Substance misuse interventions within the young people’s secure estate: guiding principles for transferring commissioning responsibility from the YJB to local partnership areas

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BACKGROUND

PURPOSE OF DOCUMENT
This document has been developed to support the strategic leads in partnerships, and senior managers within young people’s secure establishments, with the transfer of commissioning responsibility for the delivery of substance misuse specific interventions within the young people’s secure estate.

CONTEXT
On 31 March 2011 a letter from the Department of Health (DH), the Ministry of Justice (MoJ) and the National Treatment Agency (NTA) (Gateway No 15827) formally announced with immediate effect:

• the transfer of responsibility for funding substance misuse services within the young people’s secure estate from MoJ to DH, and the associated transfer of commissioning responsibility to the local partnership areas

• that funding is to be allocated to Primary Care Trusts (PCTs) via the Strategic Health Authority (SHA) bundle but, as with the YP Pooled Treatment Budget allocations, there is an expectation that young people’s secure estate substance misuse (SM) funding will be routed at a local authority level to young people’s substance misuse commissioning groups.

This transfer of commissioning responsibility offers the local partnerships an opportunity to review the impact and efficacy of current service provision, and reconfigure on the basis of an understanding of local need, in order to maximise positive outcomes for young people and to reduce the risk of harm or escalation of substance misuse into adult life.

OVERARCHING PRINCIPLES
The overarching vision is that the delivery of substance misuse services within the young people’s secure estate will be aligned with other services within the establishment, and will align with community based provision, in order to support sustainable improvements in the health and well being of children and young people at risk of re-offending and continuing substance misuse.

The key principles informing the commissioning and underpinning the delivery of substance misuse services across the young people’s secure estate are that:

1. Young people within the secure estate are entitled to a range of services equivalent to those available to their peers in the community

2. Interventions to address substance misuse should be delivered as part of an approach that focuses on the delivery of wider welfare and health care support including family support. Where there is a multiplicity of need, the substance specific interventions should be delivered through a multiagency response supported by joint care planning

3. The substance misuse services delivered should be child (and family) centred, appropriate to the age, maturity and development of the child or young person, taking into account individual vulnerabilities, and should address the safeguarding of young people at risk of or experiencing significant harm via abuse or neglect

4. The delivery of substance specific interventions to prevent any escalation of risk should be informed by the evidence base, and monitored for their effectiveness and cost effectiveness. A range of substance specific interventions must be in place, with clear pathways to promote access into pharmacological support, as required

5. Substance misuse service delivery should be supported by clear clinical governance systems
to ensure clarity about the quality standards underpinning delivery, best practice in the management of risk, the competence of staff, case load management and appropriate clinical supervision, in line with local safeguarding policies and procedures and PCT clinical governance arrangements. Local clinical governance and safeguarding leads should be involved in reviewing and supporting service design and delivery

6. Aligned service delivery can best be supported by clear protocols and communication pathways between services and professions in and outside of the secure setting. Appropriate information sharing arrangements are an essential component of effective delivery

7. The delivery of substance-specific interventions should be firmly embedded in the daily establishment regime, and not seen as stand-alone services within the secure setting. There is a clear role for all secure estate staff to address substance-related need in their interactions with young people – in particular healthcare, education, reception and transfer staff and offender managers

8. The views of the young person are of central importance and should always be sought and considered in the planning and commissioning of provision

9. Service design should reflect the need to support young people in the negotiation of key transitions between childhood and adulthood and between different services and placements.

GOVERNANCE ARRANGEMENTS

Nationally
Young people’s substance misuse delivery in the secure estate is reported at a national level to a cross-government Offender Health Substance Misuse Board. This board is jointly accountable to:
• the Health & Criminal Justice Board
• the Drug Strategy Group, which in turn reports to the Inter-Ministerial Group on Drugs.

It includes representatives from the National Offender Management Service (NOMS), DH Offender Health, the NTA, the MoJ, the Home Office (HO) and the Department for Education (DfE).

Partnership level
It is intended that commissioning arrangements for substance misuse services in the secure estate are embedded within existing partnership arrangements, through the young people’s substance misuse commissioning groups, adapted as appropriate to support the broader multiple needs of this group of young people.

It is recommended that the group responsible for planning and commissioning local services should have the following representatives:
• children’s services commissioning lead
• drug partnership commissioning lead
• Young Offender Institutions (YOI) as appropriate
• Secure Children’s Homes (SCH) as appropriate
• Secure Training Centres (STC) as appropriate
• Youth Offending Team (YOT)
• Primary Care Trust (PCT) – Offender Health Commissioning
• safeguarding lead or local safeguarding board representative
• police.

Representatives from the NTA local team, the YJB and NOMS can advise partnerships on national developments, emerging best practice and the evidence base.

Local commissioning arrangements should also join up with young people’s wider health commissioning, notably child and adolescent mental health services.

A reporting line to the local shadow Health and Wellbeing Board (or relevant sub group) should be agreed in order to ensure that addressing young people’s substance misuse and offending is identified as a priority within the local Joint Strategic Needs Assessment (JSNA) and the developing local Joint Health and Wellbeing Strategy (JHWS).

It is recommended that contracts for secure estate substance misuse services are operated in the same way as YP SM partnership community contracts. PCT involvement in substance misuse services in the community will be replaced by the local authority public health system in 2013-14.

Any plans pertaining to the delivery of substance misuse services within the secure estate should be agreed by the Director of Children’s Services, the Director of Public Health and the Governor/Director of the secure establishment.
NEXT STEPS

STATUS OF CURRENT CONTRACTS AND TRANSITIONAL ARRANGEMENTS

Contractual arrangements

Contracts currently require the establishments to deliver a substance misuse service in line with the 2009 YJB National Specification and to report on the number of substance misuse screenings, assessments and interventions starts recorded within each establishment.

Partnerships will need to review current delivery against identified need, agree key outcomes to be achieved through this service provision, and begin planning early to ensure a timely progression towards locally commissioned services in 2012-13, with a view to the new contract being fully operational before April 2013. The NTA will provide dedicated local support to assist partnerships with this.

Specific local circumstances, such as local commissioning regulation, or a need to synchronise with other secure estate or community commissioning activity, may impact upon timescales for re-commissioning or service redesign. Partnerships may choose to extend the current provision for a short period of time or to novate existing contracts to identify themselves as the purchasers of these services. While this is good practice, DH legal advice is that this action is not a necessity.

Partnerships are advised to ensure that the duration of any new contract for the delivery of substance misuse services within each secure estate establishment does not exceed the expected lifespan of the core YJB contract.

Financial arrangements

Locally agreed payment arrangements may need to be continued into 2012-13 until the new service takes effect. This will be the responsibility of the local partnership.

There will be a model Memorandum of Understanding (forthcoming from the NTA), which can be customised by each of the local areas to support the partnerships and establishments to agree roles and responsibilities and monitoring arrangements during this transitional period.

Proposed timetable

Review commissioning and contract management arrangements

November 2011

Baseline audit completed

November 2011

Review of current provision and local decision around next steps

December 2011

Comprehensive needs assessment completed

February 2012

Review/develop good quality management information

Ongoing

Support/delivery of training to support the implementation of NDTMS reporting in YOIs with effect from 1 April 2012

January – March 2012

Local timetable drawn up for the re-commissioning of substance misuse services in the secure estate taking into account the timescales for retendering

January 2012

Future service outline agreed as appropriate

March 2012

New contracts specifying health (including SM) is an exclusion or Notification of Change of core contract to be issued by YJB contracts team/confirmed by NOMS. A local MOU to be negotiated as appropriate to ensure continuity of substance misuse service delivery

March 2012

Procurement process initiated:
– specification drafted
– advertisement placed/Invitation to Tender disseminated
– expressions of interest and PQQs submitted
– shortlist agreed and full applications received
– panel and interview process
– contract awarded, ratified via LA/PCT procedures.

April 2012 onwards

New services in place and operational

By March 2013
**IMPROVING QUALITY DELIVERY**

**ASSESSING SUBSTANCE RELATED NEED WITHIN THE SECURE ESTATE ESTABLISHMENTS**

Any new service must be based on an up to date and in-depth assessment of substance misuse need within the establishment. This may be a discrete document or embedded within the wider health and social care needs assessment, which is refreshed annually by the secure establishments. This is vital to inform the substance misuse strategy as required in PSI 28/2009 ‘Care and Management of Young People’ (to be revised with effect from April 2012 and renamed PSI 08/2012).

Partnerships are advised to consider how this needs assessment will inform the local JSNA.

A template to support the undertaking of a comprehensive health needs assessment within each secure estate establishment is currently under development by DH OH. This is intended to support the secure children’s homes (SCHs) and secure training centres (STCs) in the transition to new NHS commissioning arrangements (further details are accessible through the new Youth Justice section of the ChiMat website). Substance misuse should be clearly highlighted within this.

Advice about the range of topics which should be included within the discrete substance specific needs assessment is detailed in Appendix 1.

**DEVELOPING METRICS AND PERFORMANCE MANAGEMENT INFORMATION**

The National Drug Treatment Monitoring System (NDTMS) is being introduced into the young people’s secure estate with effect from 1 April 2012. Initially this will be in the youth offender institutions (YOIs) but in time it will be rolled out across the rest of the secure estate. This will support:

- measurement of the demand for specialist/intensive interventions
- continuity of care for individuals both on reception into, when transferred within and on release from the secure estate
- enhanced understanding of the nature and impact of the interventions delivered.

Partnerships should establish robust systems for STCs and SCHs to report on structured (specialist) substance misuse activity prior to the implementation of NDTMS reporting in the STCs and SCHs.

Partnerships will still need to agree local mechanisms by which to measure substance specific activity that does not hit the threshold for a care planned structured intervention but which is delivered by the substance misuse service as it focuses upon preventing an escalation of risk directly attributable to ongoing substance misuse.

The NTA is currently in the process of reviewing the NDTMS YP core data set and will be developing a quarterly reporting framework to ensure partnerships are fully informed of the specialist activity delivered within the young people’s secure estate from 1 April 2012. It is anticipated that the first reports for YOI activity are to be released in autumn 2012.

Further information is available in Appendix 2.

Details of the key processes/activities which have previously been used by NOMS to measure the efficacy of substance misuse provision in the YOIs are outlined in Appendix 3.

Local partnerships may ask these establishments to continue to report against this activity until an effective local reporting framework has been developed.

Until April 2011, the YJB monitored the delivery of substance misuse services in STCs and SCHs. Reporting in respect of substance misuse delivery was by exception, and focused primarily upon the number of substance misuse plans agreed in the establishment within any given reporting period. Although this data is no longer monitored by the YJB most establishments are continuing to collect this information.

The partnership is encouraged to work closely with the establishment to agree the collection of management information. Examples are set out below:

- an increase in the number of recorded care planned exits from specialist interventions within the establishment
- an increase in the volume of successful transfers from prison to community based substance misuse interventions services on release
- a reduction in the number of representations to substance misuse interventions in the six-month period post discharge.

Partnerships may wish to encourage feedback from service users to measure impact. The use of pre/post interventions questionnaires at the point of discharge from the service and case file audits may assist in monitoring delivery.

**DELIVERY EXPECTATIONS**

Commissioned services should be outcome-focused, deliver interventions against the evidence base, and reflect needs identified in the substance misuse/health
needs assessment. However, during the interim period service delivery will continue to be in line with the YJB National Specification for Substance Misuse in Secure Estate 2009. The key parts of the YJB national specification are:

- timely identification and assessment of SM needs aligned to wider health assessments
- substance specific targeted interventions including preventative harm reduction advice and information and brief interventions
- specialist interventions including group work provision and one to one psycho social interventions jointly care planned for those young people accessing additional support to manage broader multiple need
- detoxification and pharmacological management or arrangements to respond to clinical need where identified aligned to the delivery of ongoing psycho social support
- through-care and resettlement support to support continuity of care on release from the secure establishment.

All of the above interventions should address the misuse of and risk of harm associated with both illicit substances and alcohol.

Local specifications should include an outcome framework. This should reflect the need for consistency across the national secure estate and against community-based interventions, thereby supporting continuity of care.

The evidence base indicates that providing
- advice and information to reduce escalation of risk
- brief and enhanced interventions, in particular for alcohol use
- motivational enhancement
- a range of psycho social interventions including CBT and clinical interventions, either to detoxify where there is physical dependence, to prevent withdrawal symptoms or to provide relief from physical or psychological symptoms on cessation of use can support positive outcomes by reducing the harm that substance misuse and associated offending cause.

Needs assessments may highlight a low anticipated demand for clinical interventions and therefore these may not always be available on site. However it is anticipated that all establishments should be able to offer a safe clinical service in line with the DH publication, ‘Guidance for the Pharmacological Management of Substance Misuse Among Young People in Secure Environments’ (2009). Commissioners are encouraged to ensure that establishments are able to provide an immediate response to pharmacological need, including assessment and access to clinical support to manage withdrawal/facilitate stabilisation prior to transfer.

Recent NOMS advice has been to indicate that public sector prisons cannot bid to be a prime provider of services but can consider if they wish to deliver services as the partner of a lead provider.

Details of good practice in the delivery of substance misuse interventions are outlined in a number of NTA publications set out in Appendix 4.

Further information about best practice, the evidence base and quality standards for service delivery will be detailed in a checklist (forthcoming from NTA).

Appendix 5 sets out the quality standards that should underpin the delivery of all interventions within the young people’s secure estate.

In addition to adherence to substance misuse specific quality standards, providers of substance misuse interventions within the secure estate will also need an awareness of relevant guidance, rules and regulations and an understanding of the role of Her Majesty’s Inspectorate of Prisons (HMIP) and the inspection criteria against which these establishments are measured.

WORKFORCE DEVELOPMENT

Commissioners may wish to bear in mind workforce development opportunities. These are made available through the YJB, Skills for Justice, and the Substance Misuse Skills Consortium. Training opportunities for staff should be aligned to the common core induction programme and should reflect the competencies required by all CYP workers employed within a local authority.

To support the principle of continual professional development partnerships are encouraged to ensure providers are aware of their responsibilities in this area and clarify the local mechanisms in place to ensure:
- appropriate training and supervision
- robust clinical supervision and clinical governance
- awareness of quality standards against which delivery is measured.

Completion of the Juvenile Awareness Staff Programme (JASP) is an essential requirement for those working within the YOIs. This programme includes a module addressing substance misuse to support generic staff in the delivery of their core duties. It is anticipated that there will be similar minimum expectations for those employed to deliver services within either STCs or SChs.
APPENDIX 1 – THEMES AND TOPICS FOR INCLUSION IN THE NEEDS ASSESSMENT

Provision of services
- Review of existing provision and take up of these services – what interventions are available and which are not? (Is there 24/7 healthcare? What in-patient facilities are there? How much GP time is available?)
- What is the existing assessment process for SM within the secure setting and how does this link with other screening/assessment processes for related vulnerabilities/needs?
- Detail any planned changes to capacity, type of beds (welfare v youth justice), category of establishment etc.
- Case file audits – this may assist both the establishment and the local partnership identify different cohorts with different substance related need presenting within the establishment and relative rates of success
- Service user, parents and carer feedback and comments
- Review of joint working practices in place to address these needs
- Current safeguarding assessment and referral arrangements
- Current clinical governance audit and review arrangements
- Review of existing workforce skills, knowledge and qualifications including substance misuse service (SMS) staff, GPs, healthcare staff, and the identified support needs of the wider workforce (including education, security, generic case-management and resettlement staff etc) and SMS staff access to clinical supervision and support
- Extent of parental involvement in young people’s interventions – incorporating investigation of application of confidentiality policy, information sharing protocols, Fraser competence and parental consent
- Existing arrangements and capacity to respond to complex care and pharmacological need
- Review of existing SM protocols and policies.

Information needs
- Clarification of how information relating to substance misuse need is recorded within the establishment
- What are the current information sharing arrangements that would allow accurate and timely exchange of young people’s health records?

Population
- Profile of current population and client churn rate
- Level and complexity of SM need – is this comparable to rates in the community?
- Level of presenting alcohol need, poly drug use, changing trends and patterns
- Incidence of mental ill health, developmental and communication difficulties and interface with substance misuse need
- Offending history and type/duration of sentence
- Range of vulnerabilities such as family need, learning disability, speech and communication needs, mental health, risk taking behaviour of existing SM population
- Level of positive mandatory drug testing and subsequent rate of referral/engagement with SMS.

Continuity of care
- Detailed analysis of resettlement needs, risk and resilience factors which may impact on future outcomes and the type of services available to offer support on release
- Review of DAAT of residence of population
- Review of transfer and sending establishments/settings
- Review of the links to community-based services and recommendations on how to improve these.

APPENDIX 2 – NATIONAL DRUG TREATMENT MONITORING SYSTEM

Local partnerships will be familiar with the process for reporting community based substance misuse interventions to NDTMS. For the young people’s secure estate establishments, as with the community process, monthly submissions will be made to NDTMS via the web-based Drug and Alcohol Monitoring System (DAMS). To eliminate the need for prison staff to enter the same data items into different systems, the extracts submitted to DAMS will be generated from each establishment’s healthcare case management system (in most establishments this is likely to be SystmOne).

For prisons and the YOIs submitting via SystmOne, the changes required to collect the prison NDTMS core data set items will be implemented centrally by SystmOne developers (TPP). However negotiations are ongoing with DH OH about how best to support the roll out of NDTMS reporting across STCs and SCHs where health care providers are not currently using SystmOne. It is anticipated that a case management system will be introduced once the NHS has assumed responsibility for the commissioning of generic healthcare services within these establishments. However it is yet to be confirmed whether this would be SystmOne. The advantage of all young people’s secure establishments having the same healthcare case management system is that this would facilitate the transfer of health information across the estate. The timely installation of such a system would support
the establishment in the implementation of NDTMS reporting and would ensure that the new health assessment tool, CHAT, which is to be rolled out across the estate could be completed and stored electronically.

As with community submissions to NDTMS, extracts generated from any system will be accepted by DAMS as long as the prescribed format is adhered to and minimum data quality standards are met. Where prison substance misuse services intend to submit via another case management system, partnerships/prisons will need to ensure that the necessary updates are implemented to these systems in line with NDTMS Core Data Set I from April 2012. Training will be made available to support the establishments in the implementation of this reporting.

Partnerships are encouraged to support the establishments develop an understanding of the thresholds for NDTMS reporting reflecting community-based activity reporting and will wish to agree local mechanisms to measure/report substance specific activity that does not hit the threshold for a specialist/intensive intervention but is delivered by the establishment’s substance misuse service.

APPENDIX 3 – NOMS MEASURES OF SUBSTANCE MISUSE ACTIVITY IN THE SECURE ESTATE

- Total number of young people on SMS caseload at the end of the reporting period
- Total number of young people on SMS caseload with an open care plan at the end of the reporting period
- Number/proportion of total population screened to identify substance related need on reception
- Number/proportion of those with identified need with a comprehensive substance misuse assessment completed within 5-10 days of reception
- Number/proportion of those assessed with ongoing need that start an intervention or have a care plan agreed with 5-10 days of the assessment
- Number of young people requiring targeted interventions for substance misuse:
  - number of individual sessions
  - number of group work sessions.
- Number of young people requiring a specialist intervention for substance misuse:
  - number of individual sessions
  - number of group work sessions
- Number of young people commencing clinical interventions and details of drug of choice
- Number of young people that successfully completed the substance misuse care plan during the reporting period
- Number/proportion of those starting an intervention that successfully completed the treatment episode
- Number of young people successfully transferred into substance misuse services in other establishments
- Number of young people referred back into/engaging with community based substance misuse services on release from the establishment.

APPENDIX 4 – GOOD PRACTICE GUIDANCE

Details of good practice in the delivery of substance misuse interventions are outlined in a number of NTA publications including:

- Young people’s specialist substance misuse treatment: commissioning guidance – the aim of the commissioning guidance is to support the effective commissioning of specialist substance misuse treatments services in line with current developments in children’s commissioning. [Link](www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf)
- Young people’s specialist substance misuse treatment: the role of CAMHS and addiction psychiatry in adolescent substance misuse services – the purpose of this document is to highlight the unrealised potential for recovery and rehabilitation of a large group of substance misusing and dependant young people. [Link](www.nta.nhs.uk/uploads/yp_camhs280508.pdf)
- Young people’s specialist substance misuse treatment: exploring the evidence – this guidance is aimed at professionals who provide specialist substance misuse services to young people under 18 years old. [Link](www.nta.nhs.uk/uploads/yp_exploring_the_evidence_0109.pdf)
- Integrating Youth Justice Provision and Substance Misuse Treatment [Link](www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=298&eP=YJB)
The key components of addressing substance related need within the secure estate are set out in the national specification for substance misuse for juveniles in custody (YJB 2009). To support the process of ensuring quality standards in delivery, partnerships may wish to refer to guidance outlined within the YJB document Key Elements of Effective Practice Substance Misuse. Consideration should also be given to the guidance around best practice management of young people with dual diagnosis and multiple need.

The Royal College of Psychiatrists and the College Centre for Quality Improvement (CCQI) have been commissioned to develop practice standards for young people with substance misuse problems and these will be available to the field to support delivery shortly.

APPENDIX 5 – SUBSTANCE MISUSE SERVICES QUALITY STANDARDS:
There are a number of policy documents that can support the commissioning of young people’s substance misuse intervention in the secure estate, including the DH 2007 ‘You’re Welcome’ quality criteria, and the NTA 2008 interim Commissioning Young People’s Substance Misuse Interventions.

An organised, systematic and integrated approach to children and young people’s substance related needs across all young people’s secure settings is desirable. This approach is inclusive, and should assess and address all aspects of need identified by the young person, with the help of parents/carers and the close involvement of multi professional agencies. This approach fits with the National Service Framework (NSF) for Children and Maternity Services 2004 that advocates services being designed and delivered around the needs of the child. This NSF sets standards many of which are directly related to young people in secure settings and the partnership will wish to refer to this document as all children’s and young people’s healthcare developments, either within or without secure settings, should be in keeping with the NSF.

Substance misuse service delivery needs to adhere to the framework and statutory obligations outlined in the 1989 Children’s Act and subsequent legislation. Commissioners are encouraged to ensure that all local substance misuse procedures and protocols conform to standards detailed in ‘Working Together to Safeguard Children’ and are agreed by the LSCB. Working Together sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004 and is currently under review following the recommendations coming out of the Munro Report.

The Care Quality Commission (CQC) is an independent, corporate body established under the Health and Social Care Act 2008. It is responsible for the regulation of the quality of health and adult social care services provided by the NHS, local authorities, private companies and voluntary organisations. Its objectives include protecting and promoting the health, safety and welfare of people who use health and social care services, improving these services and encouraging increased focus on the needs and experiences of service users and increasing the efficiency and effectiveness of these. Its main regulatory activities are:

• registration, ongoing monitoring of compliance and enforcement against national essential standards of quality and safety
• monitoring the care of people whose rights are restricted under the Act, checking the use of legal powers of compulsory care and treatment and making sure that people’s interests are protected.

The delivery of clinical services within the prison estate falls within the remit of the CQC and healthcare services within the secure establishments will be able to advise commissioners on the registration process and the parameters of the CQC role.

Partnerships will also wish to consider the role of Ofsted in monitoring the provision of education in SChs and the role of HMIP in overseeing delivery within the YOIs.

The DH You’re Welcome quality criteria have been developed to support the implementation of standard 4 of the National Service framework for Children, Young people, and Maternity Services as well as building on the Royal College of General Practitioners initiative ‘Getting it Right for Teenagers in your Practice’ which has been supported by the Teenage Pregnancy Unit. These have also been endorsed by the Royal College of Nursing and the National Youth Agency.

Reissued in April 2007, these criteria lay out principles to help health services – in the community and in hospitals – to be young people friendly.

You’re Welcome is an annex of the DH Commissioning Framework and can be used as a tool for commissioning. Adhering to these evidence-based criteria has the potential to contribute to achievement of targets as well as providing good services.