

<b>Title of paper:</b>	Young People's Substance Misuse Provision	
<b>Report to:</b>	Children's Partnership Board	
<b>Date:</b>	30 <sup>th</sup> June 2010	
<b>Director(s)/Corporate Director(s):</b>	Jane Brown, Associate Director of Aspiration and Life Skills	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Clare Gilbert, Young People's Drug and Alcohol Strategic Lead	
<b>Other officers who have provided input:</b>		
<b>Relevant Children and Young People's Plan (CYPP) objectives(s):</b>		
<b>Safeguarding and Early Intervention</b> - Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties		√
<b>Strong families</b> - More families will be strong and healthy, providing an enjoyable and safe place for children to grow up		√
<b>Healthy and positive children and young people</b> - Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions		√
<b>Achievement</b> - All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning		√
<b>Economic well-being</b> - Child poverty will be significantly reduced		√
<b>Summary of issues (including benefits to customers/service users):</b>		
<p>Concerns have been highlighted in respect of performance indicators for young people's drug and alcohol provision. Whilst there have been some positive developments in respect of numbers into treatment, particularly those from a school setting, there are a number of key challenges to address to improve provision. These include:</p> <ul style="list-style-type: none"> <li>• Increasing levels of alcohol referrals in to treatment services</li> <li>• Improving outcomes for young people leaving treatment.</li> </ul> <p>Measures have been set out in the Young People's Substance Misuse Action Plan (see attachment) to address these issues.</p>		
<b>Recommendations:</b>		
<b>1</b>	To promote and utilise the D-Vibe survey to capture more accurate data in relation to young people's use in Nottingham	
<b>2</b>	To improve referral pathways for young people attending the Emergency Department as a result of excessive alcohol	
<b>3</b>	To improve mechanisms for ensuring that young people involved in alcohol fuelled anti-social behaviour are appropriately identified and referred	
<b>4</b>	To continue to robustly performance manage services to reduce the levels of unplanned discharges	
<b>5</b>	To implement the actions identified in the Young People's Substance Misuse Action Plan	

## 1. BACKGROUND

Problematic substance misuse impacts on all aspects of young people’s lives, significantly diminishing life chances. This has generational implications through the damaging effect of parental use and impacts on all the shared priorities of partners in the city.

In recognition of this impact, ‘Reducing substance misuse and its impact on children and young people’ has been identified as Priority 9 within the new Children and Young People’s and as one of the top five priorities for 20010/11. The main mechanism for addressing this priority is through the Young People’s Substance Misuse Action Plan YPSMAP. This is a partnership plan which has been signed off by the Council’s Children and Families directorate and the Crime and Drugs Partnership with input from a range of key partners, including health.

Whilst there is significant data in relation to young people accessing treatment, it is not possible to accurately monitor the levels of drug and alcohol use by young people or the numbers of young people affected. National prevalence data suggests that there could be at least 3,600 problematic drug users with numbers of problematic alcohol users likely to be significantly higher and 15,000 affected by others’ use, but it has been difficult to evidence this locally. In order to measure impact, a range of proxy indicators are used.

The indicators used and targets are primarily from performance data gathered by the National Treatment Agency (NTA), a National Health Service special health authority which performance manages treatment elements of young people’s substance provision. In addition there is the NI 115 target which is measured against the Tellus Survey number of drug offences committed by under 18’s recorded by the police.

## 2. CURRENT PERFORMANCE

The table below gives details of the latest performance, with the following notes providing more detailed commentary and explanation of the issues.

**Indicators based on data for 2009/10**

Description	Good Performance	Outturn 2008/09	Outturn 2009/10	Target 2009/10	Target 2010/11
1. NI 115 Substance misuse by young people	Lower percentages	7.8%	9.5%	~	
2. Drugs offences committed by under 18's (Police)	Lower numbers	184	216	~	
3. Number of new presentations to young people's specialist drug and alcohol treatment	Higher numbers	173	214	~	
4. Percentage of new <b>alcohol</b> presentations to young people's specialist drug and alcohol treatment	Higher percentages	18.0%	16.0%	~	30.0%
5. Percentage of referrals from Children & Family Services (inc. C&F, LAC, Education, Targeted Youth Support and Outreach)	Higher percentages	24.0%	40.0%	~	40.0%
6. Percentage of referrals from Children & Family Services and Looked After Children (CYP known to social care)	Higher percentages	5.0%	14.0%	20.0% (NTA)	20.0%

7. Percentage of young people leaving treatment in an agreed and planned wa	Higher percentages	74.0%	64.7%	75.0% (NTA)	75.0%

**Indicator 1.** Measurement of this indicator is not reliable. The Q4 figure represents the Statistical Neighbour average as DCSF has indicated that there was not sufficient participation from Nottingham schools to produce meaningful Nottingham City Tellus 4 survey results. As the latest Tellus survey is based on statistical neighbours, rather than local data, it is not possible to identify whether there has been an increase in local levels of young people’s use. A Nottingham based young people’s drug and alcohol survey ‘D-Vibe’ has had over 900 respondents from April 2009 to 2010 and could be utilised to provide future baseline data.

**Indicator 2.** Without greater analysis, it is difficult to know whether this represents an upward trend or is a result of particular operations. More work is taking place with the police to analyse and understand these figures.

**Indicator 3.** There has been a year on year increase for the last 4 years of young people being referred and seen by specialist young people treatment services. This is a positive development and is a result of increased communication, awareness and partnership-working.

**Indicator 4.** This is a new local target intended to address the low level of alcohol referrals currently seen by our young people’s specialist treatment services. Nottingham’s Alcohol Strategy and the Young People’s Substance Misuse Plan both have measures in place to address this. They include: improving referral pathways for young people attending the Emergency Department as a result of excessive alcohol use and improving mechanisms for ensuring that young people involved in alcohol fuelled anti-social behaviour are appropriately referred. In addition, further work is being undertaken with the workforce to ensure that they have a better understanding of the risks posed by alcohol, and are aware of the support services available.

**Indicator 5.** There has been a significant increase in the last year in the numbers of referrals from Children’s Services as opposed to criminal justice referrals. This reflects a positive shift towards earlier intervention, supporting young people before they have been involved in offending behaviour. This has been primarily due to the two additional Education Link Workers funded through the DrugAware Early Intervention project. As well as enhancing the drug and alcohol curriculum in schools and improving pathways from schools into treatment, the DrugAware Project also involves parents and the local community to ensure a consistent approach

**Indicator 6.** Young people in social care are a group who are at very high risk of developing substance problems and so are a key target group to ensure high levels of referrals take place into specialist treatment provision. There is a dedicated Children in Care worker based within our main substance misuse service to support this group. There has been a significant increase in the number of referrals from children and young people known to social care over the last year. However, during the course of 2009/10 the NTA changed the 20% target which formerly had included all referrals from children and family services, to only including those in care. Local data analysis suggests there are not sufficient numbers of Children in Care with problematic substance use to achieve this target and it has not been met across the region. Further work is taking place to improve referral levels for children in foster care including substance training for staff and foster parents and clearer referral pathways.

**Indicator 7.** The success of service interventions is partly measured by looking at what percentage of young people leave the service in a planned way. In 2009/10 definitions in respect of planned exits were tightened so that services could only include young people who had become drug free or who had significantly stabilised their use and were only an occasional user. This led to an increase in unplanned exits across the country. 75% is a very challenging target, but services are working to address this through tightened processes and ensuring that young people are appropriately linked in to other services including utilising the CAF.

### **3. RISKS**

Some of these targets remain ambitious for this year. The main risks are financial, in that a significant proportion of young people's substance misuse services, including the DrugAware strand and all services for children affected by others' use, are funded through Area Based Grant funding streams. Whilst it has been possible to meet this year's 20% reduction targets, it will not be possible to maintain current levels of provision with any further reductions.

### **4. FINANCIAL IMPLICATIONS**

Any financial implications of remedial actions required are included within the YPSMAP Young People's Substance Misuse Action Plan.

### **5. LEGAL IMPLICATIONS**

None

### **6. CLIENT GROUP**

Children, young people and their families who are impacted on by drug and alcohol use.

### **7. IMPACT ON EQUALITIES ISSUES**

Key vulnerable groups including young offenders, Children in Care, homeless young people, persistent absentees, excludees, young people from high risk black and minority ethnic groups and children affected by parental use are key groups supported through substance provision. Provision for this agenda is based primarily in the voluntary sector, with additional resources in health and the Council.

### **8. OUTCOMES AND PRIORITIES AFFECTED**

Young people's substance use has implications across all five outcomes with particular impact on Being Healthy and Staying Safe. The primary impact is in relation to Priority 8.

### **3. CONTACT DETAILS**

Clare Gilbert - Young People's Drug and Alcohol Strategic Lead,  
[clare.gilbert@nottinghamcity.gov.uk](mailto:clare.gilbert@nottinghamcity.gov.uk)  
50796

## **The Young People's Substance Misuse Action Plan Summary**

The National Treatment Agency (NTA) requires the production of an annual substance misuse action plan to address substance misuse and related harms in relation to young people which they then performance manage. This is based on a thorough assessment of local needs, priorities and gaps. The 2009/10 needs assessment included analysis of local and national data in relation to young people's substance misuse, consultation with children, young people and the workforce, and assessment of current delivery. The action plan aligns closely with and contributes to the achievement of the Children and Young People's Plan priority to reduce the impact of substance misuse on children, young people and families.

Commissioning and delivery of the plan is currently overseen by the Young People's Substance Commissioning Group which includes membership of keys partners such as NHS Nottingham City, Children's Services, Connexions and the Crime and Drugs Partnership.

### **Key headline actions include:**

- Increase the number of referrals in relation to alcohol use through; building the competency and confidence of universal and targeted workforce in relation to alcohol, strengthening pathways in relation to referring young people involved in alcohol influenced anti-social behaviour and developing referrals through the Emergency Department
- Respond to the research and guidance in relation to involving family and carers in a young person's treatment and develop the Nottingham City Family and Carer Pathway for young people's specialist treatment services. (nb: response needs to be aligned with the Think Family approach in the City).
- Clarify arrangements for provision of Hepatitis B Vaccinations and Hepatitis C Tests to ensure that there are clear pathways and interventions available.
- Improve the rate of planned discharges from young people's specialist substance treatment services.

These objectives are underpinned by the need to clarify and strengthen joint commissioning and funding arrangements in 2010/11.