

Partnership name

Oldham

**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 2010-11 Treatment Plan is part of a wider strategic plan for substance misuse services and support in Oldham. (See Appendix 1). The DAAT is leading on the development of a whole treatment system and young people's substance misuse services are part of that model.

A key component of this Plan is to continue to strengthen the strategic links between the DAAT, the Children's Trust and NHS Oldham and agree new governance arrangements that will ensure the key priorities identified in this Plan reflect the priorities contained in Oldham's Children's Plan and its Alcohol Strategy.

Last year's Treatment Plan was aspirational and the identified priorities have not been fully addressed. Gaps remain around family work, publicising OASIS, improving training and screening with targeted-universal services, engaging new referrers, developing service user involvement, reducing the DNA rate and developing out-of-hours cover. Delivery has been affected by changes in the DAAT, with the new DAAT Co-ordinator in post from January 2009 and the previous postholder having left some six months previously. There have also been staff changes in OASIS, including a new manager who took up post in September 2008.

Therefore there are a number of challenges faced in Oldham with regard to delivering effective young people's substance misuse services, ensuring there is appropriate support and addressing the Hidden Harm agenda, particularly within an uncertain economic climate, uncertainty around national and local funding and competing demands on limited resources.

The DAAT has already commissioned work to evaluate how Oldham is addressing the Hidden Harm agenda, identify gaps and suggest improvements. This will remain a priority for the coming year and the DAAT will lead on developing a protocol to ensure that both adults in treatment services are supported by a range of appropriate agencies delivering parenting and family support, plus those parents not in treatment services who are substance misusers are identified and referred into treatment and/or support services.

Oldham does have an appetite for change and examples of excellent and innovative practices and projects. OASIS is part of Positive Steps Oldham, an integrated children and young people's services provider. There are a number of examples of excellent achievement in terms of supporting vulnerable young people, with continuous good performance around teenage pregnancy rates and support for NEET young people and a generally good YOS inspection. OASIS does meet most of its key performance indicators which is to the credit of the manager and team. The DAAT recognises the value of these co-ordinated services.

Oldham DAAT is keen to ensure that the wider range of services to children and young people, particularly those supporting young people with complex and multiple needs, have access to, and effective engagement with, specialist substance misuse services.

The DAAT recognises that there needs to be more accountability across the borough with regard to addressing substance misuse, with new and improved governance arrangements to allow effective reporting on progress, identifying gaps and challenges.

During 2009/10 the DAAT and PSO re-structured the existing Teenage Pregnancy Co-ordinator role to take on additional work to address substance misuse as part of a whole risky behaviours agenda. New governance arrangements were established with the merging of the existing Teenage Pregnancy Board and the Substance Misuse Board to take on a wider remit. There is a common agreement between the DAAT and OASIS that there is a need for more joint work between OASIS and Brook (sexual health provider) including clinics in each service and consideration of co-location. However for 2010-11 it has been agreed to separate out these two key areas as more work needs to take place to deliver a more effective substance misuse service of support and interventions. New governance arrangements will be introduced to support this.

The DAAT has also recently appointed an Alcohol Co-ordinator who will be leading on delivering the Oldham Alcohol Strategy based on 7 themes, one of which is Children and Young People. A senior manager of the Children's Trust is a member of the Alcohol Strategy Development Group.

Previous Needs Assessments have been limited in scope and analysis, so the DAAT commissioned an external consultant to undertake the Young People's Needs Assessment; review the existing young people's substance misuse service; review the ACCE service (a transitional service for 18-25 year olds) and report on how Oldham is addressing the Hidden Harm agenda. Three reports have been produced which have highlighted a number of challenges and recommendations and these have now been shared and discussed with senior and chief officers in Children and Young People's services.

Oldham DAAT is committed to ensuring the current Needs Assessment informs and drives a strategic approach to treatment planning, commissioning and ensuring value for money. The goal is to use the Needs Assessment to set a baseline and fully audit current arrangements to ensure OASIS, the specialist Under 19s substance misuse service, can become a first class service, to skill up other professionals working with vulnerable children and young people and to embed substance misuse issues into Oldham's Children's Plan.

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 likely that demand for specialist substance misuse treatment interventions, training and support will increase with improved referral pathways and awareness raising throughout universal services, as mentioned throughout this summary. Clearly there is work to be done to improve how Oldham is addressing the Hidden Harm agenda by ensuring all staff are fully trained to identify, offer brief interventions and make appropriate referrals, together with monitoring substance misuse issues.

Demand fits into two key priorities:

- (a) Demand for training and skilling up of front line staff working with vulnerable young people and their families and
- (b) Demand by young people and their families for effective substance misuse interventions, treatment and support.

The DAAT is working closely with partners to look at best value services and how services can be delivered using and enhancing existing provision. Oldham is committed to deliver services through the "Think Family" model and it is the intention of this Plan to ensure substance misuse service delivery is encapsulated as part of the model. This will include reviewing how services are delivered through existing support structures and locality working which meets the needs of the diverse local population. Oldham's responsibilities around safeguarding and protecting children and families are paramount.

In this respect more work needs to take place to encourage joint working between adult services, including adult social care, and children and young people's services to ensure effective early identification of parents who are substance misusers not in treatment services and deliver a "whole family" model to support the whole family.

Oldham has a higher proportion of young people than the UK and Greater Manchester averages. There are approximately 30,000 young people in the 10-19 year old population and about 23,000 in the 13-19 year old age population. The young population is disproportionately resident in four priority areas in Oldham – Coldhurst, Alexandra, Werneth and St Mary's.

Oldham has a large range of BME communities, primarily Asian/Asian British. 6.3% of the population are of Pakistani heritage and 4.5% Bangladeshi with proportionately more young people from these two ethnic origin communities in Oldham. The majority of young people receiving treatment services are white and therefore not representative of the demographic profile of the borough, with unmet need within the BME communities. A key priority should, therefore, be to do more reach-out work to engage BME communities and explore the best way of achieving this engagement. A treatment awareness event is already planned for the BME communities in early 2010. This event has been planned with all substance misuse service managers and will explain to the communities what the services have to offer. The event will also promote training opportunities.

Looking at patterns and trends from the slightly older age cohort of 18-21 year olds is also an indication of need for the Under 18s. In this respect Oldham has seen a cohort of young heroin-crack users coming through the criminal justice services. Of the 54 positives, 'cocaine only's' continue to dominate but with more young adult heroin-crack users signalled. The proportion of non-white arrestees is slightly higher than the Borough's proportion of non-white population, for example 18.2% of Asian/Asian British heritage, compared to 16.07% of Oldham residents classed as "non-white". (Source: Place Profiles: Local Futures, January 09).

The Plan also prioritises work with criminal justice partners, linked to the DIP and IOM programmes and the commissioning of a more robust ACCE transitional service with a core clinical element in addition to diversionary activities. This has been agreed and will be in place by April 2010. Oldham appears to be amongst the few areas in the region where a young adult potential Problematic Drug User (Class A) population continues to be resident with a "tail" of heroin and heroin/crack users being seen via the criminal justice system.

Anabolic steroid use is a concern in Oldham, with 58.8% of Under 19 year olds accessing needle exchange services using steroids and 46.4% 19 - 24 year olds. Although the numbers of Under 19 year old presenters is small (17), this is still a worrying trend, particularly as the numbers for the 19 - 24 year olds are much larger (181). Oldham DAAT supports the work of Oldham Boxing and Personal Development Centre, which is now working with Oldham College and Oldham Lifelong Learning. This provides the opportunity to work with young people who may be using steroids.

Oldham is developing a Borough-wide Alcohol Strategy and one of the 5 themes is Children and Young People. This is a high-level strategic document and delivery plans are being developed for all themes. The DAAT has appointed an Alcohol Co-ordinator working across all the themes of the strategy and he will be addressing crime, health, adult drinking, young people and children's alcohol issues. There is a wealth of data which indicates the alcohol harms Oldham is experiencing, including a heavy drinking cohort in Oldham and the highest rates of alcohol admissions in Greater Manchester for Under 18s. Young people who are heavy drinkers tend to be mid-adolescents, males and females. This cohort discloses various risky behaviours and regrets around sexual behaviour and violence and should be targeted for collaborative interventions.

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

Oldham DAAT has taken a very proactive role this year in assessing need, which has included an in-depth Needs Assessment via commissioned consultancy and analyst time, plus a commissioned review of OASIS, Hidden Harm and ACCE, the transitional young people's service. In addition, there

has been wide consultation with expert groups of stakeholders, both in focus groups and also a whole day Consultation Event which included how Oldham is addressing Hidden Harm.

Hidden Harm:

With regard to Hidden Harm, the Needs Assessment estimates that Oldham is likely to host 1,300 children living with problem drug users and 4,900 children living with one or more parents with alcohol problems. Approximately 70% of safeguarding cases involve parental substance misuse in Oldham.

The commissioned reviews indicate that improvements can be made to the outcomes for children living in families adversely affected by alcohol and drug use, and for young people and young adults with their own substance problems who remain unidentified, unreferred and/or inadequately supported.

Specialist Tier 3 Treatment:

A thorough review of allocated resources, matched against gaps in delivery outlined in the Needs Assessment, needs to take place to ensure that services and interventions are delivered to address the shortfall against the identified aspirational treatment system for young people. OASIS has a new, committed team and the service has been fully staffed since June 2009. The team's vision of what is needed fits in with the DAAT's vision and evidence of need.

The DAAT will review the workforce development support for OASIS as part of this process, to ensure a fully motivated and skilled workforce.

The North West generally has seen a drop in referrals into treatment services during 2008-9, and this is also the case in Oldham. Work will also take place during 2010-11 to look at how activity to address substance misuse is recorded by a range of agencies and teams.

The Treatment Map in the Needs Assessment shows the main referral source into specialist treatment as education and the Youth Offending Service, although the YOS referred 10% less than the regional average into OASIS during the year. OASIS and Connexions are part of Positive Steps Oldham which creates an excellent opportunity to improve referrals, but there needs to be additional training of all PSO staff in delivering "low level" interventions and appropriate referrals into the specialist substance misuse service. The DAAT, with input from OASIS, has started to roll out a programme of training. Consideration should be given to this being part of the PSO Induction process.

There were also successful referrals from Children and Family Services (19 cases) and Looked After Children (10). However there were very few referrals from youth services, self, family and friend referrals.

The rate of planned discharges looks extremely positive, with 80% cases with planned exits, exceeding the national target. There appeared to be few young people referred on to other services (8.9%) and 35% dropped out of service,

compared with 29.74% regionally. It is likely that part of the reason for lower referrals in the integrated nature of the PSO structure, whereby the work is undertaken in partnership with other services within this integrated service provision.

OASIS provides a satisfactory service in respect of meeting its KPIs regarding waiting times, care plans and retention. It utilises the main treatment modalities of psycho-social and harm reduction interventions but offers very limited family work due to under-resourcing and capacity and has no pathway into Tier 4 services.

Drug use and misuse in Oldham:

Oldham has not commissioned a young people's Lifestyle Survey, so there is little data available on the illicit drug use amongst the Oldham general youth population, with the only source being Tell Us 2 and 3. However, Oldham is implementing the Cambridge Institute of Technology new Ofsted Framework for Every Child Matters Support Programme, a perceptions survey for schools.

OASIS clients' primary substances are cannabis and alcohol with an unexplained absence of cocaine and stimulant users. This is at odds with indicative data from mandatory drug testing and presentations at the existing ACCE young adult's service, together with the regional picture. There is a need to further investigate this.

Looking at patterns and trends from the slightly older age cohort of 18-21 year olds is also an indication of need for the Under 18s. In this respect Oldham has seen a cohort of young heroin-crack users coming through the criminal justice services. Of the 54 positives, 'cocaine only's' continue to dominate but with more young adult heroin-crack users signalled. The proportion of non-white arrestees is slightly higher than the Borough's proportion of non-white population.

Anabolic steroid use is a concern in Oldham as mentioned above.

The needle exchange data for the Adult Needs Assessment has identified 20.6% of those in treatment, or previously in treatment, (all ages) using crack (22.7% currently in treatment), predominantly from the BME communities, both males and females. This indicates significant and increasing crack use in Oldham and there should be proactive work to engage with young people using crack before they present as problematic crack users in adult treatment services.

Work in schools:

Oldham has recruited a PHSE Co-ordinator employed by Positive Steps Oldham, who supports and encourages schools to achieve and meet Healthy School status targets. The Ofsted Tell Us surveys did show less satisfaction with information and advice for both alcohol and drugs compared to their national peers. This contrasts with more positive satisfaction with regard to sex and relationships in Oldham. A programme of training for five priority

schools in Oldham including peer education for children is planned for 2010-11.

Alcohol:

The Needs Assessment indicates a heavy drinking cohort of young people in Oldham. These young people tend to be mid-adolescents, males and females, disclosing risky behaviours and regrets around sexual behaviour and violence. Collaborative interventions are needed to address this.

Of those that do drink, 21% are very regular drinkers and 29% binge drinkers. Oldham's young drinkers are likely to be under-age pub and club drinkers and drink outside in parks and streets, as compared with the regional profile. They are more likely to drink in large groups than in most other areas.

Oldham has the highest rates of alcohol hospital admissions in Greater Manchester for Under 18s.

However, there is also a larger than average number of non-drinking young people than nationally and regionally. This could possibly be as a result of the large BME young population from Muslim faith families.

Consultation:

A DAAT **Young People Partnership Focus Group Workshop** took place on 21 September 2009. The event was well attended with a wide range of representatives from operational staff and team managers working with children, young people and families, plus strategic managers from the PCT and DAAT.

In summary, the group of stakeholders felt that more should be done to prevent young people becoming problematic substance misusers, particularly in schools, plus more engagement with their families and concerned others. The group highlighted the value of peer mentors to act as educators in schools. Also the need to engage more effectively with primary schools.

Ensuring a skilled workforce to deliver appropriate interventions was a theme throughout the event and seen as a priority, together with links into the locality model and individual schools. The need for a bespoke Tier 2 substance misuse co-ordinator to work with the range of programmes and initiatives in Oldham was also highlighted as a priority.

The group identified the need to prioritise children of substance misusing parents and the need to work with the whole family. It was agreed that safeguarding was the responsibility of all professionals and identification and referral pathways should be improved.

In terms of specialist treatment services, the group identified the need to more effectively engage with the Hospital A & E and Paediatrics departments and better links with OASIS and Health Visitors, accepting that issues of confidentiality are always a challenge.

Supporting the mental health needs of children and young people was also highlighted. Links have been developed between OASIS, YOS and CAMHS, but long waiting lists exist and this should be further investigated.

Young people should be more involved in evaluating OASIS and what they want from a specialist young people's substance misuse service and what that service should "look like".

The group felt there needed to be a clear vision of what support and treatment for children, young people, families and concerned others should look like, with a clear plan of how this vision will be delivered in Oldham.

There needs to be clear and transparent commissioning and the group suggested an elected member as a "Champion". Substance misuse needs more ownership within the Children's Trust and inclusion in the Children's Plan. The new governance structures for children and young people's substance misuse need reviewing to ensure appropriate membership and representation on the new groups.

Training and awareness raising was another theme throughout the consultation event and highlighted as a key priority.

The group also identified low cost/no cost initiatives and suggestions for pooling resources, including publicising websites, links with e-learning, and developing a Resource Library.

It was agreed that a PowerPoint presentation should be developed and delivered to all services working with children and young people across the Borough to highlight the priorities mentioned in this summary.

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

1. Children and Young People's Substance Misuse delivery mechanisms need to be reviewed and improved:

The most significant improvement to be made is clearly around appropriate governance to support substance misuse service delivery. In a challenging economic climate there is a need to look at how substance misuse services can be most effectively delivered by ensuring effective brief interventions, screening, assessment and referrals for those young people and their families who need all levels of support, including specialist Tier 3 treatment. There is also a need to ensure appropriate capacity for the specialist treatment service.

OASIS needs to be clearly known, have a clear identity and be promoted to maximise the number of referrals into the service. Young people need to know about the service and also feel comfortable self referring. There are

excellent opportunities in Oldham to increase referrals as Oldham has an integrated, targeted support service (Positive Steps Oldham), integrating the Connexions service, the Youth Offending Service, OASIS and provide an open access Centre for young people from which a PCT-funded health team, CAMHS and housing advocacy services operate.

OASIS has recently developed a screening tool and is beginning to provide alcohol and drug awareness workshops for other services as capacity allows. Further roll out and development of this training should ensure that all young people not in mainstream education, or who are looked after are effectively signposted into substance misuse services.

OASIS needs to increase the number of referrals into their service. The service saw 237 clients during the year, 183 new treatment episodes and 54 on-going clients. This was a significant reduction (90) in comparison with the previous year. Oldham has a far smaller treatment entry from the YOS than compared to the regional-national profile, over 10% lower. A contributory factor is that there is a recording issue due to the integrated nature of PSO services, in particular the use of Case Planning Forums for young offenders.

OASIS saw less Asian clients than in the previous year and this needs to be explored more closely.

2. Better strategic links

Links have improved and continue to be developed. New governance arrangements have been agreed for 2010-11 with the establishment of a new Young People's Substance Misuse Board and Operational Group to support this. Also the DAAT Manager is now a member of the Safeguarding Board and will also attend the Children and Young People's Integrated Commissioning Group. The next "refresh" of the ECM Children's Plan will include more priorities regarding drugs and alcohol, together with the Joint Strategic Needs Assessment (JSNA).

Work needs to continue to engage other partners as part of a joint commissioning model, including NHS Oldham and adult services as part of the "Think Family" model.

It is hoped to identify a Partnership "Champion" for reducing the substance misuse harm caused to children, young people, and their families and concerned others.

The DAAT has held a number of Expert Group Events and wider Partnership Events to promote the work of the "new" DAAT, engage partners in the Needs Assessment process and look for further opportunities for joint working. It is intended to continue with this model.

3. Hidden Harm, Safeguarding and Harm Reduction

Commissioned research in 2009-10 indicated that currently parental substance misuse is not being fully identified or monitored as a risk factor in safeguarded and children in need cases and there is very little specialist

provision across the Borough to act as points of advice, referral and specialist work and no overall coordination. OASIS has very little capacity to receive family referrals from other services or co-work with other young people's services.

A key priority is to agree a Workforce Development and Training Model under the umbrella of the Local Safeguarding Children Board with a "steer" at senior/chief officer level to ensure all front line staff working directly or indirectly with children and young people are trained to identify, assess and make appropriate referrals where substance misuse is a key issue.

There are a large number of initiatives in Oldham to support parents and families and these need specialist substance misuse input and some co-ordination.

CAF, the Common Assessment Framework, also has a key role to play in ensuring this co-ordination, monitoring and referrals takes place.

There is a need for prevention services to understand their role and contribution to harm reduction, supporting the whole family where there are substance misuse issues and drug and alcohol education for young people.

4. Co-ordinating and supporting Parenting Programmes

Positive Steps, as a key young people's integrated support provider, is being targeted for training around referring into specialist substance misuse treatment and the roll out of CAF should also help to improve referral rates.

In addition to these, there are also the following Parenting Programmes:

- A Family Team built around housing to prevent anti-social behaviour and provided by Action for Children.
- A Parenting Early Interventions Project (PEIP) based in the community and delivered through a variety of community teams.
- Parenting Advisors – 11 advisors working in schools.
- Children's Centres and Extended Schools.
- Health Improvement Team (PCT).
- NHS Oldham, Parenting Support Team – with links to family interventions identified by universal health workers.
- Domestic Abuse Forum, provided by Barnardos.

As mentioned above, a clear priority is to look at how these initiatives can be coordinated and ensure they all benefit from expert substance misuse input.

5. Joint work – substance misuse and sexual health

The DAAT will continue to work jointly with the Teenage Pregnancy Co-ordinator to ensure a holistic approach is in place to address the range of risky behaviours. To further expand this work it is planned to run joint initiatives between the two provider services, OASIS and Brook.

6. Work in schools

Performance against NI 115 needs to be improved and is seen as a priority.

PHSEE will become a statutory part of the National Curriculum from 2011. Work needs to be done to ensure that schools are supported to provide good quality drug and alcohol education in readiness for the statutory requirement and to build on emerging good practice.

In addition work needs to be done to identify young people who are more at risk of engaging in risky behaviours including drug and alcohol misuse for targeted work within “priority schools”

There also needs to be better linked work with the Hospital A & E department where school-age children and young people have been admitted for substance misuse related injuries/harm to ensure there is a flow of information for continued support.

7. Work in the community

The main priority is to engage the BME communities in Oldham and agree a model of delivery to suit them and the needs of their communities. The Partnership is moving towards a model of locality-based work and interventions and the DAAT will ensure that treatment services fit into that model, including training other professionals as mentioned above.

8. Monitoring and performance management

A key priority as mentioned in the Hidden Harm agenda (point 3) is to ensure that there is accurate recording and monitoring of parental substance misuse and substance misuse of siblings and significant others. This is essential to ensure the right support and referral pathways are in place. CAF needs to be part of this monitoring system to ensure there is a co-ordinated approach.

The DAAT is planning to undertake a quality assurance audit of all Tier 3 treatment services, including OASIS, to look at caseloads, quality of care and value for money. It is planned to have structured monitoring processes in place as a result of this work, i.e. twice yearly, and review as part of the Service Level Agreement annual and review meetings.

Accountability for NI 115 will be improved and the substance misuse elements of PSA 14 and the new governance arrangements should help in this respect.

9. Alcohol

Oldham’s new Alcohol Strategy identified children and young people as a key theme. In addition an Underage Scrutiny Review took place late last year with a number of recommendations, some of which were specifically aimed services and support for children and young people.

Oldham DAAT will investigate how the NHS Early Implementers alcohol funding could possibly support children and young people’s services. In addition further work needs to take place to link in with enforcement activities and identify those people who are regularly intoxicated, particularly those receiving services from A & E, with a view to targeted work.

Discussions are taking place with Children and Young People's senior managers to identify resources for the "Think Family" work to support substance misuse interventions and treatment, including Tier 4 Recovering Communities provision.

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

1. To ensure there is a fit-for-purpose young people's substance misuse service, which is flexible, well publicised and widely understood, commissioned and delivered in line with the NTA template and capacity to undertake a whole range of activities outlined in the Needs Assessment.
2. Continue to strengthen the strategic links with relevant partners and new governance which includes clearer commissioning arrangements and a Partnership-led Workforce Development and Training Strategy which includes substance misuse.
3. The DAAT will lead on the development of a protocol to address the Hidden Harm and Safeguarding Agenda. This will be based on the "Think Family" approach to increase the number of referrals into specialist treatment services and offer support to the whole family, particularly those known to criminal justice agencies.
4. Improved co-ordinated and supported parenting plans and initiatives by skilling up other professionals and front line staff to effectively signpost and refer into the specialist substance misuse service, including those working in Family Interventions Programmes.
5. Joint work between substance misuse, teenage pregnancy and sexual health services and initiatives, including training.
6. More work in schools to improve the quality of substance misuse education, more engagement of young people in schools and better "buy in" from schools.
7. More work in the community, particularly BME groups and via locality-based working to ensure services are delivered in the most appropriate way and front line staff have the necessary skills and confidence to signpost and/or make appropriate referrals.
8. Improved monitoring and performance management, both from the provider services, the DAAT and via CAF.
9. The roll out of the Borough's Alcohol Strategy including the Children and Young People's Theme with input and support for Oldham's Children's Trust and key partners including NHS Oldham.