NATIONAL DRUG TREATMENT MONITORING SYSTEM (NDTMS)

GUIDANCE FOR YOUNG PEOPLE’S TREATMENT PROVIDERS

NDTMS DATA SET L

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Approver M. Roxburgh
Date     March 2013
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# REVISION HISTORY

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<td>T Aldridge</td>
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# EXTERNAL REFERENCES

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<td>Working together to safeguard children</td>
<td>March 2013</td>
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<td>7</td>
<td>Safeguarding Children from Sexual Exploitation</td>
<td>June 2012</td>
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<td>8</td>
<td>Inquiry into Child Sexual Exploitation in Gangs and Groups</td>
<td>November 2012</td>
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<td>9</td>
<td>NICE - Clinical Guideline 16 Clinical guidance on opiate detoxification</td>
<td>ISBN 1 85433 409 3</td>
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<td>10</td>
<td>Guidance on Commissioning Young People’s Specialist Substance Misuse Treatment Services</td>
<td>10603</td>
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<td>YPOR Guidance (in progress, no link as yet)</td>
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<td>12</td>
<td>Assessing young people for substance misuse</td>
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<td>Youth Justice System: Types of custodial establishments</td>
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<td>The Children Act 1989</td>
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<td>16</td>
<td>NICE Public Health Intervention Guidance 4</td>
<td>2007</td>
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<td>Drug Misuse and Dependence: UK guidelines on clinical management</td>
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<td>(also known as the ‘clinical guidelines’ or ‘orange book’)</td>
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<td>18</td>
<td>NICE clinical guideline 51: Drug Misuse Psychosocial Interventions</td>
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<td>2013</td>
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<td>CCQI practice standards for young people with substance misuse problems</td>
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<td>Key Elements of Effective Practice: Substance Misuse 2008 YJB</td>
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<td>25</td>
<td>Department of Health, YJB, MOJ and DCSF; When to share information. Best practice guidance for everyone working with youth justice system</td>
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<td>2001</td>
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<td>27</td>
<td>Royal College of General Practitioners and Brook Advisory Services. Confidentiality and Young People: Improving teenager's uptake of sexual and other health advice</td>
<td>2000</td>
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<td>NDTMS Confidentiality Toolkit</td>
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<td>Children’s National Service Framework for Children and Maternity Services (awaiting link)</td>
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This document uses the convention that any external references are indicated by square brackets e.g. [1]
1 INTRODUCTION

All young people’s specialist substance misuse treatment services should provide a basic level of information to NDTMS on their activities each month – this data is known as the NDTMS Data Set. In support of evolving business requirements, the data items collected via NDTMS are reviewed on an annual basis.

The current version (commonly referred to as the NDTMS Data Set L) will be introduced for national data collection from 1st November 2013.

NDTMS was initially developed to collect data on adult substance misusers receiving specialist drug treatment services. The Drug Strategy, Drugs: Protecting Families and Communities (Cabinet Office 2008) highlighted the importance of creating a data set that is young person specific and also able to identify potential outcomes for young people following a treatment intervention.

During 2012 the NTA consulted with regional groups of substance misuse commissioners, children’s services commissioners, treatment providers, NDTMS regional staff and information analysts. A web-based consultation was launched to obtain feedback on the suggested changes. Responses to the consultation were analysed and an expert group held to discuss any outstanding issues and to refine the content of the Young People’s Outcome Record (YPOR). The new YPOR was tested with local providers and commissioners to ensure it was appropriate for young people. This process produced the Core Dataset L, full definitions of all items are described in NDTMS Data Set - Business Definition for Young People’s Treatment Providers [1].

This guidance reflects the latest changes in the NDTMS Young People’s Data Set L. A full description of all the data items is available in, Business Definition for Young People’s Treatment Providers [1].

The changes to the dataset to create Core Dataset L were proposed for the following reasons:

- To ensure that NDTMS remains relevant to the delivery of specialist substance misuse interventions for young people
- To support the ambitions of the Government’s Drug Strategy 2010 and 2012 Alcohol Strategy
- To ensure compliance with clinical and national standards
- To align to the Public Health Outcome Framework
- To reduce the burden of data collection by ensuring that only items appropriate and still relevant to a national dataset for young people are being recorded
- To strengthen the evidence base, providing a better platform to inform policy makers and national guidance about the effectiveness and outcomes achieved by young people’s substance misuse specialist interventions
- The current core dataset for young people is largely based on the adult core dataset; has grown organically, with new items being added regularly; is now bigger than the adult core dataset and is missing key items, particularly those relating to outcomes for young people
- To bring the structure of the young people’s dataset into line with the new adult data set structure for drugs and alcohol

Key changes in the latest version of the dataset are:

- Capturing more details on risk factors for young people
- Updating recording of specialist interventions, their settings and their definitions
- Additional recording of non-specialist interventions
- Updating how information relating to Hepatitis B and Hepatitis C is captured
- Removing data items that are not required in a national dataset for young people
- Developing a YP outcome record for under 18 year olds YP in specialist substance misuse services

Data Set L for young people has been developed for use across all young people's services and should be completed for anyone accessing young people’s treatment services irrespective of age. This will enable the possibility of collecting data on young people under 18 and also people over 18 accessing young people’s services.

The new YPOR should be completed for all young people in young people’s services and will replace TOP forms for 16-18 year olds, all outcomes for young people will be measured using this record.

The new data set should provide a better understanding of how young people’s treatment works and should better inform the needs assessment and treatment planning process.
2 PURPOSE OF THIS DOCUMENT

This document provides a general overview of the NDTMS Young People’s Data Set and its role in monitoring progress locally and to inform local needs analysis and commissioning.

It summarises the latest changes; explains which services should report to NDTMS; provides relevant definitions as well as addressing confidentiality and consent issues.
3 OTHER NDTMS GUIDANCE

Young people’s treatment services will still need to refer to the following guidance which provides more technical information in relation to NDTMS. These are available from the PHE website and are updated regularly.

- **NDTMS Data Set - Business Definition for Young People’s Treatment Providers** [1] - guidance for managers of treatment providers on NDTMS Young People’s Data Set

- **NDTMS Data Set - Reference Data** [3] - this guidance defines the meaning of codes in the NDTMS Data Set such as ‘accommodation needs’ and ‘referral source’ codes

- **NDTMS Data Set - Technical Definition** [2] - guidance to IT managers within treatment services and/or IT companies on the NDTMS Data Set

- **NDTMS CSV Input File Format** - definition of the file format for the Comma Separated Variable (CSV) used as the primary means of inputting the NDTMS Data Set items into the NDTMS database

- **Young People’s Outcome Record Guidance** [11] – this guidance lists in more detail what the YP Outcome Record is, who it is for, what it is for and how it should be used. Young people’s specialist substance misuse treatment providers should also refer to the FAQs document

- **Frequently Asked Questions** [4] – the answers to any common questions about Core Dataset L (including the YPOR)
4 NDTMS YOUNG PEOPLE’S DATA SET AND PERFORMANCE

Information reported to the NDTMS Young People’s Data Set is used to ensure that effective specialist substance misuse treatment services are available for all young people who require them.

Data is used to inform local needs analysis and commissioning; to support local performance assurance processes and to allow PHE and local Health and Wellbeing Boards to support the continued development of effective local treatment services. At National and Local levels it will also provide the opportunity to collect and measure outcomes and outputs.

Local functions - at a local level, NDTMS data offers vital information for planning and development of young people’s specialist substance misuse treatment services and the planning and development of broader children’s and family services. Commissioners should ensure that all young people specialist substance misuse treatment providers report to NDTMS in an effective manner.

Central functions - NDTMS collects data which is reported on a monthly and quarterly basis to support local functions and needs analysis, contributing to local planning and review processes.

Public Health England will lead a process of delivery support and advice to assist local partnerships identify their local need for young people’s treatment and the services and systems they need to deliver this as part of the public health and children’s planning process. The data obtained from Core Data Set L will be an important part of this process.

National - DRUG STRATEGY 2010, Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life Ref [23]

The focus for all activity with young drug or alcohol misusers should be preventing the escalation of use and harm, including stopping young people becoming adult addicts. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

For those very few young people who develop dependency, the aim is to become drug or alcohol free. This requires structured treatment with the objective of achieving abstinence, supported by specialist young people’s services such as Child and Adolescent Mental Health.

For the most vulnerable young people a locally delivered multi-agency package of care, including treatment, supported housing/fostering, education and support is required. Attention will also be required to ensure that any transitional arrangements to adult services are effective at the local level.

DRUG STRATEGY 2010, Reducing demand, restricting supply, building recovery: supporting people to live a drug free life Home Office December 2010 Ref [23]

More detailed information on NDTMS reports is provided in section 13.
5 WHAT IS SPECIALIST SUBSTANCE MISUSE TREATMENT FOR YOUNG PEOPLE?

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 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 and should be used by all local areas. This definition will help to ensure that specialist substance misuse treatment providers are accessed by young people with the greatest need. The consistency across the country will enable more reliable data to be collected to help establish needs, plan services and decide funding priorities.

Interventions
Young people must be able to access each of the following three young people’s structured specialist substance misuse treatment interventions. Interventions include social and health care interventions, all 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 should be completed in order to determine a young person’s goals to meet their needs. A care plan should 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. This specialist substance misuse care plan should be developed in collaboration with other practitioners that may be involved in a young person’s care and should be coordinated by a ‘lead professional’. For further information on assessment see Ref [12], [6] and [21]

Each of these three young people’s structured specialist substance misuse treatment interventions require additional competencies for the worker and delivery within a governance framework including appropriate supervision.

Psychosocial Interventions
Psychosocial interventions are structured care planned interventions delivered by staff with the appropriate competences. These psychosocial interventions may be provided alone or in combination with other interventions and should be provided in accordance with:

- Drug Misuse and Dependence: UK guidelines on clinical management (DH & devolved administrations, 2007), also known as the ‘clinical guidelines’ or ‘orange book’ [17]
- and relevant NICE Public Health Guidance 4 Guidelines including community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people [16],
- NICE Alcohol Guidance 2011 [22],
- NICE 2007 Drug Misuse: clinical guidance on opiate detoxification [9]
NICE Psychosocial interventions for drug use (from 16 years). [18]

Please also see CCQI Practice standards for young people with substance misuse problems (2012) Ref [21]

The type of psychosocial intervention should be selected on the basis of the problem and treatment need of the specific young person guided by the available evidence base of effectiveness.

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<th>DEFINITION</th>
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<td>Cognitive and behavioural interventions</td>
<td>A talking and solution-focussed therapy that focuses on understanding the roots of problem behaviour. It can help young people to develop coping mechanisms for modifying and reducing such behaviour, and promotes rational belief as a way of achieving change and health. This includes where young people develop abilities to recognise, avoid or cope with thoughts, feeling and situations that are triggers to substance use. Focus on coping with stress, boredom and relationship issues and the prevention of escalation of harm, including relapse prevention CBT For those with limited co-morbidities and good social support, young people are offered individual cognitive behavioural therapy’ [22]</td>
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<tr>
<td>Motivational Interventions</td>
<td>A brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change. Motivational Interviewing and Motivational Enhancement Therapy are both structured forms of Motivational interventions.</td>
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<td>Structured family interventions (including family therapy)</td>
<td>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. This is a structured family intervention and does not include brief advice and information. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing services for specialist substance misuse interventions and should be reported using the young person’s attributors.</td>
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SUB INTERVENTION | DEFINITION
---|---
Multi component programmes | Multi component programmes may include multidimensional family therapy, brief strategic family therapy, functional family therapy or multi-systemic therapy. Interventions that look at the individual, family, peer group, school and social networks associated with young person’s problems. They use evidence based solution focused interventions, such as strategic family therapy and CBT.
(For those with significant co morbidities and or limited social support are offered multi-component programmes)
This approach can be delivered by a range of professionals; it should only be recorded if the specialist substance misuse provider is contributing to the delivery of the intervention.
Contingency management | Substance misuse specific contingency management provides a system of positive reinforcement / incentivisation to make substance misuse specific behavioural changes or prevent escalation of harm.
Counselling | A process in which a counsellor holds face to face talks with a young person to help him or her solve a problem, or help improve that person’s attitude and behaviour (relating to substance misuse)

Specialist Harm Reduction
Care planned substance misuse specific harm reduction is not brief advice and information; this intervention must be delivered as part of a structured care plan and after a full assessment of the young person’s substance misuse and risks. Specialist harm reduction interventions should include services to manage those at risk of, or currently involved in:

- **Injecting** – these services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses.
- **Overdose** – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions.
- **Risky behaviour associated with substance use** – advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours.

Pharmacological Interventions
These are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse. Ref [9] and [19]
YP Multi-agency working

Multi agency working lists work done by the substance misuse provider with other services needed in the young person’s care package. This work includes facilitating access to the service, arranging appointments or making referrals to the service, working directly with the service in joint case reviews and liaising with the service to discuss the whole needs of the young person.

This intervention type is non-structured and should support other specialist substance misuse interventions; **if a young person receives just this intervention type they will not be classed as “in treatment”**.

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<td>Such as Connexions, NEET, colleges, PRUs, academies, schools, training services</td>
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<td>Employment / Volunteering</td>
<td>Such as job centre, school careers advisor, voluntary placement coordinator</td>
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<td>Housing</td>
<td>Such as a housing advisor, housing association, local council</td>
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<td>Generic family support</td>
<td>Support delivered by another family service, not psychosocial family work delivered by this service. Such as FIPs, child protection, safeguarding, troubled family teams, other family services.</td>
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<td>Generic parenting support</td>
<td>For the young person as a parent supporting them in parenting their child</td>
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<td>Peer support involvement / mentoring</td>
<td>Refers to initiatives consisting of peer supporters and peer mentoring</td>
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<td>Mental Health</td>
<td>Such as CAMHS, emotional wellbeing, children and young people’s Improving Access to Psychological Therapies programme (IAPT)</td>
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<tr>
<td>Offending</td>
<td>Such as Youth Offending Teams, Youth Justice liaison and diversion schemes</td>
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<tr>
<td>Health</td>
<td>Such as GP, Dentist, School Nurse, BBV Nurse</td>
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<td>Sexual Health / Pregnancy</td>
<td>Such as sexual health or family planning clinics</td>
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<td>Meaningful Activities</td>
<td>Such as supported sports, positive leisure</td>
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<td>Disability Services</td>
<td>Services designed to support disabled young people or young people affected by disability</td>
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<td>Behavioural Services</td>
<td>Services designed to support young people with behavioural difficulties</td>
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<td>Young carers</td>
<td>Services designed to support young people who are a carer including support groups</td>
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<td>Youth services</td>
<td>Including integrated and targeted youth support services</td>
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<td>Children’s social care</td>
<td>Including teams working with looked after children, children in need, child protection, leaving care teams</td>
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6 WHICH SERVICES SHOULD REPORT TO NDTMS YOUNG PEOPLE’S DATA SET?

There are three conditions that services must fulfil in order to report to NDTMS Young People’s Data Set:

1. Services should have a Service Level Agreement for providing specialist substance misuse treatment services to young people under the age 18 and their families.

2. Services will have been established as part of the JSNA and young person’s substance misuse commissioning process to provide specialist substance misuse treatment interventions to young people under 18.

3. Services should be delivering specialist treatment interventions for young people which are listed in section 7 of this document.

Non-treatment substance misuse services

Services which provide universal, targeted or early intervention substance misuse interventions for young people who are currently using substances in patterns which do not warrant referral to specialist substance misuse treatment services should not be registered to NDTMS and should not report provision. Any services which provide universal, targeted and or early intervention services for substance misuse as well as treatment interventions should ensure they report only activity relating to young people receiving specialist treatment into NDTMS.

Youth Offending Teams (YOTs)

Most YOT substance misuse workers have close and formal links with the local treatment service. There are a variety of models around provision of substance misuse specialist treatment for young offenders with some YOT Substance Misuse workers employed via YOTs and others employed via treatment providers. Some YOTs will be resourced with appropriate skills, experience and clinical governance to provide specialist substance misuse treatment provision and others will need to refer to local young people’s specialist substance misuse treatment providers. Any specialist substance misuse treatment provision should be reported to NDTMS. Further guidelines on reporting are provided in the following section 7 Reporting Treatment Provision for Young Offenders to NDTMS

For guidance on service delivery see: Key Elements of Effective Practice: Substance Misuse 2008 YJB [24]

Child and Adolescent Mental Health Services (CAMHS)

A CAMHS practitioner may work solely on substance misuse issues with a young person. If CAMHS regularly provide specialist young substance misuse treatment services, then the service should register as a treatment provider with NDTMS and should then report to NDTMS.

Local Authority Secure Children’s Homes [with either YJB or welfare only beds] (LASCHs), Secure Training Centres (STCs) and Youth Offending Institutions (YOIs)

Substance misuse specialist treatment activity delivered by substance misuse service providers or health staff care within any of these different types of secure setting, [as above] should be reported into NDTMS through the prison core data set. It is anticipated that the substance misuse specialist treatment interventions delivered within these establishments will be equivalent to those available in the community and commissioned in accordance with the PHE good practice checklist developed to support commissioners in the development of local specifications. [link to be attached]
Substance misuse services delivered within Local Authority Secure Children's Homes may be delivered by community based young people’s specialist substance misuse treatment providers who are already reporting community based treatment activity into NDTMS. These providers should note that any specialist treatment activity delivered within the secure estate should be reported separately, via the prison core data set.

**Children’s Residential Care Homes** - these services should be ensuring that young people can access the specialist substance misuse treatment providers they need. Provision may be delivered by community-based young people’s specialist substance misuse treatment providers who should report their activity with clients via NDTMS. At present, any specialist substance misuse treatment delivered by staff in children’s residential care homes should be reported to NDTMS by the treatment agency.

**Providers of Specialist Substance Misuse Treatment for Adults** – see section 8: Reporting to NDTMS Adult Data Set or Young People’s Data Set.
7 REPORTING TREATMENT PROVISION FOR YOUNG OFFENDERS TO NDTMS?

This section provides further information on how specialist substance misuse treatment provision delivered by YOT Substance Misuse Workers and substance misuse and youth justice interventions delivered by young people’s substance misuse treatment providers should be reported to the NDTMS Young People’s Data Set.

There are a variety of models around provision of specialist substance misuse treatment for young offenders with some YOT Substance Misuse workers employed via YOTs and others employed via treatment services. Some YOTs are resourced with appropriate skills, experience and clinical governance to provide specialist substance misuse treatment provision and others will need to refer to local specialist substance misuse treatment providers.

Any specialist substance misuse treatment provision provided for young offenders should be reported to NDTMS Young People’s Data Set, according to the following guidelines:

**Model 1** - If the YOT has staff (including those seconded from treatment providers) with the necessary appropriate skills and experience, and appropriate clinical governance arrangements are in place, and the YOT provides young people’s specialist substance misuse treatment interventions, the YOT can either register as a treatment provider and report to the NDTMS Young People’s Data Set **OR** report on specialist substance misuse treatment provision via their local treatment provider.

**NOTE 1a:** Neither YOTs nor treatment providers should report universal or targeted substance misuse interventions to NDTMS.

**NOTE 1b:** The YOT, the treatment provider and local commissioners should ensure there is no double reporting to NDTMS

**Model 2** - If the YOT is not appropriately resourced to provide specialist substance misuse treatment, the YOT staff should refer to local young people’s specialist substance misuse treatment providers. This process should be supported by a YOT Substance Misuse Worker who should have a specific role in relation to substance misuse. The elected treatment provider should then report treatment provision for young offenders to the NDTMS Young People’s Data Set.

**NOTE 2a:** Neither YOTs nor treatment providers should report universal or targeted substance misuse interventions to NDTMS.

**NOTE 2b:** The YOT, the treatment provider and local commissioners should ensure there is no double reporting to NDTMS.
8 REPORTING TO NDTMS ADULT DATA SET OR YOUNG PEOPLE’S DATA SET

From 1st April 2008 treatment providers are able to report to NDTMS Adult Drug Data Set, NDTMS Adult Alcohol Data Set, or the NDTMS Young People’s Data Set according to how the service is commissioned.

If a service is commissioned to provide young person’s services then irrespective of age it will complete the young person’s core data set. There may be two or three services in England where the distinction between young people’s and adults services has not been completed. However even in these services, staff are designated as young person or adult specific.

In these uncommon situations young person’s workers will only complete the young person’s core data set irrespective of the age of the person receiving treatment. In such circumstances the young person’s worker or team will need to register as a young person’s provider.

Transitional arrangements

Transitional arrangements are fully discussed in Young people’s specialist substance misuse treatment services: Guidance on Commissioning Young People’s Specialist Substance Misuse Treatment Services [10]

It may be appropriate for a young person’s treatment providers to continue working with a young person past their 18th birthday. In all but exceptional circumstances, treatment interventions will be delivered by the young person’s service until their 19th birthday, by which time the adult service will be engaged and assume responsibility for delivery of the care plan.

In some cases it may be appropriate for an adult treatment provider to work with a person under 18. Services should report to their usual NDTMS Data Set. That is, a young person’s service should always report to the NDTMS Young Person’s Data Set and an adult service should always report to the NDTMS Adult Drug Data Set or NDTMS Adult Alcohol Data Set, irrespective of the age of the YP.

Adult treatment providers working with under 18 year olds

As outlined above, PHE expects that all young people with substance misuse treatment needs should be provided with treatment services from a young people’s specific specialist substance misuse treatment provider. However the Interim Commissioning Guidance states there may be valid reasons for an adult provider working with an under 18 year old.

For instance, if initiation into services occurs close to the date of a client’s 18th birthday or if young people’s treatment providers are currently unable to provide the appropriate treatment a young person needs. In these cases, providers should report to the NDTMS Adult Drug Data Set or NDTMS Adult Alcohol Data Set.
9 REGISTERING SERVICES WITH THE NDTMS

Treatment providers who would like to register to NDTMS should contact their NDTMS Regional Managers. Contact details are available on NDTMS website http://www.nta.nhs.uk/ndtms.aspx

A list of agencies is available via the regional NDTMS team please link above.
10 CONFIDENTIALITY AND CONSENT

This document focuses on confidentiality and consent issues pertaining to reporting to NDTMS and should not be considered a comprehensive guide to these issues. Young people’s specialist substance misuse treatment providers should be familiar with the following documents on consent and confidentiality:

- NDTMS consent guidance [28]
- Department of Health, YJB, MOJ and DCSF, When to Share Information: Best Practice Guidance for Everyone Working With Youth Justice System [25]
- Assessing Young People for Substance Misuse [12]
- Essential Elements of a Treatment Service [29]
- Department of Health: Seeking Consent Working With Children [26]
- Royal College of General Practitioners and Brook Advisory Services. Confidentiality and Young People: Improving teenager’s uptake of sexual and other health advice [27]
- Children’s National Service Framework (std 3) [30]

All young peoples’ treatment agencies should have clear policies on
a) Confidentiality and information sharing
b) Consent to treatment, and
c) Child protection

Policies on confidentiality and consent need to be agreed by Local Safeguarding Children’s Boards which should also provide assistance on these matters. Staff should be familiar with these policies and should act in accordance with them. These policies should also include reference to confidentiality and consent in relation to NDTMS as outlined below.

Confidentiality

All agencies should routinely and explicitly explain their confidentiality and information sharing policy in relation to NDTMS with young people and their parents or carers. Young people entering treatment should sign a confidentiality agreement as part of the care planning process.

This confidentiality statement should include details about how the treatment provider will respond to child protection issues if there is concern that a child is thought to be suffering, or to be at risk of suffering, ‘significant harm’. This statement should also identify what information will be reported to NDTMS.

Consent

In order to provide data to NDTMS, a treatment provider must first request and obtain consent from the client and/or parent or person with parental responsibility. If a treatment provider offers services which do not involve obtaining consent, NDTMS will not be able to accept data relating to the individuals in receipt of those services.

Treatment providers should determine whether a young person or their parent or person with responsibility should be asked for consent in relation to reporting to NDTMS according to their protocols for determining a young person’s capacity to give informed consent. These protocols should be in line with the above guidance.
Anonymity and NDTMS Data
Client records reported to NDTMS include initials, date of birth and gender, and are therefore treated as attributable data. The NDTMS requires these in order to be able to produce robust statistics, but their use is limited to the purposes described in the consent statement. This attributable data is not provided to other government departments or criminal justice agencies.

Access to NDTMS Data
Under the Freedom of Information Act, requests for information, other than for attributable data, may be made to PHE. Requests for attributable data may be made to PHE and are governed by the Data Protection Act. An NDTMS record is considered to be attributable data, even though full names are not recorded.
11 OVERVIEW OF CHANGES TO YOUNG PEOPLE’S DATA SET

As mentioned in section 1, changes have been made to the dataset this year following consultation and the key changes in this latest version of the dataset are:

- Capturing more details on risk factors for young people
- Updating recording of specialist interventions, their settings and their definitions
- Additional recording of non-specialist interventions
- Updating how information relating to Hepatitis B and Hepatitis C is captured
- Removing data items that are not required in a national dataset for YP
- Developing a YP outcome record for under 18 year olds YP in specialist substance misuse services

Complete definitions of all these changes can be found in NDTMS Data Set - Business Definition for Young People’s Treatment Providers [1]. Outlined below is a brief description of the change and the rationale behind them.

(1) **Fields removed from the dataset**

A number of fields have been removed from the dataset either because they are not included in regular reporting and therefore obsolete or are better captured in the other changes being made to this dataset. With regard to the deletion of the three Hepatitis fields, Hepatitis B and C interventions are often completed by nurses who sit outside of specialist substance misuse intervention providers and we have received feedback from providers that it is often difficult for nurses to share specific information regarding test dates, injections received etc.

**These removed fields are:**

- Location of Looked After Child
- Frequency of drug 1 at treatment start
- Frequency of drug 1 at treatment exit
- In contact with mental health services at treatment start
- In contact with mental health services at treatment exit
- In contact with YOT at treatment start
- In contact with YOT at treatment exit
- In contact with disability services at treatment start
- In contact with disability services at treatment exit
- Involved in unsafe drug use at treatment start
- Involved in unsafe drug use at treatment exit
- YP has lead professional at treatment exit
- YP involved in offending at treatment exit
- YP involved in sexual exploitation at treatment exit
- YP involved in self harm at treatment exit
- YP has CAF at treatment exit
- YP involved in unsafe sex at treatment exit
- YP registered with GP at treatment exit
- YP received sexual health interventions at treatment exit
- Age of first use of drug 1
- Injecting status
- YP in residential placement
- Drinking days
- Units of alcohol
- Hepatitis C tested
- Hepatitis C latest test date
- Hepatitis B vaccination count
- Discharge destination
- All TOP fields

(2) **Fields added to the dataset**

These fields have been added to ensure that all items recorded are in line with updated policy, guidance and outcome frameworks. These additions aim to ensure that the information collected is more age appropriate and allow more sophisticated monitoring of data and performance
These additional fields are:

- “Has the young person been offered a screen for sexually transmitted infections?” Episode level field, permissible responses to be
  - Offered & accepted
  - Offered & refused
  - Not offered
  - Assessed as not appropriate to offer

- “Has the young person been offered a screen specifically for chlamydia?” Episode level field, permissible responses to be
  - Offered & accepted
  - Offered & refused
  - Not offered
  - Assessed as not appropriate to offer

- “Has the young person ever been affected by domestic abuse?” Episode level field, permissible responses to be
  - Yes
  - No
  - Not answered

- Are any of your children/the children living with you?
  - A child looked after or in foster care
  - Subject to a child protection plan
  - Both
  - Neither
  - Declined to answer

- “Is the young person subject to a child protection plan?” Episode level field, permissible responses to be
  - Yes
  - No
  - Not answered

- “Does the young person feel affected by substance misuse in your close family / members of your household?” Episode level field, permissible responses to be
  - Yes
  - No
  - Not answered

- “Is the young people offered support from other services on exit to address non-specialist and/or non substance misuse need?” Episode level field, permissible responses to be
  - Yes
  - No
  - No further support required

- Setting of treatment interventions. Modality level field, permissible responses to be
  - Community
  - Inpatient unit – substance misuse specific
  - Inpatient unit – not substance misuse specific
  - Home
  - Residential unit – substance misuse specific
  - Residential unit – not substance misuse specific
  - Secure estate
• Sub interventions received. Sub-intervention level field. For details of permissible responses please refer to section 5 of this document

(3) Fields changed within the dataset

These changes have been made to ensure that all items recorded are in line with updated policy, guidance and outcome frameworks. Certain fields have been changed to enhance both the data completion and quality of submissions. These changes will ensure that the questions and definitions are more age appropriate and allow more sophisticated monitoring of data and performance

These amended fields are:
• Looked After Child. Amended to now be “Does YP have a care status”. Permissible responses to be
  o Yes – Looked After Child
  o Yes – Child in Need
  o No

• Hepatitis B Intervention Status. Additional reference data responses of
  o Offered & accepted – not yet had any vaccinations
  o Offered & accepted – started having vaccinations
  o Offered & accepted – completed vaccination course

• Hepatitis C Intervention Status. Additional reference data responses of
  o Offered & accepted – not yet had a test
  o Offered & accepted – had Hep C test

• Dual Diagnosis. Amended to now be “Does YP have an identified mental health problem”. Permissible responses to be
  o Yes
  o No

• YP Involved in offending at treatment start. Amended to now be “has YP been involved in antisocial behaviour or committed a criminal act on more than one occasion in the past 6 months” Permissible responses to be
  o Yes
  o No

• Discharge Reason. Additional reference data response
  o Transferred – transition to adult substance misuse services

• Accommodation Need. Removed reference data response ‘young offender living in secure care’. Additional reference data responses
  o YP living in care
  o YP living in secure care

• Education status, Employment/Training Status. Additional reference data response
  o Voluntary Work
  o ‘Employed’ changed to ‘Regular employment’
  o ‘Not in employment or education’ changed to ‘Not in employment, education or training (NEET)’.
(4) **Young People’s Outcome Record (YPOR)**

The YPOR has been developed to ensure that NDTMS can support local partnerships capture a full range of substance misuse outcomes specific to those under 18s accessing specialist substance misuse services.

The YPOR should be completed once when a young person enters treatment and once when they exit, the collection of these items supersedes the requirement to complete a TOP for those aged 16-17.

Information collected on the YPOR consists of:

**Substance use:**
- Frequency of use (0-28) of substances in the previous 28 days
- Quantity of use of cannabis and alcohol on an average using day
- Age of first use of substances (on start YPOR only)

**Patterns of use:**
- When used substances (split by alcohol and other substances) – weekday daytime, weekday evening, weekend daytime, weekend evening
- Ever used substances alone? (split by alcohol and other substances)

**YPOR substance specific risk behaviour:**
- Ever drunk over alcohol guidelines on a drinking day?
- Ever injected a substance (on start YPOR only)
- Injected in the past 4 weeks

**YPOR Health and Wellbeing:**
- Five health and wellbeing questions (all rated 0-10): satisfaction with life, feeling worthwhile, anxiety, happiness, relationships with family / close friends

For further details about the YPOR please refer to the YPOR guidance [12] the FAQs.
12 IMPLEMENTING THE NEW CORE DATA SET FOR YOUNG PEOPLE

Changes to Interventions

- Proposed changes replace the existing modality coding with two components:
  - Intervention types covering pharmacological, psychosocial, harm reduction and multi-agency working interventions
  - The setting in which treatment interventions are provided
- Multiple interventions and sub-interventions can be recorded to describe the full package of treatment and care being provided to a YP. So, for example, someone could be recorded as receiving both a pharmacological and a psychosocial intervention, and – within the psychosocial intervention – recorded as receiving both contingency management and a structured family intervention.
- Multiple settings can also be recorded where appropriate to describe the full range of settings in which interventions are being provided to a YP.
- Intervention types will, for the first time, include multi-agency working interventions provided during and following structured treatment.

Intervention types

- There are four high-level intervention types that will be recorded in exactly the same way as current modalities / interventions, these are:
  - Pharmacological interventions
  - Psychosocial interventions
  - Harm reduction interventions
  - Multi-agency working interventions.

- Two of these high-level intervention have a number of sub-interventions that will explain the detail of what has been delivered while the YP is in the high-level intervention (psychosocial and multi-agency working, described below).
- The intervention types and sub-interventions are not mutually exclusive and should be used in combination to describe the full package of treatment and care being provided to a YP.
- Data will be collected retrospectively on what interventions have been provided in, at most, the past six months of treatment.
- However, the return is not limited to once every six months and may be updated more frequently. It should also be made on discharge.
- Providers may wish to integrate the collection of multi-agency and psychosocial interventions into the regular care plan review process. However, these data items will be a new entity attached to the high level intervention so they can be returned independently if deemed preferable by the provider.

Psychosocial interventions

- Six psychosocial sub-interventions cover the range of talking therapies that can be used with young people in treatment.
Psychosocial interventions can be used both:
  o to report psychosocial interventions received by a YP who is not receiving a pharmacological or harm reduction intervention, and
  o to report psychosocial interventions received by a YP who is also receiving a pharmacological and/or harm reduction intervention. The psychosocial interventions may be integral or additional to the pharmacological and/or harm reduction intervention.

These interventions can be delivered as part of key working or by specialist staff, in groups or to individuals. Staff delivering them require appropriate competences, and should be supported by appropriate governance, and supervision structures.

Psychosocial interventions may include the use of mapping but mapping is a tool for delivering and supporting interventions rather than an intervention in itself.

Multi-agency working interventions
Sixteen multi-agency working sub-interventions cover the broad range of activity provided to support a young person’s care and address their various needs.
Multi-agency working interventions should be used to report interventions delivered alongside and/or integrated with structured substance misuse interventions (psychosocial, harm reduction or pharmacological interventions, as an adjunct to structured treatment (although they may be delivered outside of structured treatment))

Setting
There are six settings:
  o Community
  o Inpatient unit – substance misuse specific
  o Inpatient unit – not substance misuse specific
  o Home
  o Residential unit – substance misuse specific
  o Residential unit – not substance misuse specific
  o Secure Estate
All providers will be registered under one of these settings in the agency table that sits in DAMS.
In most cases, this will be the same as the setting in which interventions are provided. In these cases, this additional field can be left blank and the setting of the intervention will be populated automatically from the setting linked to the agency code.
However, for providers delivering interventions in multiple settings and for settings that do not report to NDTMS (such as CAMH inpatient ward), this additional setting code can be used to indicate that an intervention is being delivered in a setting other than that for which the provider is registered in the agency table.
Settings are not mutually exclusive and, where appropriate, should be used in combination to describe the full range of settings in which interventions are being provided to a YP.
Scenarios: Setting

Setting will primarily be denoted in the agency table except where the provider is reporting on behalf of someone else (who does not submit data to NDTMS). In these cases the method below is used:

The setting of the specific intervention is recorded in the modality record itself

<table>
<thead>
<tr>
<th>Intervention dates</th>
<th>Intervention type</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod start = 03/10/13</td>
<td>Pharmacological</td>
<td>Inpatient unit – substance misuse specific</td>
</tr>
</tbody>
</table>

This record would denote that a pharmacological intervention was occurring outside of the provider submitting the data, at a substance misuse specific inpatient unit, such as CAMH ward.

The same approach will also be used where an agency provides interventions in more than one setting, such as in the example below:

A client is in a psychosocial intervention at an agency registered as a community provider

<table>
<thead>
<tr>
<th>Intervention dates</th>
<th>Intervention type</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod start = 02/10/13</td>
<td>Psychosocial</td>
<td></td>
</tr>
</tbody>
</table>

Setting is left blank here denoting that the setting is the same as that of the provider

Client then enters supported housing and continues psychosocial interventions with the same provider who does this via in-reach to the unit. A new intervention is created but the setting is changed.

<table>
<thead>
<tr>
<th>Intervention dates</th>
<th>Intervention type</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mod end = blank</td>
<td>Psychosocial</td>
<td></td>
</tr>
<tr>
<td>Mod start = 01/12/12</td>
<td>Psychosocial</td>
<td>Residential unit – not substance misuse specific</td>
</tr>
</tbody>
</table>

Setting now denotes that the intervention is happening in a residential setting

At the end of these interventions the modality exit reasons are used if the client is continuing treatment in the provider, otherwise the client will need to be discharged

It is now possible to have two interventions of the same type open at the same time as long as they are recorded with different referred to modality dates and modality start dates and are being provided in two different settings.
Scenarios: Intervention types for existing and new clients

Core data set L intervention types will be expected for all clients who start a treatment intervention after 1 November 2013 in a new or current treatment episode.

Existing clients currently receiving structured harm reduction and/or pharmacological interventions will not need to be updated. However, in these cases the setting field should be updated where it is appropriate to do so.

However, any other existing client interventions will need to be closed and a CDS-L psychosocial intervention opened instead so that the appropriate sub-interventions can be added. However, this should be done pragmatically so, for example, if there are only a couple of weeks to run on an existing intervention then that can be left open until it is completed.

The existing other structured intervention is closed on the 1st October in the usual way with the exit reason being recorded as mutually agreed. On the same day a new psychosocial intervention is commenced.
The sub-intervention reviews will be expected of all young people in treatment from November 2013, both existing clients and those starting a new treatment journey after this date. All existing clients in treatment on 1 November 2013 should have at least one sub-intervention review completed before 31 March 2014.

All existing and new clients will then be expected to receive sub intervention reviews at six-month intervals for as long as the client remains in that intervention and also at the end of the intervention where enough time has passed since the previous review to warrant doing so:

At each intervention review, information is returned about the sub-interventions received since the previous review. If it is the first review it will be interventions received since starting treatment or for existing clients, interventions received since October 1st.

To note - The sub intervention reviews can be carried out alongside care plan reviews or as a completely separate data collection process.
For young people in treatment for shorter durations than six months the sub intervention review should be submitted at the point of discharge from the episode:

Scenarios: Multi-agency working interventions

Multi-agency working support interventions are non-structured interventions which can be delivered alongside structured treatment. It is not expected that specialist substance misuse services will continue to submit multi-agency working interventions following discharge from their service as it is expected that the substance misuse service will no longer be responsible / engaged in continuing support for the young person.

The recovery support sub-interventions will be recorded at review in exactly the same way as for the two structured interventions:
13 QUALITY ASSURANCE DATA AND REPORTS BASED ON NDTMS

Each month the PHE provides status reports on treatment activity during the current financial year in order that Children’s Commissioners, Children’s/Drugs partnerships and Local Authority Public Health teams are provided with up to date performance information.

In order for an individual to be included in these reports, an NDTMS record must have been received which includes:

a) A full set of attributors
b) A date of birth indicating that the individual was not less than 9 years old and not more than 75 years old at the date of triage
c) A main drug including alcohol, for services reporting to the NDTMS Young People’s Data Set.
d) Evidence that the individual was in contact with the service during the period being reported (based on assessment/triage or intervention start dates and discharge dates)

The reports are available on NDTMS.net and on DAMS for providers and include

- Monthly summary data for Partnerships
- A report on the data quality of returns from treatment providers to help identify any data sources which may have contributed to low performance
- A summary of activity by local authority area and nationally
- A summary of activity for providers
- A summary of activity for those submitting NDTMS returns from the young people’s secure estate
- A summary of outcomes as collected on the YPOR

The NDTMS data is also used to provide partnerships with annual YP Needs Assessment data.
14. OUTCOME FORM PROCESS MAPS

The following process maps outline the steps for recording outcomes information for alcohol clients via the Alcohol Outcomes Record (AOR) and for young persons in treatment via the Young Persons Outcomes Records (YPOR’s). They demonstrate how completing AORs and YPORs aligns with the existing processes of completing Treatment Outcomes Profiles (TOPs) for adult drug clients. Examples are provided for clients who are transferring between alcohol and drug treatment episodes and between adult and young people’s services.

Process map for completing alcohol and YP outcome records (AOR / YPOR)

- Client enters treatment
- PROVIDER: The provider completes an outcome record.
  The outcome record needs to be anchored to the earliest modality start date and completed +/- 14 days of this date.
  Optional: An outcome record can also be completed and submitted at care plan review if deemed useful.
  At exit, a final outcome record must be completed +/- 14 days either side of the discharge date.

LOCAL TREATMENT

- Each client attending a young person’s provider should complete the YPOR, regardless of that client’s age.
- Each client attending an adult service with a primary problem substance of alcohol should complete the AOR (or the TOP if deemed useful at a local level).

The TOP care coordination field does not have to be completed in either of these circumstances.
Process map for client's transferring between adult services and changing problem substance: from drug to alcohol

Primary drug client (problem substance no. 1 is not alcohol)

LOCAL TREATMENT

PROVIDER A: DRUG TREATMENT
Provider completes a start TOP which is anchored to earliest modality start date
TOP 6 month reviews should also be anchored to the earliest modality start date

Client needs alcohol treatment and is discharged from provider (transferred using code 83), and starts an intervention at the adult service within 21 days

PROVIDER B: ALCOHOL TREATMENT
If the provider wishes to gain baseline data for the client’s status at the start of their service they may complete an AOR / TOP.
AORs can be completed at care plan reviews if deemed useful at a local level

A local agreement needs to be made on who the TOP care coordinator will be

At exit, a final outcome record must be completed +/- 14 days either side of the discharge date
Process map for client's transferring between adult services and changing problem substance: from alcohol to drug

- Primary alcohol client (problem substance no.1 is alcohol)

**LOCAL TREATMENT**

**PROVIDER A: ALCOHOL TREATMENT**
- The provider completes a TOP or AOR
- The outcome record needs to be anchored to the earliest modality start date and completed +/- 14 days of this date
- AORs can be completed at care plan reviews if deemed useful at a local level

**PROVIDER B: DRUG TREATMENT**
- Provider completes a start TOP
- 6 month reviews should then be completed at regular intervals
- A local agreement needs to be made on who the TOP care coordinator will be

**At exit a TOP must be completed +/- 14 days either side of the discharge date**

Client needs further drug treatment and is discharged from provider (transferred (using code 83), and starts an intervention at the adult service within 21 days
Process map example for a client being transferred from a YP service to an adult service

LOCAL TREATMENT

Client enters treatment at a young person’s provider

YP PROVIDER:
The provider completes a YPOR
The YPOR needs to be anchored to the earliest modality start date and completed +/- 14 days of this date
YPORs also completed at care plan reviews if deemed useful at a local level

Client is discharged from YP provider, transferred to adult service (using code 85), and starts an intervention at the adult service within 21 days

YP PROVIDER:
Complete an exit YPOR to show outcomes at the end of the client’s time in service

ADULT PROVIDER:
Depending on the problem substance no. 1 of the client, the provider must either:
a) Complete a start TOP
b) Complete the AOR
This and any further review records should be anchored to the first modality start date at the adult service

If the problem substance no.1 is NOT alcohol then a local agreement needs to be made on who will be the TOP care

At exit, a final outcome record (AOR or TOP) must be completed +/-14 days either side of the discharge date

Each client attending a young person’s provider should complete the YPOR, regardless of that client’s age