

Guidance on commissioning young people's specialist substance misuse treatment services

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The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

The NTA works in partnership with national, regional and local agencies to:

- Ensure the efficient use of public funding to support effective, appropriate and accessible local services
- Promote evidence-based and coordinated practice, by distilling and disseminating best practice
- Improve performance by developing standards for treatment, promoting user and carer involvement, and expanding and developing the drug treatment workforce
- Monitor and develop the effectiveness of treatment.

The NTA has lead the successful delivery of the Department of Health's targets to:

- Double the number of people in treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year on year.

It is now in the front-line of a cross-government drive to reduce the harm caused by drugs and its task is to improve the quality of treatment in order to maximise the benefit to individuals, families and communities.

Going forward, the NTA will be judged against its ability to deliver better treatment and better treatment outcomes for the diverse range of people who need it.

The Department for Children, Schools and Families

The Department for Children, Schools and Families (DCSF) and the Department for Innovation, Universities and Skills (DIUS) replaced The Department for Education and Skills (DfES) in June 2007. The DCSF brings together all aspects of policy affecting children, young people and families.

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Executive summary

This document is aimed at commissioners responsible for the planning and delivery of young people's specialist substance misuse treatment. The document sets out a new definition of young people's specialist substance misuse treatment to be applied across all local areas including, descriptions of specialist interventions. It explains how specialist substance misuse treatment interventions can be commissioned as part of an integrated commissioning process within Children's Trusts to encourage an integrated approach across universal, targeted and specialist provision.

The National Treatment Agency (NTA) is presently scoping new commissioning guidance for both adult and young people's drug treatment systems to ensure complete consistency with clinical management guidance produced by the Department of Health (DH 2007b) and the National Institute of Clinical Excellence (NICE 2007,a,b and c).

It is expected that this document will be superseded by the new commissioning guidance. However, this present guidance supports and extends the young people's needs assessment and young people's treatment planning guidance for 2009-10 currently available on the NTA website.

National policy and young people's specialist substance misuse treatment

The evidence is clear that young people's substance misuse contributes to a wide range of other serious problems experienced by teenagers, such as failing or falling behind at school, involvement in crime and anti-social behaviour, becoming a victim of crime, teenage pregnancy, mental health problems, as well as risks of overdose and future drug dependency.

The government recognises that substance misuse can prevent children and young people from achieving the *Every Child Matters* (DfES, 2006) five outcomes of be healthy, be safe, enjoy and achieve, make a positive contribution and achieve economic well-being. The *Children's Plan: Building Brighter Futures* (DCSF, 2007) includes commitments to reducing alcohol and drug consumption as part of tackling behaviour that puts young people at risk, as well as improving the quality and coverage of specialist treatment interventions for young people who experience the most serious harm from substances.

Similarly, the new drug strategy *Drugs: Protecting Families and Communities* (HM Government, 2008) advocates preventing harm to children, young people and families affected by substance misuse by intervening earlier to prevent immediate harms and to avert problematic substance misuse and by ensuring a family focused approach to service delivery. The DCSF has lead responsibility for drug treatment and will work with the NTA to make this treatment more effective.

The drug strategy and the children's plan together with the forthcoming *Youth Alcohol Action Plan* and *Youth Crime Action Plan* support the ambitions set out in Public Service Agreements:

PSA 14, "*Increase the number of children and young people on the path to success*", sets out in more detail how local areas can best approach reducing young people's substance misuse, alongside other linked issues for young people,¹

¹ PSA Delivery Agreement 14: Increase the number of young people on the path to success, HM Government, Revised April 2008. hm-treasury.gov.uk

PSA 25, “*Reducing the harm from drugs and alcohol*”, states that the Government will work to ensure that there is sufficient capacity in the system, both for those referred to treatment via the criminal justice system and for those who self refer, to ensure we intervene early and appropriately with priority groups such as prisoners, young people and drug users who are parents,²

As patterns of drug, alcohol and volatile substance misuse by young people vary greatly from place to place, the government is moving towards a flexible approach driven by local needs. The achievement of the above PSAs will be supported by the following main delivery levers:

- The substance misuse indicator in PSA 14 (NI 115)
- The effective treatment indicator in PSA 25 (NI 40), which also applies to those aged 16 and 17
- Performance management of local areas by government offices against designated targets within Local Area Agreements
- Performance management of Primary Care Trusts (PCT) by Strategic Health Authorities against indicators in local PCT delivery plans

These levers will be supported by a process of annual agreements and quarterly reviews of local Drug Strategy Partnership plans by the NTA. The publication of monthly performance management information through the National Drug Treatment Monitoring System (NDTMS), the provision of dedicated resources via a joint Department of Health and Ministry of Justice pooled treatment budget and independent assessment and review by the Healthcare Commission, OfSTED, and the Audit Commission

Children’s Trusts and young people’s specialist substance misuse treatment

As a result of *Every Child Matters: Change for Children* (DfES, 2004) along with the *Children’s Act 2004*, the planning and commissioning of young people’s health, social services and education has fallen to Children’s Trusts to manage. Children’s Trusts are single strategic overarching bodies in each local area. They have comprise key local agencies and partners, working together to plan, commission, and pool budgets, in order to provide the services required for local children, young people and their families. They have a key strategic leadership role and responsibility for delivering improvements in substance misuse. The Children’s Trusts partnership have a powerful role to play in developing a common strategic overview through the *Children and Young People’s Plan*, which all the key partners are required to sign off, and drawing a more integrated delivery approach to identification and early intervention within Children’s Services. The Children’s Trust partners are best placed to ensure that substance misuse provision is well integrated within local planning, commissioning and delivery. Partners within the Children’s Trust include Strategic Health Authorities (SHA), Primary Care Trusts (PCT), district councils, police authorities, local probation boards, youth offending teams, and others.

Drug Strategy Partnerships will need to continue to work closely with their local Children’s Trust to ensure that substance misuse provision is mainstreamed within provision for children, young people and families. Universal, targeted and specialist services will work together to provide high quality multi-agency assessments, develop and deliver care plans based on individual needs and provide effective case

² PSA Delivery Agreement 25: Reduce the harm caused by Alcohol and Drugs, HM Government, October 2007. hm-treasury.gov.uk

management by a lead professional working as part of a multi-disciplinary team.

PCTs are expected to contribute towards the meeting of national targets and priorities. They are responsible for the implementation of National Service Frameworks (NSF), such as the Children, Young People and Maternity Services NSF (Department of Health, 2004b). PCTs are assessed by the Healthcare Commission not only on national priorities but increasingly on whether they are delivering high quality standards across a range of areas. Also as part of the World Class Commissioning Programme PCTs will be assessed on their ability to deliver the health agenda in addition to improvements in outcomes and health and well-being.

The government expects all PCTs to demonstrate that they are continuing to prevent poor adolescent health outcomes, such as the harm from drugs and alcohol, by meeting the new performance and outcomes framework for the NHS and social care (HM Treasury, 2007). As a key partner PCTs are encouraged to continue working closely with their local Children's Trust in planning all services for children and young people locally.

Local Area Agreements may include priorities to improve health among children and young people. Annual Performance Assessments and Comprehensive Area Assessments help build a picture of how each Children's Trust is delivering outcomes, and include health indicators agreed with the Healthcare Commission (DfES, 2006).

Specialist substance misuse treatment services for young people and their families

Most young people can have their needs met in universal or targeted services. However, access to specialist substance misuse treatment services is required for all young people whose functioning is greatly impaired by substance misuse, and who have been assessed as requiring specialist substance misuse treatment to meet their needs.

Government departments recognise that only a small proportion of young people require specialist substance misuse treatment, nevertheless these young people are unlikely to achieve the five Every Child Matters outcomes without effective and accessible specialist treatment in place.

The integrated children's system requires clear criteria for specialist services to distinguish which children and young people require these services. In order to achieve a more consistent approach to treatment provision across the country, the following definition has been developed:

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

This is the definition that has been agreed across government departments all local areas are encouraged to adopt this definition to achieve consistency. This definition will help to ensure that specialist substance misuse treatment services are accessed by young people with the greatest need.

Young people's specialist substance misuse treatment services have two distinct roles:

- Supporting and enabling universal and targeted children's and youth services to respond to substance misuse issues

Providing specialist substance misuse treatment to young people and their families.

The interventions offered (see glossary for definitions) can include, but are not limited to:

- Pharmacological
- Psychosocial
- Family
- Specialist harm reduction
- Residential treatment for substance misuse.

The importance of integrated commissioning

The Children's Trust partnership is key to integrated commissioning across children's health, and to encouraging collaboration between commissioners and an increased efficiency in the use of budgets and resources. Some specialist substance misuse treatment interventions for young people could yield genuine cost and resource savings with improved integration.

Effective substance misuse strategies will both contribute to and benefit from other strategies, agendas and indicators locally including:

- Targeted Youth Support
- Participation in positive activities
- First time entrants to the youth justice system
- Community safety
- Parent and family support
- Not in Education, Employment or Training (NEET)
- Permanent school exclusions
- Staying safe.

Young people who require specialist substance misuse treatment often have a range of other problems and may be difficult to engage in services. Substance misuse can impact on all five of the outcomes for children (DfES, 2006) and it is therefore vital to engage young people with services to alleviate the harm that substance misuse can have on a young person's life.

Some young people with substance-related needs have a number of complex problems that require services from other specialist teams. Poor commissioning of specialist services for treating young people's substance misuse problems runs many risks, including failing to deliver the right outcomes, not meeting the young person's needs, and using resources and services inefficiently. Isolated, narrow commissioning forms an inadequate picture of an individual's difficulties and generally identifies a limited range of responses and treatments. The interface between specialist services, targeted support and universal services may be lost, missing opportunities to intervene earlier and provide focused, effective support.

Resources for commissioning young people's specialist substance misuse treatment services

A sound local needs assessment and a strategic plan, occurring on an annual cycle are the basis of sound commissioning practice. The NTA (2007b) has produced specific guidance on completing a specialist substance misuse treatment needs assessment and plan, which complements other guidance produced by the former Department for Education and Skills and the Department of Health. Children's Trusts are encouraged

to allocate to a commissioner lead responsibility for young people's specialist substance misuse treatment. The commissioning function will require resources and support from a group of local stakeholders.

An effective and well-understood care pathway for young people with substance-related needs will aid the commissioning process. Included in this will be the relationship between universal, targeted and specialist services. Organisations commissioned are encouraged to operate according to best practice as described in this document and in Exploring the Evidence NTA (2008) and have systems in place to ensure that the organisation and its staff are fit for purpose; commissioners will need to take an active role in ensuring this is in place. Provider organisations of specialist substance misuse treatment and the clinicians working within them must also take account of clinical governance systems.

Commissioners have a responsibility to ensure that the services that they have commissioned are operating as expected. Effective performance management and contract monitoring helps to ensure that young people's needs are being met, that the provider is delivering appropriate services and can uncover unmet needs. All of these factors can be used to improve existing service provision, and in the needs analysis for the next commissioning cycle.

Glossary

Care plan

A written plan that sets goals and interventions based on a comprehensive (substance misuse) assessment

CAF

Common Assessment Framework for Children and Young People.

CAMHS

Child and Adolescent Mental Health Services.

Children's Trusts

Strategic bodies that undertake the planning and commissioning of young people's health, social services and education in a local authority area

Commissioning

The strategic activity of assessing needs, resources and current services, and the development of a strategy to make best use of available resources to meet identified needs. Commissioning involves the determination of priorities, the securing of appropriate services and their evaluation, review and continued development.

Harm reduction

A term used to describe interventions that aim to reduce the harm individuals may experience as a result of their substance use, without necessarily affecting the underlying substance use.

Harmful substance misuse

A pattern of substance misuse that is currently causing damage to health or social functioning. Examples of this may include dependency, mental health impairment, immediate risk of death or injury, persistent offending or persistent truanting related to substance misuse.

Family interventions

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This can include sessions for family members where the young person is not currently receiving treatment.

Lead professional

The person responsible for coordinating the actions identified in the CAF assessment process and the single point of contact for children with a range of needs, who is supported by more than one practitioner.

Medical

Interventions provided by a doctor or other health professional to alleviate health problems. These include pharmacological and other interventions to address substance misuse.

Non-medical prescribing

The prescribing of medication by health professionals other than doctors and dentists (Department of Health, 2007b).

NDTMS

National Drug Treatment Monitoring System. The database used in England to record all people accessing, using and leaving drug treatment services.

PCT

Primary Care Trust.

Psychosocial

Interventions provided to an individual or group that use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills.

Specialist Harm Reduction

Interventions provided to reduce or stop current harm arising from substance misuse, which require the provider to have specialist knowledge of substances and their routes of administration. Examples of these interventions include, reducing harms associated with injecting drug use and reducing the risk of overdose associated with poly-substance misuse.

Specialist pharmacological interventions

Interventions involving specialist services such as paediatricians, young people's clinicians, CAMHS staff and addiction psychiatrists. This includes prescribing services for substance misuse (ameliorative prescribing, detoxification or long-term opiate substitute prescribing).

Strategic Drug Partnership

The planning and commissioning partnership in each Local Authority Area, which holds the responsibility for planning and commissioning adult drug (and alcohol) services. This partnership was previously referred to as either a Drug Action Team (DAT) or a Drug and Alcohol Action Team (DAAT) in official documents, these names are still widely used.

Substance misuse

The use and misuse of illegal and illicit drugs, alcohol and volatile substances, but not tobacco. This includes any of these used in isolation or where it co-exists with another substance. Interventions to address tobacco use do not form part of the NTA's role. As a consequence smoking cessation interventions are being commissioned and monitored under PCT arrangements.

Young people

Throughout this document the term young people is used to describe those under 18 years old. The NTA accepts that some services may have higher age thresholds than this and that arrangements to meet young people's needs may need to accommodate young adults.

YOT

Youth Offending Team each team has a commitment to ensure that young people are screened and when appropriate assessed for substance misuse, can access a substance misuse worker, and access substance misuse interventions to meet their identified needs.

YPSMCG

Young People's Substance Misuse Commissioning Group is a group responsible for commissioning young people's specialist substance misuse treatment. Recommended membership includes: Children's Trust, Drug Strategy Partnership; Primary Care Trust; Youth Offending Team; Child and Adolescent Mental Health Services; specialist substance misuse provider organisations; targeted youth support services; a representative from the Safeguarding or Lead Professional Group.

1. Introduction

1.1 Background

The evidence is clear that young people's substance misuse contributes to a wide range of other serious problems experienced by teenagers, such as failing or falling behind at school, involvement in crime and anti-social behaviour, becoming a victim of crime, teenage pregnancy, mental health problems, as well as risks of overdose and future drug dependency. The government recognises that substance misuse can prevent children and young people from achieving the *Every Child Matters* (DfES, 2006) five outcomes of be healthy, be safe, enjoy and achieve, make a positive contribution and achieve economic well-being. The *Children's Plan: Building Brighter Futures* (DCSF, 2007) includes commitments to reducing alcohol and drug consumption as part of tackling behaviour that puts young people at risk as well as improving the quality and coverage of specialist treatment interventions for young people who experience the most serious harm from substances.

Similarly, the new drug strategy *Drugs: Protecting Families and Communities (2008)* advocates preventing harm to children, young people and families affected by substance misuse by intervening earlier to prevent immediate harms and to avert problematic substance misuse and by ensuring a family focused approach to service delivery. The DCSF has lead responsibility for drug treatment and will work with the NTA to make this treatment more effective. A number of factors will contribute to this including:

- Developing the workforce
- Improving access to specialist substance misuse treatment
- Developing a more outcome based approach to treatment interventions
- Improving transitional arrangements between young people's and adult services
- Strengthening the links between young people's treatment and mental health services
- Ensuring a seamless transition from the secure estate to community-based treatment services
- Supporting the involvement of young people and their parents/carers in the planning and process of treatment for young people.

The drug strategy and the children's plan together with the forthcoming *Youth Alcohol Action Plan* and *Youth Crime Action Plan* support the ambitions set out in Public Service Agreements:

PSA 14, "*Increase the number of children and young people on the path to success*", sets out in more detail how local areas can best approach reducing young people's substance misuse, alongside other linked issues for young people,³

PSA 25, "*Reducing the harm from drugs and alcohol*", states that the government will work to ensure that there is sufficient capacity in the system, both for those referred to treatment via the criminal justice system and for those who self refer, to ensure we intervene early and appropriately with priority groups such as prisoners, young people

³ PSA Delivery Agreement 14: Increase the number of young people on the path to success, HM Government, Revised April 2008. hm-treasury.gov.uk

and drug users who are parents. Specialist substance misuse treatment provision includes harm reduction, medical and psychosocial drugs treatment⁴.

As patterns of drug, alcohol and volatile substance misuse by young people vary greatly from place to place, the government is moving towards a flexible approach driven by local need. Achieving the above PSAs will be supported by the following main delivery levers:

- The substance misuse indicator in PSA 14 (NI 115)
- The effective treatment indicator in PSA 25 (NI 40), which also applies to those aged 16 and 17
- Performance management of local areas by Government Offices against designated targets within Local Area Agreements
- Performance management of Primary Care Trusts by Strategic Health Authorities against indicators in local PCT delivery plans.

These levers will be supported by a process of annual agreements and quarterly reviews of local Drug Strategy Partnership plans by the NTA. The publication of monthly performance management information through the National Drug Treatment Monitoring System (NDTMS), the provision of dedicated resources via a joint Department of Health and Ministry of Justice pooled treatment budget and independent assessment and review by the Healthcare Commission, OfSTED, and the Audit Commission.

As a result of *Every Child Matters: Change for Children* (DfES, 2004) along with the *Children's Act 2004*, the planning and commissioning of young people's health, social services and education has fallen to Children's Trusts to manage. Children's Trusts are a single strategic overarching body in each local area. The Children's Trust comprises key local agencies and partners, working together to plan, commission, and pool budgets, in order to provide the services required for local children, young people and their families. It has a key strategic leadership role and responsibility for delivering improvements in substance misuse. The Children's Trusts partnership has a powerful role to play in developing a common strategic overview through the *Children and Young People's Plan*, which all the key partners are required to sign off, and a more integrated delivery approach to identification and early intervention within Children's Services. The Children's Trust partners are best placed to ensure that substance misuse provision is well integrated within local planning, commissioning and delivery. Partners within the Children's Trust include Strategic Health Authorities (SHA), Primary Care Trusts (PCT), district councils, police authorities, local probation boards, youth offending teams, and others.

Both the *Children's Plan* (DCSF, 2007) and the *Drug Strategy* (HM Government, 2008) recognise the importance of a family focused approach to service delivery of universal, targeted and specialist services as well the importance of effective partnership working between children's and adult services.

Drug Strategy Partnerships will need to continue to work closely with the local Children's Trust to ensure that substance misuse provision is mainstreamed within local provision for children, young people and families. Universal, targeted and specialist services will work together to provide high quality multi-agency assessments, develop

⁴ PSA Delivery Agreement 25: Reduce the harm caused by Alcohol and Drugs, HM Government, October 2007. hm-treasury.gov.uk

and deliver care plans based on individual needs and provide effective case management by a lead professional working as part of a multi-disciplinary team.

PCTs are expected to contribute towards the meeting of national targets and priorities. PCTs are expected to prevent poor adolescent health outcomes, including drug and alcohol misuse. They are responsible for the implementation of National Service Frameworks (NSF), such as the Children, Young People and Maternity Services NSF (Department of Health, 2004b). This document also compliments the wider World Class Commissioning Programme launched by Dept of Health in 2007. This focuses on delivering better health and wellbeing for the population, improved outcomes and reduced health inequalities. In partnership with local government, practice-based commissioners and others, PCTs, supported by Strategic Health Authorities (SHAs), will lead the NHS in turning World Class Commissioning into reality.

The Drug Strategy (HM Government, 2008) outlines necessary improvements to the treatment system for young people. This document provides guidance on the commissioning of young people's specialist substance misuse treatment services to support these improvements. Young people's specialist substance misuse services have two distinct roles, providing specialist substance misuse treatment for young people and their families, and supporting and enabling universal and targeted services to identify and respond to substance misuse needs.

1.2 Current picture

To date, NTA and cross-government performance measures have focused on improving systems for ensuring access to treatment such as screening and assessment; increasing the numbers of young people in treatment services; ensuring young people receive treatment within youth specific services; and ensuring a range of treatment services is available. The focus is now shifting to ensure that good quality specialist substance misuse treatment is provided and accessed by those most in need and that effective care packages can be delivered in partnership by universal, targeted and specialist services.

In 2006-7 over 21,000 young people received specialist substance misuse treatment, 50% in relation to cannabis misuse, 32% for alcohol misuse and 11% for heroin or cocaine misuse⁵. Local partnerships have generally made a great deal of progress in developing substance misuse services that fit within the integrated children's system but there is still room for improvement.

Achievements

- All local authority areas now provide young people's specialist substance misuse services and most of these areas have a range of services,⁶
- Targeting of young people with substance misuse issues has improved with more young people being able to access specialist services,⁷
- Children's Trusts are responsible for planning and commissioning local services for children and young people, so it is vital that local Drug Strategy Partnerships work closely with them over local priorities for such services,
- Plans have been developed in local areas that are approved jointly by both the Children's Trusts and Drug Strategy Partnership. The Children and Young

⁵ Unpublished analysis of NDTMS data

⁶ Analysis of Partnership Grant Reforms by Home Office

⁷ Unpublished analysis of NDTMS data

People's Plan remains the single, strategic, overarching plan covering all local services for children and young people,

- Young people's substance misuse targets have been embedded in Local Area Agreements and Community Safety Plans, raising the profile of substance misuse as an issue for young people.

Improvements required

Integrating young people's specialist substance misuse treatment services

- While many Children's Plans make a reference to substance misuse, it is expected that specialist substance misuse treatment provision forms an integral part of integrated commissioning, planning, and delivery of children's services and that a greater emphasis is placed on needs-based planning and commissioning of effective specialist substance misuse treatment for young people,
- The level of integrated strategic planning and commissioning varies widely. Some commissioners of young people's substance misuse interventions are based in Drug Strategy Partnerships, while others are in Children's Trusts. It is important that the necessary strategic relationships, planning and commissioning arrangements are in place regardless of where the lead commissioner for young people's specialist substance misuse treatment is based,
- Ensuring that young people's substance misuse needs are identified and met is everybody's business. Children's Trusts partners are expected to be working towards consistent high-quality arrangements for children, young people and their families where help is required in relation to substance misuse, that this is identified early, and addressed as part of targeted interventions, with treatment available for those who need it.

Improving the quality of young people's specialist substance misuse treatment

In a recent unpublished review⁸ of provision of specialist substance misuse treatment for young people, service provision was found to be variable. There was a wide variation of:

- The type of provision in each area
- The proportion of young people in treatment
- Cost per head of treatment
- The types of drugs and alcohol used by young people in treatment
- The proportion of heroin and cocaine users among those in treatment
- Child and Adolescent Mental Health services (CAMHS) involvement in supporting young people with substance misuse needs
- The ability of the services to meet the complex needs of young people and to integrate medical and psychosocial provision.

The Drug Strategy (HM Government, 2008) outlines how the NTA and DCSF will be working together to make treatment more effective. DCSF and the NTA have reviewed and updated their Memorandum of Understanding initially developed in 2007 to support closer working at national, regional and local level. Their work will include developing the workforce, improving access and developing a more outcome-based

⁸ DCSF/NTA (2007) Ministerial report on the young person's treatment system. Distributed through Regional Government Offices and available from the NTA.

approach; improving transitional arrangements for those transferring from young people's to adult services; strengthening links between young people's treatment and mental health services; ensuring a seamless transition between the secure estate and community-based treatment and supporting involvement of parents and young people treatment delivery and development.

1.3 Purpose of this document

This document has been developed to provide good practice guidance on the commissioning of young people's specialist substance misuse treatment services. It is intended to support the development of an effective substance misuse treatment system that is integrated with children's services.

This document will be of interest to commissioners in Children's Trusts and Drug Strategy Partnerships. This includes: those overseeing the development of the Children and Young People's Plan; those involved in the commissioning of young people's substance misuse related interventions; and those commissioning children's health and social care services.

The commissioning of substance misuse interventions for young people falls under the overarching role of Children's Trust and PCT children's health commissioning and feeds into the Children and Young People's Plan. Children's Trusts, working with PCTs, need to ensure that substance misuse services, including specialist substance misuse services have adequate resources, are effective and accessible by the young people who need them.

This guidance will outline:

- A new definition of young people's specialist substance misuse treatment to be applied across all local areas
- Updated and revised descriptions of specialist substance misuse treatment interventions for young people
- An outline of how young people's specialist substance misuse treatment can be integrated with universal and targeted provision
- Commissioning structures and functions to enable the commissioning of specialist young people's substance misuse interventions set within integrated commissioning
- The role of commissioners in performance management arrangements for local specialist young people's substance misuse interventions
- NTA/DCSF delivery assurance mechanisms.

2. Specialist substance misuse services

The integrated children's system requires clear criteria for specialist services to distinguish which children and young people require such services. In order to achieve consistency across areas regarding which young people require specialist substance misuse treatment interventions, the following definition has been developed:

“Young people's specialist substance misuse treatment is a care-planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse.”

This is the definition that has been agreed across government departments, informs relevant Public Sector Agreements, the *Drug Strategy* (HM Government, 2008) and the *Children's Plan* (DCSF, 2007) all local areas are encouraged to adopt it. This definition will help to ensure that specialist substance misuse treatment services are accessed by young people with the greatest need. Consistency across the country will enable more reliable data to be collected to help establish needs, plan services and decide funding priorities.

To bring greater clarity to the definition, some of the terms used within it are described in the glossary and related specifically to the interventions described in section 2.2.

2.1 Dual role of specialist substance misuse services

Young people's specialist substance misuse treatment services have two distinct roles:

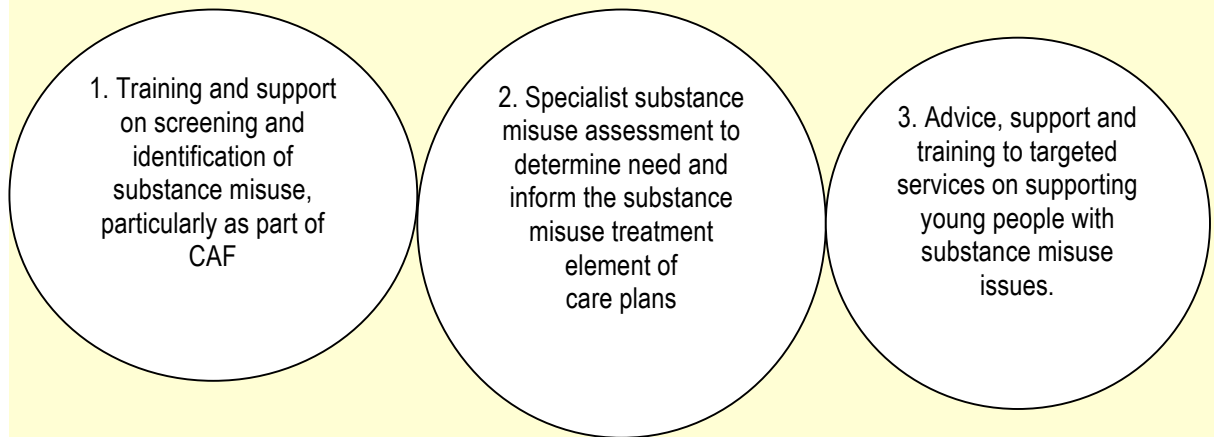
- To support and enable universal and targeted children's and youth services to respond to substance misuse
- To provide specialist substance misuse treatment for young people and their families.

It is suggested that these roles are developed locally, balancing the level of activity within each role according to local needs and priorities, monitoring the situation regularly.

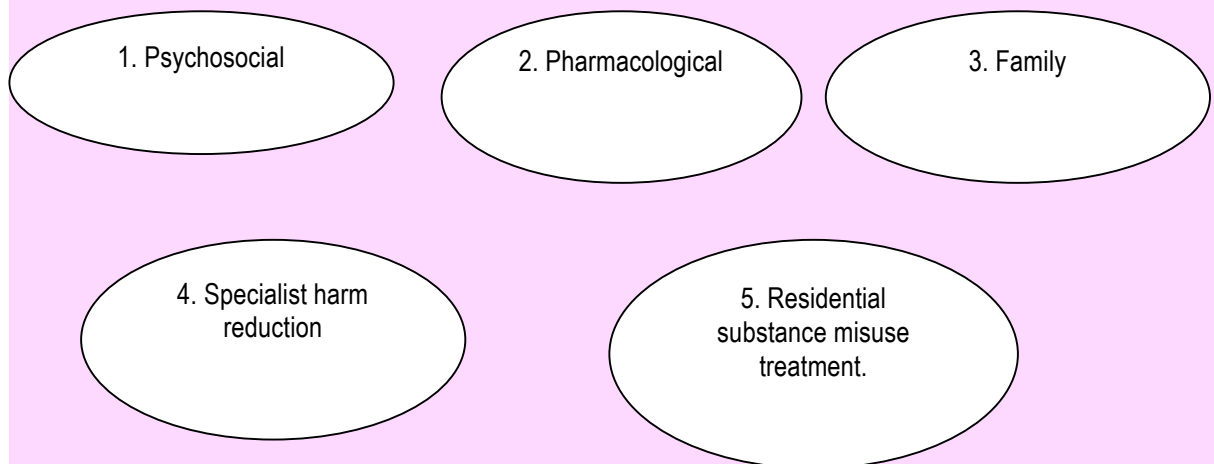
This chapter examines the interventions required to deliver specialist substance misuse treatment to young people, while chapter 3 focuses on integration within the wider children's system. Diagram 1 provides an overview of the roles of young people's specialist substance misuse treatment.

Diagram 1: Dual role of young people’s specialist substance misuse treatment

Supporting and enabling universal and targeted services: to identify the substance misuse-related needs of children and young people, to refer appropriately and effectively to specialist substance misuse treatment and to provide necessary support in conjunction with treatment provision by:



Specialist substance misuse treatment for young people: includes both social care and health interventions that aim to facilitate changes in substance misuse behaviour. Health and social care interventions support and enhance each other and are provided as part of a single specialist substance misuse treatment care plan, which in turn is part of a young people’s broader care plan. **Each partnership should ensure that young people can access the following treatment interventions:**



2.2 Interventions

Young people must be able to access each of the five young people's specialist substance misuse treatment interventions. These include social and health care interventions, both of which are important and complement each other in reducing harm caused by a young person's substance misuse. In order to support a young person to change their pattern of substance misuse, it may be important to provide parents, family and significant others with support.

A comprehensive specialist substance misuse assessment is required to determine a young person's needs (NTA, 2007a). From this, a care plan can be developed which sets out the young person's goals to meet their needs, what actions will be taken to achieve these goals, including the range of interventions to be provided, and details of when the care plan will be reviewed. The development of a specialist substance misuse care plan ought to be carried out in collaboration with other practitioners that may be involved in a young person's care and coordinated by a lead professional (NTA, 2007a). NICE (2007c) has produced guidance in relation to community-based interventions to prevent and reduce substance misuse among vulnerable and disadvantaged young people. The NTA (2008) has published guidance on the evidence base to support the following specialist substance misuse treatment interventions, which can support the commissioning of these services:

a) Pharmacological

These interventions include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as the prescribing of medications to prevent relapse

b) Psychosocial

These interventions use psychological, psychotherapeutic, counselling and counselling-based techniques to encourage behavioural and emotional change and to support lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions that address the negative impact of substance misuse on offending and attendance at education, employment or training,

c) Family

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist treatment,

d) Specialist harm reduction

Harm reduction services such as advice and information about substance misuse can be provided in universal and targeted support services. Specialist substance misuse treatment can provide additional harm reduction interventions for those young people with more specific substance misuse needs, which require greater intervention, including:

Young people's specific injecting services: these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services. They are separate from services for adult injectors, as providing the services together

will put young people in contact with adult drug users and adult injecting services are often provided anonymously without prior assessment or on going treatment support, all of which may put young people at further risk of harm

Advice and information to prevent overdose, especially overdose associated with polysubstance use, which requires specialist knowledge about substances and their interactions, and support to prevent severe alcohol intoxication. This could include protocols with accident and emergency services to ensure that measures

Liaison with accident and emergency services to ensure measures that identify and prevent future substance misuse related injuries are in place. This includes injury-related to self-harm, the victims or perpetrators of assault and overdose.

e) Residential treatment for substance misuse

Young people in any area may require access to residential treatment for substance misuse. This does not mean there needs to be a specific residential service in each area, but commissioners are encouraged to put systems and resources capable of accessing these services in place, though the actual service may be located in another area. Further NTA guidance on young people's residential services will be published shortly.

It is recommended that residential treatment for substance misuse for young people provides interventions that are described in 1-4 above. A young person may be placed away from their normal home, specifically in order to decrease levels of risk from substance misuse and to gain access to highly intensive young people's specialist substance misuse interventions. Examples include in-patient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse.

It is not recommended to place young people in adult residential substance misuse facilities, as they are unlikely to be able to meet the different needs of young people and may also create a greater identification with adult drug and alcohol users.

2.3 Specialist service populations

Most young people can have their needs met in universal or targeted services. However, access to specialist substance misuse treatment services is required for all young people whose functioning is greatly impaired by substance misuse, and who have been assessed as requiring it to meet their needs.

The following represents groups of young people who have accessed specialist services in the past and the length of treatment they generally required. It is not an exhaustive list of young people who require these services, or an optimum treatment length; the individual needs of every young person accessing specialist treatment needs to be taken into account:

- Some young people with cannabis or alcohol dependency who have very complex needs may need to remain in treatment up to six months (unpublished NDTMS reviews and service reviews),
- NICE (2007b) recommend that young people who misuse cannabis, alcohol and stimulants attend treatment services for short durations that generally last between six to eight weeks,

- Some young people require brief interventions that fit with the new definition of treatment but last for less than four weeks. Brief and motivational interventions have been shown to be effective with adolescents (NICE, 2007a),
- Many treatment interventions focus on the young person's social and family network. There is considerable evidence that family approaches are effective interventions (Liddle, 2007),
- There are considerable overlaps between substance misuse and mental health in adolescence (NICE, 2007b).

2.4 Challenges associated with specialist substance misuse services

Young people who require specialist substance misuse treatment often have a range of other problems and may be difficult to engage in services. Substance misuse can impact on all five of the *Every Child Matters* outcomes for children (DfES, 2006) and it is therefore vital to engage young people into services to alleviate the harm that substance misuse can have on their lives.

Getting young people to engage in treatment is a complex process. They also pose a challenge in terms of their multiple needs, in gaining their or their parents, understanding and consent to the treatment process, and in terms of ensuring that they are safeguarded from harm.

Some of the additional challenges and measures required to meet young people's needs are:

- High intensity of service provision to address complex needs
- Taking on care coordination and/or 'lead professional' roles, which require additional time for multi-agency working
- Attending multi-agency meetings and child protection meetings
- Supporting targeted and universal services in meeting young people's needs, making appropriate referrals and identifying relapses
- Supporting the parents, carers and siblings of the young people in receipt of treatment
- Ensuring that young people can access specialist services without having to go onto a waiting list
- Few self-referrals, which result in additional time spent on engaging a young person into services
- Provision of out of hours services to ensure that young people in education/employment can access services, including provision through Extended Schools
- Provision of services in locations that are acceptable, accessible and non-stigmatising to young people
- Developing close links with Child and Adolescent Mental Health Services
- Specialist substance misuse services covering large geographical areas, especially in rural settings, which can result in additional travelling time to see service users or making special arrangements to give access to services
- A small but important group of young people require residential services or care outside of their Local Authority.

Commissioners could ensure these activities are reflected in service specifications and that they monitor activity to gain a clear picture of how a service is delivered.

2.5 Development of care pathway

Care pathways are useful concepts used by health services to identify the ideal path of a service user through multiple services, depending on the service user's needs (DfES, 2006). Care pathways help to ensure that services are fully integrated across universal, targeted and specialist services, and between services operating at the same level of intensity. For instance, a clear pathway between young people's specialist substance misuse treatment services and CAMHS is important. A care pathway is also needed within services to ensure that all interventions provided within a service are based on criteria for receiving a specific intervention type.

Currently, there is not definitive population-based evidence on the numbers of young people requiring treatment for substance misuse. Previous research has centred on identifying vulnerability factors to the development of substance misuse and prevalence of substance taking in large populations or school-based samples. Groups identified as being vulnerable to developing substance misuse problems are listed in 4.1.2. It is important to note that:

- Not all young people who belong to vulnerable groups or who frequently use drugs and alcohol will need specialist substance misuse treatment, though they may need other substance-related interventions
- Young people who do not belong to these vulnerable groups may still develop substance misuse problems
- A care pathway for substance misuse needs to be in place across children and young people's services to meet young people's substance-related needs, whatever their severity and wherever they are identified.

For the care pathway to function correctly, specific criteria need to be developed to clarify when, how and why service users move through the pathway. These include:

- Describing the interface between universal, targeted and specialist services
- Service and modality criteria based on needs of young people
- Clarity of service provision, which interventions will be used, and what is the aim of the service
- Identification of young people's needs and corresponding referral routes understood by local practitioners
- Where there are needs additional to substance misuse a lead professional will be the best person to coordinate the care plan
- The interface between young people's specialist substance misuse treatment provision and adult treatment provision.

Once developed the review of the local care pathways can form part of the commissioning cycle, to ensure that it is functioning correctly and that services are meeting young people's needs as they change over time.

2.6 Integrating resources

The development of integrated commissioning across children's health and social services is expected to encourage collaboration between commissioners and an increased efficiency in the use of budgets and resources. In some cases greater collaboration in commissioning specialist substance misuse interventions for young people will yield genuine cost and resource savings.

This integration also provides opportunities for the pooling and aligning of resources and expertise, and which can capitalise on investments. This could include integrated management structures, policies, clinical governance arrangements and workforce development.

Pharmacological management

Clinical specialists with the competence to manage pharmacological interventions for young people's substance misuse come from a range of backgrounds. Examples include adult addiction psychiatry, child and adolescent psychiatry, child health physicians and non-medical prescribers⁹. Regardless of professional background, support and/or peer supervision, opportunities to discuss areas of the work the professional is less familiar which are required. Clinicians who provide pharmacological interventions can also support colleagues with the interventions by offering:

- Assistance in developing and managing clinical governance arrangements
- Increasing the capacity of partner services to respond well to young people with substance misuse when they present to services
- Providing opportunities for mutual staff development
- Providing some cover during practitioner absences.

Family interventions

One of the vulnerable groups identified by Edmonds et al (2005) and NICE (2007c) is "young people who are the children of substance users". This and the recommendations from the *Hidden Harm* (ACMD, 2003) report has led to some confusion as to which funding streams can be used to commission which particular services. This is a breakdown of where commissioning funds could originate from to provide services for children of drug users:

- Interventions, including but not only family interventions, to address substance misuse by the young person (young people's drug treatment allocation)
- Family work where the focus of the work is on the young person's substance misuse (young people's drug treatment allocation)
- Interventions in relation to the parental substance use (adult drug treatment allocation)
- Interventions directed towards meeting needs of children and young people that have originated as a consequence of their parents' substance misuse (funding streams to safeguard children).

However, greater collaboration to meet the needs of young people, parents and children will encourage appropriate referrals, joint working, and seamless services for families troubled by substance misuse. Family interventions could be seen as opportunities to, assess the needs of the family as a whole, provide support in meeting the goals of specialist substance misuse treatment, and ensure that all children and young people are safeguarded from harm.

Residential specialist substance misuse services

There are some very vulnerable young people with substance misuse problems who also have other highly complex and troubling issues who will benefit from residential services (in-patient services or residential therapeutic facilities) to help manage their

⁹ Non-medical prescribing refers to the prescribing of medication by health professionals other than doctors and dentists (Department of Health, 2007b).

substance misuse. However, it is unlikely that any one local authority area will have sufficient cases per year to justify establishing a permanent service of this kind. Arrangements can be in place to provide residential services to meet young people's substance-related needs in advance of when they arise, to avoid risky delays to a young person. In order to provide access to this type of service two options are available to commissioners:

- Spot purchasing a place in an existing service
- Develop regional services by pooling budgets across areas.

Commissioners could as part of their needs assessment consider how great the need for residential specialist substance misuse services is in their area and consider which option best suits their population's needs. The NTA is producing further guidance on residential services, which will be published shortly.

Criminal justice interventions

Commissioners can work with stakeholders in the criminal justice system to ensure that young offenders who have specialist substance misuse treatment get access to the support they need. This applies to those on community sentences and those returning to the community from custodial establishments. Guidance is available that explains how specialist substance misuse treatment services and youth offending teams (YOTs) can work together (YJB, 2006).

In 2006-7 the largest proportion of referrals to young people's specialist substance misuse treatment services was from YOTs (40%)¹⁰. However, there is a large variation nationally between YOTs on the numbers referred¹¹, indicating that some could be under or over referring. It is of interest to commissioners that assessment and referral protocols are in place between YOTs and substance misuse services, to ensure that young people's substance misuse needs are identified and that they access the type of service that can best meet those needs. Substance misuse needs highlighted as part of a young person's sentence plan can be met either within the YOT, by a targeted support service or by a specialist substance misuse treatment provider, depending on the level of need and the local delivery structures. The standard assessment tool used in YOTs (ASSET) looks at substance misuse in relation to future risk of offending. Additional procedures or tools may be required to supplement this to ensure that health, social and emotional issues and risks related to substance misuse are also identified.

Specialist substance misuse treatment may be made a requirement of a court order, including the proposed Youth Rehabilitation Order (YRO). It is in the interest of commissioners to work closely with specialist substance misuse treatment services and YOTs to ensure that only young people with properly identified substance-related needs are indicated for this type of sentence. Guidance in relation to the YRO is expected once it has been passed by parliament.

¹⁰ Unpublished analysis of NDTMS data

¹¹ Unpublished YJB:NTA Substance Misuse Performance Monitoring Template 2006/7

3. Integration

Young people with substance misuse issues are likely to experience a range of concurrent vulnerabilities. The integration of young people's specialist substance misuse services with wider services for children services is vital for the effective functioning of an integrated children's system. If children's and young people's needs are to be at the heart of service provision, then all children's, young people's and family services need to collaborate to meet those needs and to ensure that young people access special substance misuse treatment when they need it and that care is coordinated across specialist treatment services and other services.

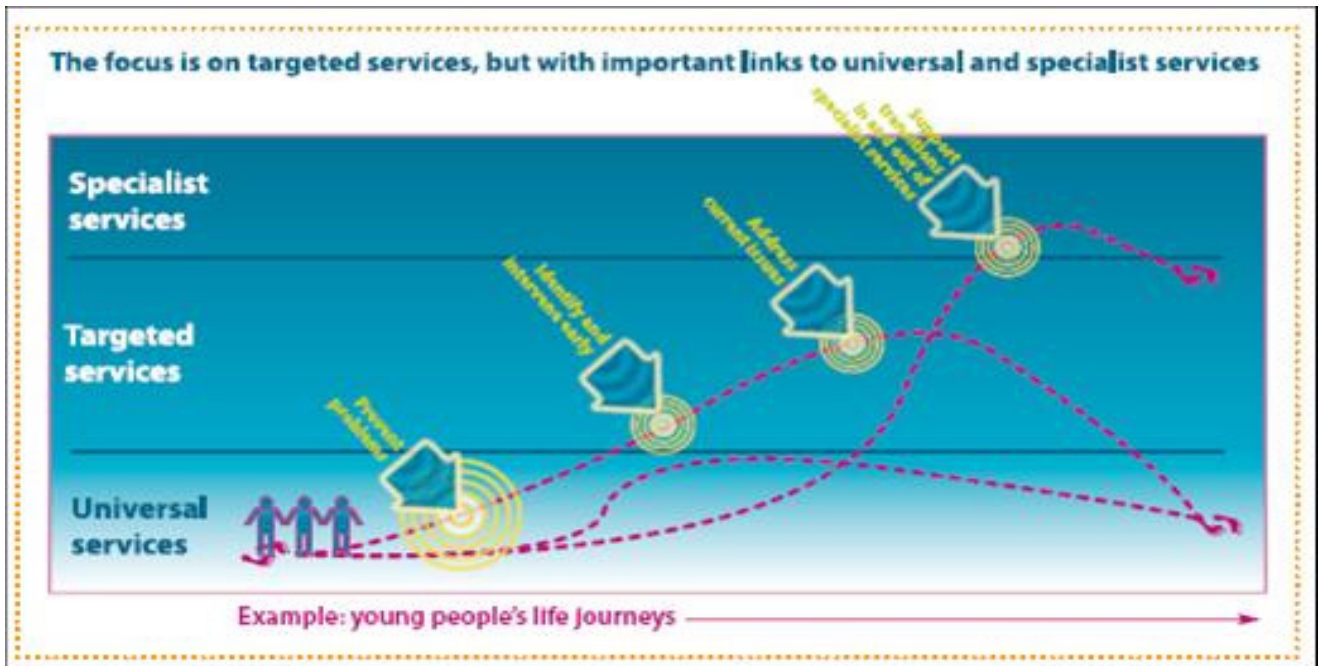
Some areas are reliant on services that are specifically commissioned to deliver substance misuse specific early intervention and prevention services. It is expected that all areas will be moving towards a model of provision where substance misuse is everyone's business and that all children's, young people's and family services will be able to offer early intervention and prevention services in relation to substance misuse as part of individually tailored packages of care.

Effective substance misuse strategies will both contribute to and benefit from other strategies, agendas and indicators locally including:

- Targeted Youth Support
- Participation in positive activities
- First time entrants to the youth justice system
- Community Safety
- Parent and Family Support
- Not in Education, Employment or Training (NEET)
- Permanent school exclusions
- Staying Safe.

The following sections outline the role of universal and targeted services; other specialist services and adult treatment services.

Diagram 2: Universal, Targeted and Specialist Services



Source: DfES (2007b) *Targeted Youth Support: A guide*

3.1 Role of universal and targeted services

The Drug Strategy (2008) states that in order to make a sustainable difference to the challenge posed by substance misuse, a sharper focus on effective prevention and on intervening before problems become entrenched is advocated. Key elements of this approach are:

A new package for families supporting and strengthening families so that they can build young people's resilience and reduce the harm caused by substance misuse; providing families at risk with intensive and integrated support; involving families in the treatment of young people; supporting access of drug-using parents into treatment and improving joint working between children's and adult services to prevent intergenerational harm,

Mainstreaming prevention – intervening earlier through mainstream services such as schools and youth services rather than solely through treatment services once substance misuse problems occur; improving integrated response for vulnerable young people through Targeted Youth Support, including joined-up local approaches to related issues such as youth crime, teenage pregnancy or those not in education, employment or training, all supported by improved links with the development of the children's workforce.

All universal and targeted services have a role in identifying the substance misuse needs of children and young people, and in ensuring they can access the treatment services they need. This could include trigger questions on substance misuse on generic screening and assessment procedures.

All universal and targeted services need to ensure that there are clear policies and procedures in place to enable children and young people receiving specialist substance misuse treatment services to continue to receive the universal and targeted services they need both during and following their treatment.

The development of Integrated Youth Support Services encompassing universal, targeted and specialist services for young people will have a vital role in helping to

prevent and reduce substance misuse.

Targeted youth support will play an important role in helping those identified as vulnerable to avert or address substance misuse. It will have a key role in supporting young people accessing specialist substance misuse services, ensuring that they can access opportunities to improve their connectivity with the community and make achievements across all areas of their life.

3.2 Role of other specialist services

Some young people with substance-related needs have a number of complex problems that require services from other specialist teams. The following are examples of specialist teams that will benefit from working closely with young people's specialist substance misuse services:

Mental Health Services

Improving links between mental health and specialist substance misuse treatment services is a recommendation listed in the Drug Strategy. Young people in specialist substance misuse services often also have mental health problems (co-morbidity) (NICE, 2007b). It is advantageous to manage these problems simultaneously as they are often interlinked and evidence suggests that treating both conditions together has better outcomes (Davies, 2007).

Child and Adolescent Mental Health Services (AMHS) and Early Intervention Services work with substance misuse services in different ways across the country. Some provide specialist substance misuse services, some have a link worker, others provide session work in substance misuse settings, others have few links and need greater development in relation to substance misuse. Local factors will influence how mental health and specialist substance misuse treatment services work together. The important factor is to ensure that arrangements for supporting young people with co-morbidity are in place.

Emergency services

Young people access emergency services due to severe intoxication and as a result of injuries related to substance misuse. It is important that emergency services are aware of young people's specialist substance misuse services for referral purposes. Specialist substance misuse services could develop working relationships with emergency services to put in place protocols and procedures for identifying and referring young people with specialist substance misuse needs.

Substance misuse services within youth justice settings

Young people who offend often have substance related needs (Edmonds, et al. 2005). Community and custodial youth justice services provide a range of services to meet substance misuse needs. It is important that the commissioning and provision of specialist substance misuse treatment takes into account the needs of young offenders in order to ensure that they can access the specialist substance misuse treatment services they need; specialist treatment and criminal justice interventions are mutually supportive; there is continuity of provision for young people who offend, including young people moving between community and custodial services and vice versa. Improved transitional arrangements between custody and community is one of the recommendations listed in the Drug Strategy.

Adult services

In cases of complex substance misuse problems, adult substance misuse services may be called upon to support young people's specialist substance misuse services. This could be determined locally based on local professional competence and experience. Adult services are in a position to assist young people's specialist substance misuse services with the development of policies, procedures, clinical governance and supervision arrangements.

Commissioners of young people's substance misuse services may similarly benefit from the support and expertise in Drug Strategy Partnerships, as well as exploit opportunities for seamless service design and collaboration.

3.3 Transitional arrangements to adult service

This guidance is specifically concerned with the provision of services for children and young people under 18 years of age. However, some flexibility in terms of upper age limits can be accommodated, provided that the need is best met in a young person's service and staff have the competence and capacity to meet the needs. Similarly some young people may best have their needs met in adult services where specialist interventions may be more highly developed than in the local young people's specialist substance misuse treatment service.

- Specialist substance misuse treatment for young people is funded on the basis that early intervention will prevent many young people from needing to access adult substance misuse services,
- All young people in substance misuse treatment will benefit from a transitional care plan devised prior to their 18th birthday. This can be used to identify ongoing needs and the organisations best able to meet these needs,
- In order to plan transitional arrangements, service providers of adult and young people's substance misuse services will need to work together,
- Transitional workers could be based in adult services, but also hold some sessions in young people's substance misuse services to facilitate transition,
- An identified care coordinator in the care plan can ensure that services from a range of providers are managed well and have similar goals. In many cases, a young person of 18 requiring support for their substance misuse may require interventions from mainstream services, such as housing, education and primary care as well as from specialist substance misuse treatment services. In these cases, the care coordinator could be based in a universal or targeted service as they will usually be providing services over a longer time frame,
- Transition to and from children's to adult services occurs at different ages, developmental stages, or at an agency's cut-off point. For example youth offending teams, (CAMHS), and Looked After Children teams may have different arrangements. Transitional arrangements will need to ensure that these different arrangements are included in the care plan if relevant.

The Department of Health (2008) in *Transition: Moving on Well* sets out its vision for helping young people make smooth transitions from children's to adult services. Pooling resources with the adult drug treatment allocation and jointly commissioning transitional services can both enhance the care pathway for young people as well as reduce future costs for adult services. There is evidence to suggest that current transitional arrangements are not functioning well as young people quickly drop-out of

adult treatment when transferred¹². This may have implications for future treatment costs if substance misuse becomes more problematic as a result of this discontinuation of treatment.

3.4 Coordinating care across services

A written care plan is used to record specialist substance misuse interventions. This can be developed in conjunction with the Common Assessment Framework (CAF) and a multi-agency care plan for those young people with additional needs to substance misuse. A lead professional is responsible for the coordination of the multi-agency care plan.

Specific training is required to use the CAF and to be the dedicated 'lead professional'. In some cases and/or areas these roles will be held by professionals in universal or targeted services. It is important to ensure that multi-agency working occurs at this level to ensure that young people:

- Have all their needs identified, and in addition those of their parents
- Have specialist substance misuse treatment plans that are complemented by plans to address other needs
- Receive continuity of care throughout and following specialist substance misuse treatment
- Have resources put in place to meet all of their needs.

For further details of how specialist substance misuse assessment and care planning interfaces with CAF, multi-agency care planning and the lead professional role, see *Assessing Young People for Substance Misuse* (NTA, 2007a).

In some areas there are multiple specialist substance misuse services provided in different settings. Contact and collaboration between these services is encouraged, as is contact with targeted and mainstream services. Regular interagency meetings can help establish understanding of the service's approach and develop trust between professionals. Some areas use multi-agency meetings to discuss specific cases in order to establish which specialist substance misuse provider can best meet the young person's needs and where interventions from different providers can function together to meet needs. There may be added benefits of reciprocal skills and knowledge-sharing, and pooling of training resources to improve cost effectiveness. It will assist with relationship-building across services and across professional groups.

3.5 Supporting universal and targeted services

Specialist substance misuse services could act as a source of expertise to support universal and targeted services to increase their capacity to identify and address substance misuse issues. This can be achieved in a number of ways, including:

- Advice to universal and targeted services on supporting young people with substance misuse needs
- Development of the specialist substance misuse treatment element of a multi-agency care plan to meet a young person's needs

¹² Unpublished review of NDTMS data

- Advice in the development of screening and assessment procedures including the adoption of validated screening tools on substance misuse
- Advice on how to make appropriate referrals to specialist substance misuse treatment services
- Conducting a specialist substance misuse assessment to determine need
- Training and/or supervision on substance misuse issues, for instance, with the young persons permission a non-specialist worker could attend sessions with a young person both to support consistency of care and to support professional development.

This can only be established if children's services within an area understand the function of specialist substance misuse treatment services. A better understanding of the needs of young people and specialist substance misuse treatment can be established by involving staff from universal, targeted and specialist services throughout the commissioning process of needs assessment, planning and commissioning services. All services need to understand their role in meeting young people's needs and how other services can meet other needs. The development and review of the local care pathway with service providers will assist in this process.

4. Integrated commissioning

It is important that there is good integration between specialist services, targeted support and universal services, without which opportunities to intervene earlier and provide focused, effective support may be lost. Integrated commissioning of specialist services for treating young people's substance misuse problems can produce benefits including: better outcomes, meeting the young person's needs, and using resources and services efficiently. Isolated, narrow commissioning forms an inadequate picture of an individual's difficulties and generally identifies a limited range of responses and treatments.

Like all complex processes, for commissioning to work well it needs to be effectively planned, led, resourced and operated. Children's Trusts provide a strong platform for joint commissioning and enable joint planning, leadership and resources for universal and targeted support. Commissioning a whole system could also enable resources to be more effectively concentrated and so improve value for money by reducing duplication of services.

An assessment of local population needs is the first key step in the commissioning process. It should be repeated cyclically to ensure service provision reflects changing needs of the local population (DfES, 2006). Guidance for Children's Trusts has been produced on joint planning and commissioning (DfES, 2006), the main items of which are outlined in this chapter, covering the implications for specialist substance misuse treatment. In addition commissioners may wish to consult the NTA guidance on completing needs assessments for specialist substance misuse treatment for young people, an update of which is published annually on its website. PCTs also have guidance on commissioning, *A Self Assessment Tool for Commissioners* (Department of Health, 2007a), which broadly covers the same scope as DfES and NTA guidance on needs assessment and commissioning.

National indicators are a mechanism for measuring performance in relation to Government objectives and priorities. There is an increasing emphasis on targets reflecting national priorities being set at a local level (via Local Area Agreements). Areas that have achieved national indicator level will have more room to develop their commissioning and service structures to reflect local priorities based on the diversity of their local community's needs. This could be used in conjunction with World Class Commissioning programme resources, which promotes excellent PCT commissioning, covering all steps of the commissioning process.

4.1 Commissioning in Children's Trusts

The government has developed guidance to inform the commissioning process across all areas of local Children's Trusts (*Joint Planning and Commissioning Framework for Children, Young People and Maternity Services* (DfES, 2006). This Framework is referred to as a nine- step approach, as illustrated in diagram 3. The commissioning guidance is available from:
www.everychildmatters.gov.uk/strategy/planningandcommissioning/about/

Based on a local needs assessment, commissioners in every local area are encouraged to develop a plan outlining the intentions of service provision for specialist young people's substance misuse treatment. Where a plan has already been developed as part of the Children Plan, it will not be necessary to revise this, provided it meets the

requirements described in planning guidance published by the NTA annually on its website (www.nta.nhs.uk).

The following sections represent a summary of the DfES (2006) commissioning guidance to demonstrate how each step can be applied to commissioning specialist substance misuse treatment within integrated children's services. Shaded sections include how each of these nine stages relates to commissioning specialist substance misuse services for young people.

The full DfES (2006) guidance provides additional useful information in relation to outcome interdependencies, decommissioning and restructuring services, and ensuring participation in the planning of services from all stakeholders including voluntary sector organisations and children and young people. It also gives examples of sub-regional and regional commissioning arrangements and benefits. It is recommended that the full guidance is referred to as this document can only offer a flavour of what it contains. The Every Child Matters Change for Children website provides a range of helpful guidance and tools: www.everychildmatters.gov.uk/strategy/planningandcommissioning/

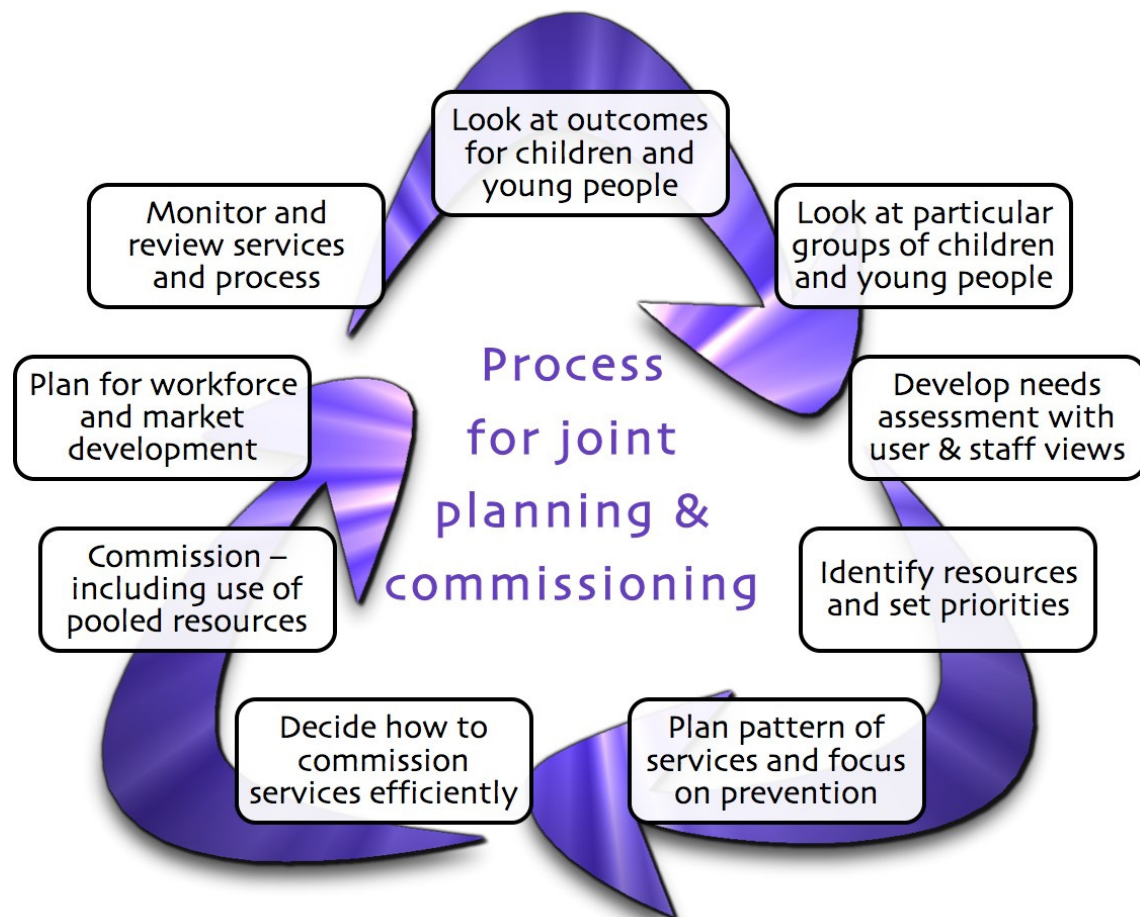


Diagram 3: Process for Joint Planning and Commissioning

Source: DfES (2006) Joint Planning and Commissioning Framework for Children, Young People and Maternity Services

4.1.1 Focus on outcomes for children and young people

The first step of any joint planning and commissioning process is to understand local needs, to consider the current pattern and recent trends of outcomes for young people. This is where the needs assessment process starts to examine what information is already in existence in relation to the five children's outcomes (DfES, 2006):

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being.

Local data about young people engaged in specialist substance misuse treatment will contribute to information being gathered in relation to the 'be healthy' outcome (DfES, 2006b).

Good quality data collected across the age range and broken down by demographic profiles, including diversity, enables sound data analysis (DfES, 2006). This data then forms the baseline of young people's well-being; it could be used to compare the area with areas of similar demography and structure and to help inform priorities.

4.1.2 Focus on particular groups of children and young people

After considering the overall picture of well-being for local children, further exploration of outcomes for particular groups of young people can be undertaken, as specific groups may require a different approach to service provision or additional support (DfES, 2006).

One such group is young people receiving specialist substance misuse treatment. The NTA needs analysis guidance (published annually at www.nta.nhs.uk) informs the development of young people's specialist substance misuse treatment interventions.

In addition there are groups of young people who are more likely to require targeted or specialist substance misuse interventions (Edmonds et al, 2005 and NICE, 2007c). These are young people who:

- Have family members that misuse drugs and/or alcohol
- Have behavioural, mental health or social problems
- Are excluded from school and truants
- Are young offenders
- Are looked after children
- Are homeless
- Are involved in commercial sex work or have been sexually exploited
- Are from some black and minority ethnic groups.

A cross government toolkit has been developed to help assess the needs of children vulnerable to drug use.

(See <http://www.everychildmatters.gov.uk/resources-and-practice/IG00237/>).

The assessment can ascertain where these children live, learn and play so that services are designed to be as accessible to them as possible (DfES, 2006).

4.1.3 Develop needs assessment with user and staff views

The final stage in the local needs assessment is to gather the views of children, young people and their families, local communities and frontline staff in the local area. This information can be combined with the data provided in the first two stages of the needs assessment to develop an overall, integrated needs assessment (DfES, 2006).

Providers of substance misuse interventions across all areas of provision are encouraged to be involved in the needs assessment stage of the commissioning cycle. They may be able to offer particularly valuable insights into what works well and why. They may be able provide useful information on how needs could be met in more innovative ways. This can help build understanding and relationships between the provider agencies, which can reap benefits in terms of building a highly developed understanding of the local system and care pathway. The involvement of providers may improve the quality of data and service provision itself, including the appropriateness of referrals to targeted and specialist services.

The views of children and young people about what they need and value are crucial to designing accessible services that meet their needs. The views of young people who use substances, including those not accessing specialist substance misuse treatment services, could be sought. Similarly, families and carers are encouraged to be involved in the development of services for young people. There are a range of resources to promote the participation of young people and their parents listed in the integrated commissioning guidance (DfES, 2006).

4.1.4 Identify resources and set priorities

The DfES (2006) guidance recommends the development of a single joint 'commissioning unit' within Children's Trusts. It can be comprised of teams that commission specific services so that these are linked to the overall commissioning of services by the Trust. This brings a range of advantages including concentrated support for functions such as procurement, finance and legal as well as the adoption of common procedures within the Trust.

The team responsible for commissioning young people's substance misuse services, which shall be referred to here as the Young People's Substance Misuse Commissioning Group (YPSMCG), is encouraged to be fully integrated within the overall strategy of the 'commissioning unit'. The YPSMCG can then fully utilise the support functions of the unit. The key members of the YPSMCG will come from a range of disciplines and are listed in young people's specialist substance misuse needs assessment guidance (NTA, 2007b). It is recommended that there is a designated commissioner to lead this group who has expertise in substance misuse.

The YPSMCG are encouraged to work alongside an expert group which includes Children's Services, representation from the PCT and the Drug Strategy Partnership. Drug Strategy Partnerships are able to offer expert advice on:

- Substance misuse needs assessments
- Specialist substance treatment interventions
- Clinical governance arrangements

- Expert supervision for professionals involved in providing specialist substance misuse interventions.

It is recommended that the YPSMCG develop a plan for substance misuse services that should contribute to the Children and Young People's Plan. The YPSMCG's plan will be based on the information and analysis from the needs assessment, agreed priorities based on local and national targets, and the resources assigned to meeting identified outcomes and priorities.

The YPSMCG's plan can reflect the identified outcomes, needs and challenges raised in the needs assessment, including those that originate from consultation with young people, parents and providers, as well as from data sources. Plans can be compared to and developed in harmony with other strategic plans, especially the Children and Young People's Plan. The NTA intends to publish annually on its website (www.nta.nhs.uk) further guidance on conducting a young people's specialist substance misuse needs assessment and on developing a strategic plan based on this needs assessment. Any existing references to planning specialist substance misuse services within the Children and Young People's Plan will not require updating, provided that it meets the requirements specified within these NTA needs assessment and planning guides.

4.1.5 Plan pattern of services and focus on prevention

Services can be mapped to outcomes and resources. This mapping will show where there are correlations, overlaps and gaps. It will show which services could be commissioned, commissioned differently or decommissioned (DfES, 2006). Providing a balance between universal and targeted services, may prevent some young people from requiring specialist services. The mapping exercise could help the commissioning team obtain the best possible outcomes within the resources that are available.

When needs and priorities have been identified, the pattern of service provision can be decided to achieve the priorities and outcomes identified. Care pathways put the service user at the centre of service delivery; trace the path of user through multiple services and aim to inform service design to meet individual user needs (DfES, 2006).

The development of a care pathway for substance misuse would identify the full integrated system including:

- Universal, targeted and specialist provision
- A clear route from universal to targeted and specialist services
- Different types of specialist substance misuse interventions, accessible according to need
- The route out of specialist substance misuse services with support available from targeted and universal services for young people
- The route to adult substance misuse treatment for those who require it in negotiation with commissioners of adult services.

The evidence base can be consulted to inform and support decision making and to reduce the risks inherent in commissioning new services (DfES, 2006). The NTA defines a range of treatment interventions to commission for specialist substance misuse interventions for young people (see section 2.2) and an outline of the evidence base of interventions for substance misuse interventions for young people (NTA, 2008).

The aim of conducting a mapping and developing a care pathway is to secure

sustainable and efficient services, and to look for ways to improve the quality of provision. Provider diversity can be fully utilised to meet this aim, including statutory, private, voluntary, community and social enterprise models as well as multi-agency provision (DfES, 2006).

4.1.6 Decide how to commission services efficiently

The DfES (2006) guidance states that the following procurement approaches are essential for Children's Trusts to ensure services are efficient and effective wherever they are commissioned from (e.g. local authority, NHS, or voluntary or community sector):

- Partnership building with all providers
- Competitive tendering between providers as far as practical, taking into account the nature and value of the contract
- Understanding the full costs of internal and external services and ensuring that tenders include full costs to ensure services are sustainable
- Different options can be assessed for their risk and diversity impact
- Initiatives such as seed funding, standardised contracts and capacity building to help smaller providers compete to maintain market diversity, choice and sustainability
- Flexible contracts, proportionate to the complexity of the task and non combative in nature
- Long term contracts where appropriate (3-5 years) to encourage providers to invest in services and innovate
- Robust monitoring arrangements with provision for contract termination if services are failing to meet needs
- Contracts based increasingly on delivering identified outcomes.

4.1.7 Commission – including the use of pooled resources

The DfES (2006) guidance suggests that pooled budgets will increasingly be used to focus resources – finances, capital and staff – on meeting the needs of children and young people. Effective pooling can:

- Increase Children IS Trust partners' understanding of identified outcomes, priorities and targets, and the resources needed to deliver these
- Increase provider access to multiple funding streams and decrease monitoring bureaucracy
- Focus on meeting the needs of a young person, rather than discussing who can pay for what.

From 2008 LAAs have become statutory under the Local Government and Public Involvement in Health Act 2007. They are based on locally owned priorities and supported by duties placed on local partners that will facilitate closer partnership working, including across health and social care (CLG, 2006).

In addition, the Government expects all PCTs to demonstrate that they are continuing to preventing poor adolescent health outcomes, such as teenage conceptions, and harm from drugs and alcohol, by meeting the new performance and outcomes framework for the NHS and social care (HM Treasury, 2007). PCTs are encouraged to

play a full part in the Local Area Agreement process. They may also wish to pool budgets with local authorities to best deliver shared goals on health outcomes.

4.1.8 Plan for workforce and market development

The DfES (2006) guidance suggests that Children's Trusts will help shape both the workforce and children's service markets, increasing the sustainability of markets.

The YPSMCG are encouraged to work with providers using national occupational standards (see Appendix 2) to ensure that services have the correct skill mix to meet the range of young people's needs. They can also consider other human resource issues such as pay comparison, staff management, accountability and staff morale (DfES, 2006). Organisations and staff providing clinical services will need to take account of continuing professional development within clinical governance arrangements (see chapter 5).

Following Best Value practice, young people's commissioning leads can map the substance misuse market to decide to what extent markets could be strengthened and developed to provide better choice. It will help determine if services need to be contracted out or decommissioned (DfES, 2006).

There may be opportunities for pooling or aligning of resources to develop more cost effective services that share workforce or management arrangements. An example of this is the provision of community based specialist substance misuse interventions commissioned via Youth Offending Team ring-fenced monies. These services may provide better value if commissioned from existing community agencies, reducing management and workforce training costs and providing additional benefits to young people through continued treatment following any compulsory treatment.

Specialist substance misuse treatment providers may be able to help develop the capacity of targeted and universal substance misuse services in identifying and meeting needs of young people. This could be via a range of initiatives including case consultancy, briefing seminars and the development of clear criteria in care pathways.

4.1.9 Monitor and review services and processes

Internal and external processes such as self-monitoring, Annual Performance Assessments, Comprehensive Area Assessments and Local Area Agreements help build a picture of how each Children's Trust is performing and delivering the requisite outcomes (DfES, 2006).

PCTs, working with other organisations, are expected to contribute to the achievement of national priorities and targets. PCTs will need to ensure that their Service Level Agreements and contracts with providers are specific about the levels of service being commissioned (Department of Health, 2004a). PCTs are assessed by the Healthcare Commission not only on national targets, but increasingly on whether they are delivering high quality standards across a range of areas, including National Service Frameworks (NSFs) and National Institute for Health and Clinical Excellence (NICE) guidance.

Substance misuse activity is monitored and reviewed under these systems. Further details on relevant NICE and NSF guidance can be found in Appendix 1.

5. Organisational competence

Commissioners have a role to play in ensuring that the organisations they commission operate according to best practice and have systems in place to ensure that the organisation and its staff are fit for purpose. The following headings examine a range of factors that equate with the delivery of good quality services. These are terms commonly used in the clinical governance arena and are relevant for all specialist substance misuse treatment services. Provider organisations and the clinicians working within them must take account of clinical governance systems. Further information on clinical governance will shortly be published by the NTA.

5.1 Effectiveness

The requirement to ensure an evidence-based approach to practice presents a particular challenge to professionals working in young people's specialist substance misuse treatment services. There is a small but developing evidence base. However, evidence specific to the UK setting is particularly rare. The development of specialist young people's service provision has had to rely on either extrapolating research findings from abroad or from adult literature. There are problems inherent in both these approaches.

Long-term outcome studies strongly suggest that substance misuse interventions can reduce the frequency of substance use and for some, can stop substance use. Among these long-term studies different treatment interventions have been compared but no significant differences have so far been found between interventions, all have the potential to be effective (Exploring the evidence base NTA 2008). Appendix 1 describes a range of guidance material, and its status, that summarises the evidence base for specialist substance misuse interventions. The evidence base can be implemented and monitored through clinical audit.

Lack of evidence of effectiveness does not equate to an intervention being ineffective. It may simply indicate that more research is needed to determine its effectiveness or otherwise. Innovative approaches are encouraged provided that they are subject to audit and evaluation. Young people's specialist substance misuse services are encouraged to collaborate with robust research initiatives to build the UK evidence base and determine what interventions are effective with the young people that are seen in specialist substance misuse treatment services.

5.2 Competence

It is suggested that commissioned services have a workforce that can deliver the outcomes that they are contracted to provide. It is in the interest of services to employ competent individuals and provide opportunities for continued professional development.

National Occupational Standards (NOS) describe competent performance in specific tasks. They have a defined assessment strategy, developed in parallel with the standards, which allow a clear assessment of competence against nationally agreed standards of performance, across a range of workplace circumstances for all roles. National Occupational Standards (NOS) can be used to recruit, supervise and identify training needs for the workforce. They provide benchmarks of good practice across the UK and also form the basis of qualifications, most commonly National Vocational Qualifications (NVQs). It is in the interest of commissioners to ensure that the

organisations they commission recruit staff who are competent to perform the role they are being employed for, mapping job descriptions to NOS can help achieve this. Details of relevant NOS and workforce plans are described in Appendix 2. It is recommended that practitioners are also encouraged meet their national governing body standards and requirements for practice.

5.3 Continuing professional development

Provider organisations can be encouraged to give their employees opportunities to develop and update their knowledge and skills in light of emerging evidence and developments in professional practice. All staff with service user contact are encouraged to participate in individual or peer supervision by a person (people) who have the relevant training to support the interventions provided.

The government is taking steps to develop the workforce of both the substance sector and the children's sector to improve consistency and skills in these sectors. Some staff may benefit from awards on offer as part of these workforce plans; these are described in Appendix 2.

5.4 Team and partnership working

Young people's specialist substance misuse treatment services are likely to be made up of multi-disciplinary professional teams that work with other agencies as part of the integrated children's system. Professionals need to be clear about their role and responsibilities and ensuring that responsibilities are not compromised due to a lack of clarity. This is especially important in relation to safeguarding children from harm; professionals should be working according to the guidance Working Together to Safeguard Children (HM Government, 2006).

In the pharmacological management of substance misuse with young people the use of medicines outside of their licence is often unavoidable. Clinicians should be aware that they have additional responsibilities, which highlights additional precautions to be taken, the responsibility of the prescriber cannot be delegated. Clinical governance arrangements need to take account of these responsibilities and precautions. Further information is available in (Department of Health, 2004c).

5.5 Information management

Organisations need to keep service user records, ensure appropriate information sharing, confidentiality, data protection, data collection and analysis. Policies and protocols will be required to ensure that the system is robust and to encourage adherence to it.

Policies and procedures in young people's specialist substance misuse services need to reflect:

- A child or young person's right to confidentiality
- The duty to safeguard children from harm
- The responsibility of the organisation to encourage children and young people to involve significant others in their care
- How to gain consent to treatment from the parental responsibility holder, and when and how to gain consent from the young person themselves
- How and when to share information with other organisations to meet a young person's needs and improve effectiveness of interventions

5.6 Public, young person and carer involvement

Healthcare commissioners have a duty to involve and consult the public and patients (including current service users and their carers) in the planning and development of services (S242 of NHS Act 2006). In turn Local Authority Overview and Scrutiny Committees have the power to scrutinise not only the planning but operation of local health services, including the involvement of the public and patients. *World Class Commissioning* (Department of Health, 2007c) sets out a vision for commissioning including patient and public involvement. *You're Welcome Quality Criteria* (Department of Health, 2007d) sets out a number of criteria for ensuring that services for children take account of their needs that differ from those of adult service users, including means of increasing their participation in service planning and development.

Provider organisations need to take account of the views of the young person and their carer in planning their care. Young people can in some cases participate in specialist substance misuse treatment without involvement of their parent or carer. However, the Children Act 1989 and 2004, recommends that parents are involved wherever possible and in some cases parental consent to specialist substance misuse treatment interventions may be required.

5.7 Risk management

Incident reporting, investigation and review, risk assessment, risk prevention and infection control are all risk management procedures, which form part of clinical governance. Young people's specialist substance misuse treatment services are encouraged to consider not only the interventions themselves but the context of providing interventions to young people, including the duty to safeguard children and young people from harm. As such young people's specific policies and procedures are likely to include:

- The provision of medication
- The provision of needle exchange and injecting advice and information
- Management of child protection concerns
- Management and investigation of complaints.

5.8 Public health

Organisations need to take account of disease prevention, health promotion and addressing health inequalities. This is particularly pertinent when working with substance misusers who are at a high risk of contracting blood borne viruses, other infections and drug-related death due to overdose. NICE has published public health guidance in relation to young people and substance misuse (NICE, 2007c).

6. Performance management

Commissioners will wish to see that the services that they have commissioned are operating effectively. Performance management and contract monitoring is an effective tool to monitor that young people's needs are being met, that the provider is delivering appropriate services and can uncover unmet needs. All of these factors can be used not only to improve existing service provision but in the needs analysis for the next commissioning cycle. Service providers may need encouragement from commissioners to discuss their needs and difficulties, which in turn can gain support for refining service provision locally.

6.1 The role of NDTMS in performance management

National Drug Treatment Monitoring System (NDTMS) was initially developed to collect data on adult substance misusers receiving specialist substance misuse treatment. Since 2005, young people's specialist substance misuse treatment services have been reporting to the NDTMS Young Peoples Core Data Set specifically designed for their use. The NTA is undergoing a process of improving data collection on young people receiving specialist substance misuse treatment services via NDTMS, to ensure that it reflects needs specific to this group. Up to date guidance is provided on the NTA website (www.nta.nhs.uk) which reflects changes as they occur. Commissioners and providers are encouraged to familiarise themselves with this guidance.

Information reported to the NDTMS young person's core data set is used to support improvements to the delivery system at a local, regional and national level.

6.1.1 Nationally

NDTMS is used to collect and report data on young people's specialist substance misuse treatment nationally informing policy and practice developments. NDTMS is also used to provide performance information regarding PSA 25, which measures numbers in treatment, this includes young people aged 16-18 years.

6.1.2 Regionally

NDTMS data is used to inform the work of NTA Regional Teams in supporting improvements to young people's specialist substance misuse treatment.

6.1.3 Locally

Good quality data will need to be provided to NDTMS for an accurate picture of service delivery. Young people's specialist substance misuse treatment services must provide data to support this activity as outlined in current *NDTMS Guidance*, via their contract and service level agreement. This guidance is regularly updated and is available from the NTA website.

NDTMS also provides reports to inform the needs assessment and treatment planning process for young people's specialist substance misuse treatment services. Further guidance on this process is forthcoming and will be available from the NTA website.

6.2 Treatment Outcomes Profile (TOP)

The NTA has developed a treatment outcomes monitoring instrument (the Treatment Outcomes Profile or TOP) to be used at the start of treatment and in care plan reviews (every three months), which is reported through the NDTMS. This instrument has been

validated with young people from the age of 16 (Marsden et al, 2007).

Up to now the NTA has used process and proxy outcome measures – such as waiting times and retention – to indicate the effectiveness of drug treatment for adults. TOP provides an opportunity to establish and examine real outcome monitoring. Drug treatment outcomes in the UK have been grouped into four key domains under the TOP project:

- Substance use
- Physical and psychological health
- Social functioning
- Offending and criminal involvement.

These domains are already used in care planning and in care plan reviews. The challenge has been to develop a simple but effective, validated tool that can be incorporated into both NDTMS and regular care plan reviews. Further details can be found on the website www.nta.nhs.uk/TOP.

As TOP has been validated for young people aged 16 and over, data is currently collected on young people aged 16 and over, so the use of TOP on those under 16 is **not** recommended. The NTA and their partners will be considering how to assess treatment outcomes for under 16 year olds in the future.

7. Service specifications

The NTA (2003) has produced detailed guidance on service level agreements; commissioners are likely to benefit from this documentation for background information. Service specifications are part of a wider contract or service level agreement.

This chapter describes a sample service specification for young people's specialist substance misuse treatment. It should be read in conjunction with NTA (2003) and adopt the contractual framework of the Children's Trust or Drug Strategy Partnership. It is intended as guidance not a fixed template.

This template can be adapted by local commissioners to reflect local needs, providers and interventions. A range of organisations provide young people's specialist substance misuse treatment services, not all services will be able to provide all interventions. Commissioners can work with local service providers to agree service specifications, which reflect their ability to deliver specific interventions.

7.1 Definition of young people's specialist substance misuse treatment

It is important to use the NTA definition of young people's specialist substance misuse treatment to ensure that young people who need the service can access it.

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

7.2 Aims and objectives of the service

The aims and objectives of young people's specialist substance misuse treatment services are to:

- Offer services which take account of safeguarding and promoting children's welfare at all times
- Offer user friendly, confidential substance misuse interventions, within clear information sharing protocols, to young people
- Offer support to young people's parents and carers while their child is undertaking treatment
- Support young people in improving their health and social functioning in relation to substance misuse
- Encourage young people to reduce their substance misuse
- Encourage young people to stop substance misuse
- Support young people to access help for difficulties in addition to substance misuse, via the use of the Common Assessment Framework and the 'lead professional' system (DfES, 2006a)
- Support young people to access support from targeted or universal young people's services
- Support young people who need continued substance misuse treatment into adulthood to access adult substance services
- Support targeted and universal children's services to meet young people's substance misuse needs and make appropriate referrals to specialist services.

7.3 Threshold for service eligibility

Young people's specialist substance misuse treatment services are available to all young people who take substances at a level where it significantly disrupts the young person's functioning.

Specialist substance misuse treatment services are best reserved for those young people whose substance misuse needs can be met by either targeted or universal children's services.

7.4 Referral pathways

For further details on assessment and referral pathways (NTA 2007a) *Assessing Young People for Substance Misuse* should be consulted.

7.4.1 Access and referral

Referrals can be accepted from a wide variety of sources including self-referral. Access to the service can be managed by the use of a local screening and identification system that is part of the local Common Assessment Framework function. This can help ensure that young people who do not require specialist substance misuse services can be directed elsewhere.

Integration with children's services is encouraged to meet additional needs that young people may have. This can be supported with information sharing and joint working protocols. Young people may require referral to other young people's specialist services, targeted or universal services either in addition to, or instead of, specialist substance misuse treatment depending on where their needs can best be met.

Transitional systems and protocols can be developed and put in place to facilitate referral to adult substance misuse treatment facilities when required.

7.4.2 Assessment

The completion of a comprehensive substance misuse assessment is a pre-requisite for young people's specialist substance treatment services.

Young people may be referred to specialist substance misuse treatment services with information from a screening or identification assessment undertaken at a targeted or universal service. This can be built on as part of the comprehensive substance misuse assessment process.

- During the assessment process the young person should be:
- Encouraged to reflect on their circumstances, identify their needs and build on their strengths
- Provided with information and advice in relation to substance misuse
- Encouraged to attend further appointments
- Offered rapid assessment of pharmacological management of substance misuse, if required.

Young people's specialist substance treatment services should be able to identify child protection concerns and needs that cannot be met by specialist substance misuse treatment services. Appropriate action should be taken to address these needs and concerns.

7.5 Care plan

Following comprehensive substance misuse assessment a specialist substance misuse care plan will be required which covers the following domains (NTA, 2007a *Assessing Young People for Substance Misuse*):

- Substance use
- Physical and psychological functioning
- Social functioning
- Criminal involvement
- Safeguarding children.

Any rapid interventions provided before the completion of the comprehensive substance misuse assessment can be provided in conjunction with an interim specialist substance misuse care plan.

7.6 Care coordination

Young people's specialist substance misuse treatment services are encouraged to be part of integrated children services. If a young person has additional needs to substance misuse, their needs will require assessment using the Common Assessment Framework and their care co-ordinated by a lead professional (DfES, 2006a). Details on how this works with specialist substance misuse treatment services are described in (NTA 2007a) *Assessing Young People for Substance Misuse*.

7.7 Description of services, care and interventions provided

The service, care and interventions offered by a specific service depend on the capacity of the service and its staff. Service specifications are best when they reflect these differences for individual providers.

Interventions offered can include, but are not limited to:

- Pharmacological
- Psychosocial
- Family
- Specialist harm reduction
- Residential treatment for substance misuse.

The promotion of activities designed to meet the challenges of providing specialist substance misuse treatment to young people within services and care will benefit young people using the services, these include:

- High intensity of service provision to address complex needs
- Taking on care co-ordination or 'lead professional' roles, which require additional time for multi-agency working
- Attending multi-agency meetings and child protection meetings
- Supporting targeted and universal services in meeting young people's needs, making appropriate referrals and identifying relapses
- Supporting the parents, carers and siblings of the young people in receipt of specialist substance misuse treatment
- Ensuring that young people can access specialist substance misuse services without having to go onto a waiting list

- Interventions and time spent on engaging a young person into specialist substance misuse treatment services
- Provision of out of hours services to ensure that young people in education/employment can access specialist substance misuse treatment services
- Provision of services in locations that are acceptable to young people
- Development of close links with Child and Adolescent Mental Health Services
- An understanding of the travelling time that may be required to make services accessible in rural areas.

7.8 Competencies and training

The training of young people's specialist substance misuse treatment professionals can be determined by competency analysis based on DANOS and CNO (see Appendix 2).

7.9 Service principles

The principles of providing specialist substance misuse treatment to young people are based on the Children Act 1989, 2004 and the UN Convention for the Rights of the Child (SCODA and The Children's Legal Centre, 1999). They have widely been adopted in the UK as the overarching philosophy of young people's service provision.

1. A child or young person is not an adult.
2. The overall welfare of the individual child or young person is of paramount importance.
3. The views of the young person are of central importance, and should always be sought and considered.
4. Services need to respect parental responsibility when working with a young person.
5. Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people.
6. A holistic approach is vital at all levels, as young people's problems tend to cross professional boundaries.
7. Services must be child centred.
8. A comprehensive range of services needs to be provided.
9. Services must be competent to respond to the needs of the young person.
10. Services should aim to operate, in all cases, according to the principles of good practice.

7.10 Policies, protocols and organisational standards

Young people's specialist substance misuse treatment services are encouraged to have written policies and protocols in place to support all the interventions provided and the context of working with young people. Additional policies and protocols to include are identified in Contracts, service agreements and specifications. (NTA 2003)

All policies should have a named person with responsibility for implementation and monitoring and dates for review. The following policies are crucial when working with children and young people:

- Safeguarding children policy
- Gaining informed consent for treatment including how to implement the Gillick/Fraser guidelines

- Working with parents and carers
- Confidentiality policy
- Information sharing policy.

Policies on safeguarding children must be agreed with the Local Safeguarding Children Board. All members of staff and volunteers must have Enhanced Criminal Records Bureau clearance.

Organisations should ensure that they meet the requirements of clinical governance including:

- Clinical effectiveness
- Competence and continuing professional development
- Working in a team
- Information management
- Public, young person and carer involvement
- Risk management
- Public health.

Organisations should comply with all current and future legislation including:

Meeting the needs of diverse populations (e.g. Race Relations Act 1976, Sex Discrimination Act 1975, Disability Discrimination Act 2005 and their amendments and regulations). There is a considerable amount of legislation in relation to anti-discrimination see <http://www.mpa.gov.uk/issues/equality/antidiscrim.htm> for a guide.

- Meeting the needs of children (e.g. The Children Act 1989, 2004)
- Meeting the needs of those with mental health issues (e.g. The Mental Health Act 1983, 2007)
- Meeting the needs of the workforce (e.g. Health and Safety at Work Act 1974 and Equality Act 2007).

7.11 Monitoring and review

Young people's specialist substance misuse treatment services must provide accurate information to National Drug Treatment Monitoring System (NDTMS) young people's core data set.

Young people's specialist substance misuse treatment services are encouraged to provide evidence that they are working towards compliance to clinical governance.

Monitoring is an integral part of the contract or service agreement review and continuation or termination of the contract.

Other information not in this specification will need to be agreed between the commissioner and the provider; it should be stated in the specific provider's service specification. This may include:

- Principles of working practice
- Clinical governance arrangements (see chapter 5)
- Participation in research or evaluation projects.

Where local milestones and targets are set to aid contract monitoring, these are

developed and agreed with service providers.

Service reviews are undertaken where and when required, including those investigating service user satisfaction of services.

Appendix 1: Relevant guidelines

National Service Frameworks (NSFs), government guidance and National Institute for Health and Clinical Excellence (NICE) guidance are integral to a standards-based system. They have a key role in supporting local improvements in service quality.

PCTs are assessed not only on national targets but increasingly on whether they are delivering high quality standards across a range of areas, including NSFs and NICE guidance.

Children's Trusts are assessed through Annual Performance Reviews and Comprehensive Area Assessments, which are informed by OfSTED and Healthcare Commission (HCC) Standards.

For substance misuse the NTA works with the HCC to develop reviews based on the Drug Use and Dependence guidelines and NICE guidance.

National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004b)

This document sets standards for children's health and social care. The Children's NSF is aimed at everyone who comes into contact with, or delivers services to children, young people or pregnant women. It comprises a number of documents including:

- Core standards
- Mental health and psychological well-being of children and young people
- Medicines for children and young people.

The NSF for children is a ten-year strategy (2004-2014), which is designed to improve services for children, young people and pregnant women.

Drug Use and Dependence: UK Guidelines on Clinical Management – Department of Health (England) & devolved administrations (2007)

The health departments of England, Scotland, Wales and Northern Ireland have published an updated version of the *Drug Use and Dependence* guidance commonly referred to as the 'orange book'. It provides guidance to clinicians on the treatment of drug use in the UK. It is based on current evidence and professional consensus. Doctors who provide treatments for drug dependence outside those recommended in this guidance may have to justify this if their practice is reviewed. Thus commissioners are encouraged to ensure that doctors practice within these guidelines wherever possible.

National Institute for Clinical Excellence (NICE)

Health professionals and their organisations are expected to take NICE guidance fully into account when exercising their clinical judgement. For NHS organisations different types of guidance have different requirements:

NICE guidelines – NHS organisations should review current management of clinical conditions and consider the resources and time needed to implement the guidelines

NICE technology appraisals – NHS organisations should fund and resource medicines and treatments recommended, usually within three months of NICE issuing guidance

Technical appraisals

a) Naltrexone for the Management of Opiate Dependence (2007)

This is a technical appraisal for the use of the medication naltrexone for the management of drug dependence. It makes recommendations on the best use of this medication. The recommendations in this guidance apply to the assessment and management of pharmacological needs of young people who are opiate dependent.

b) Methadone and Buprenorphine for the Management of Opioid Dependence (2007)

This is a technical appraisal for the use of the medications methadone and buprenorphine for the management of drug dependence. It makes recommendations on the best use of this medication. The recommendations in this guidance when apply to the assessment and management of pharmacological needs of young people who are opiate dependent.

NICE guidelines

c) Community Based Interventions to Reduce Substance Misuse among Vulnerable and Disadvantaged Children and Young People (2007)

This guidance is for those who have a responsibility for reducing substance misuse among children and young people up to 25 years of age. It describes interventions and small-scale programmes delivered in community settings, which reduce the risk factors for the target population. Commissioners can use this guidance to help develop local strategies and plans for young people's substance misuse; it can contribute to the development of the local integrated system.

d) Drug Misuse Psychosocial Interventions (2007)

This guideline has been developed to provide advice on psychosocial interventions to address drug misuse for those aged 16 and over. It describes specific interventions that have been shown to be effective through a systematic review of the evidence base.

e) Drug Misuse: Opiate Detoxification Management of Drug Misusers in the Community and Prison Settings (2007)

This guideline has been developed to provide advice on the opiate detoxification for drug misuse for those aged 16 and over. It describes specific interventions that have been shown to be effective through a systematic review of the evidence base. Commissioners of young people's specialist substance treatment services may find this guidance useful in planning care for people who misuse drugs; it has an emphasis on the importance of carers within the treatment services.

Other guidance

The following documents are not subject to national audit requirements. Nevertheless they are useful to professionals and commissioners as they describe the current good practice position based on international evidence.

a) Young People's Specialist Substance Misuse Treatment: Exploring the Evidence Consultation Draft (NTA, 2008)

This is a systematic review of effective substance treatment interventions for young people, based primarily on the treatment interventions recommended in this guidance. It used research evidence that came from participants who in the main were under 18 years old. It covers predominantly psychosocial interventions and can be referred to

when developing interventions for young people.

b) Guidance for the Detoxification and Pharmacological Management of Substance Misuse among Young People in the Community (NTA/DH, forthcoming 2008)

The NTA has produced this guidance to give specific advice to clinicians on the pharmacological management of substance misuse among those under 18 years old. It advises on issues such as consent to treatment, using medications off-label and involving parents and carers in young people's treatment.

c) Guidance for the Detoxification and Pharmacological Management of Substance Misuse among Young People in Custody (YJB/DH, forthcoming 2008)

The Youth Justice Board has produced this guidance to give specific advice to clinicians working in custodial settings on the pharmacological management of substance misuse among those under 18 years old. It advises on issues such as first night treatment, appropriate monitoring of care, making decisions on opiate management and the involvement of the young person in their treatment.

d) Key Elements of Effective Practice: Substance Misuse Source (YJB, forthcoming 2008)

This is a systematic review of effective substance treatment for young people. It used research evidence that came from participants who in the main were under 18 years old. It covers predominantly psychosocial interventions and can be referred to when developing interventions for young people. The shorter KEEP leaflet provides key recommendations for professionals working in the youth justice system.

Appendix 2: Occupational standards and workforce plans

This section summaries the National Occupation Standards (NOS) and national workforce plans that impact on staff working in young people's specialist substance treatment services.

Drug and Alcohol National Occupational Standards

Drug and Alcohol National Occupational Standards (DANOS) were developed by Skills for Health for the drug and alcohol treatment sector. They encompass a wide range of competencies for the delivery of drug and alcohol treatment that describe the skills and knowledge required for specific tasks. The DANOS competencies are being developed into NVQs and other competency based certificates. Further details of these standards can be found on the Skills for Health website www.skillsforhealth.org.uk/page/competences/completed-competences-projects/list/drugs-alcohol-danos?id=61.

It will be of interest to commissioners that there are National Occupational Standards for commissioners of substance services, taken mainly from the Drug and Alcohol National Occupational Standards (DANOS). The titles of these are:

CA1 Research the needs of the local population

CA2 Develop and review strategies and plans to meet local needs for substance misuse services

CA3 Promote the development of substance misuse services in the local area

CA4 Draw up specifications for substance misuse services

CB1 Invite tenders and award contracts for substance misuse services

CB2 Monitor and evaluate the quality, outcomes and costs effectiveness of substance misuse services

CB3 Procure substance misuse services for individuals.

DANOS was written for practitioners working with adults, those working with young people under 18 years old will require additional competencies in relation to working with children and young people.

Children's National Occupational Standards

Children's National Occupational Standards (CNOS) will be developed by 2008 led by the Children's Workforce Network. The common core of skills and knowledge for those working with children and young people will be:

- Safeguarding and promoting the welfare of the child
- Transfer and transitions for children and young people
- Effective communications for the children's workforce
- The development of children and young people
- Health and well-being

- Communication
- Multi-agency working
- Sharing information
- Health, safety and security in the workplace.

Other relevant competencies

Skills for Health are developing two sets of competencies that may be relevant to specialist young people's substance treatment workers, dependent on the interventions they provide, NOS for psychological therapies and core competencies for Child and Adolescent Mental Health Services (CAMHS).

NOS for psychological therapies focus on four therapy areas covering adults and children. Drafts of these competencies will be available for consultation in 2008 and are expected to be completed in 2009. They will cover:

- Cognitive Behaviour Therapy
- Psychodynamic Psychotherapy
- Systemic and Family Therapy
- Humanistic and Integrative Therapy.

Core competencies for CAMHS have been developed from existing workforce competencies and NOS, such as the Children's Core Competencies and NOS for Mental Health. Generally these core competencies for CAMHS will not relate specifically to specialist substance treatment services for young people, unless the service is part of a CAMHS service or provides assessments or interventions specific to mental health issues.

National workforce plan for the substance sector

Skills for Justice is working with the Drug Strategy Directorate and the NTA on a workforce development plan for the substance sector. The workforce plan currently involves the development of:

- A Development Award in Substance Misuse
- Advanced (Modern) Apprenticeships in Community Justice (Substance Misuse).

Skills for Justice is working with other Skills Councils to ensure that the substance workforce is developed within a consistent framework, primarily based on DANOS competencies. The Development Award in Substance Misuse is intended for both specialists and generalists in substance misuse. The Advanced (Modern) Apprenticeships in Community Justice (Substance Misuse) is an entry level qualification intended to attract young adults into the sector. There is more information about the development and roll-out of these awards on the Skills for Justice website www.skillsforjustice.com.

National workforce plan for children's services

The Department for Children, Schools and Families has made a commitment to develop a world class children's workforce (DfES, 2007a). The children's workforce strategy includes the development of an Integrated Qualifications Framework (IQF) by 2010 led by the Children's Workforce Development Council (CWDC). The IQF will provide a comprehensive set of qualifications for people who work with children and young people (CWDC, 2007).

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