

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	Meeting:	Children and Young People’s Scrutiny Panel
2	Date:	Friday 19th November 2010
3	Title:	Update on Alcohol and Substance Misuse strategy and key focus areas
4	Directorate:	Children and Young People’s Services

5 **Summary**

This report focuses on the key findings from the current alcohol and substance misuse needs analysis, how services are currently delivered and the key strategic priorities for 2010/11. These key priorities are fully outlined in the attached Young People’s Substance Misuse Treatment Plan and Young People’s Drug & Alcohol Education and Prevention Plan.

6 **Recommendations**

Members consider the priorities and acknowledge that the strategy reflects national and local strategic direction in terms of children and young people’s services.

7 Alcohol and Substance Misuse Strategy Proposal and Details

Overall direction and purpose of the strategy

In Rotherham, we are committed to ensuring that we are delivering better outcomes for all children and young people and like other children and young people, specialist treatment service users should all be on the path to success and achieving the outcomes set out in Every Child Matters and our local Children and Young People's Plan 2010-13. Improving substance misuse services is central to addressing the needs of vulnerable children and young people.

The substance misuse treatment system in Rotherham comprises of the Know the Score Specialist Substance Misuse Service (KTS) and 1.5 WTE drug workers in the Youth Offending Service (YOS) who provide substance misuse treatment for young offenders.

The local strategy for meeting identified young people's substance misuse related need is intrinsically linked to the development of integrated Children & Young People's Services in Rotherham.

The KTS substance misuse service is primarily a locality based service, operating in the 7 locality areas in Rotherham Borough. Integrated working is further enhancing this, through substance misuse workers being a component part of the Early Intervention Team arrangements, which facilitates a more holistic approach to the young people accessing substance misuse services.

The inclusion of alcohol as a key theme within the 2010 to 2013 Children and Young People's Plan will ensure that there is a renewed focus on the Education and Prevention agenda, as the primary focus of national and regional working over the last four years has been substance misuse treatment.

The profile of young people accessing treatment and changing trends

- New referrals decreased in 2009/10: There were 238 individuals referred in 2007/08, 188 referred in 2008/09 and 157 referred in 2009/10. However, it should be noted that an audit of young people in treatment resulted in the identification of a number of Tier 2 clients who had been misclassified and were subsequently deleted from the Youth Offending Service treatment figures. The number of young people accessing Know the Score (KTS) actually increased in 2009/10 by 12 young people.
- Overall, more males than females: There was a ratio of 76:24 males to females in the Youth Offending Service, with KTS attracting more females as reflecting in their ratio of 59:41.
- Around 0.7% of all 16 – 19 year olds in Rotherham were in substance misuse treatment at some point during the year: the highest proportions of clients (86) were in this age range. There were 8 clients under the age of 13 and 63 between the ages of 13 and 16.

- Higher proportion of BME individuals in treatment than the Rotherham average: In KTS, 94% were White British and 6% were Asian or Asian British, and in YOS 96% were White British and 2% Asian or Asian British and 2% Black or Black British. Overall, 11% of the young people in treatment were from a BME background, compared to the Rotherham BME population average of 7.5%.
- Cannabis and Alcohol use are predominant: The majority of clients in treatment were either primary Cannabis or Alcohol users. In terms of secondary substance, the majority of clients also use Alcohol or Cannabis. There was a difference in this for the two treatment agencies with KTS attracting problem substance users with a broader profile of substances i.e. YOS had a primary substance profile of 65% alcohol and 35% cannabis, whereas KTS had 46% alcohol, 43% cannabis and the remainder including 3% opiates, 3% amphetamines, 1% crack, 3% ecstasy and 1% solvents.
- The breakdowns of presenting substances do not greatly differ from 2008/09, with the exception of Rotherham YOS, where there has been a decrease from 80% to 65% alcohol and an increase from 20% to 35% cannabis. With regard to KTS, there was a small increase in the number presenting with alcohol issues (from 46% to 48%), a small increase in Cannabis (from 42% to 43%) and a slight decrease in opiates (from 6% to 3%).
- Young People accessing Know the Score accounted for 64% of clients in treatment. This is due to service configuration in Rotherham i.e. the Youth Offending Service Substance Misuse Workers both screen and undertake the subsequent treatment interventions with young offenders, which has had a positive effect in terms of the engagement of this group of young people.
- The majority of clients were involved in psychosocial interventions and the majority of young people were in treatment for relatively short term interventions. This was due to the main drugs of choice being cannabis and alcohol.
- Over half (73%) of all those discharged from treatment completed successfully. This consisted of 68% successful discharges from Know the Score (compared to 55% in 2008/09) and 88% successful discharges from Youth Offending (compared to 86% in 2008/09).

How the alcohol and substance misuse treatment system is functioning

Whilst the treatment system is judged to be performing well, the National Treatment Agency (NTA) performance management arrangements have flagged up a number of areas where key improvements need to be made. In addition, the needs assessment process and in particular the treatment mapping exercise, has allowed for a more comprehensive look at how the treatment system is functioning.

The key findings from the exercise are as follows:

Referrals into treatment

- There are referrals from a wide range of agencies; however, referrals from the key agencies identified by the NTA (Children & Families, Looked After Children and Education) remain relatively low. A key performance target in 2010/11 will be to have at least 20% of young people referred from these sources (currently 14%).

Meeting the needs of the drug & alcohol using population - young people accessing treatment

- In terms of the treatment profile, young offenders account for 36% of clients in treatment. Cannabis and alcohol use are predominant and there are more males than females. In addition, 6% of young people in Know the Score treatment were from a Pakistani background, which was comparable with the Rotherham BME average.
- The young people referred for specialist substance misuse treatment in both KTS and YOS are consistently assessed within 5 working days and commence treatment within 10 working days. In addition all young people accessing treatment have a care plan when they enter treatment, which is specifically tailored to their needs.
- The young people accessing specialist treatment who have a history of injecting are all offered a personal hepatitis C test with pre and post test counselling.
- The majority of young people were involved in psychosocial interventions and the majority were in treatment for relatively short term interventions.
- A quarter of the current Know the Score caseload consists of young people with severe and/or complex needs and in some cases workers from Know the Score are undertaking the equivalent of a lead role in regard to the management of serious child protection issues. About one third to one half of the time spent in relation to the young person is actually spent in contact with parents and others involved in their care.

Meeting the needs of the drug & alcohol using population - young people referred on

- Although there was a combined high planned discharge rate from both Know the Score and Rotherham Youth Offending Service, there are no recordings of referrals on to other services.

- Both service providers report that they do refer on to other services prior to the completion of treatment and that there are a number of agencies who are involved with young people throughout and after their treatment episode. On investigation, the information provided by KTS and YOS supports this, and the NTA have clarified with our providers that these young people can be counted as onward referrals.

Unmet Need - Prevalence and vulnerable groups

Locally collected Lifestyle Survey data, provides evidence that alcohol is a substance the majority of year 10 pupils have tried with more females than males by Year 10 considering themselves to be a regular drinker. However young males may also have potential problems with over 15% of males in Year 10 stating they drink over 20 units a week (excess of the recommended units for adult males).

The young people taking part in the survey were asked about their use of alcohol. In Year 7 the majority of pupils had either never tried alcohol or only tried it once. Following a reducing number, falling from 69% in 2007 to 54% in 2008, the figure has increased fairly significantly to 79% in 2009.

By the time the pupils are in Year 10 the percentage of pupils who have never tried alcohol falls to 24% (22% in 2008 – however 30% in 2007). Most of the young people surveyed specified that they were using alcohol at least every month or every week. More female students than male admitted to drinking at least weekly, which was the same in the previous year.

5.3 % (6% in both 2007 and 2008) of Year 7 pupils drink alcohol on a weekly basis compared with 26.4% (30% in 2007 and 27% in 2008) Year 10 pupils. In both 2007 and 2008, 1% of Year 7 pupils claim to drink on a daily basis; however, this figure rose to 1.7% in 2009. This figure rises to 3.6% for Year 10 pupils, which is an increase from 3% in 2008.

In 2007, 2008 and 2009, analysis shows that as young people get older the number of units they consume increases. The number of pupils who consume 1-10 units per week has doubled since 2007; however, the rate of increase has steadied in 2009. This is consistent in both year groups and genders. The biggest increase from 2007 is for Year 10.

The numbers of pupils who feel they had a problem with alcohol consumption has risen considerably in 2008. In both year groups more males than females thought that they had a problem. There were 78 (20 in 2007) young people over both year groups who felt that they needed help to stop drinking.

The amount of alcohol an adult can drink before putting their health at risk are 14 units for females and 21 for males a week. However, these benchmarks do not apply to young people who have not reached physical maturity. Of the regular drinkers, most Year 7 females and males consumed less than 10 units a week. However as young people get older the number of units they consumed increased, particularly in male students.

Excessive drinking raises service/treatment issues for agencies wider than substance treatment and education. Hospital admissions for A&E and Paediatrics record 110 alcohol related admission of children over a three-year period. These young people were predominantly in the 13-15 age group.

Key development areas in relation to alcohol and substance misuse

Substance Misuse Treatment

The needs assessment and in particular the needs assessment data from the NTA, quite clearly highlights that the key areas for improvement are around increasing the number of referrals from children and family services and also onward referrals. The continued implementation of the Early Intervention Team arrangements will lead to the improvement of the outcomes of young people in treatment, through bringing about a more holistic approach to these young people and in particular, will facilitate access to follow-on services, education, training and employment opportunities, and positive activities.

Improving the provision of family interventions is significant in relation to enhancing the impact of treatment. Current family interventions within the specialist substance misuse service are quite generic and there is no quality standard in place. One of the priorities in 2010/11 is to ensure that there is access to generic and intensive 1-1 family work provision in line with the Rotherham 4 tiered family support model.

The needs assessment identified that although young people in treatment were being offered harm reduction interventions, a significant number were refusing such an intervention. Clearly, there is a need to identify the reasons behind the high refusal rate and to put in place actions to remedy the situation.

A review of clinical governance and audit arrangements across the substance misuse system is due and a review in 2010/11 will ensure that any improvements are identified and implemented, and in so doing, ensuring that the best possible outcomes are achieved.

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

1. Ensure that Young People's Substance Misuse Commissioning is a strategic commitment within the 2010 – 2013 Rotherham Children and Young People's Plan
2. Ensure that that there is consistently accurate NDTMS reporting
3. Ensure that Substance Misuse commissioning and system management is co-terminus with the Early Intervention Team arrangements
4. Enhance Service User Involvement in line with the Young People's Service Standard, to ensure that Young People are fully involved in the Commissioning

5. Ensure that appropriate Agencies undertake early intervention work with Young People
6. Ensure that over 20% of referrals are from the key referring agencies
7. Ensure that the KTS referral system is in line with the Early Intervention Team referral process
8. Ensure that Young People and Substance Misuse is considered as part of the Common Assessment Framework Review
9. Through the continued development of the Early Intervention Teams, ensure that the ongoing responsibility of other statutory services in relation to the Young Person is strengthened
10. Ensure that the provision of parenting support at an appropriate level is taken forward and secured
11. Ensure that there is sufficient capacity within KTS to meet treatment need across localities
12. Ensure that best practice clinical governance systems are in place across the Young People's specialist substance misuse delivery system
13. Ensure that there is appropriate support for young people presenting at Accident & Emergency where substance misuse was a factor
14. Formalise the process for considering Tier 4 Specialist placements

Substance Misuse Education and Prevention

The inclusion of Alcohol as a priority area within the 2010 – 2013 Children's Plan, presented an opportunity for the YP Joint Commissioning Group to consider the overall strategic arrangements for the local delivery of drug and alcohol education and prevention. In addition, 'legal highs' have gained prominence over recent months and there is a clear need to ensure that the mechanism for the dissemination and delivery of messages relating to 'legal highs' are in place and effective.

The attached action plan integrates the key objectives from the alcohol section of the 2010 – 2013 Children's Plan, existing drug and alcohol prevention activity and proposed activity outlined in the Rotherham Alcohol Strategy and the Young People's Substance Misuse Plan 2010/11.

The action plan for the enhancement of drug and alcohol education and prevention was agreed by the YP Substance Misuse Joint Commissioning Group (YPSM JCG) and endorsed by CYPS Senior Leadership Team. The arrangement for the oversight of the action plan is as follows:

- The YPSM JCG has re-affirmed its strategic lead role in overseeing the provision of drug and alcohol education and prevention in Rotherham.
- The YPSM JCG oversees the implementation of the 2010 – 2013 Children’s Plan alcohol objectives and the action plan.
- The YPSM JCG receives bi-monthly monitoring information (in the form of a RAG report and supporting documentation) on progress made against key targets.
- The Drug Education Task Group has become a formal sub-group of the YPSM JCG and is now the forum for the practical implementation of the drug and alcohol education and prevention agenda.

8 Finance

In 2010/11 the overall funding available for young people’s substance misuse provision is £292,526. The source and expenditure of this funding is as follows:

Know the Score Young People’s Substance Misuse Service - £216,129
 £131,475 (Dept of Health), £27,774 (NHS R), £56880 (Area Based Grant)
Rotherham Youth Offending Service – Substance Misuse - £51,197
 £51,197 (Ministry of Justice contribution to Youth Offending Teams)
Rotherham Healthy Schools – Drug & Alcohol Education - £25,200
 £25,200 (Area Based Grant)

9 Risks and Uncertainties

The Pooled Treatment Budget (Department of Health monies) continues to be ring-fenced and allocations for 2011-12 are expected to be announced before Christmas. From April 2012, this budget will be subsumed into the Public Health Service budget and will be ring-fenced, but it is not yet known if there will be a further ring-fence within this for substance misuse funding.

There is continued pressure on the Area Based Grant allocation and whilst there has not been a reduction to this allocation in-year (2010/11), there is the need to have strong evidence to secure the same level of expenditure in 2011/12 from a diminishing budget.

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