

Haringey

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

This strategic summary incorporating the planning grids and funding/expenditure profile has 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

Haringey is a changing borough that faces many demanding challenges. It is in the top 5 most deprived boroughs in London and ranked 10th out of 354 most deprived districts in England. The borough is culturally diverse with a growing and mobile population. We are aware of the harm that substance misuse causes to young people, their families, friends and the wider community and aim to integrate substance misuse services for young people into the wider children's services in the borough to better meet the needs of children and young people in Haringey. We want to ensure a broader reach to engage more young people in interventions at all levels of need and create a wider awareness amongst targeted and universal services of young people's substance misuse agenda and needs.

Currently there are some 54,000 children and young people living in Haringey under the age of 20 but only 26 young people¹ accessed specialist substance misuse treatment from 1st April 2008 to 31st March 2009.

In 2009 Haringey's Children's Trust was formed to ensure a stronger partnership with key stakeholders – Local Authority, Health Services, Police, the education and learning sector and the voluntary and community sector to provide a shared focus on safeguarding children and young people. In September 2009 the Young Person's Substance Misuse Commissioner moved from the DAAT to the Children's Trust. To ensure that functional links were maintained with the DAAT the Young Persons Substance Misuse Commissioner continues to be located two days a week with the DAAT, receives professional supervision from the DAAT Strategy Manager and attends the DAAT Partnership Board meetings.

It was recognised that the 2009/10 treatment plan was, in effect, a 2 year plan and so elements from last year's plan will be incorporated into the 2010/11 specialist substance misuse plan. Significant strides have been made in securing high level commitment to the young people's substance misuse agenda through increased membership and regular attendance of senior officers and managers at the Young People's Substance Misuse Commissioning Group and Task Group. A strategic lead was secured when a Young Person's Substance Misuse Commissioner was appointed in April 2009 and she is committed to mainstreaming young people's substance misuse services.

The Children's Trust and the DAAT are committed to delivering accessible, high quality service substance misuse services to young people living in the London Borough of Haringey. Haringey's strategy will continue to strive towards the achievement of PSA 25 – reducing the harm caused by alcohol and drugs; PSA 14 – increasing the number of children on the path to success; NI 40 – recording the increase in numbers of drug users (including under-18s) in effective treatment; NI 115 (also included in Haringey's LAA) – substance misuse by young people; and the Vital Signs Indicator, VSB 14 – the numbers of people (including under -18s) in effective treatment.

The 2009/10 needs assessment clearly evidences unmet need and we must address the lack of young people accessing, engaging and staying in treatment. Strategic planning and integrated commissioning around substance misuse is key to delivering improved and cost effective treatment systems (especially in the light of reduced funding) and to achieving the overall aim of PSA 14.

In 2009 Haringey published their 10 Year Children and Young People's Plan which included the Young People's Specialist Substance Misuse Plan in its implementation plan. There will be 6

¹ NDTMS 2008/9

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monthly monitoring of the plan, an annual evaluation and a refresh in September. Progress is reported to Director's Management Team and the Children's Trust Board. The Young People's Substance Misuse Commissioning Group (which contains members of DMT and the Children's Trust Board) and the recently set up informal Children and Young People's Commissioning Forum (CAMHS commissioners, Parents Commissioner, Childcare Commissioner, Teenage Pregnancy and Parenthood Commissioner, Children's Fund Programme Manager, Head of Business and Commissioning Management, Young People's Substance Misuse Commissioner) will be the main conduits for information sharing and for ensuring linkage into Children's Trust planning and commissioning processes and for feeding information back regarding substance misuse treatment needs,

During 2009/10 Children's Services in Haringey have been undergoing considerable change. The focus of these changes are to ensure vulnerable children are better safeguarded and that they receive a more integrated and holistic service. Included in these changes is the re-structuring of the Youth Service and the rolling out of the Integrated Youth Service programme with the appointment of an Integrated Youth Service Manager. The Young People's Substance Misuse Commissioner and Commissioning Group will, in 2010/11 tender substance misuse services in line with Haringey's procurement requirements. They will work closely with the Youth Service on designing and supporting a flexible, responsive and effective young people's substance misuse services.

The vision is for an integrated treatment system with specialist substance misuse workers placed in key services in the borough so that instead of having a separate site based specialist substance misuse service with a virtual team to support its work and to generate referrals, the service will be holistic and managed by one specialist young persons provider. This will facilitate clearer referral and care pathways and easier transitions to different tiers of treatment. This treatment system will be more accountable and responsive as it will not be fragmented and workers will not be responsible to different managers. It will facilitate effective performance management and lead to a more responsive service. The integrated treatment system will be closely aligned with the Integrated Youth Support Services whose network of services (including Connexions, Haringey Young People's Counselling Service, detached, targeted and site based services) throughout the borough reach out to and access many vulnerable young people at risk of and at different stages of substance misuse from experimentation to problematic use. 2010/11 is a key time to be planning with the Youth Service as they are in the process of implementing their integrated Youth Support Service and so it is a good opportunity to support them in identifying and delivering targeted support to vulnerable young people with substance misuse issues.

With this broad vision in mind we are carrying out consultations with young people and key stakeholders in the last quarter of 2009/10 to refine details and achieve a service specification based on evidenced need.

The intention is to remodel the service treatment system, as the current model and commissioned services are as robust or functioning as effectively as envisioned and consequently not representing good value for money. During 2010/11 we plan to improve the effectiveness of the current services whilst remodelling services in consultation with key stakeholders and service users and their families to better meet the needs of young people in Haringey.

In line with the London Borough of Haringey procurement requirements an open tender process will take place to recommission services in 2010.

At present there is no additional funding allocated from any source within the Children's Trust for specialist treatment other than the contribution from the young people's pooled treatment budget which has been reduced by £11k and there is a further loss of £38k as a result of the adult pooled treatment budget cuts which will mean a reduction in In-volve's treatment services. Funding for the 2 Youth Offending Service Substance Misuse Workers remains at £55,416 and the ABG allocation is anticipated to be at 2009/10 level and will continue to fund the virtual team and the

Young People's Substance Misuse Commissioner posts in 2010/11. At present the total indicative budget for 2010/11 is £498,687 of which £209,189 is the specialist treatment contribution. The young people's pooled budget is further reduced in 2011/12 to £178,234, 81% of 2008/9 levels and in remodelling and recommissioning services this will be taken into account. Additional sources of funding will be actively sought by the Young Person's Substance Misuse Commissioner and the Commissioning Group. Opportunities for joint and co-commissioning will also be explored.

We plan to meet the substance misuse needs of young people living in Haringey by implementing the key priorities in the last section of this document.

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

In 2008/09 there were 12 new presentations of young people under 18 reported to NDTMS, with 26 young people in treatment over the course of the year. A further 36 clients between the ages of 18 and 21, were treated by In-Involve, the specialist substance misuse treatment service. Treatment agencies' figures indicate that actual presentations were higher than this ;(57 referrals for In-Involve, 21 under 18) the discrepancy being accounted for by high levels of refusal to participate in the National Drug Treatment Monitoring System by young people. This is being addressed and the consent rate is rising.

Underreporting by the Youth Offending Service also had a part to play and this has been addressed, with 12 young people reported as being in treatment in 2008/9 with no new presentations between Dec 08 and March 09. In November 2009 38 young people were reported by NDTMS as being in treatment with the Youth Offending Service.

All young offenders subject to community sentences are assessed with the ASSET tool and referred as appropriate to the 2 specialist substance misuse workers for SASSI (Substance Abuse Subtle Screening Inventory) screening workers and according to their results a substance misuse component is developed in their care plan, which can include referral to In-Involve, the specialist substance misuse treatment service. Protocols are in place between YOS and In-Involve and have been updated with the advent of the YRO; To date 2 young people have a substance misuse treatment requirement.

When young Haringey residents are released from custody they are the subject of a Detention and Training Order Licence which requires that they attend the YOS twice weekly. The needs assessment recommendations that the 2010/11 plan included an objective to ensure that Young Offenders on licence are screened for substance misuse, and referred for appropriate levels of treatment has been adopted.

Using the Home Office Toolkit² for assessing need for drug treatment it is possible to estimate that there are in the region of 236 young people in need of specialist drug treatment in Haringey. Given that 26 young people were in treatment last year, the service penetration rate is around 10% and we plan to reduce that to 8% in 2010/11 by increasing the number of young people referred from universal education and children's services. No referrals were received from universal education last year and only one from Looked After Children. If 28% of care leavers in national research³ are described as problematic drug users, and, in many cases, the drug use predated the leaving care, it is not unreasonable to assume that around 1 in 4 of care leavers, and a substantial proportion of young people in care in Haringey would benefit from services for their drug use.

The increase in demand for specialist substance misuse treatment interventions from universal education, particularly the Pupil Support Unit, will be achieved via the Vulnerable

² See appendix three for toolkit detail

³ Home Office Research Study 260. One problem among many: drug use among care leavers in transition to independent living. 2003. Home Office Research, Development and Statistics Directorate.

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Young Person Substance Misuse Worker whose role is to work with and support schools to keep young people at risk of, and who are using substances, in education. The increase in demand for specialist substance misuse treatment interventions from looked after children and young people leaving care will be via the Leaving Care and Asylum Services Substance Misuse Practitioner whose role is to offer advice, information and consultation to social worker and to refer on young people to specialist substance misuse services.

Both these roles are being reviewed in 2009/10 as to their effectiveness and changes will be implemented depending on the outcome of the review. Also in 2009/10 a pilot project is being implemented in a secondary school in response to the Scrutiny Review Recommendations regarding early identification of young substance misusers. This project is being monitored and will be reviewed as to its effectiveness. If the model is successful it will be rolled out in other secondary schools in 2010/11. The appointment of the Parental Substance Misuse Co-ordinator based in the First Response Team (formerly the Referral and Assessment Team) who will hold a caseload and offer advice, information and consultation to social workers will also contribute towards identifying young people in need of substance misuse services and their appropriate referral and assessment.

Referral routes into treatment remain our weakest area and we plan to implement and build on the findings from the referral and care pathways events that will be held in 2009/10 to ensure that clear referral pathways are in place from schools and children's services and other referring agencies.

We envisage that the demand for treatment will increase over 2010/11 due to increased outreach activity. In-volve employed an Outreach Worker in August 2009 and she has been working with the Youth Service and outreach workers from other agencies in targeted areas of the borough and referrals are beginning to come through. A Substance Misuse Access and Engagement Forum was established in 2009 with the aim of achieving a more strategic approach to outreach work in Adult and Young People's services in the borough.

The Youth Service was commissioned in 2009/10 to access young people in targeted areas of the borough and they have identified large numbers of young people using alcohol and cannabis. They have also worked with ethnic groups with self identified problematic substance misuse notably Somali and Kurdish young people, many of whom do not wish to access specialist substance misuse services. Events are being planned for Kurdish and Somali parents who have voiced their concern about drug use by their children. Work is underway with the local mosque to host the Somali event and we plan to work with them to provide an event for young people in 2010/11. Findings from these events will inform future approach and work with these groups of young people. We will also be working on how we can make substance misuse services more attractive to them by informal consultation with them during outreach work and formal consultation through an organised event in 2010/11.

We anticipate that the most common intervention young people receive in 2010/11 will continue to be psychological interventions and we will ensure that these are of a high quality by making sure that staff receive regular training and are up to speed with best practice and current developments in this field.

We also recognise the need to ensure that harm reduction services are relevant and available to young people. In 2009 the LSCB approved the prescribing protocols and by 2010 a discrete needle exchange for young people will be set up at In-volve. This will be subject to close monitoring in 2010/11 and the findings used to inform future service planning.

We also anticipate providing an increased number and range of family interventions.

During Quarters 1 and 2 this year In-volve delivered direct support to 5 individual parents, and also to 3 other family members. They provided simple information and advice to parents about drugs on 2 occasions. They conducted 16 sessions with assessment of need, signposting/onward referral for ongoing support and undertook an intensive piece of specialist longer term work.

The specialist substance misuse treatment provider and other agencies will involve parents, carers and families in a young person's treatment to increase understanding of the problems and to offer advice and information on how to support a young person who is using substances. To date this year, In-volve has engaged with 3 families as part of treatment for new clients.

We will ensure that universal and targeted services know about Cosmic, the agency commissioned to support families and children affected by substance misuse and that clear referral pathways are defined. We are currently awaiting the completion of a piece of research that was commissioned to examine the barriers to accessing this service and the levels of knowledge in universal service regarding identifying substance misuse in children and families. We will implement the findings from this research which will be presented to the Commissioning Group on 7th December.

Cosmic are on course to work with 100 families affected by parental/carer substance misuse and to offer support to family members, including grandparents. They are currently offering support to one grandparent who is looking after her grandchild because of parental substance misuse.

Residential Treatment

The demand for residential treatment remains low but pathways from specialist treatment into residential treatment and the resources to support this are being reviewed by the Young People's Substance Misuse Commissioning Group.

Satellite Services

Cosmic provides satellite services in DASH and EBAN. Due to staffing issues satellite services were reduced in 2009 but this is being reviewed.

As with 2007/8, 2008/9 NDTMS reporting shows no pharmacological interventions, family work or referral to residential services for Haringey although 3 young people reported heroin as their main drug of choice. Prescribing did take place (in line with the protocols developed) with the adult prescribing psychiatrist visiting the clients at the young people's specialist substance misuse service. 75% of the interventions recorded in Haringey are recorded as psychosocial interventions and the remaining 25% being harm reduction interventions. Ongoing work will be continuing during this year as part of the needs assessment process to identify need and demand across the full range of the "essential elements." Improvements in NDTMS reporting (discussed elsewhere in the plan) will enable a more thorough understanding of the range of services taken up.

Of those receiving treatment (based on NDTMS data) for cannabis, the average length of the treatment episode is around 34 weeks, This needs to be reduced as evidence would suggest that young people can make changes in shorter periods of time than adults. The average length of treatment episode for heroin was 18 weeks and for alcohol 22 weeks. Also 57% of treatment episodes resulted in unplanned discharges; this is unacceptably high and needs to be reduced through better care planning and more effective interventions. Training in best practice will be arranged in 2009/10 and 11.

On the basis of NDTMS data, both genders are equally represented. The largest proportion of service users are white (35% white British, 4% white Irish 18% other white) with 8% African, 12% Caribbean, 4% Bangladeshi 4% other black and 12% where ethnicity is not stated. These numbers are too low to allow further analysis of the extent to which this is representative.

However, via the Youth Service Detached project we are accessing more BME's and we will continue to strive to engage with all young people who have a substance misuse need. Most service users reported to NDTMS were aged 15 or over, (15% aged 15, 31% aged 16 and 50% aged 17).

Last year there were months during which there were no new presentations for treatment, but this year there have been 30 new presentations (Up to 30.9.09) with the lowest number of presentations being 2 in July 09.

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

The 2009/10 Needs assessment was based on national and local data, (including the 2008/9 and Quarter 1 NDTMS and TOPS data) to identify gaps and areas for improvement. The Needs Assessment Expert Groups were held between September and November 2009.

Key findings were:

- The apparently low level of penetration into the specialist treatment service.
- This appears to be product of low levels of referral by other agencies notably schools and Haringey's Children and Families services.
- The lack of information on the outcome of assessments by other non specialist agencies, and on the action taken in the case of the young people identified as having a substance misuse problem. Where reports have been provided they are either sketchy, or only numerical. Improved reporting might be achieved by introducing training/guidance for provider agency staff on the type of information needed and the style of reporting required.
- In the absence of information from the non specialist agencies on the outcomes of their assessments is not possible to identify the extent to which young people with substance misuse problems of being appropriately identified and receiving appropriate interventions.
- It would appear that the estimates in the Home Office prevalence data and yielded by the toolkit last year, are likely to be broadly appropriate. This being the case, penetration, identification, assessment, data collection, and data reporting are all critical issues.
- The other element missing from the needs assessment is an analysis of the cost benefit of the current investment.
- Current service model needs to be more effective in 2010/11. The Commissioning Group taking a lead role in this. The commissioned posts and the role of the virtual team are being reviewed in 2009/10. In-volve is implementing a service improvement plan in 2009/10. Referral and care pathways are being scrutinised and clarified and careful monitoring will continue in 2010/11,
- The young people's specialist substance misuse service will be tendered in 2010/11 and The Young People's Substance Misuse Commissioning Group will be overseeing the consultation process and have the leading role in designing and approving the service specification to ensure that a service is provided that is more attractive to young people and effectively meets their needs.

Summary of Prevalence

The prevalence study commissioned by the Home Office⁴ estimated that in Haringey there were around 2690 problem crack cocaine and/or opiate users, between the ages of 15-64 in financial year 2006-7. Within this estimate was included an age breakdown which showed an estimated **354 opiate and/or crack cocaine users aged 15 – 24** in Haringey. This estimate sits within a potential range of between 267 and 456. However, for the age range 15 – 17 the numbers are more likely to be in the region of 100 or so, given that NDTMS reported no heroin users were reported in Quarters 1 and 2 this year and only 1 cocaine user.

The European Monitoring Committee for Drugs and Drug Addiction estimates for levels of current drug taking, if applied to the Haringey population of 16-24 year olds suggest that around **4,200 16-24 year olds are current drug users**.

Drug Misuse Declared estimated that around two in five young people (42.9%) have ever used illicit drugs; nearly one in four had used one or more illicit drugs in the last year (22.6%) and around one in eight in the last month (13.1%). Applied to the Haringey population, this suggests that around **3,750 16 – 24 year olds have used any drug in the last month, that 1,250 have used a Class A drug in the last month and 3,000 have used cannabis in the last month**.

The Health Related Behaviour Survey indicated **high levels of exposure to drugs** with 30% of Year 10 boys and 25% of Year 10 girls in the Haringey schools surveyed reporting having been offered cannabis, as had 10% of Year 8 boys and 9% of Year 8 girls. 9% of Year 10 boys and 6% of Year 10 girls reported that they have used cannabis leaf or resin in the last month. **A significant minority of Year 10 males and a small minority of Year 10 females appear to be drinking at or above the maximum recommended adult level**, at least in the week prior to the survey being undertaken.

Offenders are much more likely to report substance abuse than non-offenders, with frequent offenders reporting drug use double the levels of use of infrequent offenders.

Research⁵ suggests that around one in five of young people 'on the streets' or in hostel-type accommodation are drug users and that a similar proportion have overdosed on either drugs or alcohol at some time. Extrapolations from some research suggests that there may be as many as 500 young people living 'on the streets' in Haringey.

There were 16 fixed term exclusions from Haringey schools for possession and/or use of illegal substances on a school site, 10 of which were not referred on to a more specialist agency.

Sex workers are much more likely to use drugs. For example, 88% of 16-19 year old sex workers reported lifetime use of crack cocaine⁶ compared to 5% of the British Crime Survey respondents who reported using drugs (a sub set of the total British Crime Survey sample). 56% of 16 -19 year old sex workers reported ever having used heroin in their lifetime compared to 2% of the British Crime Survey respondents who reported using heroin.

In Haringey it is likely that there are nearly 500 children of drug using parents in the treatment system⁷ and that there may be between 1000 and 1300 children under 16 who have

⁴ Hay G, Gannon M. et al. (2008). Estimates of the prevalence of opiate use and/or crack cocaine use (2006/07) London Region. Home Office

⁵ Home Office Research Study 258 Youth homelessness and substance use: report to the drugs and alcohol research unit. Dr Emma Wincup, Gemma Buckland and Rhianon Bayliss

⁶ Home Office Research Study 268 Nov 2003

⁷ See Haringey Needs Assessment 2009. In year ended March 2009, 581 problem drug users in Haringey started substance misuse treatment. (NDTMS). According to CYPP NA and Adult Substance Misuse Needs Assessment 2008/9 42% were parents. Hidden Harm report 2003 reports on average there were just over 2 children to every parental drug user. Applying these figures to the Haringey known population of drug users entering treatment suggests that in Haringey in 2008/9 it could be expected that there are nearly 500 children of substance using parents.

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parents who use alcohol or drugs problematically but are not in treatment. Not all of these children will be currently living with the drug using parent, but the needs of these children must be recognised and addressed.

On the basis of data from the Young People's Drug Testing pilot sites **5% of young people arrested are likely to test positive for opiates, cocaine or both.**

In the 2009-10 YPSM Treatment plan the Home Office toolkit was used to generate the following estimates of **numbers of frequent drug users in Haringey.**

- **nearly 400 arrestees under 18**
- **24 of the frequent truants**
- **194 of those excluded from school**
- **21 young people who are homeless or have been in care**

Changing Trends

Nationally, cannabis use is much more common amongst young people than Class A drug use and the local needs assessment suggests that cannabis use is more common in Haringey than elsewhere in London. Extrapolation of data from the British Crime Survey⁸ would suggest there are around 3,000 cannabis users among the Haringey population aged 16-24. It is recognised that many cannabis users regard their behaviour as non-problematical, although this is not universal. There were 17 young people recorded as receiving treatment with cannabis as either a primary (11) or secondary (6) drug in Haringey in 2008/9.

Alcohol is the second most common drug of choice with 7 young people using it as their primary drug of choice and 3 as their secondary drug of choice. In Quarter 1 2009/10 of the 14 young people in treatment 10 young people reported cannabis as their main drug of use and 2 alcohol as their main drug of choice. The remaining 2 young people's main drugs were amphetamines and benzodiazepines.

Anecdotally, the Youth Service report cannabis as being more prevalent in the more deprived east of the borough and alcohol more prevalent in the more affluent west of the borough. Also cocaine and crack use amongst young people in the west of the borough has been reported anecdotally and the needs assessment notes the high level of drug use in prosperous areas – counter to usual understanding of drug use as a problem of deprived areas.

Nationally the drugs most commonly used by young people are cannabis and alcohol. The 2006 local needs assessment suggested that cannabis use is more common in Haringey than elsewhere in London. The most used primary drug for the 26 young people in treatment last year (08/09) was cannabis, followed by alcohol and the most used secondary drug was alcohol. In-volve reported 3 young people with heroin as their primary drug and no young people with heroin as their secondary drug, 2 young people had cocaine as their primary drug of use and 1 young person had cocaine as their secondary drug of use. No young person reported crack as their primary drug of use but 2 young people reported crack as their secondary drug of use. The Youth Offending service reported one young person as a primary crack user and no young people with heroin as their primary drug of use.

In-volve has reported seeing an increase in the number of enquiries, including parental enquiries, about mephedrone and methedrone which have very similar effects. More detailed information about the drugs is needed. Both mephedrone and methedrone are stimulant drugs usually snorted or swallowed. They have effects similar to MDMA, producing euphoria, alertness, talkativeness and feelings of empathy. They can also cause anxiety and paranoid states and risk over stimulating the heart and nervous system to cause fits. Their main component is a substitute cathinone, Cathinone is controlled under the Misuse of Drugs Act 1971, but substituted cathinones which include: 4-methylmethcathinone (mephedrone, 4-MMC); 4-methoxymethcathinone

⁸ Drug Misuse Declared: Findings from the 2008/9 British Crime Survey

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(methedrone) and the cathinone analogue of MDMA, methylone are currently not controlled.

FRANK states that "reports say that mephedrone can be compulsive to use and creates a state of psychological dependence. In-volve are also starting to hear about difficulties stopping using (individuals and whole friendship groups), including a few young people selling possessions or stealing to be able to afford their weekend stash (especially as tolerance increases). It also seems to be used frequently in a poly-drug context in Haringey, typically with alcohol, E, cannabis, coke etc.

There is uncertainty about current levels of use in the Borough, but based on information from users and young people it would seem that there are a hundred or so habitual or fairly regular weekend users, and extrapolating from the information there could be several hundred across Haringey. Interestingly, the use In-volve have uncovered to date appears to be mainly contained within the most affluent areas of the Borough.

Treatment Mapping

Of the 12 new presentations in 2008/9 NDTMS data indicates that the criminal justice system again provided the majority (58%) of the referrals into treatment. However, this high proportion equates to only 6 young people. There is a recognised issue of under reporting here because the 2 Youth Offending Service carried out 192 SASSI assessments but only reported 6 young people accessing treatment. This issue is being addressed in 2009/10 and in August 2009 the Youth Offending Service (YOS) reported 21 young people in treatment but there remains a capacity issue within the service which requires resources and resolution.

The Triage system whereby YOS workers attend custody suites to divert young people from the criminal justice system was set up in June 2009 and in Qtr 1 17 young people were assessed and 5 referred to the YOS substance misuse workers and in Quarter 2 22 young people were assessed and one referred to the YOS substance misuse worker. The project will continue to be monitored.

Children's and Family services provide 15%, self referrals 10%, adult substance misuse services and other 6%, and CAMHS 3%.

Key to increasing referrals into specialist treatment from the Children's and Family services will be training for relevant staff in the appropriate use of the Common Assessment Framework (CAF). In 2009/10 the Haringey CAF has been updated to include asking about the child/young people's substance misuse. Previously there had been no mention on the form regarding this. Haringey will be adopting the National CAF in the near future and ongoing training will continue to be rolled out to statutory and voluntary sector services in 2010/11. This is key as there is still a high staff turnover and use of agency staff in Haringey's Social Care teams.

When the postholder takes up the post of Parental Substance Misuse Co-ordinator in the First Response Team she will be a valuable resource in supporting social workers to identify substance misuse in children and families.

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 needs assessment and the treatment plan recognise that much needs to be done in 2010/11 to achieve positive outcomes for young people in and leaving treatment.

- The needs assessment highlighted the low numbers of referrals to the specialist substance misuse service and consequently the low numbers in treatment. With such low numbers in treatment (26 2008/9 and 38 year to date) it is difficult to obtain relevant and applicable measurement of outcomes of treatment.
- The low level of referrals is a product of low referrals from other agencies. The issue of data quality and completeness from other agencies has been highlighted in the needs assessment. Information obtained and meetings with other agencies involved with young

people during the course of this needs assessment showed that recording young people's substance misuse was not a regular occurrence or requirement. This needs to be addressed. When the ECAF is introduced it is hoped that this will help, we will ensure that service providers can accept referrals this way and also make referrals. The rolling CAF training programme will be ongoing in 2010/11

- Consultation and our needs assessment show that young people are more likely to engage with treatment when substance misuse is addressed alongside other issues. By placing the Young People's Substance Misuse Commissioner within the Children's Trust it is anticipated that young people's substance misuse commissioning will become more effective and better meet the full range of need through joint and co-commissioning and improved multi-agency working.
- Those that do access treatment are often the "high end" complex cases that are difficult to engage and retain in treatment. An audit of these cases is planned for 2010 to gather information so that outcomes, including attrition rates, can be improved.
- Cases such as those above and those with additional needs in specialist treatment (most young people will have a range of issues) will either have a CAF or a CAF will be put in place to ensure that those needs are met and that there is care co-ordination via the lead professional model. (4.2.4 and 4.2.5)
- In 2010/11 the specialist substance misuse treatment provider plans to engage young people who do not require such complex interventions. The Scrutiny Review project currently being piloted in a secondary school regarding early identification of young substance misusers will help access young people who would benefit from brief interventions. This pilot project is being delivered by In-volve and, if successful, it is planned to roll it out in other secondary schools.
- The length of time that young people spend in treatment is a concern.

Transitions

- The area of transitions is one of concern. In 2008/9 In-volve was funded via the adult pooled treatment budget to treat 18 – 21 year olds but this funding ceases 31.3.10. However the needs of these young people will still need to be met.
- In-volve had 36 referral concerning young people aged 18-21; 18 male and 18 female, 24 entered treatment and 18 exited. 4 were using Class A drugs and 3 were being prescribed for, but the most common primary drug of use was cannabis. Further investigation needs to be conducted concerning transitional groups to gain an understanding if the treatment they are receiving best meets their needs. Although the 18 –21 age group sits within the adult treatment system it does not appear that this age group access adult services on discharge or if they drop out of treatment; nor would these services necessarily be the most appropriate as in Haringey it would seem that the main adult group accessing treatment is aged 35 – 45. We need to work with adult services to ensure that these transitional, vulnerable young people are treated on a case by case basis and referred to the treatment system most appropriate to their needs.

Service Remodelling

- The Young People's Substance Misuse Commissioning Group will be remodelling young people's specialist substance misuse services to make them more effective, and relevant and attractive to young people. This will be achieved by wider consultation with young people on the design of an effective service. Consultation processes and focus groups commenced in 2009/10 and will continue into 2010/11 to ensure that service users, young people at risk of substance misuse and a range young people's views are taken into account.

- A service specification will be written in 2010/11 outlining the shape and service requirements that will be informed by consultation with key stakeholders and young people.
- The remodelled treatment system will be put out to tender in 2010/11.

Data Collection

- Encouraging providers to use TOPS as a clinical tool will help us to achieve a better understanding of the effectiveness of treatment across the outcome domains identified in TOPS. In 2010/11 we intend to change the red rag'd TOPs domains to amber and aim for green. Ongoing training and monitoring as to the completion of TOPS in 2010/11 will ensure that treatment start, review and exit completions of TOPS are carried out and that the issue of unplanned discharge and referrals from children's services is kept high on the agenda and is being addressed through care plan audits, dissemination and sharing of best practice and training.
- Data collection from local universal and targeted services concerning substance misuse (Tiers 1 and 2) needs to be collected in a standardised and meaningful way and collated to inform the 2011/12 needs assessment refresh. Ways to do this need to be discussed with relevant services.
- Framework I should collect and collate substance misuse episodes for local data collection
- A data support officer needs to be identified to support the Young Persons Substance Misuse Commissioner to implement these actions.

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

Commissioning and Systems

- Driving forward treatment performance to meet national and local targets, outcomes and performance expectations from the NTA, including improving retention of young people in treatment and improving outcomes for those who access the service.
- Remodelling the treatment services to better meet the needs of young people with substance misuse issues in Haringey by developing an integrated and flexible model of treatment in consultation with key stakeholders, young people and their families and carers.
- Retendering the specialist treatment service, ensuring that evolving local need is met through the service specification.
- Working with local authority and other partners to firmly embed the substance misuse agenda in working practices, increase awareness and accessibility and maximise the opportunity for young people to be referred to substance misuse services. The recent move of the Young Persons Substance Misuse Commissioner, the expansion of the Commissioning Group and the Task Group, and the appointment of the Parental Substance Misuse Co-ordinator will support this
- Ensuring greater read across to other relevant strategies e.g. Safeguarding plan, Teenage Pregnancy, CAMHS, Integrated Youth Support Strategy.
- Ensuring ongoing high level commitment to young people's substance misuse agenda by reviewing and expanding membership of the Young People's Substance Misuse Commissioning Group as appropriate.

Access to Treatment

A key priority is to improve referral pathways into and out of specialist treatment to ensure that all young people living in the London Borough of Haringey have access to high quality treatment interventions and aftercare support. This will be achieved by:

- Increasing referral rates to specialist substance misuse service from universal, targeted

and appropriate specialist services, in particular from Haringey's Children and Families services and schools, by identifying both the barriers and the solutions. Ensure referral tools and protocols are in place and that they are known and used. Raise awareness of the specialist substance misuse service and young people's substance misuse issues through publicity and a programme of training.

- Targeting increasing access for vulnerable groups, self referrals and treatment naïve young people
- Focusing on ensuring effective care pathways for looked after children, and young people leaving care.
- Boosting referrals from universal education and children and the young people's services **by clarifying referral pathways.**
- Strengthen referral pathways between Haringey Youth Service and In-volve by holding an event with all providers and referral agencies to examine and clarify referral pathways and also a half day training event for Involve and the Youth Service. The aim of the half day training will be to provide a communication gateway about In-volve's service to Youth workers and vice versa.
- Continue and strengthen joint working between the Integrated Youth Service and the DAAT to increase outreach provision and referral into treatment.

Treatment System Delivery

- Continuing to make improvements across the young people's existing treatment system and implementing the needs assessment recommendations,
- Continue to develop service user involvement looking at best practice models to ensure that the views and opinions of young people are used to inform commissioning intentions and planning groups involved with substance misuse and young people in Haringey
- Improving the retention rate of young people in specialist substance misuse services
- Building on work in 2009/10 with Kurdish and Somali young people learning lessons from current work and events held to engage them in services.
- Working closely with adult treatment system, parenting commissioner and children's centres to meet the needs of children and young people affected by familial substance misuse. The needs assessment prevalence estimates indicate that we are not accessing as many of those affected by Hidden Harm.
- Improving links with family services and more clearly define support for families of young substance misusers
- Link in family support with the counselling services for family, friends and carers at EBAN and through Chrysalis, the family support self help group.
- Ensuring robust clinical governance systems in place.
- To ensure that all 5 essential elements are in place and that there is swift and easy transition between services.
- To more clearly define Tier 2 and 3 interventions and to better capture Tier 2 data.

Leaving Specialist Treatment

- Increasing the planned discharge rate of young people in specialist substance misuse treatment
- Improving transitional arrangements , ensuring CAF's are completed to meet additional needs, care pathways are clear and strengthening links with housing, education, training and employment.

Appendix 1

3.3 Types of substance misuse treatment services to be provided

By 2006, every young person with a substance misuse problem in all areas of the country should be able to access a range of specialist substance misuse treatment services as listed below:

- comprehensive assessment of substance misuse needs within five days, of referral to a specialist agency
- care-planned interventions based on identified needs, including onward referral to Tier 3 and services, within ten days of assessment
- harm reduction services – interventions provided to meet a young person's need to use substances more safely, including but not exclusively safer injecting advice and interventions provided at Tier 3 and 4
- support for family members, with or without the substance misusing young person, within ten days of referral
- psychosocial interventions, structured interventions involving individual or group work focusing on assessment, defined treatment plans and treatment goals with regular reviews
- a community-based pharmacological intervention within ten days of referral. This can be provided by a doctor in a community setting, including a competent general practitioner (GP) in or outside of structured shared care arrangements
- access to specialised inpatient or residential treatment services (this may consist of a range of services or identified provision outside of the local area)

Young people's substance misuse treatment services – essential elements – June 2005 12/27

Appendix 2

NDTMS Month By Month Treatment figures for Haringey under 18s 2008/9

Month	No. In Treatment – YTD
Apr 2008	17
May 2008	19
Jun 2008	19
Jul 2008	21
Aug 2008	21
Sep 2008	21
Oct 2008	22
Nov 2008	24
Dec 2008	24
Jan 2009	24
Feb 2009	24
Mar 2009	26

Public statistics available from: www.ndtms.net

Appendix 3

Data yielded by Home Office Toolkit for 2009/10 planning period

Frequent Truants 2007- 08	Haringey
Number of secondary school children (11-16yrs) with 1 or more unauthorised absence	681
Estimated number of truants	341
Estimated number of frequent truants	99
Estimated number of frequent truants + Any drug use	44
Estimated number of frequent truants + Frequent drug use	24
Estimated number of frequent truants + Class A drug use	12

Arrested April 2007 - March 08	Haringey
Number of young people (10-17yrs) arrested for recorded crime (notifiable offences)	1885
Estimated number of those arrested + Any drug use	622
Estimated number of those arrested + Frequent drug use	396
Estimated number of those arrested + Class A drug use	151

Ever Homeless or in Care 2008	Haringey
Number of looked after children (0-17yrs)	425
Estimated number of LAC + Any drug use	68
Estimated number of LAC + Frequent drug use	21
Estimated number of LAC + Class A drug use	13

YOT data 2007 - 08	Haringey
Number of young offenders (10 - 17 yrs) requiring a substance misuse screening	385
Number of young offenders receiving a substance misuse screening during the period	385
Proportion screened	100%
Number of young offenders identified as requiring a substance misuse assessment during the period	47
Proportion of those requiring a screening identified as requiring a substance misuse assessment	12%
Number of young offenders assessed who were identified as requiring a Tier 2 service	24
Number of young offenders assessed who were identified as requiring a Tier 3 service	*
Number of young offenders assessed who were identified as requiring a Tier 4 service	*
Number of young offenders identified as requiring a Tier 2,3 or 4 service as a percentage of young offenders requiring screening	7%

* data suppressed for data protection