
**Young People's specialist substance
misuse treatment planning (1 year
and 3 year plans)**

**Interim guidance for Young People's
strategic partnerships 2011/12**

Question	Answer
What is the document?	Young People's specialist substance misuse treatment planning 2011/12: Guidance notes on planning processes for strategic partnerships
What is its purpose?	Advice for Young People's specialist substance misuse commissioners on preparing an annual and three-year plan in relation to the provision of Young People's specialist substance misuse treatment
Publisher and date	NTA, November 2010
Who is it addressing? How big/wide is the audience?	Lead commissioners for Young People's specialist substance misuse, strategic members of drug partnership boards in each local authority, Directors of Children's Services, Chief Executives of Local Authorities and primary care trust's (PCT's), Stakeholders who want information about the planning process for YP specialist substance misuse treatment at a local level
What is it asking them to do?	Use this document to assist in the development of delivery plans for 2011/12, providing advice on possible format and content of the plan
What is the business reason?	To support effective use of the Young People's pooled treatment budget (PTB) and to ensure that YP specialist substance misuse treatment is based on need and will meet the needs of the local population
What if anything does this update, replace or complement?	Updates 2010/11 guidance published under DH Gateway reference 12054
Disclaimer if possible	This document imposes no new demands or requirements on anyone working in the Young People's specialist substance misuse treatment field
Who is the author/contact?	NTA regional manager in the first instance for regional queries. Kirsty.blenkins@nta-nhs.org.uk for national queries
DH Gateway reference	15334

Introduction

The Memorandum of Understanding between Department for Education and National Treatment Agency (NTA) sets out the vision for young people who need access to specialist substance misuse interventions. This Memorandum of Understanding highlights that local delivery of Young People's substance misuse interventions should be integrated into broader children's services provision, with planning and commissioning becoming an integral part of strategic children's and Young People's planning. It also highlights the Young People's element of the joint strategic needs assessment.

The Coalition government has committed to publish a new drug strategy in December 2010. There is a continued recognition of the distinct nature of Young People's substance misuse and the need for a range of young people's services to address it.

Additional information may be required to assist with treatment planning for 2011/12 once the drug strategy is published. This interim guidance is to assist localities to begin the planning process, to ensure that systems and services provide value for money and meet the needs of the local community.

The NTA aspires to support joint planning with local authorities and other key local partners to secure continued developments and substantial improvements in the effectiveness, quality and accessibility of Young People's substance misuse treatment systems across England, to ensure that these systems are integrated with children's services framework. It is intended that the needs assessment and planning in relation to Young People's specialist substance misuse treatment will build on and add to arrangements already in place for commissioning of broader children's, young people's and family services.

As in previous years, NTA staff will be available to provide advice, guidance and support at any stage of local deliberation or planning, and local partnerships may wish to share draft plans with NTA teams for comment. Within the Coalition government's commitment to local leadership of public service delivery, local partnerships will want to maximise the impact of Young People's specialist substance misuse treatment provision on broader local strategic plans. It is also recognised that local partnerships have developed expertise in planning and delivery mechanisms over recent years; hence the documentation included here is for guidance and the templates are optional. However, it will still be important for partnerships to develop plans that reflect the levels of investment – both Young People's pooled treatment budget (YPPTB) and mainstream funding, including the Early Intervention Grant announced as part of the Comprehensive Spending Review.

Where needs analysis and planning in relation to specialist substance misuse treatment have already been completed as part of the Children's planning process, it may not be necessary to revise this process.

Background

This guidance is intended to assist strategic partnerships in setting out their future plans for local Young People's substance misuse interventions. The guidance has been developed to reflect a balance between continuing the progress being made locally in carrying out needs assessments and effective planning activities with recognition of the need to reduce the burden on partnerships, to support the achievement of outcomes and local performance management, and ensure the appropriate type and intensity of support at a local level.

Following the Comprehensive Spending Review and the forthcoming publication of the new drug strategy in December 2010, there may be further supplementary guidance to follow. NTA teams will circulate these additional documents to local partnerships, and will be available to provide support and guidance at all stages of the Young People's treatment planning process.

The guidance covers planning for Young People's specialist substance misuse interventions in the community. Furthermore, this guidance is designed to support local areas that wish to establish a three year planning cycle as well as a one-year plan, where this is seen to be useful. The inclusion of the three-year plan with an annual review will enable local areas to develop a longer-term approach to commissioning and adapting the Young People's treatment system to match local need, and to respond over time to the developing young people's agenda and policy direction of the new drug strategy.

Needs assessment processes are expected to continue as in previous years, and local Young People's needs assessment data was circulated by the NTA in August 2010.

NTA teams will be available to provide feedback on draft plans before the start of the new financial year.

Proposed Timetable – 2011/12

The timetable below provides a suggested arrangement for partnerships to develop their plans in order that these are in place at the start of the financial year 2011/12.

Date	Action
November 2010	Publication of 2011/12 treatment planning guidance
By December 2010	Needs assessment, consultation and drafting of plan for Young People's specialist substance misuse treatment
By January 2011	Publication of supplementary guidance for treatment planning following the publication of the new Drug Strategy
By the end of February 2011	Draft plans and latest needs assessment report completed by strategic partnerships. Shared with NTA teams if feedback and support is

required.

By the end of March 2011

NTA feedback and support for strategic partnerships in finalising Young People's treatment plans for 2011/12.

The most effective local substance misuse intervention plans are those which have the support of local strategic leaders and decision-makers. Local areas may wish to gain the support of the following individuals as signatories to the final substance misuse intervention plan: Drug Partnership Chair, Young People's Commissioning Group Chair or equivalent, Directors of Children's Services, Local Authority Chief Executives, representatives from emerging Health and Wellbeing Board and Local Safeguarding Children's Board (LSCB).

Strategic summary: one year or three years

Effective Young People's substance misuse intervention plans usually include a strategic summary, which encompasses the needs assessment work that has been undertaken and outlines the key priorities for the coming financial year. Local areas may also find it useful to identify longer-term goals over the next three years. It is proposed that the strategic overview should include the following sections:

1. The overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions
2. The likely demand for specialist substance misuse treatment interventions for young people including psychosocial interventions work, harm reduction, access to residential placement for young people with complex care needs and pharmacological interventions. This section could identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact
3. The key findings of the current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates, and treatment outcomes
4. The improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning
5. The key priorities for developing specialist young people's substance misuse interventions to meet local needs during the following one or three years and how these will be funded.

Planning framework

The planning framework is an optional tool which provides a suggested format within which partnerships may wish to outline their local implementation arrangements in detail. Partnerships may wish to expand the planning sections to address key local priorities identified from the needs assessment or other local planning processes.

1. Commissioning and system management
2. Access to treatment
3. Treatment system delivery
4. Leaving specialist treatment

In each section, the relationship to targeted youth support and early intervention services should be clearly identified.

When setting objectives based on the needs assessment findings, partnerships may wish to use the checklists below. The guidance is not exhaustive or mandatory in terms of how those completing planning determine where objectives should be included within those sections.

1. Specialist substance misuse commissioning and system management

Young People’s specialist substance misuse systems are complex and require appropriate management and support. When setting objectives based on the needs assessment, partnerships may wish to consider improvements in the following areas for inclusion within planning section 1 where appropriate:

Planning Section 1	
Commissioning for outcomes and moving towards a focus on results	
A commissioner is identified with lead responsibility for Young People’s specialist substance misuse interventions, with resources and support from a group of local stakeholders	
Specialist substance misuse interventions are commissioned as part of an integrated commissioning process within Children’s Commissioning to encourage an integrated approach across universal, targeted and specialist provision ¹	
Local commissioning structures make use of data available through value for money programmes. This ensures that investments in Young People’s substance misuse treatment are based on the sound understanding of the evidence of potential effectiveness on the interventions commissioned and the potential impact of any reduction / increase in funding utilised	
Young People’s Substance Misuse Commissioning Group (YPSMCG) includes representatives from the drug strategy partnership, young people’s commissioning group, Primary Care Trust, emerging Health and Wellbeing Boards, Youth Offending Team, Child and Adolescent Mental Health Services, specialist substance misuse provider organisations, targeted youth support services, and Safeguarding or lead professional group.	

¹ *Commissioning young people’s substance misuse treatment services*, (NTA, Interim Guidance, 2008) www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf

Commissioning functions have involvement from key stakeholders at an appropriate level of seniority to deliver a strategic response.	
Annual needs assessment or three year planning is conducted in line with nationally agreed guidance published by the NTA and DfE which profiles the diversity of local need for Young People's specialist substance misuse services and feeds into the children and young people's planning ²	
The young people's treatment plan is drawn up in line with the principles outlined in the NTA " <i>Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services</i> " ³	
Local funding and commissioning arrangements are in place to support the provision of residential treatment for young people with complex needs	
Information systems should be compliant with the National Drug Treatment Monitoring System (NDTMS), have appropriate data and information sharing protocols and forward planning investment plans for the purchase or development of IT systems to meet the clinical and NDTMS needs of providers	
Information and delivery systems should ensure that the treatment outcomes monitoring instrument (the Treatment Outcomes Profile (TOP)) is used at the start of treatment and in care plan reviews and reported through NDTMS for those over 16 years	
Partnerships have a workforce strategy and improvement plan which covers both partnership and provider requirements in relation to recruitment, education, training, and workforce activities including induction, individual training plans, appraisal, supervision, continuing professional development, job descriptions and person specifications in line with the Drug and Alcohol National Standards (DANOS) and Children's Workforce Standards ⁴	
Plans reflect the 2007 clinical guidelines ⁵ and NTA ' <i>guidance</i> ⁶ for the <i>pharmacological management of substance misuse among young people</i> '.	
Young people, parents and carers are involved in the planning of young people's substance misuse treatment services ⁷ .	

2. Maintaining and Improving Access to Treatment

Planning section 2 focuses on improving the impact of substance misuse interventions, alongside consolidation of improvements in access and capacity. This requires partnerships to evaluate the young person's treatment journey, including the impact of brief interventions and longer periods of treatment, the care planning process and

² , *Undertaking needs assessment – Drug treatment: Recovery and reintegration in the community and prisons*, (NTA, 2009) www.nta.nhs.uk/uploads/needs_assessment_2010_11.pdf

³ *Commissioning young people's substance misuse treatment services*

⁴ Children's Workforce Development Council and Sector Skills Council and DANOS

⁵ *Drug misuse and dependence: UK guidelines on clinical management*, (Department of Health, 2007) www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

⁶ *Guidance for the pharmacological management of substance misuse among young people*, (Department of Health, NTA and Youth Justice Board, 2009) www.nta.nhs.uk/uploads/guidance_for_the_pharmacological_management_of_substance_misuse_among_young_people_1009.pdf

⁷ *Drug misuse and dependence: UK guidelines on clinical management*

whether this sufficiently identifies needs and a programme of action to deliver the relevant goals, promote progression through the system for all young people, including support for positive lifestyles. The outcome of the treatment intervention should deliver improvements in the young person's health and social functioning, lower public health risks and deliver improvements in community safety.

Planning Section 2 Maintaining and Improving Access to Treatment	
Referral pathways reflect multi-agency working and joined up children's services so referral sources should show that all areas are referring into specialist treatment whenever necessary	
Universal and targeted services are able to provide screening, brief intervention and onward referral to specialist substance misuse treatment services	
Local CAF processes are supported to ensure that substance misuse interventions are identified and referred on as required	
All Young People assessed as requiring specialist treatment commence treatment within 15 working days of referral	
Out of hours services are available to ensure that young people in education, college or employment can access services	
Referral pathways from the criminal justice system including those on community sentences and returning to the community from custodial establishments.	
Referral pathways are in place with Child and Adolescent Mental Health Services	
Referral pathways are in place with accident and emergency services	
Referral pathways are in place between sexual health services	
Referral pathways are in place Hepatitis C/HIV testing with appropriate pre – and post test counselling and hepatitis B vaccination ⁸	

3. Treatment System Delivery

Planning Section 3 Treatment system delivery	
All specialist substance misuse services are able to assess risks to children and young people, identify child protection concerns and needs that cannot be met by the service and take appropriate action via Local Safeguarding Children's Board protocols to address those needs and concerns ⁹	

⁸ *Children In Need and Blood-Borne Viruses: HIV and Hepatitis*, (Department of Health and Department for Education and Skills, 2004)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4093509 and *Immunisation against infectious diseases – The "Green Book"* (Department of Health, HMSO 1996)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917

⁹ *Framework for the Assessment of Children In Need and their Families*, (Department of Education and Employment, 2000)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

Arrangements are in place for joint working with other specialist teams when required, which includes mental health services, emergency services, youth justice settings and children and family services	
All specialist substance misuse assessments and care plans are in line with the NTA guidance, "Assessing young people for substance misuse" ¹⁰	
Pharmacological interventions which include prescribing for detoxification, stabilisation, short-term maintenance, symptomatic relief and relapse prevention are available	
Interventions using psychological, psychotherapeutic and counselling techniques designed to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills are available	
Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of the young person's substance misuse and enable them to better support the young person in the family are available	
Specialist harm reduction interventions for young people with specific substance misuse needs are available including young people's specific injecting services, advice and information to prevent overdose, blood-borne viruses	
Access to a specialist substance misuse health assessment by a health clinician, such as nurse, doctor or psychiatrist where necessary	
Specialist substance misuse interventions are available for young people with complex needs including access to residential placement with substance misuse input	
The progress of all young people over the age of 16 in care planned treatment is monitored using the Treatment Outcomes Profile (TOP) as per guidance	
Clinical governance arrangements are in place across the young people's specialist substance misuse delivery system and organisations ¹¹	

4. Leaving Specialist Treatment

Planning section 4 Leaving specialist treatment	
Transitional care planning arrangements are in place for all young people prior to their 18th birthday, with flexible co-working protocols as required	
Lead professional arrangements are in place for a young person requiring referral back to mainstream children's services	
A CAF is completed for young people without a CAF leaving specialist treatment requiring additional services	
Care pathways are in place as a route out of specialist substance misuse services with support available from targeted and universal services for young people and specifically back to children's services where appropriate	

¹⁰ *Assessing young people substance misuse*

¹¹ *Drug misuse and dependence: UK Guidelines on clinical management*

Partnership has identified current performance in terms of successful planned exits from treatment with plans in place to improve performance year on year	
Partnership is monitoring unplanned drop-out rates, and has plans in place to improve performance year on year	
Service Level Agreement (SLA's) with all service providers clearly stipulate planned discharge performance expectations	

Appendix one: summary of underpinning best practice

When drawing up the Young People's specialist substance misuse treatment plan, local areas may wish to take into account the following data based on principles of best practice within the specialist substance misuse treatment system. This data will be published by the National Drug Treatment Monitoring System (NDTMS) quarterly and is based on existing principles of good practice which can be identified through NDTMS and TOP reports.

1. Compliance for completions of Treatment Outcome Profile (TOP) for young people aged 16-17 should be at least 80% at treatment start, review and exit
2. The range of services available should include the five treatment interventions set out in the NTA assessment¹² and commissioning guidance¹³ - see Appendix 2 for definitions (These will be updated April 2011)
3. Referral pathways reflect multi-agency working and joined up children's services so referral sources should show that all areas are referring into specialist treatment whenever necessary
4. All young people referred for specialist substance misuse treatment should commence treatment within 15 working days
5. All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs. Definitions of care planning are provided in the NTA assessment guidance¹⁴
6. All young people who have a history of injecting should be offered a personal Hepatitis C test with appropriate pre- and -post test counselling¹⁵
7. Young people starting a new treatment journey should be offered (or assessed as not appropriate to offer) a Hepatitis B vaccination
8. Young people have access to a Specialist Substance Misuse Health Assessment by a health clinician, such as nurse, doctor or psychiatrist where necessary.

¹² *Assessing young people's drug use and substance*

¹³ *Commissioning young people's substance misuse treatment services*

¹⁴ *Assessing young people's drug use and substance*

¹⁵ *ibid*

9. Partnership has identified current performance in terms of successful planned exits with plans in place to improve performance.

All the information required to monitor these indicators is provided to the relevant local partnership by the National Treatment Agency on the quarterly Summary Performance Reports.

Appendix two: definitions of treatment interventions

Please note: Young People's substance misuse interventions are being updated in April 2011

Treatment interventions as described in the Interim Commissioning Guidance for Young People's specialist substance misuse treatment services¹⁶ and in guidance "Assessing Young People for substance misuse" published by the NTA in 2007¹⁷. Apart from **Residential treatment for substance misuse**, these interventions describe the service provided rather than the setting the modality is delivered in.

1. Pharmacological

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

2. Psychosocial

These interventions 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. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.

3. 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 substance treatment.

4. Specialist harm reduction

Specialist harm reduction interventions should include services to manage:

- a. **Injecting** – young people need to be able to access Young People's specific injecting service. Adult services for injectors are too low threshold and will put young people in contact with adult drug service users, both of which may put them at further risk of harm. These services could include needle exchange, advice and information on

¹⁶ *Commissioning young people's substance misuse treatment services*

¹⁷ *Assessing young people's drug use and substance*

injecting practice, access to appropriate testing and treatment for blood borne viruses and infection control and participation in full assessment and other specialist substance misuse treatment services.

.b. **Overdose** – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place.

.c. **Accidental injury** – protocols with accident and emergency services to ensure that measures to identify and prevent future substance misuse related accidental injuries are in place.

5. Residential treatment for substance misuse

Any specialist substance misuse intervention (as defined in 1-4 above) provided in a residential setting where the young person has been 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.

Residential treatment for substance misuse should be accessible in each area. This does not mean there needs to be a specific residential service in each area, merely that there should be systems and resources in place to provide access to these services though they may be located in another area.