

Harrow Drug Action Team

Young people's specialist substance misuse treatment plan 2010/11 Part 1

This strategic summary incorporating the planning grids and funding/expenditure profile have been approved by the Partnership and represent our collective action plan.	
Director of Children's Services	<i>Signature</i>
Partnership Chair	<i>Signature</i>
Chair, Young People's Substance Misuse Commissioning Group	<i>Signature</i>

Overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions

The aim of the strategy is to ensure that young people in Harrow are identified and supported at an early stage in the most appropriate manner with regards to their substance misuse needs. To this end it is important that professionals are supported in identifying and delivering early intervention and making appropriate referrals to specialist treatment services. The second area of emphasis for the strategy is to make sure that the specialist treatment services are of high quality and are delivering in line with NTA and DCSF guidance. Finally, priority will be given to ensuring that the vulnerable young people leaving specialist services exit in a supported and planned way.

All young people requiring any substance misuse interventions receive these interventions in a variety of settings by the most appropriate professional. Those young people with more vulnerable and complex needs need to be identified at an early stage and referred to the appropriate service to address their needs. To enable the young person to receive this service a Borough wide tool to assist professionals, both within the statutory and voluntary sector, along with training is in the process of being implemented.

The Young People's Substance Misuse Early Identification and Initial Assessment Framework is aimed at young people's workers who are delivering targeted support to young people in line with DCSF guidelines and will support the CAF. The framework comprises of an Early Identification Tool, an Initial Assessment Tool and a resource pack. Currently drug & alcohol awareness training, Initial Assessment Tool training and the resource pack have been delivered to professionals working in Children's Services (including CLA, UASC, LC, CIN & EWO's) and Connexions, with further training to be aimed at Education and the voluntary sector. Once a sufficient number of professionals have been trained and have the resources to deliver Tier 2 interventions to young people along with the skills to make referrals to Tier 3 specialist treatment when appropriate, further training to professionals on the early identification tool will be delivered. It is expected that the Initial Assessment tool will be utilised by professionals in line with the new e-CAF in Harrow during 2010.

Young people that have undergone a CAF and therefore have a lead professional assigned to them will be referred back to the Lead Professional at the end of their treatment. The young people's substance misuse workers will liaise throughout the young person's treatment with the lead professional to ensure that there is a continuation of support for the young person addressing their needs.

The main substance misuse service in Harrow has just undergone a tendering process resulting in a new provider being commissioned to provide both the adult and young people's substance misuse service in Harrow from 1 February 2010. The Young People's Substance Misuse Lead will work closely with Compass and the Adult Substance Misuse Commissioner to ensure that young people's specialist treatment services in Harrow are delivered in line with the NTA requirements including an appropriate environment. As identified in the focus groups with young people, this service needs to be in a generic setting to ensure that the young person is not 'labelled' or comes into contact with adult substance users. To this end, the Young People's Substance Misuse Lead will work with the new provider to continue offering the service in existing generic settings and establishing further appropriate settings. The existing provider already provides an outreach service to young people and this will continue to be monitored and developed by the Young People's Substance Misuse Lead. To ensure that the young people's specialist treatment workers are supported the Young People's Substance Misuse Lead will negotiate with Compass to provide appropriate clinical supervision to these posts.

Historically there has been an ongoing problem with the service providers and the recording of young people's NDTMS and TOPs data. This is an issue that will be addressed and closely

monitored, between the Young People's Substance Misuse Lead and Compass to ensure that TOPs and other data requirements are completed in line with NTA guidance. The required targets for TOPs will be highlighted as a priority in the contract. The Young People's Substance Misuse Lead will also work closely with EACH to ensure that their data recording is improved. This will be closely monitored. The partnership recognises that they are currently underperforming in certain areas for example, planned exits and TOPs and will be determined whether this is a failure of recording or a lack of clinical governance and guidance. With the advent of a new provider this is an excellent opportunity to address these issues. Monthly monitoring has been agreed with the existing provider to closely review improvements in these underperforming areas.

To ensure services are jointly commissioned, Harrow is currently in the process of establishing an Integrated Young People's Commissioning Group under the Children's Trust that will take responsibility for financial accountability for all young people's services. The Young People's Substance Misuse Lead will be a member of this group as the person responsible for young people's substance misuse commissioning. The Children's Trust and it's related groups are due to be established in April 2010. In the interim, commissioning is carried out under the multi-agency Young People's Substance Misuse and CAMHS Steering Group, which again the Young People's Substance Misuse Lead attends as the person responsible for young people's substance misuse commissioning. This group has been set up specifically to monitor substance misuse and CAMHS contracts, review service performance and where necessary, identify audits for the treatment system. This steering group reports to the Children and Young People's Strategic Group, the LSCB and the Children's Trust Board via the Be Healthy sub-group and the local CDRP the Safer Harrow Management Group via the DAT. This process will ensure that the young people's substance misuse plan is aligned with the Children and Young People's Plan, the YOT plan and the JSNA.

Referrals to specialist treatment services from Children's Services in particular Children Looked After are currently below the NTA required 20% of total referrals. The implementation of the Initial Assessment Tool is one of the strategies to address this issue along with the specialist treatment worker being based ½ day per week at Children's Services to support the professional staff. This issue will be taken to the CLA Life Chances Forum to establish if there are any other strategies that can be implemented to increase these referrals.

Harrow is in the process of establishing an e-CAF and the Initial Assessment Tool will be formatted to support this. All young people's specialist treatment professionals will be required to complete the e-CAF training.

Young Offenders account for over 50% of the young people in specialist treatment. Hence the Young People's Substance Misuse Lead will become a member of the newly formed Youth Crime Family Intervention Project (FIP) steering group. The aim of this group is to ensure the existence of an appropriate support infrastructure provided by all partner agencies which will enable collective working to identify how best to address needs and deliver services within combined capacity throughout the referral to closure process. It will also support the development of the Youth Crime FIP within the local community providing a strategic overview for the work with families and facilitating its establishment as a co-ordinator and provider of services for the most complex and costly families in the London Borough of Harrow.

The DAT will be working to ensure that there are clear guidelines and protocols developed around transitional arrangements for young people into adult services. The YOT is presently reviewing various transitional models and the DAT may develop joint protocols with YOT.

Further work needs to be carried out between the Young People's Substance Misuse Lead and the DAT Joint Commissioner for adult services to ensure that the adult services are identifying children of substance misusing parents to establish the needs of these young people.

The young people substance misuse agenda has been discussed at various partnership strategy

based meetings throughout the year and the plan has developed from these meetings along with the multi-agency Expert Group meeting and focus groups. The advent of the Integrated Young People's Commissioning Group will facilitate a wider partnership buy-in.

Please expand the box as required.

Likely demand for specialist substance misuse treatment interventions for young people. Please identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact

It is planned that the young people's specialist treatment service will also establish links and provide an outreach service to diverse groups such as specific BME communities that are currently under-represented in specialist treatment. As identified in the Needs Assessment there is an over-representation of black ethnic minority young people as noted in school exclusion data and the youth offending population. As these high percentages are not reflected in the young people entering into specialist treatment services this is an area that needs further analysis and to be addressed on a partnership level. The partnership recognises that to engage BME groups the services need to be delivered in a culturally sensitive manner in appropriate settings. To date the DAT has worked with the Community and Cultural Services to establish links with various ethnic groups and will be continuing to work with them to engage BME young people and community leaders in developing appropriate services.

Please expand the box as required.

Key findings of 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

Key findings of current needs assessment

One of the main issues identified in the needs assessment concerns the need to improve data recording and reporting. Particularly TOPs data which will be our priority given the emphasis placed on this by the NTA. It is hoped that the Initial Assessment Tool will address much of the gaps around appropriate referrals for the targeted vulnerable groups.

The contract with the new specialist treatment provider will specify expectations on delivery of interventions supporting data delivery for example a high proportion of data does not include the housing situation of the young person. The contract will also detail the actual data and reporting requirements expected of the DAT and the NTA that will be monitored monthly initially for the first six months and then quarterly.

EACH is currently providing outreach work that is not targeting the vulnerable groups as specified by the DAT. This service will be reviewed to establish how it would be best to deliver outreach to the identified targeted groups.

Other data issues will involve collecting more accurate data throughout the year which will allow us to do cross analysis and thereby build up a clearer picture of drug use by young people in Harrow.

The under-representation of BME young people in treatment will be addressed via close working with targeted community groups to gain an understanding of their perceptions of substance misuse and review current service provision in line with identified needs. The resolution may involve outreach clinics delivering culturally sensitive services within the communities.

The partnership recognises that the needs assessment focus groups only included the views of 34

young people from specific vulnerable and targeted groups. Next year it is envisaged that the views of young people will be captured over a broader spectrum of young people in Harrow.

Prevalence of problematic substance misuse by young people in Harrow

It is obvious from the data that we are not picking up the percentages of young people in the vulnerable groups as identified in the Home Office Substance Misuse Prevalence Rates table. Anecdotal evidence suggests that there are a higher number of young people using Class A drugs than those who are accessing specialist treatment. The introduction of the Initial Assessment Tool and the close working with the professionals supporting vulnerable young people will address these issues.

Changing trends

The ethnic breakdown of young people in Harrow is changing with an increases seen across many diverse groups for example young people whose first language is Somali and Tamil. The needs of these groups will be closely monitored via partnership strategic working.

Treatment mapping

Treatment mapping has to become more robust and to make this improvement various actions will be undertaken, for example, raising awareness and training of children's services staff.

Met and Unmet Needs

Young people who are involved in the criminal justice system are having their substance misuse needs met as they are being assessed at an early stage and receive appropriate interventions. This is due to a dedicated substance misuse YOT worker. Whereas with the other vulnerable groups who do not have this intensive resource the needs of these young people are not always being met. This is an area that is being addressed in the plan.

Attrition Rates and Treatment Outcomes

Currently the attrition rates are not at an acceptable level. As stated before the data and the underlying service delivery issues will address this issue along with closer working with targeted youth support. Once this is addressed the treatment outcomes for the young people will improve as they will be receiving appropriate support when they leave specialist treatment. From the reported figures (page 36 of the Needs Assessment) it is noted that 4.2% of young people are recorded as 'treatment withdrawn, contract breached' discharges. An audit will be carried out to establish why this is a relatively high percentage.

Please expand the box as required.

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 newly commissioned young people's specialist treatment service, Compass, will work with the Young People's Substance Misuse Lead to continue working closely with existing health and social care services whilst identifying other possible sources of assistance. The young person's health and social care needs will be included in the young person's care plan along with their substance misuse needs which will be carefully monitored at contract meetings. The completion by the specialist treatment service of the TOPs will assist in identifying if the young person requires referral to targeted support such as Connexions for social care. Harrow is introducing an e-CAF to increase the number of CAFs being completed. The completion of CAFs will ensure professionals are working together to address all the young person's needs.

These identified needs will also be taken to the Young People Substance Misuse and CAMHS Steering Group by the Young People's Substance Misuse Lead to ensure that protocols and referral pathways are in place with relevant agencies.

An audit of supported housing needs is currently being carried out by Supporting People and may influence the direction of service development over the coming year.

Future development of the outreach service will facilitate the identification of health needs of young people by the young people's specialist treatment worker delivering substance misuse sessions within a variety of health care settings as well as working alongside healthcare professionals such as Teenage Pregnancy and CAMHS.

The partnership are aware that the previous provider had started to make improvements in the delivery of the young people's service as a result of closer working with the DAT and the new management structure within the provider service. Before these improvements could be reflected in the quality and quantity of service delivery the decision was taken to re-tender the service that had an impact on the young people's service.

Quarterly monitoring meetings to review the performance of both providers will ensure that any underperformance is addressed at an early stage.

The establishment of the Integrated Young People's Commissioning Group will facilitate a joint approach from partners in other areas delivering services to young people to support this agenda. This will also ensure that strategic planning around substance misuse supports delivery against PSA 14 and that substance misuse is aligned with local arrangements for Integrated Youth Support Services and Targeted Youth Support. The formation of the Integrated Young People's Commissioning Group will ensure that commissioning of all young people's services are integrated across all young people's services. The group will also address the issue of funding for young people's residential treatment.

Please expand the box as required.

Key priorities for developing young people's specialist substance misuse treatment interventions to meet local needs during the next financial year

1. To jointly commission universal and targeted young people's services
2. To ensure data recording by specialist treatment services, including NDTMS & TOPS, to be completed in line with NTA guidance
3. To carry out an Annual Needs Assessment to establish trends, needs and gaps
4. To implement the Initial Assessment Tool framework to assist in identifying and referring young people into specialist treatment
5. To ensure robust Clinical Governance is in place
6. Increase the number of TOPs completed at start, interim and exit to 80%
7. To establish workforce development needs
8. To support universal and targeted youth support services in substance misuse
9. Increase referrals from Children & Families Services in particular Children Looked After to at least 20%
10. Increase referrals from BME communities
11. To ensure young people are able to access services quickly, in a generic setting, at convenient times with a care plan
12. Increase referrals from Primary Care e.g. GP's, sexual health
13. To maintain that at least 90% of young people accessing treatment are seen in a young people's service
14. To ensure families and carers receive support to manage the impact of young people's substance misuse
15. Identification of substance misusing parents and the treatment needs of their children

- 16.** To ensure specialist substance misuse services liaise with other professionals to meet the other needs of young people
- 17.** To ensure clinical governance arrangements are in place with specialist treatment services
- 18.** To review the audit findings for vulnerable young people being carried out by Supporting People
- 19.** Increase the number of young people leaving specialist treatment in a planned and supported way
- 20.** Development of a transitional protocol for young adults aged between 18 – 21 years old

Please expand the box as required

Harrow Drug Action Team

Part 2

Young people's specialist substance misuse treatment plan 2010/11 Planning grids

Planning grid 1: Commissioning and system management

Identification of key priorities following needs assessment relating to commissioning and system management:

To jointly commission universal and targeted young people's services

To ensure data recording by specialist treatment services, including NDTMS & TOPS, to be completed in line with NTA guidance

To carry out an Annual Needs Assessment to establish trends, needs and gaps

To implement the Initial Assessment Tool framework to assist in identifying and referring young people into specialist treatment

To ensure robust Clinical Governance is in place

Increase the number of TOPs completed at start, interim and exit to 80%

To establish workforce development needs

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

To ensure substance misuse is included in all universal and targeted young people's services

Delivery Plan:

Actions and milestones	By when	By whom
Establish an integrated joint commissioning group under the Children's Trust	April 2010	Children's Trust Board
Representation for substance misuse by the Young People's Substance Misuse Lead on the Integrated Commissioning Group	April 2010	Young People's Substance Misuse Lead

To highlight the need for the Integrated Commissioning Group to consider the need of substance misuse when a young person requires residential treatment.	April 2010	Young People's Substance Misuse Lead
-----------------------------------------------------------------------------------------------------------------------------------------------------------	------------	--------------------------------------

Objective 2
To have quality data that can be used to assess need and monitor progress of young people in treatment

Delivery Plan:

Actions and milestones	By when	By whom
Monitoring of TOP compliance at start, interim and exit delivered by specialist treatment providers to ensure that both the TOP's are being completed and recorded.	Monthly until October 2010 then quarterly (Dec 2010 & Mar 2011)	Young People's Substance Misuse Lead, Senior Data & Performance Officer & DAT Support Officer
To increase the percentage of TOP's being completed at start, interim and exit to 80%	June 2010	Young People's Substance Misuse Lead & Service Providers
Monitoring quality of NDTMS data recording by specialist treatment providers	Monthly until October 2010 then quarterly (Dec 2010 & Mar 2011)	Young People's Substance Misuse Lead, Senior Data & Performance Officer & DAT Support Officer
To continue to work with other young people's statutory services to further develop the quality and quantity of data collected by other professionals	End June 2010	Young People's Substance Misuse Lead & DAT Support

		Officer
To review with the new provider their procedures to address safeguarding of the young people in treatment in ensuring that they are receiving the appropriate level of psychosocial, specialist pharmacological and harm reduction interventions and appropriate referral to residential services	End July 2010	Young People's Substance Misuse Lead

Objective 3
To assess the specialist treatment needs of the young people in Harrow and establish any gaps

Delivery Plan:

Actions and milestones	By when	By whom
Expert Group to meet to review previous needs assessment and discuss current gaps	End July 2010	Young People's Substance Misuse Lead
Focus groups to be held with young people, service users, parents/carers and professionals working with young people	End September 2010	Young People's Substance Misuse Lead, Service Providers & Members of the Expert Group
To ensure data is collected for the needs assessment throughout the year	End January 2011	Young People's Substance Misuse Lead & DAT Support Officer
Draft Needs Assessment to be presented for consultation to various local strategic partnership groups for their input	End October 2010	Young People's Substance Misuse Lead, Children's Service Strategic Partnership Groups

Needs assessment to be submitted to NTA	End November 2010	Young People's Substance Misuse Lead
Feedback received from NTA, any amendments made if necessary and final copy submitted	End January 2011	Young People's Substance Misuse Lead
To ensure that the priorities and issues identified in the Young People's Specialist Substance Misuse needs assessment and plan are included in other young people's plans such as the Children and Young People's Plan and the JSNA	As required	Young People's Substance Misuse Lead
To ensure NDTMS data provided for the needs assessment is consistent for the age range e.g. Under 18's data to be supplied separate from the dataset for the 18-21 year olds and address any other inconsistencies	End December 2010	Young People's Substance Misuse Lead & Senior Data & Performance Officer
A more in-depth analysis to be carried out of the data used in the needs assessment to provide more comparative analysis	End December 2010	DAT Support Officer

Objective 4

To ensure all professionals working with young people have a generic tool to assist them in assessing the young person's need, to make appropriate referrals when appropriate and have available the resources needed to work with young people who do not require referral to specialist services

Delivery Plan:

Actions and milestones	By when	By whom
To ensure the Young People's Substance Misuse Initial Assessment Tool Framework links into the e-CAF	End July 2010	Young People's Substance Misuse Lead
To ensure professionals, for example sexual health workers, working with young people take part in	End March	Young People's

the training on drug & alcohol awareness, the initial assessment tool and have access to the resources and guidance on young people and substance misuse	2011	Substance Misuse Lead
To ensure the Initial Assessment Tool Framework is part of the recording systems used by the service e.g. Framework I for Children's Services	End March 2011	Young People's Substance Misuse Lead

Objective 5

To develop services of a high quality and standard

Delivery Plan:

Actions and milestones	By when	By whom
To review issues around management, supervision and practice etc on a quarterly basis with service providers	Quarterly	Young People's Substance Misuse Lead & Service Providers
To establish a working group (including the Adult Commissioner & Providers) to assess the clinical governance arrangements between the PCT and the service providers to ensure that they are young people appropriate and implemented accordingly.	End Sept 2010	Young People's Substance Misuse Lead

Objective 6

To ensure the workforce have the appropriate skills and experience to cover the young people's needs

Delivery Plan:

Actions and milestones	By when	By whom
Identify and compare current workforce skills and experience to those required to meet the young	End July 2010	Young People's

people's needs		Substance Misuse Lead & Service Providers
Establish if workforce development can be carried out within current resources	End August 2010	Young People's Substance Misuse Lead & Service Providers

Expected outcomes:

- To commission young people's services as part of an integrated joint commissioning structure to ensure best practice and best value
- To ensure that young people accessing specialist treatment services are able to access a range of interventions in line with NTA guidance to enable them to successfully complete treatment
- To record accurate data on young people accessing specialist treatment services to provide information on the needs of young people and gaps that need to be addressed, e.g. a low representation of young people from BME groups in specialist treatment compared to the demographics of the Borough.
- The Annual Needs Assessment and Plan will ensure the needs of the young people in the borough are being recorded and will assist in identifying any gaps with recommendations on how to fill these gaps within the available resources. The needs assessment will include the views and suggestions by professionals, users, parents/carers and young people.
- The Initial Assessment Tool Framework will provide professionals from statutory and voluntary sector with the training and resources to identify, assess, refer and support the young person dependant upon their need. This will ensure that young people are being identified and receiving the appropriate support at an early stage.
- To ensure that the data used in the needs assessment is consistent so that comparative analysis can be carried out on young people accessing specialist treatment compared to the demographics of the Borough, the ethnicity and type of drug used by those in the YOT, gender etc.

Planning grid 2: Access to treatment

Identification of key priorities following needs assessment relating to access and engagement with young people’s specialist substance misuse treatment services:

To support universal and targeted youth support services in substance misuse
 Increase referrals from Children & Families Services in particular Children Looked After to at least 20%
 Increase referrals from BME communities
 To ensure young people are able to access services quickly, in a generic setting, at convenient times with a care plan
 Increase referrals from Primary Care e.g. GP’s, sexual health
 To maintain that at least 90% of young people accessing treatment are seen in a young people’s service

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1
 To enable young people’s services to identify, assess, support and refer to specialist services when appropriate.

Delivery Plan:

Actions and milestones	By when	By whom
To present to Head Teachers how the Young People’s Substance Misuse Early Identification and Initial Assessment Framework will assist schools and 6 th form colleges in identifying young people’s substance misuse and how to make a referral and how this compliments the CAF	End April 2010	Young People’s Substance Misuse Lead
To provide training on drug and alcohol awareness and the initial assessment tool to Schools & 6 th from colleges	End June 2010	Young People’s Substance Misuse Lead
To present how the Young People’s Substance Misuse Early Identification and Initial Assessment Framework will assist youth services provided by the voluntary sector in identifying young people’s	End June 2010	Young People’s Substance Misuse

substance misuse and how to make a referral and how this compliments the CAF		Lead
To provide training on drug and alcohol awareness and the initial assessment tool to youth services in the voluntary sector	End November 2010	Young People's Substance Misuse Lead
To develop appropriate PR which will raise awareness of the various young people's substance misuse services	End March 2011	DAT Support Officer
To implement, where possible, the recommendations from the Needs Assessment for Tier 2 to improve access to treatment	End March 2011	Young People's Substance Misuse Lead

Objective 2

Increase referrals from Children's Services, in particular, Children Looked After, to 20% of the total referrals into specialist services as per the NTA guidance.

Delivery Plan:

Actions and milestones	By when	By whom
To commence the use of the Initial Assessment Tool in Children's Services	End April 2010	Young People's Substance Misuse Lead & Children's Services professional who have undertaken training
To explore the possibility of a pilot for six months a specialist substance misuse professional dedicated to Children's Services, in particular, Children Looked After to support staff.	April 2010 to end September 2010	Young People's Substance Misuse Lead, Head of Children's Services & Compass Manager
To review the impact of a dedicated specialist substance misuse professional in referrals from	Monthly with a	Young People's

Children's Services and in particular, Children Looked After	final review mid-October 2010	Substance Misuse Lead, Head of Children's Services, Children Looked After Manager & Compass Manager
To incremental increase in the % of referrals from Children's Services, in particular, Children Looked After will be taken and agreed at the CLA Life Chances Forum	May 2010	Young People's Substance Misuse Lead & Head of Children's Services, Children Looked After Manager
The increase in the % of referrals from Children's Services, in particular, Children Looked After, will be monitored at the Integrated Young People's Commissioning Group	Quarterly	Young People's Substance Misuse Lead & Integrated Young People's Commissioning Group

Objective 3

To provide a drop-in specialist treatment service for young people in BME communities that is culturally sensitive.

Delivery Plan:

Actions and milestones	By when	By whom
To develop closer links with BME communities to establish their needs	End August 2010	DAT Manager
To develop an outreach drop-in clinic in BME communities	End December 2010	Young People's Substance Misuse Lead, DAT Manager & Service Provider

	Manager
--	---------

Objective 4

To ensure young people's specialist treatment services are delivered in appropriate settings at appropriate times to encourage young people to engage

Delivery Plan:

Actions and milestones	By when	By whom
To develop an outreach drop-in clinic in the Harrow Tuition Service	End December 2010	Young People's Substance Misuse Lead, DAT Manager & Service Provider Manager
To pilot a six month drop in service on a Thursday evening (until 7pm) and a Saturday morning at Youth Stop in Central Harrow	April 2010 – End September 2010	Young People's Substance Misuse Lead, Compass & Connexions
To monitor and review the impact of the pilot on the number of young people accessing the service and the number of self-referrals	Monthly with a final review mid October 2010	Young People's Substance Misuse Lead & Compass
To explore other possible sites across the Borough for a drop in service based on GIS data in the Needs Assessment	End November 2010	Young People's Substance Misuse Lead
To explore other possible sites across the Borough such as Sexual Health Clinics	End March 2011	Young People's Substance Misuse Lead

Objective 5

Ensure young people accessing primary care are being referred to specialist services when appropriate

Delivery Plan:

Actions and milestones	By when	By whom
To establish the reason for the low number of referrals with primary care providers	End December 2010	Young People's Substance Misuse Lead

Expected outcomes:

- Professionals working with young people will have the skills and tools needed to assess a young person's need and make appropriate referrals when necessary.
- Young people, particularly those most vulnerable, will be identified and interventions delivered at an early stage.
- To increase the number of young people accessing specialist services especially from those who are currently under-represented
- To ensure young people accessing primary care are being identified and referred for specialist treatment when appropriate

Planning grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating delivery of young people's specialist substance misuse treatment services:

- To ensure families and carers receive support to manage the impact of young people's substance misuse
- Identification of substance misusing parents and the treatment needs of their children
- To ensure specialist substance misuse services liaise with other professionals to meet the other needs of young people
- To ensure clinical governance arrangements are in place with specialist treatment services
- To review the audit findings for vulnerable young people being carried out by Supporting People

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

To ensure support is given to those affected by a substance using family member

Delivery Plan:

Actions and milestones	By when	By whom
Active participation in the Youth Crime Family Intervention Project Steering Group to identify how best to address the needs	Quarterly meetings	Young People's Substance Misuse Lead
To establish what support services for families are currently available and how further support can be given to the families of young people who are using substances	End September 2010	Young People's Substance Misuse Lead

To review with partners a joint approach to support the treatment needs of children of substance misusing parents	End December 2010	Young People's Substance Misuse Lead, DAT Adult Commissioner, Service Provider Managers & Children's Services
-------------------------------------------------------------------------------------------------------------------	-------------------	---------------------------------------------------------------------------------------------------------------

Objective 2

To ensure links are maintained and further developed with professionals from other targeted specialist services such as CAMHS including referral pathways and joint working

Delivery Plan:

Actions and milestones	By when	By whom
To ensure clear guidelines and referral pathways are in place	End April 2010	Young People's Substance Misuse Lead & Service Provider Managers
To develop outreach clinics in other specialist services	End March 2011	Young People's Substance Misuse Lead & Service Provider Managers
To further develop dual diagnosis with CAMHS and Compass	June 2010	Young People's Substance Misuse Lead, CAMHS & Compass

To explore ways, with the Managers of the treatment providers, to increase the number of young people attending specialist treatment service who use crack cocaine	July 2010	Young People's Substance Misuse Lead & Service Provider Managers
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	------------------------------------------------------------------

Objective 3

To ensure young people's specialist treatment services are delivered in line with NTA guidance

Delivery Plan:

Actions and milestones	By when	By whom
To ensure Clinical Governance arrangements are in place across the young people's specialist substance misuse delivery system and organisation in line with NTA guidance	End April 2010	Young People's Substance Misuse Lead & Service Provider Managers
To ensure that young people have access to specialist interventions such as harm minimisation and specialist prescribing in a generic young people's setting in line with NTA requirements	End April 2010	Young People's Substance Misuse Lead & Service Provider Managers
To ensure clear referral protocols and pathways are in place with adult and young people's A&E in the Borough and in neighbouring Boroughs	End January 2011	Young People's Substance Misuse Lead & A&E's
To monitor the completion of care plans by specialist treatment services	Quarterly monitoring meetings with service providers	Young People's Substance Misuse Lead & Service Provider Managers

To ensure specialist treatment services have appropriate training, policies and procedures in place including Child Protection and CAF	End May 2010	Young People's Substance Misuse Lead & Service Provider Managers
To ensure that 100% of young people in specialist treatment who require specialist harm reduction are offered the intervention and that it is included in the young person's care plan.	End June 2010	Young People's Substance Misuse Lead & Service Provider Managers

Objective 4

To ensure that young people facing a housing crisis, have quick access to treatment

Delivery Plan:

Actions and milestones	By when	By whom
Establish referral pathways for young people in crisis	End March 2011	Young People's Substance Misuse Lead & Supporting People

Expected outcomes:

- Specialist young people's treatment services will be delivered in line with NTA guidance
- The needs of the young person will be looked at holistically with referrals to other services being made to address the needs that can not be met by the specialist substance misuse service
- The families of young people who are using substances and young people whose parent/s are using will receive appropriate support to address their needs

Planning grid 4: Leaving specialist treatment

Identification of key priorities following needs assessment relating to young people leaving specialist substance misuse treatment services:

Increase the number of young people leaving specialist treatment in a planned and supported way

Development of a transitional protocol for young people aged between 18 – 21 years old

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1

To ensure young people leaving specialist treatment do so in a care planned way and are referred to an appropriate support service

Delivery Plan:

Actions and milestones	By when	By whom
To ensure that at least 80% of young people leave specialist treatment in a care planned way	Quarterly monitoring meetings with service providers	Young People's Substance Misuse Lead, Service Provider Managers, Integrated Young People's Commissioning Group
To agree achievable incremental percentages to achieve the target of at least 80% of young people leaving specialist treatment in a care planned way	April 2010	Young People's Substance Misuse Lead, Service Provider Managers

To develop a more robust system with service providers and statutory and non statutory young people's service for re-engaging unplanned discharges	July 2010	Young People's Substance Misuse Lead, Service Provider Managers, Young People's Services
To further develop links and integrated aftercare pathways with universal and targeted statutory and non-statutory young people's services	End March 2011	Young People's Substance Misuse Lead, Connexions, Statutory & Voluntary Sector Youth Services
To monitor the number of TOPs completed at exit with particular emphasis to planned discharge	Monthly until October 2010 then quarterly	Young People's Substance Misuse Lead & Service Provider Managers
To ensure all staff in specialist treatment services attend the LSCB Child Protection training and take appropriate action when appropriate	End March 2011	Young People's Substance Misuse Lead, DAT Adult Commissioner, Service Provider Managers
To ensure Lead professional arrangements are in place for a young person requiring referral back to mainstream children's services	End October 2010	Young People's Substance Misuse Lead & Children's Services Managers

Objective 2

To develop a robust transitional service to meet the needs of those young people aged 18 – 21

Delivery Plan:

Actions and milestones	By when	By whom
Guidelines and protocols for transitional arrangements for young people aged between 18 – 21 years old in Harrow to be developed and implemented, based on individual assessment not chronological age	End September 2010	Young People's Substance Misuse Lead & Adult Commissioner

Expected outcomes:

- Young people who leave specialist substance misuse treatment do so in a care planned way with appropriate support in place
- A transitional service for those young adults aged 18 – 21 who are not ready to engage in an adult service