

Newcastle upon Tyne

Young People's Specialist Substance Misuse

Treatment Plan

2008/09

Contents

1. A Strategic response to Young People and Substance Misuse
2. The vision for treatment services
3. Prioritising vulnerable groups
4. The needs assessment process
5. D'n'A Services referral data
6. Treatment map
7. D'n'A Service user profile
8. D'n'A Service structure
9. Planning Grid 1: Commissioning and System Management
10. Planning Grid 2: Access to Treatment
11. Planning Grid 3: Treatment System Delivery
12. Planning Grid: Leaving Specialist Treatment
13. Appendices: Drugs and Alcohol, Children and Young People from Diverse Communities
TOR, Children and Young People's Substance Misuse Commissioning Group
TOR, Young people's Drug and Alcohol Provider Group
Financial information – 07/08, 08/09

1. A Strategic Response to Young People and Substance Misuse

Services for young people who experience problematic drug or alcohol use in Newcastle need to be continually improved and developed in response to the changing needs of the community and to ensure the best care and treatment is available. The importance of this is acknowledged in The Newcastle Plan for Children and Young People and in the Safe Newcastle Strategic Assessment

A priority for the next 12 months is to progress the alignment of commissioning processes in Children's Services. Substance Misuse Commissioning is likely to be at the forefront of this development bringing together some of the areas covered in PSA 14 such as work with young people to prevent teenage pregnancy and reduce the risk of young people becoming involved in crime.

It is essential to build on the quality of existing services and support the commitment of professionals already working in the field. The vision is one of an integrated system of care and treatment which is multi agency and multi-professional. The different elements within the system, however complex or specialised, should be experienced by the young people who use them as a readily accessible range of services available at the right time and in the right place.

A priority in The Newcastle Plan for Children and Young People 2006 – 2009 is to provide young people's substance misuse services which

- engage young people
- are able to respond to their complex needs
- involve all the relevant children and young people's agencies and services
- are supported through an integrated targeted youth support model
- have effective links with locality arrangements.

The Children's Services Workforce Reform Strategy and The Parenting Support Strategy acknowledge the need to improve confidence and skills of staff working with families where there are drug and alcohol problems, either

parental or young people. We have therefore prioritised further action to build on our Substance Misuse Level 1 and 2 training and our parental substance misuse courses.

2. The Vision for the Service

D'n'A, which is the main commissioned treatment service in Newcastle, is the result of the integration of specialist and targeted treatment services which started in the summer of 2005. There is a CAMHS element to this service, which provides specialist mental health and medical interventions. Coordination and information sharing between the different elements of the service has improved considerably. The team is due to move premises and will then deliver some services from a central city centre base, where administration and management will take place. The team will however, continue to provide much of its support to young people through flexible outreach methods. The team will also continue to provide support to parents and carers in a wide variety of locations including people's homes. Our vision is one of continued shared working between these services and improved accessibility via open access sessions where the ethos will be of inclusion and will be welcoming to all young people and their parents and carers.

Changing service structures and delivery processes is challenging and complex and new processes and ways of working take time to embed. We expect to see significant increases in numbers of referrals to D'n'A over the next 2 years. We continue to make progress with improving the quality of interventions and developing strategies for measuring outcomes for young people. Work with our partners in CAMHS has been challenging but significant small steps are making a real difference to how young people experience the service.

The D'n'A service consists of a range of providers who recognise the central importance of tackling the harm incurred to young people through problematic drug and alcohol use. Professionals within the service provide care and treatment accessed by young people through the clear pathways. This system of care and treatment does not function as a hierarchy but is organised as a network, with central planning and co-ordination to help each element play to its strengths. Clinical supervision for staff and clinical leadership is shared between the City Council and The Northumberland, Tyne and Wear NHS Trust.

Newcastle Safeguarding Children's Board has a statutory responsibility for ensuring that children and young people are safe from harm through co-ordinating and ensuring the effectiveness of arrangements in Newcastle. D'n'A partnership agencies work closely with the Board, on issues in relation to training of staff, serious case reviews and strategic development.

How young people feel about the way drug and alcohol services are presented and their views of people who are providing them is a critical factor in successful delivery. With "D'n'A" young people themselves have developed a recognisable brand for the service. A priority in 2008-09 is to market this brand effectively to all young people and their families in the city, so that young people and their families and friends understand where to get help and what will be available to them. It is a priority to continue working alongside Investing in Children and the Youth Engagement Strategy, so that young people can be involved in the development and regular reviewing of all aspects of service provision. Building on the work of a number of young people's groups which have discussed issues around drugs and alcohol over the last 3 years, it is now timely to establish a more formal forum for listening to and acting on the views of young service users.

A key objective for the service will be to ensure that every person who is referred takes up the opportunity of the services available. Continued progress coordinating service delivery will reduce the possibility that young people referred may become lost somewhere along the pathways to services or exit the service as an unplanned discharge, without anyone knowing why and how they left.

The relatively high number of young people who miss appointments, who turn up at the office late or without prior arrangement and the relatively low number of self referrals indicate a need for a more flexible service. We are prioritising the premises move to address this. The most popular young people's service in Newcastle is Streetwise. It is based in the City Centre and provides open access and evening opening and we will replicate some of this good practice.

Referrals to the service are guided by the Drug Use Profile and Referral forms which will be reviewed as a priority this year, in line with the CAF processes. We will continue to work towards a single point of contact for treatment services and comprehensive care planning for all clients.

3. Prioritising Vulnerable Groups

There is no definitive list of 'vulnerable groups', and a significant overlap between them; e.g. a young person, perhaps being looked after, truanting and an offender. However, multiple vulnerabilities are likely to have an impact on the individual's propensity to use substances and their risk of developing problems. It is estimated that around 28% of young people fall into the definition of vulnerable. In Newcastle this means over 8,000 Children and young people between the ages of 10 and 18. Screening and early identification of drug and alcohol problems within these groups needs to improve and as a result we have prioritised an increase in referrals.

It is estimated that in Newcastle, 1,205 children under 16 have parents who are problem drug users. In 2006-07, drugs and alcohol were a significant factor in 47.6% of initial child protection conferences. There is ongoing work with adult treatment services to implement the use of the CAF pre-assessment checklist to ensure these families receive the support they need and that children are safe to remain at home. The needs of grandparents with responsibility for grandchildren, due to parental substance misuse, without suitable financial and practical support are a growing concern. Children living in such an environment are at risk from a range of physical, psychological and behavioural problems.

Of those Young People in Drug Treatment in 2006/07, 99% were being treated within young people's drug treatment services. The age ranges for those in young people's drug treatment is mainly between 15-17, 16% were aged 15, 19% aged 16 and 25% were aged 17 years old.

The main substance for those in drug treatment in 2006/07 was Alcohol at 42%, followed by Cannabis at 29%. Yet unlike adult drug treatment data, Class A drugs only account for 7% of those in drug treatment.¹ We are prioritising both the need to improve services for those using alcohol and Cannabis and developing further strategies to tackle unmet need in relation to class A drugs. It is also important to acknowledge that mental health issues are a cross cutting issue for young people with drug and/or alcohol problems whether they are identified as part of a vulnerable group or not.

¹ Data obtained from NDTMS Drug Treatment data for young people between April 2006 to March 2007

4. The Needs Assessment process

An expert group was set up consisting of The Drug and Alcohol Services Manager for Young People of both Safe Newcastle and Children and Young People's Strategic Executive, The D'n'A Service Manager, The Children's Services Data Analyst and the Safe Newcastle Drug Support Unit Data Analyst.

A decision was made early in the process to focus on the data that we had collected by means of a service database rather than solely use NDTMS. This was agreed because it was more detailed, more up to date, more accurate and covered a time period from October 06 to September 07. We were also able to access some detailed information from the CAMHS element of the service for part of this period

A comprehensive range of data was also collected and selected from Children's Services and Safe Newcastle. Data and service user information was also collected from Streetwise (an open access youth based sexual health and counselling service) and PROPS (a local parent and family support service for families where there is substance misuse). We commissioned a number of surveys from Streetwise, one on alcohol use and one on Cannabis use. We have also worked closely with Investing in Children to provide "Agenda Days" for young people where drugs and alcohol have been the subject for discussion. Focus Groups were carried out in the Pupil Referral Unit and at PROPS.

Key Performance Indicators

Newcastle is performing either as Amber or Green in all areas and the percentage of young people as part of the whole Treatment System is on course to reach 10% by March 08.

Stakeholder Events

Two successful stakeholder events took place in October and December, using the Mark Friedman Outcome Accountability Model. Staff from a wide range of agencies took part in the writing of a "Report Card" for substance misuse. They also worked together to "turn the curve" for the harm caused to young people by drugs and alcohol. The second event focussed on a gap analysis in terms of service provision and setting priorities for the next 12 months.

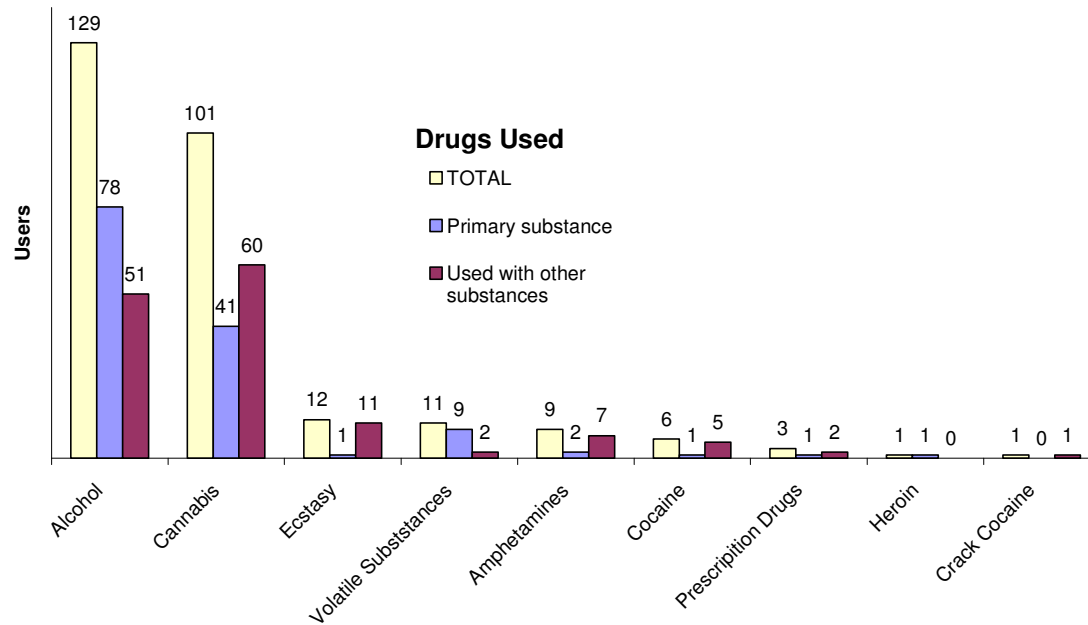
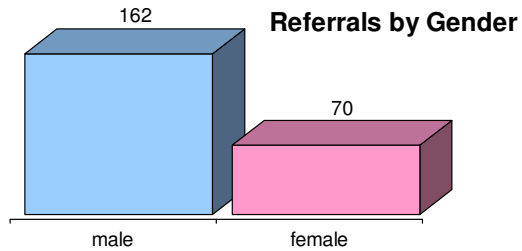
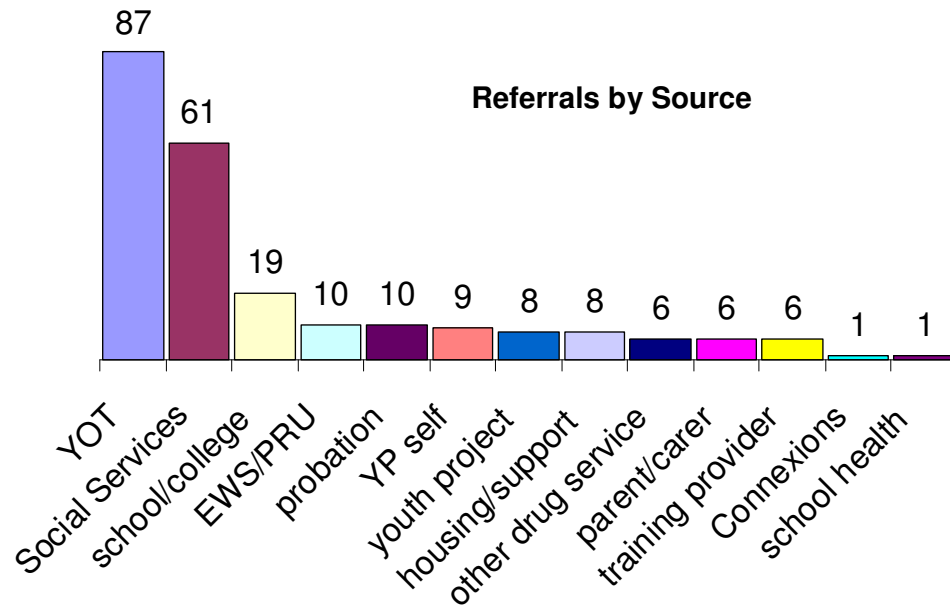
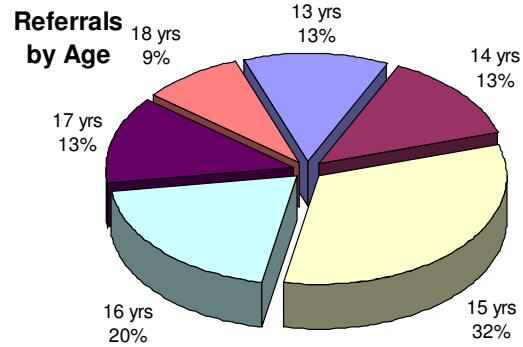
The subsequent Needs assessment was then circulated to a range of partners for comments.

In future years we will improve on this process and in particular allow more time for service user and parent/carer consultation.

The following data and treatment map give a breakdown and profile of those accessing the D'n'A partnership agencies. The slight differences in the information on the referral data charts and the treatment map are due to the slightly different time periods covered by the two.

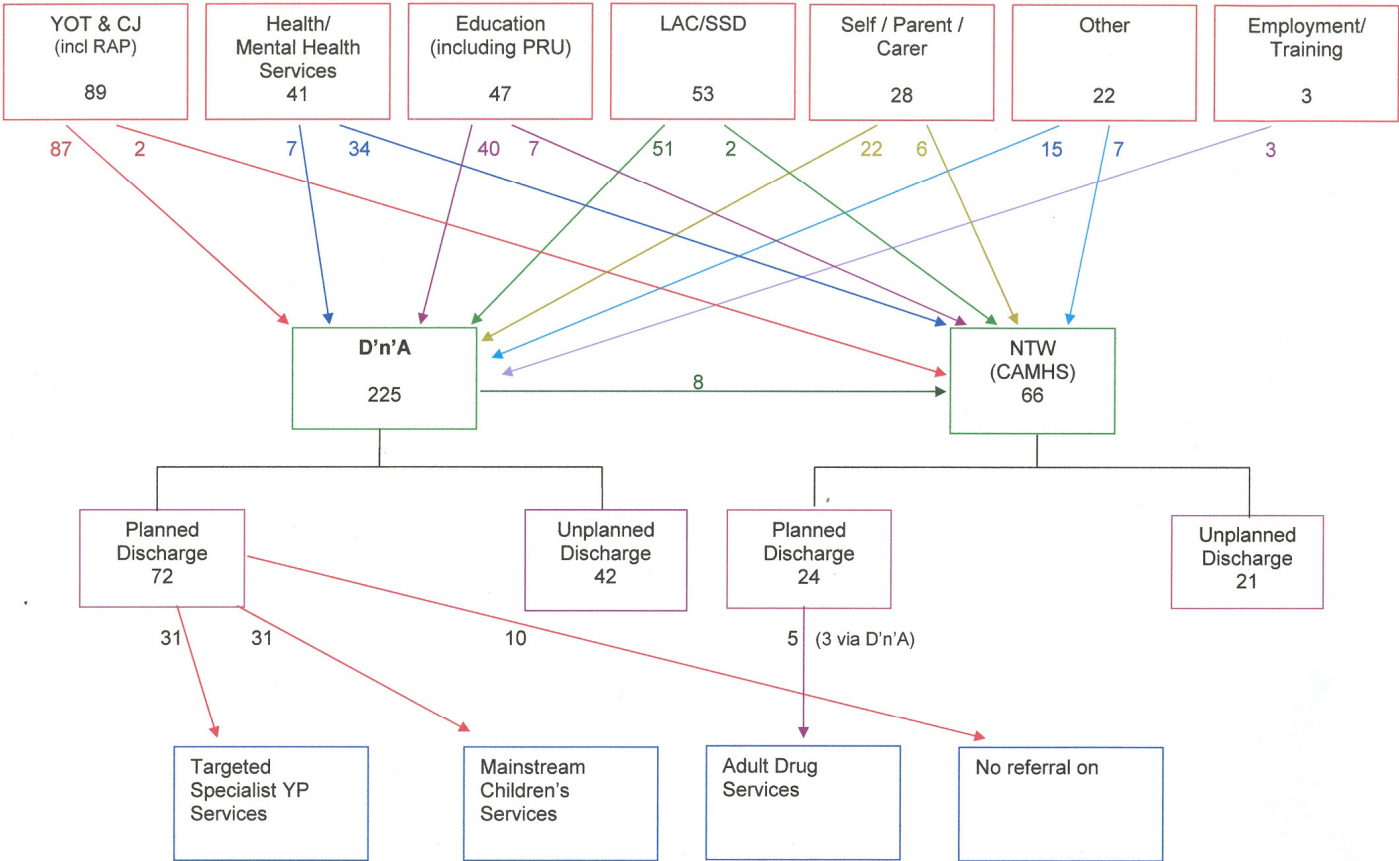
The key issues to note are for instance, the relatively small number of referrals from the YOT. In 2006-7 the Youth Offending Team screened over 800 young people for substance misuse, the D'n'A service received 87 referrals from the YOT. All national research and evidence from other Youth Offending Teams would indicate that levels of drug use among young offenders are higher than this. The numbers of referrals from education sources are also comparatively low. Referrals from Children's Social are out of a total figure of 444 Looked After Children in December 2007. Referrals from health and mental health continue to go straight to the CAMHS Team rather than through the central allocation process. The number of unplanned discharges has improved but is still too high.

Total referrals = 232



6. Treatment Map

In Newcastle the main provider for substance misuse treatment is the multi-agency D'n'A Service, in cooperation with the CAMHS Drug & Alcohol Service. For the period between Oct 2006 and Sept 2007 the local treatment map looks as follows:



7. D'n'A Service User Profile

A 'typical' client of the service is...

- **White British** - 97.5%
- **Aged 15 years**, 4 months
- **Living at home/with family** members - 68%
- **In Education** (70%), but with **problems** (attendance, exclusions)
- **Male** - 69%
- Using **Alcohol** (52%) and/or **Cannabis** (34%)
- Likely to have been **in trouble with the Law**

Employment status at time of assessment

Pupil/Student	70%
Unemployed (NEET)	18 % (3%)
Economically Inactive	5 %
Attending PRU / Special school	2 %
Regular Employment	2 %
Other	2 %
Not Known	1 %

Gender

Male	69 %
Female	31 %



Ethnicity

White British	97.5%
Asian Brit. Bangladeshi	0.5 %
Asian Brit. Pakistani	0.5 %
Black Brit. Caribbean	0.5 %
Mixed White Asian	0.5 %
Mixed Other Mixed	0.5 %

Main Drug used

Alcohol	52 %
Cannabis	34 %
Volatile Substances	4 %
Ecstasy	4 %
Heroin	3 %
Amphetamines	2 %
Prescription Drugs	1 %

Accommodation Needs

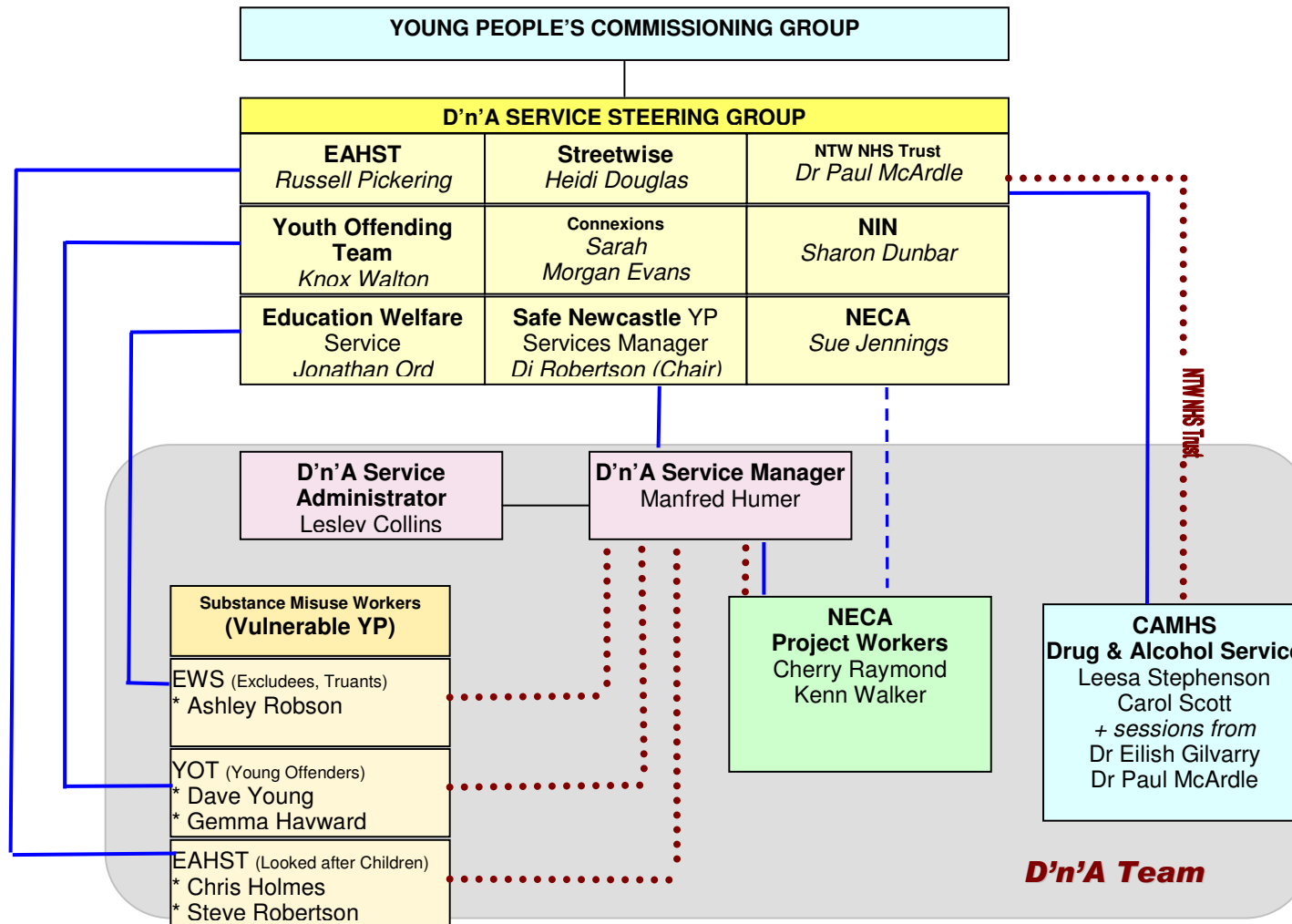
Living with parents/relatives	68%
Looked After, Living in care	14 %
Living independently., unsettled	8 %
No Fixed Abode	5 %
Living independently, settled	3 %
Looked After - Living independently, unsettled acc.	2 %

Referred by...

YOT, Criminal Justice	38 %
Children's Social Care / LAC	23 %
Education / EWS/ PRU	17 %
Self / Family / Carers	10 %
Other	7 %
Health/mental health services	3 %
Employment/training provider	2 %

8. Service Structure

The main drug and alcohol service provider for young people in Newcastle is the multi-disciplinary D'n'A Service. The service structure is shown below:



PLANNING GRIDS

9. Planning grid 1: Commissioning and system management

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

Newcastle has a dedicated substance misuse commissioning structure based in Children's Services, which is accountable both to Safe Newcastle and to the Children and Young People's Strategic Partnership Executive. Membership includes key Heads of service across Children's Services.

A need has been identified to continue to progress processes for more strategic systems for decision making and commissioning services across a range of areas of need by aligning Substance Misuse Commissioning with other key areas of work in Children's Services, i.e. commissioning processes around Teenage Pregnancy, Anti Social Behaviour, Truancy and Mental Health in line with Targeted Youth Support agenda

There is also a need to align Young People's Substance Misuse Commissioning with Adult processes to ensure that where joint commissioning needs to take place, such as for transitional services or where a family based service is required that we make this easier. Also to ensure that Adult Commissioners are aware of this plan and the impact that effective young people's treatment has on adult need and provision.

Objective 1

Review terms of Reference of Commissioning Group and extend membership of Group to include key members of staff from other relevant Strategies e.g. Anti Social Behaviour

Delivery Plan:

Actions and milestones	By when	By whom
Agenda discussion of role and remit of Commissioning Group at relevant meetings, including ASB Tactical Group, TP Board, Integrated Youth Strategy Board	April 08	Young People's Drug & Alcohol Services Manager

Objective 2

Maintain involvement with strategic partnerships to represent the needs of young people with problems with drugs and/or alcohol

Delivery Plan:

Actions and milestones	By when	By whom
Attend TP Board meetings, ASB Tactical group, Alcohol Strategy Board etc	April 08	YP Drug & Alcohol Services Manager
Contribute to Newcastle Children and Young People's Plan	April 08	YP Drug & Alcohol Services Manager
Set up Bi-annual meetings between children's and young people's and adult commissioners for substance misuse	Bi-annually	YP Drug & Alcohol Services Manager
Needs Assessment and Treatment Plan to be submitted to Children and Young People's Partnership Executive and Safe Newcastle Board	April 08	YP Drug & Alcohol Services Manager

Objective 3

Ensure Commissioning of Services continues to be informed by annual needs assessment, Provider group and sub-groups

Delivery Plan:

Actions and milestones	By when	By whom
Expand membership of expert needs assessment group to include strategic commitment across Children's services to the process.	July 08	YP Drug & Alcohol Services Manager
Set up monthly meeting dates starting in July to start needs assessment process for 09-10	July 08	YP Drug & Alcohol Services Manager

2 x stakeholder events to engage staff across all of Children's Services in needs assessment process	Dec 08	YP Drug & Alcohol Services Manager
Attendance of staff from provider services at Commissioning meetings	April 08	YP Drug & Alcohol Services Manager
Exchange of minutes from both meetings	Bi-monthly	YP Drug & Alcohol Services Manager
Establish mechanisms to respond to requirements in the Safe Sensible and Social in Newcastle Action Plan	Sept 08	Commissioning Group

Objective 4

Ensure effective performance monitoring for all commissioned services

Delivery Plan:

Actions and milestones	By when	By whom
Accurate monthly completion of all NDTMS requirements by service providers (including TOP)	Sept 08	YP Drug & Alcohol Services Manager /CAMHS
Local Performance Monitoring Framework to be completed on a quarterly basis and submitted to Commissioning Group	quarterly	YP Drug & Alcohol Services Manager
Annexe H to be completed on a quarterly basis with input from Providers Group	quarterly	YP Drug & Alcohol Services Manager

Objective 5

Ensure all Service Level Agreements are in line with National Standards (NSF, NICE, NTA, CS Workforce Reform)

Delivery Plan:

Actions and milestones	By when	By whom
Meet with all commissioned services to review SLAs	April 09	YP Drug & Alcohol Services Manager

Objective 6

Maintain a robust financial management system

Delivery Plan:

Actions and milestones	By when	By whom
Regularly review budget and potential pressures with commissioning group and accountants	Bi-monthly	YP Drug & Alcohol Services Manager

10. 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:

The Needs Assessment has identified the following needs as priorities for action

- Need to increase number of referrals from YOT
- Universal Services not using screening tool
- Young people from BME groups not accessing specialist services
- More appropriate premises needed for specialist services
- Need for a range of early interventions to ensure the engagement of young people in treatment
- Need to improve links and understanding between specialist service and mainstream children's services and Safe Newcastle
- Need to increase numbers of self referrals

Objective 1

Increase number of referrals to D'n'A by 50% by April 2010

Delivery Plan:

Actions and milestones	By when	By whom
Provide briefing sessions to CAMHS staff, GPs, social care staff, YOT staff, Education Welfare staff, housing staff	March 09	D'n'A Service manager
Information and marketing plan to be written by April 08 and delivered by March 09	March 09	YP Drug & Alcohol Services Manager / D'n'A Service manager
Establish single point of referral for all referrals into specialist substance misuse services via D'n'A	March 09	D'n'A Service manager /CAMHS

D'n'A Service manager to attend CAMHS Commissioning Group to promote single point of referral and closer cooperation	Sept 08	D'n'A Service manager
Ensure that training on drugs and alcohol is included as a core component of workforce reform strategy in Children's Services	March 09	YP Drug & Alcohol Services Manager
D'n'A to move premises to young people friendly and accessible building	April 08	D'n'A Service manager
D'n'A to offer more flexible times of contact for young people including some evenings	Sept 08	D'n'A Service manager
Review screening tool and identify champions in key service areas such as schools and social care who will provide support to staff and a first point of contact.	July 08	YP Drug & Alcohol Services Manager / D'n'A Service manager
Monitor number of completed screening tools accompanying referrals to D'n'A	quarterly	D'n'A Service manager
Commissioning Manager to meet with Strategic leads in City Council and other agencies for Inclusion and BME issues and link to pilot project on Safeguarding and BME communities	July 08	YP Drug & Alcohol Services Manager
To deliver young People from Diverse Communities Drug and Alcohol Action Plan	March 09	YP Drug & Alcohol Services Manager
Improve links with parenting organisations such as PROPS and Parentline Plus, Changing Trax	March 09	YP Drug & Alcohol Services Manager / D'n'A Service manager
Working in partnership with Investing in Children establish Service User Forum with direct link to steering group to inform D'n'A service development	March 09	YP Drug & Alcohol Services Manager /Investing in children coordinator
All staff in D'n'A partnership organisations to outreach into young people's services most appropriate to their area of work. A minimum of one contact/session a month for all members of staff with an organisation not already linked to D'n'A.	March 09	All D'n'A staff

11. Planning grid 3: Treatment System Delivery

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

The Needs Assessment has identified the following needs as priorities for action:

- Need to improve appropriate information sharing between D'n'A partner agencies
- Need to further integrate substance misuse interventions with care packages in other areas of children's services
- Need for a range of interventions to ensure the retention of young people in treatment
- Need to improve early identification of Class A drug users
- Need to review D'n'A service policies
- Need to improve consistency of delivery across D'n'A
- Identified gaps around harm reduction, accessible needle exchange for young people
- Need to integrate CAF fully into working practices
- Increased expertise around alcohol treatment
- Needs for Dual Diagnosis work to be better understood and care coordinated
- Gaps in expertise around specific substances, such as Benzodiazepines, Steroids
- Gap in delivery across children's services with young people over 16 with substance misuse problems and related complex problems such as housing
- Limited T4 provision.

Objective 1

To improve quality and consistency of service delivery by all D'n'A partnership agencies

Delivery Plan:

Actions and milestones	By when	By whom
Establish bi-monthly training and practice sharing sessions across partner agencies	April 08	D'n'A Service manager

Ensure consistent attendance of key partners at Steering Group	ongoing	YP Drug & Alcohol Services Manager
Staff to routinely obtain service user feedback and ensure their active involvement in care planning	Sept 08	D'n'A Manager /CAMHS
Annual audit of staff supervision files	March 09	YP Drug & Alcohol Services Manager
Review D'n'A service policy and governance framework with key partner agencies	Mar 09	YP Drug & Alcohol Services Manager /Steering Group/D'n'A Service manager

Objective 2

Improved coordination and integration of substance misuse treatment with all interventions with young people. (Housing, ASB, YOT, EWS, CAMHS)

Delivery Plan:

Actions and milestones	By when	By whom
MH to arrange meetings with managers of all housing providers for 16 and 17 year olds	March 09	D'n'A Service manager
CAMHS to provide information and training to D'n'A staff to improve joint working	TBC	
MH to attend CAMHS social work team meeting	April 08	D'n'A Service manager
Develop an area of good practice through a pilot project with housing staff which will include shared training, practice sharing event, clarifying protocols where necessary.	March 09	YP Drug & Alcohol Services Manager

Improve knowledge of assessment processes being used across Children's Services where there is potential to include substance misuse

July 08

D'n'A Service manager

Objective 3

To establish efficient care planning and information sharing within the D'n'A partnership services

Delivery Plan:

Actions and milestones	By when	By whom
CAF to become part of initial assessment tool for D'n'A	July 08	D'n'A Service manager
Facilitated workshop on information sharing and integrated care planning for staff and line managers from D'n'A partnership services	Oct 08	D'n'A Service manager
Information sharing to be standing agenda item on Commissioning Group	Bi-monthly	YP Drug & Alcohol Services Manager
Increase time spent by CAMHS staff at new premises	April 08	D'n'A Service manager /CAMHS
Continued input from CAMHS and Addictions consultants to D'n'A case management meeting	weekly	NTW Consultants & D'n'A Service Manager
Additional training on care planning for all D'n'A staff	Oct 08	D'n'A Service manager

Objective 4

To maintain a range of interventions to ensure retention of young people in treatment

Delivery Plan:

Actions and milestones	By when	By whom
D'n'A to continue to provide the existing range of services including specialist assessment, brief interventions and motivational work, care planned psycho-social interventions, alternative therapies, access to medical treatment including detoxification, access to life skills support and training, harm reduction advice and information, referral on to other services as appropriate.	Ongoing	D'n'A Service manager
Develop evidence base on the extent of Class A drug use in under 18s	March 09	YP Drug & Alcohol Services Manager
Improve access to harm reduction services by developing robust protocols with Lifeline Harm Reduction Service	March 09	D'n'A Service manager
Increase numbers accessing activity based provision such as Positive Futures, Fairbridge.	March 09	D'n'A Manager /D'n'A staff
Training session for D'n'A staff to ensure all staff are adequately informed about common prescribing practices with young people	TBC	CAMHS/ Adult Treatment
Agenda regional report on tier 4 provision for commissioning and providers groups and also request agenda item for Regional Commissioners meeting	Sept 08	YP Drug & Alcohol Services Manager

<p>Objective 5</p> <p>Improve engagement with parents and carers</p>

Delivery Plan:

Actions and milestones	By when	By whom
Priority should be given to home visits particularly at the beginning of the contact with a young person, monitoring of home visits via supervision and weekly case management meetings	April 08	D'n'A Service manager

Ensure there is an opportunity to explain to a parent/carer how you will be working with their young person, including issues such as confidentiality and enabling them to contribute to the assessment process.	April 08	D'n'A Service manager
Establish parent /carer forum which would link directly to D'n'A service steering group.	April 09	YP Drug & Alcohol Services Manager/Parenting Participation Coordinator
Develop service policy for working with parents /carers Ensure parents and carers are provided with information on support services through up to date information available on the Children and Young People's Information Service and through distribution of D'n'A and other Safe Newcastle leaflets	March 09 Ongoing – April 09	D'n'A Service manager C & YP Drug and Alcohol Services Manager/C & YP Information service manager

Objective 6
Develop additional responses to young people whose main drug of choice is alcohol

Delivery Plan:

Actions and milestones	By when	By whom
Set up group to agree guidelines for all Children's services around thresholds for young people's drinking and appropriate action to be taken	April 09	D'n'A Manager
Review specific care pathways for young people with alcohol problems	April 09	D'n'A Manager

In partnership with colleagues in CAMHS develop a range of care packages for young people with alcohol problems

April 09

D'n'A Manager
/CAMHS staff

12. Planning grid 4: Leaving specialist treatment

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

- Need for systematic follow up of each client after 3 and 6 months
- Need for transitions protocols across all adult services
- Need to address specific issues around alcohol and transition
- Improve referral back down the tiers
- Unplanned exits
- Development of methods for young people to evaluate the service they receive and feedback to staff.
- Identify resources to commission external evaluation of service

Objective 1

To reduce the number of unplanned exits from treatment

Delivery Plan:

Actions and milestones	By when	By whom
Develop strategies for establishing contact with young people who do not engage in services after referral or missed appointments, to understand why and whether they have other continuing needs. To be agreed in team meeting, written into service policy.	March 09	D'n'A Manager
Continue to work with referrers to enrol their support in motivating young people to engage in services. (briefings plus referral guidelines)	March 09	D'n'A Manager
Improve engagement of parents and carers	March 09	D'n'A Manager

Objective 2

Establish mechanisms for formal follow up for each young person after discharge

Delivery Plan:

Actions and milestones	By when	By whom
Include 3 month follow up in case management policy	March 09	D'n'A Manager
All D'n'A staff to follow up clients after 3 months and record	March 09	D'n'A Manager

Objective 3

Develop transitions protocols with all adult treatment services

Delivery Plan:

Actions and milestones	By when	By whom
Establish working group to draft transitions policy	Oct 08	YP Drug & Alcohol Services manager/D'n'A Manager
Develop better understanding of options available for 18 year olds with alcohol problems, ensure commissioning process is informed around this.	Jan 09	/YP Drug & Alcohol services Manager/D'n'A Manager /providers Group

Objective 4

Evaluate Treatment services

Delivery Plan:

Actions and milestones	By when	By whom
Identify resources to commission external evaluation of treatment services	March 09	YP Drug & Alcohol Services Manager

13. APPENDICES

Appendix 2:

Drugs & Alcohol Subgroup, Children & Young People From Diverse Communities - ACTION PLAN 2007-08

Appendix 3:

Children and Young People's Substance Misuse Commissioning Group - Terms of Reference

Appendix 4:

Young People's Drug and Alcohol Providers Group - Terms of Reference

Appendix 5:

Financial information

Appendix 1

Drug Education in Schools - Key Actions to improve this service for 2008/9

Action/Activity	By When?	By who?	Performance Measures/Targets	Resources	Key risks & risk controls	Contributions to strategies/NPCYP
<ul style="list-style-type: none"> ▶ Devise an alcohol education and prevention quality mark for primary and secondary schools and Linhope ▶ Deliver support package to primaries around alcohol QM 	<p>Jul 08</p> <p>Jul 09</p>	School Drug and Alcohol Advisor	<p>In line with National Alcohol harm reduction strategy youth alcohol plan / Newcastle alcohol strategy</p> <p>30 Primary Schools (with existing NHSS) to achieve QM</p> <p>6 Secondary (including middles) schools to achieve QM</p>		<p>Funding for training and resources</p> <p>Need for communication and engagement with partner services and plans</p>	<p>Newcastle Alcohol Strategy.</p> <p>National Youth Alcohol Plan</p> <p>Newcastle Teenage Pregnancy Strategy</p>
<ul style="list-style-type: none"> ▶ Maintain support to schools around drug education and prevention including staff training/curriculum development/ policy review in line with emergent themes and trends 	Ongoing	SDA	Contact all schools and review support needs and devise support plans where necessary		funding	
<ul style="list-style-type: none"> ▶ Carry out training needs analysis for all Inclusion services around drug and alcohol awareness ▶ Establish training needs analysis for 	<p>Jul 08</p> <p>Jul 08</p>	<p>SDA</p> <p>SDA</p>	<p>Meetings held with Inclusion Services Managers / Workforce Development leads</p>		<p>Funding</p> <p>Funding of DSU</p>	<p>School Workforce Development Professional Standards</p> <p>CPD standards for</p>

<p>School Workforce Development (including Extended Schools) around alcohol and drugs awareness, identification of need and Tier 2 early intervention</p> <ul style="list-style-type: none"> ▶ Work with Drug Support Unit's Training Lead to establish and deliver training programmes as above 	Jul 09	SDA with DSU Training Lead	<p>TNA s carried out Training Programmes devised and</p> <p>Services and schools engaged with training support</p>		<p>training lead still to work with Young People</p> <p>Capacity in schools and services to timetable training and release staff. Funding beyond salary to resource</p>	individual services
<ul style="list-style-type: none"> ▶ Lead Phase 2 of DCFS PSHE CPD Accreditation Programme for professional other than teachers and nurses – HLTAs 	Jul 09	SDA with Judith Reed (school workforce in schools advisory support lead)	Recruit 10 further candidates		No central funding unlike teachers and nurses Will require self-funding	School Workforce Development professional standards
<ul style="list-style-type: none"> ▶ Engage in full partnership working to quality assure work in schools around drug education and prevention <ul style="list-style-type: none"> ○ Continue partnership working with drug dog section and develop into parents sessions ○ Revise School Drugs Protocol 	Ongoing	SDA Police Dog Section	Deliver further Drug Dog education sessions		Police structures changing and capacity within police to carry out work discreetly	Newcastle Children and Young People's Plan
	Jul 08	SDA + Inspector	Reinstate protocol in all secondary			

<ul style="list-style-type: none"> ○ Attend Newcastle alcohol strategy group around prevention and information 	Jul 08	Hall SDA	schools in terms of response to drug-related incidents Contribute to strategy action plan for alcohol prevention			Newcastle Alcohol Strategy
<ul style="list-style-type: none"> ▶ To devise with School Health a tier 2 early identification and targeted education programme for young people identified in schools as having hazardous drinking patterns (ref Hartlepool Straight Line Programme) 	Jul 08	SDA + School Health	Establish engagement from School Health Visit Hartlepool Project Scope project Develop programme			

Appendix 2:

DRUGS & ALCOHOL, CHILDREN & YOUNG PEOPLE FROM DIVERSE COMMUNITIES ACTION PLAN 07 - 08

	PLAN	ACTION	July 2007 REVIEW
1.	Understanding the current situation – Service Mapping	<ul style="list-style-type: none"> • Collate available data on population of young people living in Newcastle from Ethnic Minority Groups. • Develop a mini service directory of agencies working with young people. • Training needs analysis • Specialist Diversity Training delivered to those working in Drug and Alcohol services • Outline Research & Good Practice • Outline Drug related crime and recording on ethnic minorities 	<p>BME briefing paper completed</p> <p>Email contact list compiled for training and marketing purposes Completed Completed</p> <p>Completed and available from DSU or D'n'A</p> <p>Completed</p>
2.	Communication & Information for Young People	<ul style="list-style-type: none"> • Launch of D'N'A – target agencies working with BME young people. • Provide information on D'N'A widely • Open days at D'N'A for workers from BME Services • Take forward recommendations from Peer Research Project. • Develop work with Schools Drug Advisor to target schools for additional training. 	<p>Completed</p> <p>Completed Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

3.	Communication & Information for Parents and Carers	<ul style="list-style-type: none"> • Purchase DVD in different languages. • Deliver sessions to community groups – drug workers and link from diversity group. • Write Questionnaire for Evaluation 	Completed Ongoing
4.	Strategic Planning	<ul style="list-style-type: none"> • Launch of BME Peer Research • Communicating recommendations to senior management. • Explore strategies to ensure these issues are included in the Children and Young People Plan. • Link in with other strategic planning around BME groups, ASB Unit, student groups etc. • Young People’s Services Manager to attend Community Forum 	Completed Completed Ongoing Ongoing Completed

PRIORITIES FOR 2008-09

1.	Deliver Level 2 Training Sessions on service accessibility, cultural sensitivity and drugs in the BME Community.	10 sessions by March 07	Di Robertson
2.	Establish a baseline for numbers accessing D’n’A and other services recording ethnicities. Initiate and develop mechanisms.	March 08	Manfred Humer
3.	Dialogue with young people from BME communities regarding the design of the service.	Ongoing	Manfred Humer/Nick Brereton/Di Robertson
4.	Consultation with young people from Westgate and Newcastle College	March 08	D’n’A in partnership with Streetwise
5.	Further Diversity Training to be delivered to staff	March 08	Rizwan Sheikh Diversity Trainer

Appendix 3:

Children and Young People's Substance Misuse Commissioning Group - Terms of Reference

	Children and Young People's Substance Misuse Commissioning Group
Key tasks	<ul style="list-style-type: none"> • To provide a strategic lead on Children and Young People's Drug and Alcohol issues with Safe Newcastle and other YP's strategies for the City. To act as a framework for future work and to performance manage the implementation of the strategy. • To allocate resources in order to: <ul style="list-style-type: none"> ○ commission the establishment of new providers ○ commission expansions to existing services ○ reallocate resources to ensure their best use across the drug treatment and care system • To oversee the agreement of Service Level Agreements (SLAs) with service providers • To ensure that services are monitored according to their SLAs • To monitor actual expenditure against allocated budgets and ensure that discrepancies are accounted for • To ensure that other financial resources available to the partnerships are allocated in such a way that there is consistency and no duplication of service provision.
Current task groups as at September 2007	<ul style="list-style-type: none"> • Substance misuse needs assessment expert group
Key communication links	<ul style="list-style-type: none"> • Safe Newcastle Responsible Authorities Group Children and Young People's Strategic Partnership Board) • Young People's providers Group (through the 'mutual exchange' of minutes) • Individual service providers (through receiving monitoring information and by occasional presentations)

Membership	<ul style="list-style-type: none"> • Relevant senior staff from Newcastle Primary Care Trust, Newcastle Social Services, Youth Offending Team, Connexions and Education Directorate, Children's Services. • Young people's Substance misuse commissioning and development officer • The line manager of the above post-holder • GO Crime and Drugs Team • Safe Newcastle Partnership Drugs Coordinator • Other people coopted according to area of expertise
Meeting details	<p>Frequency bi-monthly approx 2 hours Civic Centre</p>
Work planning	The group will agree an annual work plan derived from Safe Newcastle Plans and reporting requirements.
Chair	Ruth Rogan
Vice Chair	Rod Stapley
Lead officer	Di Robertson
Administrative support	Safe Newcastle Drug Support Unit
Date agreed	September 2007

Appendix 4: Young People's Drug and Alcohol Providers Group - Terms of Reference

Overall role	<p>To act as a forum for staff from local children and young people's services with an interest in drug prevention, treatment and care</p> <p>to Inform the Young people's commissioners group (and other partnership structures, if relevant) about local need, gaps in service provision and other relevant issues</p> <p>Share good practice and improve the availability, accessibility and quality of substance misuse prevention, treatment, care and support available to children and young people and their families in Newcastle upon Tyne.</p>
Key tasks	<p>Input expertise about local need, gaps in service provision, service issues and priorities into the development of appropriate plans and reports (e.g. Children and Young People Outcome Improvement Plans, service development plans)</p> <p>Participate in the implementation of appropriate plans by working together on key priorities. This may involve:</p> <p>Establishing groups (called task groups) that focus on specific long or short term tasks. Task groups will be made up of selected members of the Young People's providers Group and other appropriate people.</p> <p>Receiving action plans and associated progress reports from task groups and individuals and ensuring targets are met.</p> <p>Informing the Young People's Commissioning Group (and/or other appropriate groups) of progress made and drawing attention to those objectives within appropriate plans that are not being taken forward within the required timescales or to the required specification.</p> <p>Learn about, and discuss the implications of, related national guidance, good practice ideas and local implementation issues.</p> <p>Ensure that the work takes into consideration the diverse needs of all children and young people in Newcastle</p> <p>Ensure that appropriate mechanisms are in place for the work to be informed by the experiences, views and ideas of young people, their parents and carers and other members of local communities.</p>
Current task groups (July 2006)	<p>Alcohol</p> <p>Diverse Communities</p> <p>U18s club night</p> <p>Drug Education Network</p>
Account-ability to:	<p>Young People's Commissioning Group</p> <p>Others if appropriate to a particular piece of work</p>

Membership	staff from agencies/services that provide services to children and young people and their families (including statutory, voluntary and private sector organisations) Young People's Drug and Alcohol services manager Safe Newcastle Partnership Drugs Coordinator Other members co-opted according to their expertise.
Meeting details	Frequency bi-monthly – open for review
Chair	Leesa Stephenson
Vice Chair	Norman Nur
Lead officer	Helen Wilding and Di Robertson
Admin support	Safe Newcastle Drug Support Unit
Date Agreed	July 2006

Last reviewed July 2006

Appendix 5: Young People Specialist Treatment Plan : financial considerations

	07/08 forecast	08/09 planned	
Expenditure			
access to treatment	63,626.95	65,535.76	
commissioning and system management	61,487.92	71,114.92	
treatment system delivery	304,010.04	322,032.38	treatment system delivery (90%)
leaving specialist treatment	33,778.89	35,781.38	leaving specialist treatment (10%)
Total	462,903.80	494,464.44	
Income			
Young people partnership grant	391,548.00	185,300.00	assuming PTB element no longer included and other contributions remain unchanged
Children services mainstream	31,500.00	31,500.00	
PTB element	TBC	290,000.00	subject to confirmation of allocation nationally. 10% of total allocated
Total	458,048.00	506,800.00	
difference	-4,855.80	12,335.56	