

Partnership name: Rotherham

Part 2

Young people's specialist substance misuse treatment plan

2010/11

Planning grids

KEY:

KTS	Know the Score – Young People's Substance Misuse Service
YOS	Youth Offending Service
EIT	Early Intervention Team
JLT	Rotherham Children and Young People's Joint Leadership Team
YPJCG	Rotherham Young People's Substance Misuse Joint Commissioning Group
SRP	Safer Rotherham Partnership
RADST	Rotherham Alcohol and Drug Strategy Team
SLA	Service Level Agreement
CAF	Common Assessment Framework
RMBC	Rotherham Metropolitan Borough Council
NHS R	NHS Rotherham (formally Rotherham PCT)

Planning Grid 1: Commissioning and System Management

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

- There is a need to ensure that young people’s substance misuse is a strategic commitment within the 2010 – 2013 Rotherham Children and Young People’s Plan
- The Needs Assessment identified the need to ensure that there is consistently accurate reporting under NDTMS
- The Needs Assessment has highlighted the need for continued work to ensure that Substance Misuse is embedded within the Early Intervention Team (Targeted Youth Support) arrangements
- There is a need to enhance Service User Involvement within KTS and to achieve Your Welcome status

Objective 1

Ensure that Young People’s Substance Misuse Commissioning is a strategic commitment within the 2010 – 2013 Rotherham Children and Young People’s Plan (*Needs Assessment recommendation 5*)

Delivery Plan:

Actions and Milestones	By When	By Whom
<p>1 Identify, propose and agree a substance misuse commitment within the 2010-2013 Children and Young People’s Plan, with appropriate performance measures.</p> <ul style="list-style-type: none"> ▪ Final sign off of the 2010-2013 Rotherham Children and Young People’s Plan and implementation of targets. ▪ Quarterly submission of YP substance misuse performance monitoring information and review. 	<p>April 2010</p> <p>July 2010</p> <p>Quarterly</p>	<p>YPSM Commissioner/ YPSM JCG</p> <p>CYPS</p> <p>YPSM Commissioner/ YPSM JCG</p>
<p>2 Provider Performance Monitoring Reports re-evaluated against NTA requirements and amended to reflect locality based working and in particular Early Intervention Team reporting.</p> <ul style="list-style-type: none"> ▪ Providers submitting revised Performance Monitoring Reports 	<p>June 2010</p> <p>Quarterly</p>	<p>YPSM Commissioner/ YPSMJCG</p>

Objective 2

Ensure that that there is consistently accurate NDTMS reporting (*Needs Assessment recommendation 5*)

Actions and Milestones	By When	By Whom
1 Review of recording under NDTMS (particularly referral source and referral onwards) and TOP compliance. <ul style="list-style-type: none"> ▪ Make changes where appropriate 	April 2010 May 2010	YPSM Commissioner/KTS/YOS KTS/YOS

Objective 3

Ensure that Substance Misuse commissioning and system management is co-terminus with the Early Intervention Team arrangements (*Needs Assessment recommendation 4*)

Delivery Plan:

Actions and Milestones	By When	By Whom
1 Provide substance misuse input into the development of a Targeted Youth Support Specification <ul style="list-style-type: none"> ▪ Joint Targeted Youth Support performance and outcome measures in place and monitored across Early Intervention Team services ▪ YP SM JCG in receipt of quarterly Early Intervention Team performance reports, to greater understand how universal and targeted services are responding to substance misuse issues and the knock-on effect to KTS and YOS capacity 	September 2010 October 2010 November 2010	C&YPS Commissioning Team Director of Community Services YP SM JCG
2 Re-consider the KTS IT requirements in localities <ul style="list-style-type: none"> ▪ Locality KTS workers able to access the RDASH Maracis care planning system at locality venues, allowing them to continue to meet their clinical and NDTMS needs 	May 2010 July 2010	YPSM Commissioner KTS

Objective 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 Cycle (Needs Assessment recommendations 14 and 15)

Actions and Milestones	By When	By Whom
<p>1 With input from the Voice and Influence Team within Young People's Services, agree overall approach to Service User Involvement within KTS.</p> <ul style="list-style-type: none"> ▪ Service User Involvement process implemented 	<p>September 2010</p> <p>October 2010</p>	<p>YPSM Commissioner/KTS/Voice & Influence Team</p> <p>KTS</p>
<p>2 Both KTS and Service Users assess the service against the NHS 'Your Welcome' standard.</p> <ul style="list-style-type: none"> ▪ Implement changes arising from the assessment, making KTS more young people friendly. 	<p>May 2010</p> <p>June 2010</p>	<p>KTS/ YPSM Commissioner</p> <p>KTS</p>

Expected Outcomes

- Young People's Substance Misuse Commissioning and provision is fully aligned with Children & Young People's agenda
- Provider performance monitoring reports fully reflect locality based working
- There is a Targeted Youth Support Specification in place, which provides a framework for joint working between Early Intervention Team services
- There are joint Early Intervention Team performance and outcome measures, which the YP Substance Misuse Commissioning Group consider on a quarterly basis in order to understand how universal and targeted services are responding to substance misuse and the impacts on KTS/YOS capacity
- The KTS Young People's Substance Misuse Service can access its RDASH Maracis care planning system at locality venues, enabling it to continue to meet its clinical and NDTMS needs
- There are regular KTS Service User Events, with ongoing input into the substance misuse commissioning process
- KTS achieves the NHS 'Your Welcome' status

Planning Grid 2: Access to Treatment

Identification of key priorities following Needs Assessment relating to access and engagement with Young People’s Specialist Substance Misuse Treatment Services;

- The Needs Assessment has identified that due to the potentially substantial numbers and capacity of KTS, there is a need to ensure that appropriate agencies undertake early intervention work with Young People
- Increase the number of referrals from key Children & Families services to over and above the 20% target level
- Re-consider implementing a system whereby KTS is largely receiving referrals through the Early Intervention Team referral process, which involves KTS working alongside other EIT services to provide a holistic package of support for the young person and their parent/carer.

Objective 1:

Ensure that appropriate Agencies undertake early intervention work with Young People (*Needs Assessment recommendations 1,2,19,20 and 21*)

Delivery Plan:

Actions and Milestones	By When	By Whom
<p>1 In line with NOS competencies, the Young People’s Service agree a programme of Tier 1 basic awareness training that they will deliver to the Children & Young People’s workforce</p> <ul style="list-style-type: none"> ▪ Young People’s Service deliver training packages for Tier 1 staff in line with the NOS Competencies 	<p>April 2010</p> <p>July 2010 onwards</p>	<p>Young People’s Service</p> <p>Young People’s Services</p>
<p>2 Roll-out Substance misuse e-learning package to all statutory providers</p> <ul style="list-style-type: none"> ▪ E-learning package an integral part of induction and ongoing training 	<p>April 2010</p> <p>April 2010 onwards</p>	<p>CYPS/ADST</p> <p>CYPS and wider partners</p>
<p>3 Develop and agree the pathway for Rotherham FE College students to access Tier 2 interventions within College and for accessing Tier 3 specialist services as appropriate</p> <ul style="list-style-type: none"> ▪ Undertake training with Personal Tutors within Colleges and implement arrangements 	<p>September 2010</p> <p>September 2010</p>	<p>KTS/FE Colleges/YPSM Commissioner</p> <p>KTS/FE Colleges</p>
<p>4 Continue to undertake specific packages of training for the Early Intervention Teams, resulting in them having the necessary skills to undertake a substance misuse screen and to provide early intervention work around substance misuse</p>	<p>April 2010 onwards</p>	<p>KTS</p>

5	KTS locality workers to undertake a specialist advisor role within the Early Intervention Teams, so as to ensure that these targeted services are receiving appropriate levels of advice and support	April 2010 onwards	KTS
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Objective 2:

Ensure that over 20% of referrals are from the key referring agencies (*Needs Assessment recommendation 3*)

Delivery Plan:

Actions and Milestones	By When	By Whom
1 KTS locality workers to continue focussing on the key vulnerable groups and building links with their associated referring agencies through reviewing Joint Protocols	April 2010 onwards	KTS/C&YP Services
2 Monitor the level of referrals from children and families services	April 2010 onwards	YPSM JCG
<ul style="list-style-type: none"> ▪ If the continued development of the Early Intervention Teams does not result in increased referrals from these sources, undertake an analysis to determine the reasons ▪ Action plan developed and in place 	August 2010	YPSM JCG
	September 2010	YPSM JCG

Objective 3:

Ensure that the KTS referral system is in line with the Early Intervention Team referral process (*Needs Assessment recommendation 7*)

Delivery Plan:

Actions and Milestones	By When	By Whom
1 Consider whether or not referrals will be via the Early Intervention Team referral process and that primary and self-referrals will only be taken where the young person is not involved with any other agencies.	September 2010	YPSM Commissioner/ YPSMJCG
<ul style="list-style-type: none"> ▪ Publicise new arrangements (if they change) 		KTS/YPSMJCG

Objective 4:

Ensure that Young People and Substance Misuse is considered as part of the Common Assessment Framework Review

Delivery Plan:

Actions and Milestones	By When	By Whom
1 Feed young people's substance misuse issues/requirements into the CYPS review of the Common Assessment Framework.	April 2010	YPSM Commissioner
▪ Young People's Substance Misuse Workforce to attend further post CAF Review training sessions	September 2010	KTS/YOS

Expected Outcomes

- Training and support on the screening and identification of substance misuse is available to all those in contact with young people
- The locality based Early Intervention Teams are skilled in undertaking a substance misuse screen and providing early intervention work around substance misuse
- KTS workers undertake a specialist advisor role, providing advice and support around substance misuse within the localities and in particular the Early Intervention Teams
- Over 20% of referrals into specialist treatment are from Children & Families services (as defined by the NTA)
- KTS receive referrals via the Early Intervention Team referral process and primary and self-referrals are only taken where the young person is not involved with other agencies
- Enhanced substance misuse requirements within the Common Assessment Framework

Planning Grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating to delivery of Young People’s Specialist Substance Misuse Treatment Services:

- The Needs Assessment highlighted that the role and responsibility of other statutory services in relation to Young People at KTS was not always clear
- A significant gap that had been identified throughout the Needs Assessment was the provision and access to parenting support
- The Needs Assessment highlighted that there is a need to consider increasing the capacity of KTS
- There is a need to review clinical governance systems against NTA standards
- The Needs Assessment highlighted the need to continue to strengthen linkages with the A&E Department at Rotherham Foundation Trust
- Historically there have been very few Tier 4 specialist placements and the arrangements for considering such placements have been ad-hoc. There is a need formalise these arrangements
- It has been identified that there is a need to review transitional arrangements between KTS and adult substance misuse services

Delivery Plan:

Objective 1:

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 *(Needs Assessment recommendation 9)*

Actions and Milestones	By When	By Whom
1 Through joint working within the Early Intervention Teams, young people in treatment have a co-ordinated package of support from both targeted and locality based services, with roles and responsibilities clearly defined	April 2010	KTS/Early Intervention Teams

Objective 2:

Ensure that the provision of parenting support at an appropriate level is taken forward and secured *(Needs Assessment recommendation 10)*

Actions and Milestones	By When	By Whom
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1	KTS continue to develop linkages with family support services in the localities and make referrals where appropriate	April 2010 onwards	KTS
	<ul style="list-style-type: none"> Work with the Parenting/Family Support lead to ensure that there is an intensive family support provision which meets the needs of young substance misusers and their families 	July 2010	YPSM JCG/ Parenting Commissioner

Objective 3:

Ensure that there is sufficient capacity within KTS to meet treatment need across localities (*Needs Assessment recommendation 16*)

Actions and Milestones		By When	By Whom
1	Consider the current configuration of KTS workers across localities/capacity levels and make recommendations	April 2010	YPSM Commissioner
	<ul style="list-style-type: none"> YPSM JCG to consider recommendations, including use of additional DOH treatment monies to increase capacity 	June 2010	YPSM JCG

Objective 4:

Ensure that best practice clinical governance systems are in place across the Young People's specialist substance misuse delivery system (*Needs Assessment recommendation 11*)

Actions and Milestones		By When	By Whom
1	Review the clinical governance and audit structures, against NTA Standards, in the substance misuse service		
	<ul style="list-style-type: none"> Establish an Expert Group to lead on the review of KTS clinical governance and audit structures Expert Group to consider clinical governance and audit structures against NTA standards Report considered by the YPSM JCG and, if required, decisions made around actions that need to be taken 	May 2010 September 2010 September 2010	YPSM JCG Expert Group YPSM JCG
2	Continue implementing the 2007 clinical guidelines within specialist substance misuse services	Ongoing	RDASH
	<ul style="list-style-type: none"> Where identified, improve workforce competencies in line with the 2007 clinical guidelines 	September 2010	YPSM JCG

Objective 5:
Ensure that there is appropriate support for young people presenting at Accident & Emergency where substance misuse was a factor
(Needs Assessment recommendation 25)

Actions and Milestones	By When	By Whom
<p>1 Continue to implement the model whereby A&E refer young people (aged up to 16 years) to their school nurse when substance misuse was a presenting factor</p> <ul style="list-style-type: none"> ▪ Develop an appropriate model whereby A&E refer young people (aged 16 to 18 years) when substance misuse was a presenting factor 	<p>April 2010</p> <p>September 2010</p>	<p>NHS Rotherham</p> <p>ADST/YPSM Commissioner</p>

Objective 6:
Ensure that both KTS and YOS implement any changes to service as a result of the new Youth Rehabilitation Order
(Needs Assessment recommendation 8)

Actions and Milestones	By When	By Whom
<p>1 Consideration given to the requirements of the new Youth Rehabilitation Order</p> <ul style="list-style-type: none"> ▪ If required, implement any changes to service provision as a result of the above work. 	<p>April 2010</p> <p>April 2010</p>	<p>KTS/YOS</p> <p>KTS/YOS</p>

Objective 7:
Ensure that there is a smooth transition when the prescribing services re-locates to new premises *(Needs Assessment recommendation 13)*

Actions and Milestones	By When	By Whom
<p>1 Work with the nominated NHSR and RMBC Officers who are leading on the new CAMHS facility at Kimberworth, to ensure that the needs of the prescribing service are fully considered</p> <ul style="list-style-type: none"> ▪ Work closely with CAMHS to ensure that there is a seamless move from their current premises to the new one at Kimberworth 	<p>December 2010</p> <p>January 2011</p>	<p>YPSM Commissioner/ KTS</p> <p>YPSM Commissioner/ KTS</p>

Objective 8:
Formalise the process for considering Tier 4 Specialist placements (Needs Assessment recommendation 6)

Actions and Milestones	By When	By Whom
1 A report on Tier 4 substance misuse specialist placements considered at JLT and a process for agreeing joint funding is developed <ul style="list-style-type: none"> ▪ Process agreed and implemented 	June 2010 July 2010	JLT RMBC/NHS Rotherham

Objective 9:
 Ensure that transitional arrangements between KTS and adult substance misuse services are fit for purpose

Actions and Milestones	By When	By Whom
1 Establish a small working group to review transitional arrangements <ul style="list-style-type: none"> ▪ Working Group, with the input from young people accessing service, to identify any issues relating to transitional arrangements ▪ Report submitted to YPSM JCG and action taken where required 	September 2010 November 2010 December 2010	YPSM Commissioner Working Group YPSM JCG

Expected Outcomes

- Young people in specialist treatment receive a co-ordinated package of support from both targeted and locality based services
- KTS undertake family interventions within a clear criteria and they refer on to locality services for the appropriate (and available) levels of family support
- KTS have sufficient capacity to meet treatment need across individual localities
- The KTS clinical governance structures are audited in line with NTA guidance
- When a young person presents at the A&E Department with substance misuse being a contributory factor, they are referred on to the School Nursing Service for assessment, an early intervention, or on to KTS for a treatment intervention
- There is a clear and workable process in place for undertaking substance misuse interventions as part of a Youth Rehabilitation Order
- The substance misuse prescribing service seamlessly moves to its new premises
- There is a clear process in place for RMBC and NHS Rotherham to consider the funding of Tier 4 specialist residential treatment
- There are robust transitional arrangements in place between KTS and adult substance misuse services

Planning Grid 4: Leaving Specialist Treatment

Identification of key priorities following Needs Assessment relating to Young People leaving Specialist Substance Misuse:

- The Needs Assessment identified that KTS had ongoing difficulties in engaging with follow on/wrap-around services. In addition, the treatment mapping exercise clearly showed that whilst there were a high number of high discharges, there were no recorded referrals to other services
- In line with the development of integrated Children and Young People's Services, positive activities available in Rotherham will be publicised under the 'Youth Offer' which need to be effectively communicated to Young People

Delivery Plan:

Objective 1:

Ensure that follow on services are tied into the Young Persons Care Plan and have a duty to provide ongoing support
(Needs Assessment recommendation 12)

Actions and Milestones	By When	By Whom
<p>1 Continue to work with the Early Intervention Teams and in particular the Targeted Connexions Workers, to ensure that there is ongoing support to young people</p> <ul style="list-style-type: none"> ▪ Monitor access to follow-on services and take action as appropriate 	<p>April 2010 onwards</p>	<p>KTS KTS/EITS//YPSM Commissioner</p>
<p>2 Both KTS and YOS record all onward referrals onto NDTMS, including where referrals were made prior to discharge</p>	<p>April 2010</p>	<p>KTS/YOS</p>

Objective 2:

Ensure that Substance Misuse Services are able to access the full range of positive activities available in Rotherham and that these are effectively communicated to Young People (*Needs Assessment recommendation 12*)

Actions and Milestones	By When	By Whom
1 KTS to refer all appropriate young people into the Early Intervention Teams for positive activities <ul style="list-style-type: none">▪ Monitor access to positive activities and take action as appropriate	April 2010 April 2010 onwards	KTS/EITS KTS/YPSM JCG

Expected Outcomes

- As part of the Early Intervention Team arrangements, all young people accessing specialist treatment have ongoing support and advice from their locality Targeted Connexions Worker and as a matter of routine access follow-on services and positive activities.