

**Partnership name:**

**Essex Drug and Alcohol Partnership**

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**Children and Young People's Drug and Alcohol  
Misuse Plan 2008-2009**

**Strategic Overview**

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## **Aims and Outcomes:**

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**Essex Young People's Joint Commissioning Group is committed to:  
'Reducing the misuse of drugs and alcohol among the young people of Essex' in  
accordance with the Children & Young People's Strategic Partnership**

To be an effective Essex Partnership, there is a need to embed the strategic planning and commissioning of young people's substance misuse into the Essex Children's Trust Approach, using the Children and Young People's Strategic Partnership (CYPSP) Board to ensure a common understanding of young people's substance misuse across the county.

It states in the reviewed 2008 – 2018 **Drugs Strategy, Drugs: protecting families and communities**, that while we continue to build on existing good practice there is a need to implement new interventions. The key themes are:

- Protecting communities through tackling drug supply, drug related crime and anti-social behaviour
- Preventing harm to children, young people and families affected by drug misuse
- Delivering new approaches to drug treatment and social re-integration
- Public information campaigns, communications and community engagement

### **Public Service Agreements' (PSA)**

These also go some way to setting the scene and were agreed within the recent Comprehensive Spending Review. They provide the key priority outcomes that the Government wants to achieve over the next 3 years. There are two PSA's that have been identified to drive forward the work on young people and substances and each PSA has its own indicators to measure success:

- PSA 14, which aims to increase the number of children and young people on the path to success.

The indicators are closely linked to the Every Child Matters outcomes.

1. Reduce the number of 16 – 18 years olds not in education, employment or training (NEET)
2. More participation in positive activities
3. Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances
4. Reduce the under-18 conception rate
5. Reduce the number of first-time entrants to the Criminal Justice System ages 10-17years

- PSA 25, which is aimed at reducing the harm caused by alcohol and drug

The indicators are mostly attributed to adult substance misuse but as Essex services provide interventions for 18 to 24 years old in some cases they are relevant.

1. The number of drug users recorded as being in effective treatment
2. The number of alcohol – related hospital admissions
3. The rate of drug related offending

4&5. The percentage of the public who perceive drug use, dealing or drunk and rowdy behaviour to be a problem in their area.

The other important driver for this agenda is **Every Child Matters – Change for children which states:** within the Be Healthy outcome that there should be a commitment to ‘Reducing Substance Misuse’ with integrated strategic plans within children’s services that will enable young people not to take illegal drugs.

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### **Commissioning intentions and direction:**

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Essex Children and Young People Strategic Partnership (CYPSP) has been supportive of the developing work around young people’s substance misuse and is recognised as a priority within the Children and Young People’s Plan since its inception as a positive way of improving outcomes for young people.

The 2008-2011 Local Area Agreement will include an indicator for the numbers of young people accessing treatment, which will continue to raise the profile within the Schools, Children and Families Directorate.

There are discussions with the CYPSP Board to endorse the governance of the commissioning arrangements that Essex Drug & Alcohol Action Partnership (EDAP) have for all future strategic planning and commissioning of substance misuse services. Common processes and systems are being established to guarantee a focused approach to delivering outcomes for the children & young people, with all future commissioning based on the following:

- Commissioning decisions are based on evidence of need of children, young people and families affected by substance misuse. They need to be strategically linked to Children and Adolescent Mental Health Service (CAMHS), Social Care and Youth Offending Services (YOS) commissioning
- The development of new services will aim to complement and enhance existing service provision (at all levels) where appropriate, taking into account NTA Commissioning guidance and Essential Elements.
- The principle of prevention and harm minimisation will underpin service provision commissioned in Essex.
- EDAP aims to provide a parity of substance misuse services across Essex, taking into account the needs of both rural and urban communities
- Services will be developed in line with good practice with the effectiveness of practice being monitored.
- All commissioned services will have a contract, reviewed and monitored by the EDAP Young People’s Joint Commissioning Group.
- All partner agencies need to understand the impact substance misuse has on young people and families to plan interventions effectively within their individual services.
- Strategies and actions are developed to ensure that children, young people their parents/carers, the wider community and partners can meaningfully participate and are consulted on all aspects of the EDAP joint commissioning process.

## **STRATEGIC PRIORITIES (linked to planning grids):**

**KP1 – Further strengthen the strategic links within the Schools, Children and Families Directorate, including the CYPSP Board and LAA 2 with the planning and commissioning having a particular focus on identified vulnerable groups.**

**KP3 – HAS and Essential Elements compliance within the whole treatment system including contracts, policies and workforce competence for the future tender process to ensure the following interventions will be delivered, psychosocial, harm reduction, family work, criminal justice interventions, residential services and shared care work**

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## **Needs Assessment:**

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The aim for the Needs Assessment was clearly set out by the National Treatment Agency (NTA) with the overarching purpose being to prevent young people who are misusing substances from becoming tomorrow's problematic adult substance misusers.

In 2007 the National Treatment Agency (NTA) produced guidelines for 'Commissioning Young People's Specialist Substance Misuse Treatment Services' with the following definition of specialist substance misuse treatment provision.

"Young people's specialist substance misuse treatment is a care planned, medical, and psychosocial or harm reduction intervention aimed at the alleviating current harm caused by a young person's substance misuse"

**The process for carrying out the Needs Assessment involved addressing the following issues:**

- Future commissioning process
- Data
- Reviewing the existing sources of information available at local, regional and national level and deciding the key questions that are to be asked at local area level for current Needs Assessment exercise.
- Identification of needs and harms amongst those currently in services for vulnerable groups.
- Completion of gap analysis and self assessment of the current young people's specialist substance misuse treatment delivery system
- Following the evaluation and prioritisation of the identified needs, harms to complete a gap analysis to inform the young people's specialist substance misuse treatment plan.

**Data** It needs to be highlighted that identifying 'hard' data around substance misuse that would support the anecdotal information gained through the consultation processes proved difficult, with the following becoming clear:

- The author may have needed to have asked different questions as those asked may have been too restrictive.

- The data from substance misuse service providers was inadequate due to poor training, an adult system that was trying to collect information about young people and poor information by NTA and NDTMS
- Children and young people's services do not ask about substance misuse at assessment
- There is not a common mechanism for recording substance misuse within children and young people's services currently

Therefore, for the purposes of the needs assessment much of the data was informed by anecdotal information, which had its limitations in defining the ages, gender, substances used and black and minority ethnic (BME) young people accessing, or in need of, specialist substance misuse services.

### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP2 – To have a robust data quality system within children's services that will inform all future strategic & commissioning decisions**

#### **Profile of the problematic substance misusing population:**

Essex is a large county with a variety of urban and rural areas and each have distinct needs. There is a total population of nearly 1.33 million with young people aged 0 to 18 years amounting to approximately 315,000 with the percentage with minority ethnic heritage being approximately 6.5 % which is significantly lower than the national average.

There are 479 nursery, infant, junior and primary schools: 80 secondary schools and 22 special schools (those schools that teach children and young people who have special educational needs and/or emotional behavioural difficulties).

There are approximately 174,000 pupils aged 5 to 16 years in school.

Although there are areas of substantial deprivation throughout the county 80% of households own or have a mortgage for a property.

It is clear from consultation with specialist substance misuse services and other children's services such as YOS, CAMHS and Social Care that cannabis is the most commonly used drug with alcohol being second. It has been highlighted that 'A' class drug use such as cocaine and crack have increased for periods but the use of heroin has remained low.

The ages of young people who are misusing has been changing over the last year with the majority of young people accessing support being between 14 and 17 years, but with a growing number being under 14 years. There have also been a growing number of young people accessing support because they are affected by someone else's substance misuse, most commonly a parent's alcohol misuse.

### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP13 – To maintain service provision that includes psychosocial, harm reduction, family work, criminal justice interventions, residential services and shared care work and to build capacity to ensure that it can meet the needs using the HAS Review and Essential Elements and the needs assessment findings, working with younger children (10- 14yrs) to inform new service specification that will go out to tender early 2008.**

The 'Balding' survey (**TellUs2**) has gone some way to evidence the prevalence of drug and alcohol use in Essex. It showed that 50% of young people in education have drunk alcohol and this is slightly higher than the national average, however 38% stated that they had not drunk alcohol at all, with 7% disclosing that they had been drunk at least three times in the last four weeks.

Illegal drugs have been taken by 9% of young people in education and cannabis was the most common drug, followed by solvents and then cocaine, amphetamine, LSD and Ecstasy.

Essex Primary Care Trusts conduct a **Health & Well Being** survey each year providing data about young people's life styles including. It showed that approximately a third of young people have been very drunk in the last 6 months, with the same having drunk in the last week and worryingly it is a third of young people who get their alcohol from their parents.

Nearly a quarter of young people have been offered illegal drugs, with a fifth of them having taken a prescription drug that is not their own. On average 6% of young people disclosed to using illegal drugs in the past month; cannabis and poppers were the most popular choices.

Young people who are misusing drugs or alcohol are at higher risk of social exclusion from school, involvement in the criminal justice system, mental health services and risky sexual behaviours which can lead to teenage pregnancies or sexually transmitted infections.

#### **Vulnerable groups of young people:**

**Looked After Children:** The annual OC2 health survey data for looked after children showed only 30 young people out of 947 being identified with substance misuse issues. From the 30 young people only 36.7% (11) received an intervention leaving 63.3% (19) refusing support. However, residential services have said that 80% of the young people in their care have experienced their own substance misuse issues or that of a parent.

From this we can assume that there is a workforce concern within Looked After Children services as practitioners are currently not screening for substance misuse and if they are it is not being recorded. Practitioners need to receive basic drug and alcohol training during their induction into social care; they also need to be aware of the referral pathway to access services.

#### **STRATEGIC PRIORTIES (linked to planning grids)**

**KP22 – To have a confident and competent workforce that can work effectively with young people and families**

**CAMHS:** Mental health services do not currently record substance misuse concerns, but there is a similar anecdote to that of Looked After Children in that over 50% of young people are misusing substances that may have exacerbated their mental health issue or that they are self medicating that has prevented a mental health issue being diagnosed.

**Excludees, persistent school non-attenders and children missing from education:** In Essex there have been 215 permanent exclusions, with a further 6016 pupils having fixed term exclusions which resulted in a massive 34,127 lost educational days.

As Essex has over 500 schools, further work is planned to identify schools that have received poor Ofsted reports, which are on special measures or have a high number of exclusions or non-school attenders.

**Exploitation, Diversity, BME, LGBT and Teenage Parents:** Further work needs to be carried out with these populations to get a better understanding of their needs so that appropriate services can be commissioned.

Anecdotally, we understand that young white males are most likely to access specialist services with one third of being white females.

#### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP7 – To meet the needs of diverse groups including BME and LBGT young people are understood and met through further work.**

**Young people and the Criminal Justice System:** 3201 young people were referred to Youth Offending services with 216 young people being referred to specialist workers for substance misuse treatment interventions. It is felt that this number is under reported as those young people who are using but do not have complex needs may not have their substance misuse reported.

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#### **Treatment system:**

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**Universal Services:** the mapping exercise showed that there is an inconsistent approach to delivering low level advice, information and support to young people about substance misuse. Education within schools was scarce and some schools felt that they did not know where to get support from especially if they had a pupil who was suspected of using substances and they did not want to exclude them in the initial stage.

It is felt that schools with high numbers of exclusions or non-attenders should be prioritised as being at a higher need as students maybe more resistant to engaging with specialist services, therefore support services need to be given a higher profile.

There needs to be a robust screening and referral pathway developed to ensure that young people can access appropriate support services in a timely manner. The screening tool needs to be integrated into the Common Assessment Framework (CAF) process as it is rolled out throughout the county.

Young people stated that they often felt patronised or that they knew more than the worker, they wanted someone who did not patronise them and who knew what they were talking about. They also wanted to be able to get leaflets from services other than drug and alcohol services as some young people felt that there could be a stigma if they were seen accessing a drug and alcohol project.

There needs to be consideration given to the development of wraparound services that include housing and accommodation services.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP8 – Generic children’s services understand the process to access appropriate advice, information and support.**

**Targeted Services:** While there is much evidence of targeted substance work being undertaken throughout Essex, in the form of outreach services, targeted youth work and alternative education projects, the needs assessment showed that some vulnerable groups are still not engaged with substance misuse services where appropriate. These include teenage parents, Black and Minority Ethnic and other diverse groups; non-school attenders and Looked After Children.

It is those older young people who are coming up to their 19<sup>th</sup> birthday who still require some support but do not meet the criteria for adult services that are increasingly vulnerable.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP19 – To have robust transitional arrangements in place**

Further work needs to be developed to ensure that there is much more deliberate targeted work carried out with those identified groups such as **Looked After Children** and those out of mainstream education and those who are teenage parents.

Work is currently underway to engage the TASC teams in this issue as they will often be the first point of contact with young people and families where misusing substances are a concern.

Robust referral pathways need to be established to ensure that young people and families can access support and specialist treatment.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP10 – Robust and transparent referral and care pathways will be in place to enable young people to move through the treatment system, 20% of referrals should be for vulnerable young people – including transitional arrangements**

**KP11 – To have protocols with residential establishments including the secure estate and Looked After Children to ensure that young people have access to appropriate support and for timely care transition plans to be implemented.**

**Specialist Treatment Services:** From the treatment mapping exercise (see appendix 1) it can be seen that over 600 young people were referred to specialist treatment services and as

previously stated the majority were young males and the substances used were mainly cannabis followed by alcohol, with low numbers of young people using 'A' class drugs such as cocaine, crack and heroin. The majority of young people who access services receive **psychosocial** interventions. The specialist workforce is extremely skilled at engaging and working intensively with young people with a high number being qualified counsellors. There is a future expectation that 90% of young people who are referred for specialist substance misuse treatment will be receive appropriate interventions from a young person's service. It is clear from the limited quarterly reports from the NTA that there needs to be an improvement in the reporting of all health screens that are carried out with young people, these will include the Blood Borne Virus (BBV) work, including Hepatitis C screening, which is carried out with clients who have or had a history of injecting substances.

#### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP15 – All young people have access to specialist harm reduction information and services including Hepatitis C screening within BBV work where appropriate.**

**KP10 – Robust and transparent referral and care pathways will be in place to enable young people to move through the treatment system, with 20% of referrals received for vulnerable young people and 90% young people being catered for within young people's services**

There has been one young person identified who may have benefited from a **residential detoxification** and a **rehabilitation programme**. However, this young man was nearly 18 years old, who had made himself intentionally homeless, was extremely chaotic and with a suspected undiagnosed mental health issue. These multi-factors led to no one agency being willing to take on the care co-ordinator role and were reluctant to work together as his age dictated (for mental health services) that he should be referred to adult services.

There are informal arrangements with adult services for young people in need of **pharmacological treatment**, this needs to be formalised, however CAMHS psychiatrists need to be encouraged to take responsibility for these young people.

Currently there are no recognised **shared care schemes** in place for young people, however if a young person is accessing adult services for substitute prescribing the young people's services very often continue to take on the role of care manager. Further work will take place to clearly understand what 'shared care' schemes will incorporate for young people; we will look at practice across the region and nationally to inform future development.

#### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP14 – Confirm arrangements with adult teams, whilst negotiating with CAMHS to ensure that young people can access pharmacological services where appropriate and to develop shared care arrangements.**

The highest numbers of young people were referred by **Youth Offending Service** (216) which could be because the YOS have dedicated substance misuse workers within each team. Other referrals were identified as from education (101) and either a parent or self referral (59). There were relatively low numbers referred from social care (37), health (11) and mental health (10) services.

However, at least 20% of all future referrals should be vulnerable children and young people such as Looked After Children services.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP10 – a robust and transparent referral and care pathways will be in place to enable young people to move through the treatment system, 20% of referrals should be for vulnerable young people**

There is an increasing number of young people accessing support as a result of **parental substance misuse**, the learning and practice from the Hidden Harm work needs to be integrated into the treatment system, however we need to continue to work with generic children's services to ensure that they understand the needs of this group but also to develop services for them. **Families** are also asking for more support for themselves as they feel increasingly unable to control their child and have increased levels of anxieties about the situation this has been seen as an increasing pressure over the last year.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP16 – To develop services for families and young carers by building on what is currently available and learning from the Hidden Harm work to ensure that their needs are met.**

The majority of referrals and treatment interventions were carried out by the main provider, Essex Young People's Drug and Alcohol Service (EYPDAS) who have a county wide remit. The smaller services are located in the same area only and tend to have quite a restricted remit which was developed at the initial planning stages up to 6 years ago and maybe should have been renegotiated before this year to ensure that they were still meeting the needs of young people in the area.

Discharging clients has been successful in Essex, with 80% (501) having planned discharges, with the majority not wanting to be referred on, 13 were referred to targeted youth support, 39 to adult services and 92 into mainstream services.

There were 98 young people who left treatment in an unplanned way and there needs to be some development work carried out to understand some of the reasons behind young people leaving treatment unexpectedly, whilst recognising that some young people will just leave treatment and it is important that they are given every opportunity to re-engage if necessary.

**STRATEGIC PRIORITIES (linked to planning grids):**

**KP22 - For 80% of all young people and families to be able to move through the treatment system and to have a planned discharge.**

There is a variable practice base across Essex for young people in need of a **transition** into adult services, some with more success than others. It is recognised that young people need to be able to access services that best meet their needs irrelevant of chronological age.

**STRATEGIC PRIORITIES (linked to planning grids):**

## **KP19 – To have robust transitional arrangements in place with care plan in place**

**Workforce Development:** The consultation process during and following the needs assessment work has identified that there is a lack of understanding of substance misuse in general within the children's services workforce there is limited knowledge of **screening tools** and how to integrate them into their normal practice. The workforce often feels uncomfortable asking questions about substance misuse and then they don't know how or where to record it. There is also a great lack of knowledge of the services across the county, what they do and how to access them.

It is important that we continue to support staff to develop the skills and knowledge that will lead to increased numbers of young people being identified and engaged with competently to ensure that any young person with substance misuse issues is offered the most appropriate intervention available.

### **STRATEGIC PRIORITIES (linked to planning grids):**

**KP23 – To have a confident and competent workforce that can work effectively with young people and families.**

**KP24 – To ensure service provider skills match the expected provision in service specifications.**

There is also an increased need to ensure that those working with chaotic young people can access appropriate and professional clinical supervision that meets the minimum standards.

There is a substance misuse trainer within EYPDAS, who needs to be involved in future countywide workforce development work.

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## **Gap analysis and future work:**

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The main gaps that have been identified throughout the needs assessment are as follows:

- To have the governance of EDAP as a commissioning body recognised by Essex CYPSP Board for all future planning and commissioning of substance misuse services.
- To have a parity of service provision across Essex.
- The diversity and equality needs of young people and families living in Essex to be met appropriately.
- Data quality – improved treatment data collection including generic and all mainstream young people's services developing a mechanism for recording data around substance misuse.
- To have a Harm Reduction Strategy at the heart of service provision.
- Robust transitional arrangements between young people's and adult services and those within the secure estate (residential or prison). ( There is going to be developmental work looking at the needs of 18-24 year olds who are drinking and misusing substances)
- To have a strong screening system with fully integrated referral pathways that guarantee young people can access support within 5 days

- Family services for those young people affected by parental use and for families of young people who are misusing substances.
- Very specialist services (Tier 4) for the most chaotic and complex young people, alongside CAMHS, Social Care and YOS.
- A competent workforce, who can access training, consultation and support where appropriate.
- To improve the quality and co-ordination of drug and alcohol services within schools
- Care pathways that ensure a young person can travel through and receive appropriate treatment that meets their needs quickly with Social Care, CAMHS, YOS and specialist substance misuse services.
- To have a mechanism for involving young people and families in future planning and commissioning and recruitment of all new staff.

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### **Identified Funding:**

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The Young People's Joint Commissioning Group has recently endorsed a newly proposed model of substance misuse service delivery (See appendix 1). Presently there are four provider services, two countywide services, one of which is Healthy Schools which does not do direct work with young people, the other is the main provider service with a county remit; there are two smaller services that work in the same area of Essex, this is Colchester and North Essex and these receive low numbers of referrals and do not currently record effectively into the NDTMS system

Funding has not been confirmed; however we understand that Department of Health have withdrawn the targeted education monies and prevention monies which mean that we have lost £206,302 for 2008-09.

Although we have been actively seeking other monies (£200k) from the Local Authority our success has not been confirmed, there is also the hope that the existing trainer post will be funded from adult monies in 2008-09 especially as workforce development has been given a higher profile within Essex.

It needs to be recognised that funding that comes via EDAP for young people's services should be prioritised for those services that work directly with young people in treatment. Future funding is dependant on reaching targets that are set by the NTA and this must be seen as our priority.

Without funding being confirmed, we are working with a budget that includes:

- £142,643 – YJB monies
- £337,826 – DH treatment monies
- £155,893 – HO substance misuse grant
- £17,956 – Connexions
- £48,322 – HO uplift monies

Unconfirmed:  
£200,000 - LA monies

£52,500 – funding for trainer post sought elsewhere

Overall total

£955,140

**Breakdown of costs:**

**£40,000 – YP JCM salary costs**

**£50,000 – Tier 4 development monies**

**£20,000 – Innovation monies (unforeseen events)**

**£845,140 – Service provision (includes YJB monies)**

**Total**

**£955,140**

**Conclusion:** The process that has now been started with the recent needs assessment and re-structuring of how Local Authority Children's Services has given partners and stakeholders an opportunity to negotiate the future commissioning arrangements and model of service delivery for specialist substance misuse services across Essex. The following activities will ensure that the system change continues:

1. The structures in place will ensure that substance misuse services will continue to evidence best practice and gathering of quality data to guarantee that the needs of young people will inform the CYPSP agenda.
2. The Needs Assessment will be a process that will continually inform the commissioning process.
3. All services will be given notice as from the 1<sup>st</sup> April 2008 so that a tender process can be carried out. It would be seen as beneficial for any prospective services to come together as a consortium to ensure success following application stage.
4. At tender stage there will be an opportunity for a consortium approach to future delivery of specialist services to ensure the best outcomes for young people.
5. Strengthening work around links between all children and young people's services, particularly vulnerable children and further developing transitions between young people and adult services.
6. There is a further needs assessment proposed that will examine the specific needs of the 18-24 year age group (often identified as the problem population because of alcohol misuse and social exclusion) as they often fall in between treatment systems. It would then lead to the development of services to meet identified needs.

7. It is proposed that all the funding streams are aligned and one service specification is developed incorporating the priorities highlighted by the needs assessment, from the NTA, the Essential Elements and HAS.
8. The innovation monies would give an opportunity to work with the localities and potentially commit to local or wider initiatives that promote and enhance the work being undertaken through our county with young people.
9. Strengthen links and integration with adult services to ensure information sharing and work around families, parental use and children is robust enough to make certain that the impact of substance misuse on families is assessed and appropriately managed

**Risks to sustaining and developing all proposed work:**

1. Future funding can not be guaranteed, capacity of service providers is threatened as county targets and the identified need increase annually.  
Managed by: Continue to seek other Local Authority funding and to continue to mainstream the substance misuse agenda into children's services.
2. Information sharing between adult and children's services will stall because of legalities  
Managed by: To continue to negotiate an agreed information sharing protocol
3. Lack of engagement in the delivery of Tier 1/universal work across the county will potentially reduce the amount of young people being made aware of substance misuse harms.  
Managed by: To integrate substance misuse screening within generic children's services using the Common Assessment Framework.
4. At tender stage only one organisation may apply whereas a consortium approach or strong competitors would be welcome. This would broaden the choice of providers for young people and it also ensures that the very specialist services were in place without being watered down.  
Managed by: To ensure that all the applicants for this work are treated with absolute equity and that future services are provided by those with the best qualifications and experience.



Appendix 2 – EYPDAS



