part of PB Views. (PB views refer to the council monitoring system of targets).
3	Ensure effective access to specialist assessments and care planning systems for young people
4	To ensure young people are continuing to have access to appropriate services and monitor the type of drugs used by young people, as well as those drugs disclosed at a later date in treatment.

Delivery Plan:

Objective 1: Continue to ensure robust referral pathways into treatment are in place across all agencies including geographical areas, and strengthen links with services where referrals are low.

Actions and milestones	By when	By whom	Q1	Q2	Q3	Q4
2.1.1 Review every two years agency protocols, including, SCD and the Connexions Service. Introduce monitoring of young people released from custody to maintain their involvement in positive services.	March 2011	DEC				✓
2.1.2. Review, update and distribute on an annual basis 'Guidelines for practitioners' document which demonstrates assessment procedures, including; <ul style="list-style-type: none"> ▪ Care planning and provision of support with Tier 2, Tier 3 and 4 services. ▪ Referral Pathways between services through the Request for Single Service form or CAF. ▪ Assessment guidelines for Tier 3 & 4 workers in line with Drug Misuse and Dependence UK guidelines on clinical management. 	Aug 2010	DEC		✓		
2.1.3 Ensure young people leaving the custodial establishments, and returning to the local community receive support and treatment via Tier 3 & 4 services.	On Going	DEA	✓	✓	✓	✓
2.1.4 Ensure quarterly analysis of treatment demographic and trend monitoring of young people's substance use in South Gloucestershire (through NDTMS and POPPIE) and provide NDTMS quarterly reports to providers to ensure effective monitoring of referral routes.	Quarterly	SSG Research and Information Officer	✓	✓	✓	✓
2.1.5 Ensure a minimum of 90% of young people requiring specialist substance misuse treatment services are catered for in a young person's service by providing a range of appropriate treatment options, and an appropriate transitional policy to adult services.	On going	YPDW Transition Protocol followed by DEC and Adult Services	✓	✓	✓	✓

2.1.6 Ensure that referral pathways are accessible to all partners.	On Going	DEA	✓	✓	✓	✓
2.1.7 Work with those agencies that have been identified as having low referrals to identify barriers and provide increased support where needed.	On Going	DEA	✓	✓	✓	✓
2.1.8 Update information as part of GP training building previous screening training, by ensuring GP's are aware of referral routes.	On-going	DEA	✓	✓	✓	✓
2.1.9 All youth centres and projects to provide advice and information to young people who may require a referral to drug and alcohol services.	On Going	Youth Service	✓	✓	✓	✓
2.1.10 Youth Service to continue providing a minimum of 4 workshops on substance use and smoking.	Quarterly	Youth service	✓	✓	✓	✓
2.1.11 Youth Service to maintain the 'Youth Unlimited' website and ensure appropriate links to assist young people in accessing treatment are maintained.	On Going	Youth Service	✓	✓	✓	✓
2.1.12 Youth Service to review and update drug and alcohol policy within youth centres and projects, following new guidance for schools issued by the police in 2008.	Sep 2010	Youth Service		✓		
2.1.13 Youth Service to identify staff members who may require drugs and alcohol training, and the YPDAS to provide training on request up to 2 training sessions per Youth Centre per annum.	On Request	DEA	✓	✓	✓	✓
2.1.14 Referral training to be delivered to all partners located in the Yate Hub, expanding to the Kingswood and Patchway Hubs when they are accessible. Provide the Hubs with relevant advertising and contact details in order to obtain the maximum referrals.	Jun 2010	DEA	✓			

2.1.15 Monitor the agencies and numbers of training professionals attending training to ensure a range of professionals are attending, in order to inform next years Needs Assessment and target those organisations where attendees are low.	Quarterly	YPDAS administrator	✓	✓	✓	✓
2.1.16 Continue to run the 'Up For It' training, together with teenage pregnancy partners and the LSGB.	Half Yearly	DEA		✓		✓
2.1.17 Expand links with Extended Schools by attending Extended Schools Management Group.	On Going	DEA	✓	✓	✓	✓
2.1.18 Connexions to provide IAG to young people with substance misuse problems and refer to Tier 3 as appropriate. Connexions to record on a quarterly basis numbers of young people worked with and incorporate local data into the needs assessment.	On Going	Connexions	✓	✓	✓	✓
2.1.19. Connexions team leader to act as a champion for substance misuse issues. Within this role, provide information and advice as part of their staff induction process, and provide a formal link to the Young Peoples Drug and Alcohol Service.	On Going	Connexions	✓	✓	✓	✓

Expected Outcomes:

1. All young people requiring a specialist assessment will receive one within 5 working days of referral.*
2. 90% of young people requiring specialist substance misuse treatment services are catered for in a young persons service.*
3. All providers will be aware of emerging trends in order to best approach any changes in the demographics of substance use within South Gloucestershire.
4. All agencies will have up to date and clear referral pathway advice.
5. Connexions to have provided IAG to young people with substance misuse problems, with numbers recorded on a quarterly basis.

*NTA Target

Objective 2 : Achieve NTA targets and local targets within the Local Area Agreement and Children and Young People’s Plan related to PSA 14 and 25 and ensure effective monitoring as part of PB Views. (PB views refer to the council monitoring system of targets).PSA 14 is to ‘Increase the number of children and young people on the path to success’ and PSA 25is to ‘reduce the harm caused by drugs’

2.2.1 Provide bespoke training for professionals, on request. Trainers will evaluate the effectiveness of training sessions using evaluation feedback forms to ensure course content meets needs, expectations and raises awareness.	On Request	DEA and YPDW	✓	✓	✓	✓
2.2.2 To provide support to screening teams based within schools and to all professionals who have a screening role.	On Going	DEA	✓	✓	✓	✓
2.2.3 All Connexions PAs to have mandatory training in substance use screening, and all PAs to have training needs identified and coaching/training offered.	On Going	Connexions and DEA	✓	✓	✓	✓

Expected Outcomes:

1. All agencies and personnel that require the service will receive up to date and relevant training on request.
2. The snap shot exercise will help the JCG to provide relevant services and target any new changes in young peoples substance use.
3. All Connexions PA’s will have access to training/coaching in addressing substance misuse issues.

Objective 3: Ensure effective access to specialist assessments and care planning systems for young people

2.3.1 All young people referred for specialist substance misuse treatment have a comprehensive assessment undertaken within 5 working days of referral and for providers to receive quarterly NDTMS performance reports from Safer South Gloucestershire to enable review waiting times	April 2011	YPDW NTA				✓
2.3.2 Agreements are in place to ensure that where young people are identified as being involved in risky behaviour common process are in place to engage them, assess need and provide support (<i>This is a target in the Children and Young People Implementation Plan, which the treatment plan contributes towards</i>)	April 2010	All Tier 2 service	✓			
2.3.3 Continue to ensure that if substance misuse is identified within the Common Assessment Framework (CAF), this triggers a substance misuse screening. Review this process on an annual meeting with CAF coordinator, and through Locality Meetings.	Annually Dec 2010	DEA			✓	
2.3.4 All young people to receive a personalised package of support which is both appropriate to their needs and holistic	On Request	YPDW and DEA	✓	✓	✓	✓
2.3.5 Review Assessment guidelines for the Young Peoples Drug Treatment Service through the 'Drug Misuse and Dependence UK guidelines on clinical management working groups'.	April 2011	SSG Joint Commissioner and DEC				✓

Expected Outcomes:

1. The Young People's Alcohol Specific Worker will ensure that relevant services are provided by the YOT,
2. The Youth Service to provide feedback on a minimum of 4 sessions on substance misuse and smoking.
3. All young people will receive a comprehensive assessment within 5 working days of the referral.*
4. Partners in the Yate hub will have up to date and relevant information and a clear referral pathway.

5. Links with extended schools will help to provide the holistic package of care, by increasing the level of potential alternative activities for young people.

*NTA target

Objective 4: To ensure young people are continuing to have access to appropriate services and monitor the type of drugs used by young people, as well as those drugs disclosed at a later date in treatment.

2.4.1 Young Persons Drug Worker to continue working within the Youth Offending Team and Children Social Care Team to ensure the effective coordination, and transfer where appropriate of young people in treatment.	On Going	YPDW YOT SCD	✓	✓	✓	✓
2.4.2 The part time alcohol worker, within the Youth Offending Team, will provide support to young people regarding alcohol and criminal behaviour.	On Going	YOT	✓	✓	✓	✓
2.4 3 Continue to maintain a target of 80-90% of Children Looked After receiving annual health screening where substance use can be identified.	On Going	SCD CLA Nurse	✓	✓	✓	✓
2.4.5 Continue to distribute leaflets, posters and Directory of Services to agencies including libraries, hospitals, youth centres, connexions offices, schools, young people's health clinics and targeted public areas in South Gloucestershire and Bristol. All treatment staff (providers and commissioners) to check the venues they work in and visit to ensure that up to date leaflets and posters are available and displayed.	Quarterly	DEA	✓	✓	✓	✓
2.4.6 Improving the accessibility to advice, information and guidance across all young people settings by supporting Tier 2 providers to visit a range of young people's settings and reviewing IAG materials, ensuring training provides a range of IAG literature, and supporting the Youth Service in providing the rural youth bus with materials.	On Going	DEA	✓	✓	✓	✓

2.4.7 All Young People’s Drug Workers to continue to provide drug interventions with young people in a range of venues, including home visits.	On Going	YPDW	✓	✓	✓	✓
2.4.8 As part of the TOP process, map any changes reported on main type of drug used to map any potential changes in trends related to young people accessing treatment. The findings of this will be incorporated into the 10/11 Needs Assessment and reported to the JCG.	Sep 2010	YPDW and DEA		✓		

Expected Outcomes:

1. Young people in treatment will receive the appropriate advice for their circumstances.
2. The needs of vulnerable young people will be met by ensuring early identification and access into treatment.
3. Improved accessibility of the services provided by YPDAS, especially to vulnerable young people and easy to link referral pathways.
4. At least 20% of referral to substance misuse treatment services will come from Children and Family Services.*
5. All young people requiring a specialist assessment will receive one within 5 working days of referral.*

*NTA Target

Planning grid 3: Treatment System Delivery

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

- 1 Continue to provide treatment services for young people across South Gloucestershire in line with Targeted Youth Support specialist service provision.
2. Continue to provide a range of services for young people across all 4 Tiers of Treatment (as per NTA MoCDM 2006) within all service providers.
3. Improve data recording for all treatment agencies in line with the NTA ‘dataset F’.
4. Ensure hidden harm and safeguarding policy is a priority which is embedded within the core assessment framework in accordance with the 2008 Drugs: Protecting Families and Communities Strategy and the National Drugs Strategy 2008.
5. Ensure young peoples treatment system meets the requirements set out in ‘NICE Suite of Drug Misuse Guidance and Drug Misuse and dependence UK guidelines on Clinical governance and management 2007 (orange book)

Delivery Plan:

Objective 1: Continue to provide treatment services for young people across South Gloucestershire in line with Targeted Youth Support specialist service provision.

Actions and milestones	By when	By whom	Q1	Q2	Q3	Q4
3.1.1 Young Peoples Drug Workers to continue working across all three locality areas in South Gloucestershire, with a specialist worker based in the YOT and Social Care Department.	On Going	YOT, CYP and Safer South Glos	✓	✓	✓	✓
3.1.2 Conduct a review into the flexibility of access to specialist substance misuse services in line with young people’s needs, e.g. out of hours services are available to ensure that young people in education or employment can access treatment,	Nov 2010	DEA			✓	

review helpline routes to treatment including, YPDAS helpline and FRANK.						
3.1.3 Young People's and adult services to improve IAG in relation to access to treatment by engagement of rural parishes through providing literature and information at Safer and Stronger Groups, and one stop shops.	Dec 2010	SSG Treatment Co-ordinators			✓	
3.1.4 Review of the lone working policy to ensure that the system is robust and meets the requirements within the department	Sep 2010	DEA		✓		
3.1.5 Continue to provide effective training to ensure that all specialist substance misuse services (both adult and YP services) are able to assess risks to children and young people and identify child protection concerns where appropriate and for commissioned services, ensure Service Level Agreements are robust covering these areas.	On Going	DEA	✓	✓	✓	✓
3.1.6 Update service level agreements with commissioned services to ensure a minimum level of competencies, skills and qualifications including mandatory training requirements e.g. diversity and safeguarding.	Dec 2010	DEC			✓	
3.1.7 Continue to provide CAF and lead professional training for the South Gloucestershire workforce to ensure vulnerable young people are identified early.	On Going	DEA	✓]	✓	✓	✓
3.1.8 Specialist Alcohol Training to be provided for all Young People's Drug Workers who require it.	April 2011	DEA				✓
3.1.9 All young people's drug workers continue to complete the specialist substance misuse assessment tool and draw together a subsequent specialist substance misuse care plan within 10 working days of the comprehensive assessment.	Quarterly	DEA	✓	✓	✓	✓
3.1.10 Local practitioner's guidelines to be reviewed, revised and distributed annually by the Drug Education Coordinator	Aug 2010	SSG Research and Information Officer DEC		✓		

Expected Outcomes:

1. Services are flexible and meet the needs of young people.
2. Tier 3 Treatment Providers will provide treatment to 50 young people.
3. Treatment will commence within 10 working days of the assessment, which is care planned.*
4. A robust lone working policy will be in place to ensure safety and security for staff and young people.
5. Policies and procedures (Guidelines for practitioners) have been updated
6. All SLA's will be robust and have the minimum levels of competencies required by Safer South Gloucestershire.
7. Alcohol specific training will be provided to Tier 3 practitioners

*NTA Target

**Based on expectations from the 08/09 figures

Objective 2: Continue to provide a range of services for young people across all 4 Tiers of Treatment (as per NTA MoCDM 2006) within all service providers.

3.2.1 Work closely with FAM, in order to increase the level of interventions and the work provided by both services to ensure that families are at the heart of the care plan and all staff involved are working to the same goal.	On Going	DEA FAM YPDW	✓	✓	✓	✓
3.2.2 NBT to provide clinical supervision for young people's drug workers staff	Bi Monthly	NBT		✓		✓
3.2.3 Ensure that the assessment tool across all Tier 3 treatment providers includes assessment of risk and current injecting practice, with all young people requiring Blood Borne Virus (BBV) vaccination being referred to the NBT CAMHS Young People's Drug Treatment Service*.	On Going	YPDW	✓]	✓	✓	✓
3.2.4 NBT CAMHS to continue to deliver a specialist young people's drug treatment service to 100% of young people requiring this service, including access to a Consultant Psychiatrist, Consultant Psychologist, and Clinical Nurse.	On-going	NBT CAMHS	✓	✓	✓	✓

3.2.5 NBT CAMHS to continue providing specialist prescribing, health care assessment, BBV counselling, blood tests, vaccinations and other treatment as appropriate	On Request	NBT CAMHS	✓	✓	✓	✓
3.2.6 NBT CAMHS to provide specialist harm reduction interventions for young people with specific substance misuse needs, e.g. advise and information to prevent overdose.	On Request	NBT CAMHS	✓	✓	✓	✓
3.2.7 Ensure that access to residential rehabilitation is available by the Joint Commissioning Group identifying possible funding sources should a need arise. The YPDTS to continue undertaking all assessments for rehab.	On Request	Joint Commissioning Manager	✓	✓	✓	✓
3.2.8 Continue to provide information, onward referral and promote general health including the sexual health of service users during assessment and other stages of treatment.	On-going	All YPDW	✓	✓	✓	✓
3.2.9 Providers to deliver a comprehensive treatment service to all young people requiring a service across South Gloucestershire. Providers to deliver a range of interventions including harm reduction, criminal justice interventions, key working and family support (where appropriate).	Apr 2011	All YPDW				✓
3.2.10 Continue joint working within the Department Children and Young People's including Youth Offending Team, Social Service Department and Quality Reviewing Team for Safeguarding Young People. Continue to promote partnership working with Safer South Gloucestershire, the voluntary sector, Police and Anti-Social Behaviour team. Attending joint training, team meetings and safeguarding board meetings; information sharing and identifying leads in these areas will achieve this. When actions need to be taken regarding difficulties with partnership working the Young People's Lead will liaise with appropriate service manager. Continued monitoring will be undertaken through the Joint Commissioning Group.	On-going	SSG Crime and Drugs Manager and DEC	✓	✓	✓	✓
3.2.11 DHI to continue to provide groups, one – ones for parents and carers, family conferences and training to families affected by substance misuse as part of the Families Also Matter Service. To increase the promotion of this service to parents	Apr 2010	DHI	✓			

of young people in treatment by providing leaflets and information about the service to all parents/carers of young people accessing treatment and to distribute to Tier 2 services through the Young People's Sub Group. Continue to support the Carers and Families Forum (CAFF) as detailed in the adult treatment plan.						
3.2.12 To provide Drug Intervention Group work (DIG) to young people identified as needing a Tier 3 intervention but who do not require 1:1 support with a minimum of three Secondary Schools following appropriate identification and screening.	Jan 2011	YPDAS YPDW			✓	

Expected outcomes:						
1. YPDAS exit questionnaire will show an increase in the numbers of families receiving information about FAM.						
2. A range of treatment interventions will continue to be in place in line with NTA guidelines*.						
3. Provision is made for Young Peoples Drug Workers to receive clinical supervision.						
4. YPDTS will continue to provide BBV support to Young People.*						
5. DHI will continue to provide services for parents and carers affected by family substance misuse.						
DIG's will be provided on request to 100% of schools requesting the service						*NTA Target

Objective 3: Ensure hidden harm and safeguarding policy is a priority which is embedded within the core assessment framework in accordance with the 2008 Drugs: Protecting Families and Communities Strategy and the National Drugs Strategy 2008.

3.3.1 The Department for Children and Young People's Quality Reviewing and Assurance Unit will undertake the responsibility for addressing and monitoring the need for long-term support for children affected by parental substance misuse in line with the Safeguarding Board Business Plan. Key areas of work will include the Safeguarding Manager and Crime and Substance Use Manager continuing to attend quarterly Local Safeguarding Board meetings. (LSGB)	Quarterly	Safe Guarding Manager Crime and Substance Use Manager	✓	✓	✓	✓
3.3.2 To provide four multi agency training sessions aimed at Drug Workers, Social Workers, GP's, Health Visitors, CAMHS etc) on Drugs, Alcohol and Child Protection based upon the Hidden Harm report.	Quarterly	DEA	✓	✓	✓	✓
3.3.3 All adult service providers to ensure that the needs of children and young	On	Adult Drug	✓	✓	✓	✓

people are addressed during the assessment process, and referred to the specialist young carers service where appropriate. Effective monitoring systems to be in place recording the numbers of adults in treatment who have children.	Going	Treatment Lead				
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<p>Outcomes</p> <ol style="list-style-type: none"> 1. The Department Quality and Assurance Unit will monitor mechanisms in place to support children affected by parental support. 2. As minimum of 4 training sessions will have been provide to staff in South Gloucestershire. 3. Adult drug treatment services will have effective systems in place to record adults in treatment who have children. 4. Adult treatment providers will be aware of potential risks and be able to follow procedures to minimise risk to children of substance misusing parents 5. Data relating to adults in treatment with children will be available for the 2010/2011 Needs Assessment.

<p>Objective 4: Ensure young peoples treatment system meets the requirements set out in 'NICE Suite of Drug Misuse Guidance and Drug Misuse and dependence UK guidelines on Clinical governance and management 2007 (orange book)</p>
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3.4.1 Attend quarterly Clinical guidelines meetings and contribute to an Safer South Glos actions plan which sets out to ensure effective clinical governance in accordance with NICE Suite of Drug Misuse Guidance and Drug Misuse and Dependence UK Guidelines on Clinical governance and management 2007 (Orange Book).	2011	SSG Joint Commissioner and DEC			✓
3.4.2 Revise on an annual basis the South Gloucestershire Guidance for Practitioners document which continues to ensure that treatment services meet the guidelines sets down the NICE Suite of Drug Misuse Guidance and Drug Misuse and Dependence UK Guidelines on Clinical governance and management 2007 (Orange Book). (Please note that the Guidance for Practitioners document has	Revise by August 2011	DEC		✓	

<p>been approved by the Local Safeguarding Board).</p> <p>This document sets out effective best practice as laid out in the actions as detailed below;</p> <ul style="list-style-type: none"> ▪ Evidence based approach to delivery, e.g. demonstrates a range of interventions as laid out in the orange book. ▪ All providers within South Gloucestershire Council to provide families with information on confidentiality, consent to treatment, complaints procedure (It is recognised that ▪ Different providers may have varying procedures, e.g. the YOT procedure may differ to that of the YPDAS). ▪ Access to clinical supervision for Young Peoples drug Treatment Workers as part of the CAMHS/NBT contract. ▪ Referral pathways across all Tiers and links to dedicated Young People’s Drug Workers who have undergone specific training relating to substance misuse. ▪ Links to the CAF, role of the Lead Professional, and links between services. ▪ Has policies and procedures on risk management, e.g. this document outlines details of making home visits. 		<p>YOT, SCD, YPDAS, NBT</p>				
<p>3.4.3 Review SLA with Bristol to ensure clinical governance is part of the ongoing contract with the Young Peoples Drug Treatment Service.</p>			<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>

Outcomes

1. A review of clinical governance requirements as recommended by NICE will have been undertaken and SLA’s updated accordingly.

Objective 5: Improve data recording for all treatment agencies in line with the NTA 'dataset F'.

3.5.1 Develop the use of TOP (Treatment Outcome Profile) throughout the treatment process to enable the effective monitoring of treatment outcomes, including YPDAS to continuing to complete the TOP for young people aged 16 years plus.	On-going	YPDAS YPDW SSG Research and Information Officer	✓	✓	✓	✓
3.5.2 Data on successful TOP's will be recorded and monitored and reports reviewed as part of the annual needs assessment	Sep 2010	DEA		✓		
3.5.3 Using Dataset F, ensure that all information is correlated and available for practitioners to access on a quarterly basis.	Quarterly	DEA	✓	✓	✓	✓
3.5.4 To ensure effectiveness of treatment delivery, review cases within supervision structures to discuss new referrals, existing service users, child protection and outcomes. To be monitored at the Young People's Joint Commissioning Group (YPJCG) and Young People's Sub Group (four meetings per annum).	On-going	Service Provider Managers	✓	✓	✓	✓
3.5.5 Research and Information Officer to monitor NDTMS by providing quarterly report to ensure that care plan start dates are recorded by all practitioners, and are monitored through the JCG.	Quarterly	SSG Research and Information Officer	✓	✓	✓	✓

Expected outcomes:

1. TOP will be in place with the outcomes reviewed as part of the annual needs assessment.
2. Guidance for Practitioners will contain all relevant and current guidelines set out by NICE.
3. All YPDW's will receive clinical supervision in order to ensure the effectiveness of services provided.
4. All care plan start dates will be recorded and monitored through JCG

Planning grid 4: Leaving specialist treatment

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

1. To continue ensuring that where appropriate, all young people are referred back to a Tier 2 professional at the end of treatment, as part of Targeted Youth Support Strategy and that effective transitional arrangements are in place. (links to the Children and Young Peoples Plan 2009-2010)
2. To maintain a high level of planned discharges, which meet the NTA target of at least 65% of young people leaving treatment in an agreed and planned way.
3. The Treatment Outcome Profile submissions will be improved across Starts, Review & discharges to an 80% rate; this will effectively monitor the successful treatment journey for YP including effective discharge rates.
4. Ensure Provision of Education, Employment and Training for Young People

Delivery Plan:

Objective 1: To continue ensuring that where appropriate, all young people are referred back to a Tier 2 professional at the end of treatment, part of Targeted Youth Support Strategy, and those young people who leave the service due to transferring to Adult services are monitored to ensure that they are happy and able to do so with the minimum upset in their care plans.

Actions and milestones	By when	By whom	Q1	Q2	Q3	Q4
4.1.1 South Gloucestershire’s transitional protocol for young people reaching the age of 18 years, details the transitional needs and services planned to meet their needs. It has been produced as part of the ‘ <i>Guidance for Practitioners</i> ’ document and ratified by the Local Safeguarding Board. The transition protocol is broken down into the following components. <ul style="list-style-type: none"> • Outlines the needs of the young person at the point of transition and 	Jun 2010	DEA Adult Drug and Alcohol Treatment Co-ordinator	✓			

<p>possible risk factors.</p> <ul style="list-style-type: none"> The processes for drawing together a detailed multi agency transitional care plan, multi agency meetings, (This may include South Gloucestershire Drug and Alcohol Services, Tier 3 Young People’s Drug Workers or the Young People’s Drug Treatment Service) joint reviews and timescales. This policy identified a key worker to assist in the transition process. 						
<p>4.1.2 Revise, update and distribute the transitional protocol to all Young People’s Drug Treatment Providers, and adult providers adding to the above an identified care coordinator (This is likely to be the YPDW)</p>	<p>May 2010</p>	<p>DEA</p>	<p>✓</p>			
<p>4.1.3 Continue to support young people in custody in South Gloucestershire to make a positive transition back in to the home community through deployment of Connexions Personal Advisers (working from HMP YOI Ashfield and Eastwood Park) providing Information, Advice and Guidance (IAG), advocacy and links with resettlement planning.</p>	<p>On-going</p>	<p>Connexions YOT</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>4.1.4 The YOT to continue supporting young people with substance misuse needs on release from custody.</p>	<p>On Going</p>	<p>YOT</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>4.1.5 Young People’s Drug Treatment Service to have an effective working protocol with young people in custody in South Gloucestershire’s Secure Unit (Vinney Green) to ensure continued effective treatment when a young person returns to the community. YPDTS to report any potential difficulties to the DEA.</p>	<p>On Going</p>	<p>NBT YPDTS</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>4.1.6 Review progress made by young people when they enter adult treatment services in order to assess the effectiveness of the transitional protocol.</p>	<p>Aug 2010</p>	<p>DEA & Adult Drug Treatment Manager</p>		<p>✓</p>		

Expected outcomes:

1. An effective transitional protocol will be in place, with the needs assessment recording numbers transferred. .
2. Young people leaving custody will have provision of services at their required level offered on release.
3. Young people’s outcomes after transition to adult services will be monitored to ensure that they are receiving the best possible result.

Objective 2: Maintain a high level of planned discharges, which meets the NTA target of at least 65% of young people leaving treatment in an agreed and planned way.

4.2.1 Receive and review quarterly performance reports from the NTA	Quarterly	NTA	✓	✓	✓	✓
4.2.2 Continue to ensure at least 65% of young people leave treatment in an agreed and planned way by reviewing progress with Young People’s Drug Workers and quarterly reviews at the Young People’s Sub Group. The progress will be reviewed at quarterly meetings with the Joint Commissioner.	Quarterly	YOT, SCD YPDAS, YPDTS, YPJCG	✓	✓	✓	✓

Expected outcomes:

1. At least 65% of young people will leave treatment in an agreed and planned way.*

*NTA Target

Objective 3: The Treatment Outcome Profile submissions will be improved across Starts, Review & discharges to an 80% rate; this will effectively monitor the successful treatment journey for YP including effective discharge rates.

4.3.1 Continue to promote the use of TOP across all treatment agencies in line with NTA and YJB requirements with TOP outcomes being reviewed by the expert group as part of the needs assessment review. The Drug Education Advisor responsible for the needs assessment to present the findings to the JCG on an annual basis.	Dec 2010	YOT, SCD YPDAS, YPDTS, YPJCG			✓	
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4.3.2 Following a review of outcomes from 08/09 exit questionnaires within the needs assessment, young people who have completed treatment to receive follow up liaison with a Young Persons Drug Worker as part of an effective care pathway system back to universal services.	On-going	YPDAS	✓	✓	✓	✓
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Expected outcomes:

1. Treatment exit questionnaires will be used to evaluate service provision, as part of the annual needs assessment.
2. TOP data will be collated and reviewed as part of the Needs Assessment.
3. Parental views and perceptions of outcomes will be monitored to ensure they feel the service has provided the best outcome for all parties involved.

Objective 4: Provision of Education, Employment and Training for Young People.

4.4.1 Connexions to continue co-ordinating employment and training advice and guidance for young people working with substance misuse problems and to record the numbers of young people worked with.	On-Going	Connexions	✓	✓	✓	✓
4.4.2 Connexions to reduce the number of NEET young people and to guarantee an offer of training/ learning to all 16 and 17 year olds.	Nov 2010	Connexions			✓	
4.4.3 YPDW within YPDAS to review links with Connexions to ensure that young people in treatment requiring support in relation to education, employment or training have an appropriate link worker.	June 2010	YPDAS YPDW	✓	✓	✓	✓

Expected outcomes:

1. Connexions will help to reduce the NEET young people within South Gloucestershire to 4.3% (2011 Connexions target)
3. The DEA will have necessary links with Connexions in helping to provide support for service users who are recognised as NEET.

Glossary of Abbreviations

BBV	Blood Bourne Virus
BME	Black and Minority Ethnic Groups
CAF	Common Assessment Framework
CAMHS	Children Adolescent Mental Health Services
CLA	Children Looked After
DCYP	Department for Children and Young People
DEA	Drug Education Adviser
DEC	Drug Education Co-ordinator
DHI	Drugs and Homelessness Initiative
DIG	Drug Intervention Group
DoH	Department of Health
FAM	Families Also Matter
FRANK	Government Drug Helpline and website
GP	General Practitioner
IAG	Information Advice and Guidance
IYS	Integrated Youth Service
JCG	Joint Commissioning Group
LSGB	Local Safe Guarding Board
NBT	North Bristol Trust
NDTMS	National Drug Treatment Monitoring Service
NEET	Not in Education, Employment or Training
NICE	National Institute for Clinical Excellence
NTA	National Treatment Agency
PA	Personal Assistant
POPPIE	Local Monitoring Service
PSA	Public Service Agreement
SCD	Social Care Department
SLA	Service Level Agreement

SSG	Safer South Gloucestershire
TOP	Treatment Outcome Profile
YOI	Young Offenders Institute
YOT	Youth Offending Team
YP	Young Person/People
YPDAS	Young People's Drug and Alcohol Service
YPDTS	Young People's Drug Treatment Service
YPDW	Young People's Drug Worker

Key to 10/11 Young People Treatment plan Quarterly review submissions

Q1,2,3,4	Indicates quarterly progress of plan for submission to the NTA
√	Indicates quarter which this milestone will be reviewed.
	Not in place or not at standard required and significant needs/improvements identified
	Progress being made but further work/investment required to meet identified need/standard
	Provision in place and/or good progress being made against assessed need and required standards
	Actions not yet planned to be underway