



*National Treatment Agency
for Substance Misuse*

**Young people's specialist substance
misuse treatment planning 2009/10:
Guidance notes on planning processes
for strategic partnerships**

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1. Introduction

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

Young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse.¹

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

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

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

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

The NTA has considerable experience in developing planning for the commissioning of adult specialist substance misuse systems and have proposed a timetable to assist commissioners in children's services or local drug partnerships. See section 2 below. The NTA firmly believes that commissioning based on strategic planning informed by a robust assessment of need is essential. Where the timetable or suggested submission

does not align with local arrangements then discussion with the NTA regional team may enable local arrangements to be established that better align in these two respects.

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

Where needs analysis and planning in relation to specialist substance misuse treatment have already been completed as part of the Children's Planning Process, it may not be necessary to revise this process, in particular where young people's specialist substance misuse is suitably covered within Children and Young People's plans.

2. Timetable 2008-09

Date	Actions
July – December 2008	Specialist substance misuse needs assessment and plan development process supported by NTA regional teams.
By 2 nd February 2009	Local plans shared with NTA regional teams and other partners for comment and support.
By 13 March 2009	NTA and partners provide feedback and comment to local partnerships (including review of progress meeting in line with guidance on NTA support to partnerships)
March/April 2009	Redrafting, if desired, by local partners
By 10 April 2009	Final plan provided to NTA and regional stakeholders
By June 2009	Publication of Part 1 on NTA website

3. Arrangements for young people's specialist substance misuse treatment plan for 2009/10

The NTA published updated guidance on undertaking a young people's specialist substance misuse needs assessment in August 2008¹⁰, and provided local areas with relevant National Drug Treatment Monitoring System (NDTMS) data to populate a treatment system map in July 2008. The NTA are aware that some areas will already have produced a needs assessment in relation to young people's specialist substance misuse needs for the current financial year, and/or as part of the planning activity for the children's plan, and/or covered this in Joint Strategic Needs Assessment activities. In

these circumstances, subject to the quality of this assessment being deemed satisfactory by all parties, it should only be necessary to refresh this assessment for local areas to develop their plans for treatment delivery in 2009/10. The full or refreshed needs assessment document should be appended to the submission to the NTA in February.

Following completion or refresh of a local young people's specialist substance misuse needs assessment, the local Young People's Substance Misuse Commissioning Group¹¹ (YPSMCG), together with children's planners and other local and regional partners, should be able to outline key priorities for the coming financial year, producing a plan for 2009/10 to deliver these priorities. This should align substance misuse plans with broader children's delivery plans.

It is proposed that the submission should comprise the following:

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

Part 1 – strategic overview and key priorities

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

- The overall direction and purpose of the strategy for meeting young people's substance related needs and specifically their needs for specialist treatment interventions
- The likely demand for specialist substance misuse treatment interventions for young people. This section could identify and consider the differential impact on diverse groups and ensure that the overall plan contains actions to address negative impact
- The key findings of the current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates, and treatment outcomes
- The improvements to be made in relation to the impact of treatment in terms of its outcomes which will deliver improvements in individual young people's health and social functioning

The key priorities for developing specialist young people substance misuse treatment interventions to meet local needs during the following financial year and how these will be funded

Part 2 – treatment planning grids

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

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

- Leaving specialist treatment

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

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

Part 3 – Pooled treatment budget, mainstream funding and expenditure

Budget allocation

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

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

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

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

Funding and expenditure profile

This part of the plan is designed to collect information on investment from all sources who fund specialist substance misuse treatment services for young people which is available in full to the YPSMCG. Part 3 is provided in excel format.

Table 1: Funding source 2008/09 and 2009/10

Young people’s pooled treatment budget (PTB)

Enter the figures allocated to the partnership for 2008/09, as announced in January 2007 and for 2009/10 (date for announcement not yet available). This budget is channeled

through the Strategic Health Authority to the Primary Care Trust.

Young people’s pooled treatment budget underspend from previous year

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

Home Office contribution through Area Based Grant

Enter the figures for any funding spent on specialist treatment for young people from this grant. This allocation reflects the previous Home Office contribution in the Home Office administered Partnership Grant. The allocation for 2009/10 will be the same as it was in 2008/09 and this is also the indicative figure for 2010/11. Details of local allocations were contained in DCSF letter titled “Funding to support local areas to prevent and reduce substance misuse related harm for children and young people 2008-09 to 2010-11 (Marcus Bell March 2008). Copies of this letter are available from regional NTA teams.

DCSF contribution through Area based Grant

Enter the figures for any funding spent on specialist treatment for young people from this grant. This allocation reflects the previous DCSF contribution in the Home Office administered Partnership Grant. The allocation for 2009/10 will be the same as it was in 2008/09 and this is also the indicative figure for 2010/11.

Ministry of Justice contribution to YOTs for substance misuse workers

Enter the figures for any funding spent on specialist substance misuse treatment for young people. This grant is the Home Office substance misuse contribution to the YOTs in England. It is administered through the Youth Justice Board and is sent directly to YOTs. Details of local allocations can be obtained in the M.Bell letter from DCSF identified above. The allocation for 2009/10 will be the same as it was in 2008/09 and this is also the indicative figure for 2010/11.

Local funding – CAMH

Enter the figures for any funding that is provided from the Children and Adolescent Mental Health Budget. This should include both direct and indirect costs associated with the delivery of treatment services including prescribing and pharmacy costs. Where full costs are not identified please ensure the NTA regional team is aware of the gaps in information.

Local funding – Local Authority- community based services

Enter the figures for any funding that is provided from the local authority. Where full costs are not identified please ensure the NTA regional team is aware of the gaps in information.

Local funding – Other

Enter the figures for any other funding that is provided at a local level – please specify the source of the funding. Rows can be added to the table where there is more than one source of other local funding.

Local funding – Local Authority- residential rehabilitation services

Enter the figures for any funding that is provided from the local authority. Where full costs are not identified please ensure the NTA regional team is aware of the gaps in information.

Other funding – please specify

Please enter details of any other funding which is not included in any of the above headings (for example this might include funding from a national charitable source). Rows can be added to the table where there is more than one source of other funding.

Table 2: Expenditure profile 2009/10

This table should provide a breakdown of the expenditure for each aspect of delivery outlined in the table. The source of funding for each aspect in broad terms should be entered across the spreadsheet. The total of all the expenditure should equal the total funding available shown in Table 1 for 2009/10.

Appendix one

Summary of underpinning best practice

When drawing up the Young People's Specialist Substance Misuse Treatment Plan, local areas may wish to take into account the following data based on principles of best practice within the specialist substance misuse treatment system. This data will be published by NDTMS quarterly and is based on existing principles of good practice which can be identified through NDTMS.

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

- At least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service (Current JAR/APA indicator)
- The range of services available should include the five treatment interventions set out in the NTA assessment¹² and commissioning guidance¹³ - see Appendix 2 for definitions
- At least 20% of referrals to specialist substance misuse treatment should be from Children and Families services
- All young people referred for specialist substance misuse treatment should have a comprehensive assessment undertaken within 5 working days of referral adapted from NTA/Youth Justice Board (YJB) target
- All young people who are assessed as requiring specialist substance misuse treatment should commence treatment within 10 working days of the comprehensive assessment (as above)
- All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs. Definitions of care planning are provided in the NTA assessment guidance¹⁴
- All young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre and post test counselling¹⁵
- At least 65% of young people should leave treatment in an agreed and planned way¹⁶

All the information required to monitor these indicators is provided to the relevant local partnership by the National Treatment Agency.

Appendix two – Definitions of treatment interventions

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

Apart from **Residential treatment for substance misuse**, these interventions describe the service provided rather than the setting the modality is delivered in.

1. Pharmacological

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

2. Psychosocial

These interventions use psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change; the support of lifestyle adjustments and the enhancement of coping skills. They include motivational interviewing, relapse prevention and interventions designed to reduce or stop substance misuse, as well as interventions which address the negative impact of substance misuse on offending and attendance at education, employment or training.

3. Family

Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment.

4. Specialist harm reduction

Specialist harm reduction interventions should include services to manage:

- a. **Injecting** - young people need to be able to access young people's specific injecting services, as adult services for injectors are too low threshold and will put young people in contact with adult drug service users, both of which may put them at further risk of harm. These services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services.
- b. **Overdose** – advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place.

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

5. Residential treatment for substance misuse

Any specialist substance misuse intervention (as defined in 1-4 above) provided in a residential setting where the young person has been placed, away from their normal home, specifically in order to decrease levels of risk from substance misuse and to gain access to highly intensive young people's specialist substance misuse interventions. Examples include, in-patient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse. Exceptions to this are where young people are placed in adult residential substance misuse facilities, custodial or secure facilities, or other residential facilities primarily designed to address needs other than substance misuse, such as lack of a suitable home or a mental health problem, even where specialist substance misuse treatment is provided as part of the care plan

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

Appendix three – Guidance on areas to address in planning grids

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

Specialist substance misuse commissioning and system management

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

Planning Grid 1 –Commissioning and system management	RAG
Local commissioning mechanisms have a formal strategic partnership with key stakeholders including Children’s Trusts (this includes partners from Strategic Health Authorities, Primary Care Trusts, District Councils, Police Authorities, Local Probation Boards, Youth Offending teams and others), YP specialist substance misuse providers and local parents and families representatives	
Young People’s Substance Misuse Commissioning Group (YPSMCG) includes representatives from the Children’s Trust, Drug Strategy Partnership, Primary Care Trust, Youth Offending Team, Child and Adolescent Mental Health Services, specialist substance misuse provider organisations, targeted youth support services, and Safeguarding or lead professional group	
Specialist substance misuse treatment interventions are commissioned as part of an integrated commissioning process within Children’s Trusts to encourage an integrated approach across universal, targeted and specialist provision	
Annual needs assessment is fully conducted in line with nationally agreed guidance published by the NTA and DCSF which profiles the diversity of local need for young people’s specialist substance misuse services and reads across to the annual children and young people’s plan	
Local commissioning group adopts the national definition that “Young People’s specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction intervention aimed at alleviating current harm caused by a young person’s substance misuse”	
The local commissioning group has an understanding of the need for support and enabling universal and targeted children’s and youth services to respond to substance misuse issues	
The local commissioning group has an understanding of the extent to which the five treatment interventions for young people are provided and has mechanisms in place to identify actions required to address	

RED	Not in place or not at standard required and significant needs/improvements identified
AMBER	Progress being made but further work/investment required to meet identified need/standard
GREEN	Provision in place and/or good progress being made against assessed need and required standards

the gaps in provision	
The Young People's treatment plan is drawn up in line with the principles outlined in the NTA guidance "Commissioning Young People's Specialist Substance Misuse Treatment Services"	
A commissioner is identified with lead responsibility for young people's specialist substance misuse treatment, with resources and support from a group of local stakeholders	
The local commissioning group demonstrates best practice in handling public money, contracting with providers and monitoring of service level agreements (for example as identified in World Class Commissioning guidance).	
The local commissioning group has performance management arrangements in place using data and key performance indicators in line with all partnership organisations requirements and plans	
Commissioning functions are "fit for purpose" and have involvement from key stakeholders at an appropriate level of seniority to deliver a strategic response	
Information systems should be compliant with the National Drug Treatment Monitoring System (NDTMS), have appropriate data and information sharing protocols and forward planning investment plans for the purchase or development of IT systems to meet the clinical and NDTMS needs of providers	
Information and delivery systems should ensure that the treatment outcomes monitoring instrument (the Treatment Outcomes Profile or TOP) is used at the start of treatment and in care plan reviews and reported through NDTMS for those over 16 years	

Specialist substance misuse treatment system

Planning grids 2, 3 and 4 focus on improving the impact of treatment, alongside consolidation of improvements in access and capacity. This requires partnerships to evaluate the young person's treatment journey, including the impact of brief interventions and longer periods of treatment, the care planning process and whether this sufficiently identifies needs and a programme of action to deliver the relevant treatment goals, promote progression through the system for all young people, including support for positive lifestyles. The outcome of the treatment intervention should deliver improvements in the young person's health and social functioning, lower public health risks and deliver improvements in community safety.

Planning Grid 2 - Access to treatment	
At least 20% of referrals are made by children and families services	
Services are available to all young people who take substances at a level where it significantly disrupts the young person's functioning	
Targeted and universal services have support to make appropriate referrals and identification of relapses	
Waiting lists for specialist services are not in place and all young people assessed as requiring specialist treatment, commence treatment within 15 working days of referral	

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AMBER	Progress being made but further work/investment required to meet identified need/standard
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Training and support on screening and identification of substance misuse is available to all in contact with young people, but particularly as part of CAF	
Out of hours services are available to ensure that young people in education or employment can access services	
Specialist substance misuse assessment system is in place to determine need and inform the substance misuse treatment element of care plans	
Advice, support and training to targeted services on supporting young people with substance misuse is available across all services	
Referral pathways from the criminal justice system including those on community sentences and returning to the community from custodial establishments which are consistent with YJB/NTA guidance are in place	
Planning Grid 3 - Treatment system delivery	
All young people in receipt of specialist substance misuse treatment have a comprehensive substance misuse assessment completed as a prerequisite for entering the services	
All specialist substance misuse services are able to assess risks to children and young people and identify child protection concerns and needs that cannot be met by the service, and take appropriate action to address those needs and concerns	
Pharmacological interventions which include prescribing for detoxification, stabilisation, short term maintenance, symptomatic relief and relapse prevention are available	
Interventions using psychological, psychotherapeutic and counselling techniques designed to encourage behavioural and emotional change, the support of lifestyle adjustments and the enhancement of coping skills are available	
Interventions using psychosocial methods to support parents, carers and other family members to manage the impact of the young person's substance misuse and enable them to better support the young person in the family are available	
Harm reduction services such as advice and information about substance misuse are available in universal, targeted and specialist settings	
Additional harm reduction interventions for young people with specific substance misuse needs are available including YP specific injecting services, advice and information to prevent overdose	
Liaison arrangements with accident and emergency services to identify and prevent future substance misuse injuries are in place	
Systems and resources are available to ensure access to residential treatment is available for young people when required and appropriate	
The progress of all young people over the age of 16 in care planned treatment is monitored using the TOP at the start of treatment, at care plan reviews and at discharge	

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GREEN	Provision in place and/or good progress being made against assessed need and required standards

Effective and well understood care pathways are in place which includes the relationship between universal, targeted and specialist services	
All treatment delivery is undertaken by organisations who can demonstrate best practice delivery	
Best practice clinical governance systems are in place across the Young People's specialist substance misuse delivery system and organisations	
Providers have clinical governance structures which include attention to:	
<ul style="list-style-type: none"> • an evidence based approach to delivery 	
<ul style="list-style-type: none"> • a workforce which is competent in line with national occupational standards and other relevant guidance 	
<ul style="list-style-type: none"> • those practitioners providing family orientated services are able to access supervision from a systemic, or family therapist. 	
<ul style="list-style-type: none"> • have designated staff who are competent to assess a young person's ability to consent to treatment 	
<ul style="list-style-type: none"> • can demonstrate that practitioners and managers are provided with opportunities to develop and update their knowledge and skills 	
<ul style="list-style-type: none"> • can demonstrate team and partnership working 	
<ul style="list-style-type: none"> • have safeguarding protocols agreed by Local safeguarding boards 	
<ul style="list-style-type: none"> • appropriately involve young people and their carers in their care planning 	
<ul style="list-style-type: none"> • have policies and procedures on confidentiality, involving parents and carers and consenting to treatment. 	
<ul style="list-style-type: none"> • have sound risk management procedures in place in relation to incident reporting, investigation and review, risk assessment, risk prevention and infection control 	
<ul style="list-style-type: none"> • and take account of disease prevention, health promotion and addressing health inequalities 	
Young people in specialist substance misuse treatment have a care plan within 2 weeks of treatment commencing specifically related to their substance misuse treatment needs which addresses their substance use, their physical and psychological functioning, their social functioning, their criminal involvement and safeguarding children criteria	
Arrangements are in place for joint working with other specialist teams when required, which includes mental health services, emergency services, youth justice settings and adult drug and alcohol treatment services	
Planning Grid 4 - Leaving specialist treatment	
Transitional care planning arrangements are in place for all young people prior to their 18 th birthday	

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GREEN	Provision in place and/or good progress being made against assessed need and required standards	

Care pathways are in place as a route out of specialist substance misuse services with support available from targeted and universal services for young people and specifically back to children's services where appropriate	
Specialist substance treatment services are included in children's and young people's transitional plans.	
Care planning and TOP outcomes for those leaving specialist treatment are reviewed by the "expert group" when considering needs assessment and treatment mapping.	

Document footnotes:

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

² For further info, see: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

³ For further info see: <http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/>

⁴ DCSF Children's Plan 2007

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

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

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

⁸ See Department of Health's Operating Framework for NHS 2008/09: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

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

¹⁰ For further info, see Assessing young people for substance misuse, NTA 2007, London – www.nta-nhs.uk: http://www.nta.nhs.uk/areas/young_people/young_people_needs_assessment.aspx

¹¹ The term Young People's Substance Misuse Commissioning Group (YPSMCG) is used throughout this document to refer to the local area structure which is responsible for commissioning young people's specialist substance misuse treatment.

¹² See note 10 above

¹³ See note 1 above

¹⁴ See note 10 above

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

¹⁶ See note 1 above

¹⁷ See note 1 above

¹⁸ See note 10 above

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GREEN	Provision in place and/or good progress being made against assessed need and required standards