



***National Treatment Agency
for Substance Misuse***

Young people's specialist substance misuse treatment planning 2010/11

Guidance notes on planning processes for strategic partnerships

Published: June 2009

Question	Answer
What is the document?	Young People's specialist substance misuse treatment planning 2010/11: Guidance notes on planning processes for strategic partnerships
What is its purpose?	Outlines proposed submission and assessment arrangements for young people's specialist substance misuse commissioners to use in their planning processes
Publisher and date	NTA, June 2009
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 and primary care trust (PCT) area 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?	Take local action to provide the regional NTA and regional strategic partners with a delivery plan for 2010/11 – providing advice on possible format and content of the plan
What is the business reason?	To assist in the delivery of the 2008 National Drug Strategy by planning for the delivery of effective, high quality and accessible services for young people
What if anything does this update, replace or complement?	Updates 2009/10 guidance published under DH Gateway reference 10637
Disclaimer if possible	This document imposes no new demands or requirements on anyone working in the Young People's specialist substance misuse treatment field
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DH Gateway reference	12054

Introduction

The Memorandum of Understanding between the Department for Children, Schools and Families (DCSF) and the National Treatment Agency (NTA) sets out the vision for young people who need access to specialist substance misuse treatment provision. This Memorandum of Understanding highlights that local delivery of young people's specialist substance misuse treatment should be integrated into broader children's services provision, with planning and commissioning becoming an integral part of strategic Children and Young People's Plans in due course.

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.¹

The Memorandum of Understanding reflects changes to local government and health performance frameworks, including the new Public Service Agreements, Department of Health's Operating Framework for the NHS 2008/09², the local authority single set of national indicators³ and DCSF's Children's Plan 2007⁴.

The NTA therefore aspires to work in partnership with local authorities and other key local partners to secure substantial improvements in the effectiveness, quality and accessibility of young people's substance misuse treatment systems across England, and ensure that these services are commissioned and delivered within an integrated children's services framework. It is intended that 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 the broader children's, young people's and family services.

This guidance supports efforts towards achieving PSA 25⁵, reduce the harm caused by alcohol and drugs, and PSA 14⁶, increase number of children on the path to success. In particular, it will support local efforts towards national indicator 40⁷, which records the increase in number of drug users (including under 18s) in effective treatment and national indicator 115 - substance misuse by young people, and may be included within Local Area Agreements (LAAs). The health performance framework for primary care trusts, Vital Signs also includes an indicator (VSB14) reflecting numbers in effective treatment⁸.

To assist with the development of young people's specialist substance misuse commissioning, the NTA publish specific needs assessment guidance on its website⁹. Specialist needs assessment should align closely with Joint Strategic Needs Assessment processes now undertaken by local partners.

The NTA has considerable experience in developing planning for the commissioning of adult specialist substance misuse systems and have proposed a timetable to assist commissioners in children's services or local drug partnerships. See section 2 below. The NTA firmly believes that commissioning based on strategic planning informed by a robust assessment of need is essential. Where the timetable or suggested submission of required planning documents does not align with local arrangements then discussion with the NTA regional team may enable local arrangements to be established that better align in these two respects.

This guidance outlines proposed submission and assessment arrangements for young people's commissioners to use in their planning processes in partnership with NTA regional teams and other local and regional partners. Example templates are provided for the three parts of the submission. A covering letter outlining local support for the submission would be welcome where the template for Part 1 is not adopted by the partnership.

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, in particular where young people's specialist substance misuse is suitably covered within Children and Young People's plans.

1. Timetable for 2010/11 planning

Date	Actions
July – November 2009	Specialist substance misuse needs assessment and plan development process supported by NTA regional teams.
By end November 2009	Local plans shared with NTA regional teams and other partners for comment and support.
By end December 2009	NTA and partners provide feedback and comment to local partnerships (including review of progress meeting in line with guidance on NTA support to partnerships)
January 2010	Redrafting, if desired, by local partners
By end January 2010	Final plan provided to NTA and regional stakeholders
By end April 2010	Publication of Part 1 on NTA website

3. Arrangements for young people's specialist substance misuse treatment plan for 2010/11

In conjunction with this guidance, the NTA are also publishing updated guidance on undertaking a young people's specialist substance misuse needs assessment and will provide local areas with relevant National Drug Treatment Monitoring System (NDTMS) data to populate a treatment system map. The NTA are aware that some areas will already have produced a needs assessment in relation to young people's specialist substance misuse needs for the current financial year, and/or as part of the planning activity for the Children and Young People's Plan, and/or covered this in Joint Strategic Needs Assessment activities. In these circumstances, subject to the quality of this assessment being deemed satisfactory by all parties, it should only be necessary to refresh this assessment for local areas to develop their plans for treatment delivery in 2009/10. The full or refreshed needs assessment document should be appended to the submission to the NTA in November 2009.

Following completion or refresh of a local young people's specialist substance misuse needs assessment, the local Young People's Substance Misuse Commissioning Group¹⁰ (YPSMCG), together with children's planners and other local and regional partners, should be able to outline key priorities for the coming financial year, producing a plan for 2010/11 to deliver these priorities. This should align substance misuse plans with broader children's delivery plans.

It is proposed that the submission should comprise the following:

- Part 1: A strategic overview and key priorities (specimen template provided)
- Part 2: A treatment (or delivery plan) setting out objectives, actions, and milestones (specimen template provided)
- Part 3: Funding and expenditure profile (specimen template provided)

Part 1 – strategic overview and key priorities

It is proposed that the strategic overview should include the following sections:

- The overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions
- The likely demand for specialist substance misuse treatment interventions for young people. This section could identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact
- 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
- 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
- The key priorities for developing specialist young people substance misuse treatment interventions to meet local needs during the following financial year and how these will be funded

Part 2 – treatment planning grids

A treatment (or delivery) plan which identifies objectives, actions, milestones and responsibility for delivery in relation to the following planning grids:

- Commissioning and system management
- Access to treatment
- Treatment system delivery
- Leaving specialist treatment

In each section the relationship to targeted youth support services should be clearly identified where appropriate.

Please see Appendix 1 for a checklist as to the areas that might be covered in the planning grids.

Part 3 – Pooled treatment budget, mainstream funding and expenditure

Budget allocation

Since 1998 higher tier local authorities have been entitled to receive funding from the Substance Misuse Pooled Treatment Budget (PTB). This is a national budget established by the Department of Health and Home Office (and now supported by the Ministry of Justice and DCSF). The National Treatment Agency for Substance Misuse (NTA) was established in 2001 and has a statutory responsibility to advise the Secretary of State for Health on how funding for substance misuse treatment should be allocated. Each partnership area receives an allocation each year from the PTB to contribute to the costs of delivery of young people's specialist substance misuse treatment. Any local partnerships seeking funding under this budget are therefore required to:

- a) provide a minimum set of information on the current and planned provision of substance treatment within their area via submission of this plan
- b) require any treatment services which receive funding to make data returns to the National Drug Treatment Monitoring System (NDTMS) and to ensure data compliance

The NTA provides support for the development of these plans and assurance of their delivery through a process of annual agreements and quarterly reviews as outlined in the Memorandum of Understanding with DSCF. The NTA regional teams based in Government Offices work closely with regional partners so that local partnerships responsible for the provision of specialist substance misuse treatment receive a consistent response on a regional basis on young people's substance misuse treatment issues.

The annual agreement with local partnerships and oversight of the dedicated resources provided for substance misuse treatment are embodied within this Treatment Plan. These notes provide guidance to the local partnerships with responsibility for those plans who are seeking funding under the PTB .

Funding and expenditure profile

This part of the plan is designed to collect information on the investment and expenditure of all sources of funding for young people's specialist substance misuse treatment services only. It is not designed to record funding allocated for education or prevention. Part 3 is provided in excel format.

Table 1: Funding source 2009/10 and 2010/11

Young people's pooled treatment budget (PTB)

Enter the figures allocated to the partnership for 2009/10, (as announced in February 2009) and for 2010/11 (date for announcement not yet available). This budget is made available to partnerships via the Primary Care Trust

Young people's pooled treatment budget underspend from previous year

Enter the figures for any funding that was carried forward from the previous financial year for the pooled treatment budget.

Funding to support specialist treatment from non-PTB sources

Include any funding from non-PTB sources that are allocated to support the development of specialist treatment. Do not include any funding that is allocated for drugs education or prevention.

Additional funding for specialist treatment may be allocated from:

- Area Based Grant contribution
- Ministry of Justice contribution to YOTs for specialist substance misuse workers
- Local funding – PCT
- Local funding - Local Authority
- Local funding – Adult Pooled Treatment Budget
- Other funding

Area Based Grant contribution

This refers only to any proportion of the ABG allocation spent on specialist treatment

Ministry of Justice contribution to YOTs for specialist substance misuse workers

This refers only to monies allocated to specialist treatment from the MoJ YOT drugs worker funding that goes directly to YOTs. It should not be included in the profile if the YOT drugs worker is not providing specialist interventions.

Local funding – PCT

This refers to funds received from mainstream PCT budgets to fund specialist substance misuse treatment (e.g. CAMHS funded specialist substance misuse post)

Local funding – Local Authority

This refers to funding received from mainstream Local Authority budgets to fund specialist treatment provision (e.g. LAC specialist substance misuse post or Children's Services contribution to residential placements)

Local funding – Adult Pooled Treatment Budget

This refers to funding received from the Adult Pooled Treatment Budget for young people's specialist treatment (e.g. monies received to meet a deficit in the YP specialist treatment budget, or adult PTB contributions to transitional services)

Other funding

Please specify

Table 2: Expenditure profile 2010/11

This table should provide a breakdown of the expenditure for each aspect of delivery outlined in the table. The source of funding for each aspect in broad terms should be entered across the spreadsheet. The total of all the expenditure should equal the total funding available shown in Table 1 for 2010/11.

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.

This summary focuses on treatment quality measures and will be further enhanced when treatment outcome monitoring is further developed.

1. At least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service
2. Compliance for completions of Treatment Outcome Profile (TOP) for young people aged 16-17 should be 80% at treatment start, review and exit
3. The range of services available should include the five treatment interventions set out in the NTA assessment¹¹ and commissioning guidance¹² - see Appendix 2 for definitions
4. At least 20% of referrals to specialist substance misuse treatment should be from Children and Families services¹³
5. All young people referred for specialist substance misuse treatment should commence treatment within 15 working days
6. 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
7. All young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre and post test counselling¹⁵
8. At least 70% of young people should leave treatment in an agreed and planned way¹⁶

All the information required to monitor these indicators, other than Indicator 3, is provided to the relevant local partnership by the National Treatment Agency on the quarterly Summary Performance Reports. Indicator 3 will be monitored via the treatment planning process.

Appendix two – Definitions of treatment interventions

Treatment interventions as described in the Interim Commissioning Guidance for Young People's specialist substance misuse treatment services¹⁷ and in guidance "Assessing young people for substance misuse" published by the NTA in 2007¹⁸.

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 services, as 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 injecting practice, access to appropriate testing and treatment for blood borne viruses 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.

Appendix three – Guidance on areas to address in planning grids

The following guidance is not exhaustive or mandatory in terms of how those completing planning grids determine where objectives should be included within those grids.

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 grid 1 where appropriate:

KEY: Not in place or not at standard required and significant needs/improvements identified	
Progress being made but further work/investment required to meet identified need/standard	
Provision in place and/or good progress being made against assessed need and required standards	
Planning Grid 1 –Commissioning and system management	RAG
A commissioner is identified with lead responsibility for young people's specialist substance misuse treatment, with resources and support from a group of local stakeholders	
Specialist substance misuse treatment interventions are commissioned as part of an integrated commissioning process within Children's Trusts to encourage an integrated approach across universal, targeted and specialist provision	
Young People's Substance Misuse Commissioning Group (YPSMCG) includes representatives from the 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, and Safeguarding or lead professional group	
The local commissioning group demonstrates best practice in handling public money, contracting with providers and monitoring of service level agreements (for example as identified in World Class Commissioning guidance)	
The local commissioning group has performance management arrangements in place using data and key performance indicators in line with all partnership organisations requirements and plans	
Commissioning functions are "fit for purpose" and have involvement from key stakeholders at an appropriate level of seniority to deliver a strategic response	
Annual needs assessment is conducted in line with nationally agreed guidance published by the NTA and DCSF which profiles the diversity of local need for young people's specialist substance misuse services and feeds into the annual Children and Young People's Plan	

KEY: Not in place or not at standard required and significant needs/improvements identified	
Progress being made but further work/investment required to meet identified need/standard	
Provision in place and/or good progress being made against assessed need and required standards	
The Young People's treatment plan is drawn up in line with the principles outlined in the NTA "Interim Guidance on Commissioning Young People's Specialist Substance Misuse Treatment Services" ¹⁹	
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 or TOP) is used at the start of treatment and in care plan reviews and reported through NDTMS for those over 16 years	

Specialist substance misuse treatment system

Planning grids 2, 3 and 4 focus on improving the impact of treatment, 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 whether this sufficiently identifies needs and a programme of action to deliver the relevant treatment 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.

Key: Not in place or not at standard required and significant needs/improvements identified	
Progress being made but further work/investment required to meet identified need/standard	
Provision in place and/or good progress being made against assessed need and required standards	
Planning Grid 2 - Access to treatment	RAG
At least 20% of referrals are made by children and families services	
Universal and targeted youth support services are supported in screening and referring to specialist treatment services, and pathways are in place to enable this, particularly as part of the CAF process	
There are no waiting times for specialist services are not in place and 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 or employment can access services	
All specialist substance misuse assessments and care plans are in line with the NTA guidance, Assessing Young People for Substance Misuse ²⁰	

Key: Not in place or not at standard required and significant needs/improvements identified	
Progress being made but further work/investment required to meet identified need/standard	
Provision in place and/or good progress being made against assessed need and required standards	
Referral pathways from the criminal justice system including those on community sentences and returning to the community from custodial establishments	

Planning Grid 3 - Treatment system delivery	RAG
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	
Arrangements are in place for joint working with other specialist teams when required, which includes mental health services, emergency services, youth justice settings and adult drug and alcohol treatment services	
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 YP specific injecting services, advice and information to prevent overdose	
Referral pathways are in place with accident and emergency services	
Residential treatment is available for young people with complex needs, including substance	
The progress of all young people over the age of 16 in care planned treatment is monitored using the TOP as per guidance	
Clinical governance arrangements are in place across the Young People's specialist substance misuse delivery system and organisations	

KEY: Not in place or not at standard required and significant needs/improvements identified	
Progress being made but further work/investment required to meet identified need/standard	
Provision in place and/or good progress being made against assessed need and required standards	
Planning Grid 4 - Leaving specialist treatment	RAG
Transitional care planning arrangements are in place for all young people prior to their 18 th birthday	
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	

Document footnotes:

¹ Interim Guidance: Commissioning Young People's Specialist Substance Misuse Treatment Services, NTA October 2008 – www.nta.nhs.uk

² For further info, see:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

³ For further info see:

<http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/>

⁴ DCSF Children's Plan 2007

⁵ For further info, see: http://www.hm-treasury.gov.uk/media/A/4/pbr_csr07_psa25.pdf

⁶ For further info, see: http://www.hm-treasury.gov.uk/media/4/8/pbr_csr07_psa14.pdf

⁷ For further info, see: <http://www.communities.gov.uk/publications/localgovernment/nationalindicator>

⁸ See Department of Health's Operating Framework for NHS 2008/09:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

⁹ For further info, see: http://www.nta.nhs.uk/areas/young_people/young_people_needs_assessment.aspx

¹⁰ The term Young People's Substance Misuse Commissioning Group (YPSMCG) is used throughout this document to refer to the local area structure which is responsible for commissioning young people's specialist substance misuse treatment.

¹¹ See note 10 above

¹² See note 1 above

¹³ This refers to referrals from Children and Families Social Services such as safeguarding and Looked after Children only

¹⁴ See note 10 above

¹⁵ Children in Need and Blood Borne Virus, DFES and DH 2004

¹⁶ See note 1 above

¹⁷ See note 1 above

¹⁸ See note 10 above

¹⁹ See note 1 above

²⁰ See note 10 above