Health and Wellbeing Board
Hertfordshire

Agenda Item No.

8

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
15 DECEMBER 2015 AT 10.00 AM

CHILD AND ADOLESCENT DRUG AND ALCOHOL SERVICES REVIEW

Report of the Director of Public Health, and the Head of Services for Young People

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1.0 Purpose of report

1.1 To report on the outcomes of the Review of Child and Adolescent Drug and Alcohol Services for Hertfordshire and to identify next steps.

2.0 Summary

2.1 The 2015-16 young people's substance misuse budget in Hertfordshire is £632,233, of which £ £423,608 is contributed by Public Health, and the rest form Children's Services, Youth Justice and the Police & Crime Commissioner . The treatment service is commissioned by Children's Services. A multi-agency commissioning group develops the Strategy, oversees implementation and the spending against the pooled budget.

2.2 It was agreed by the Joint Commissioning Group for Young People's Substance Misuse, at the request of the Director of Public Health, that a review of provision for drug and alcohol services would be undertaken.

2.3 A review group with Public Health, Children's Services, Public Health England, Youth Offending and County Community Safety Unit colleagues was created and following a procurement exercise awarded the contract for this work to TONIC consultants. http://www.tonic.org.uk/

2.4 Over 200 people were engaged (including service users, young people, parents, commissioners, providers and partner agencies) in workshops, interviews and focus groups. The review team owes them a great debt of thanks.

2.5 The review consisted of a number of elements including; a literature review to find evidence of what works; relevant data was collated and analysed for a refreshed needs assessment; a proposal for a whole system approach was then developed and a cost benefit analysis conducted.

2.6 The review recommends some changes to both service model and commissioning and governance of young person's drug and alcohol services these are outlined below

3.0 Recommendation

3.1 That the board note the report and endorse the direction of travel agreed by the Steering Group.

3.2 That the board gratefully acknowledges the significant input of stakeholders and to this review.

4.0 Key Findings

4.1 Needs Assessment

4.1.1 Comparing the latest national data with the local equivalent data from Health Related Behaviour Questionnaire (HRBQ) reveals that in general, provenance of substance use in Hertfordshire is lower than, or similar to, the national rates.

4.1.2 Applying the percentages from the HRBQ data to Hertfordshire's 11 to 15year old population, suggests that there may be:

- 14,207 young people who have tried smoking, with 2,706 of these being regular smokers
- 12,177 young people who have had an alcoholic drink during the last week, with 2,706 of these being regular drinkers
- 5,412 young people who have tried an illegal drug, with 2,706
- of these being regular drug users

4.1.3 Last year, there were 110 drug-related and around 185 alcohol-related admissions of under 18s to hospital across Hertfordshire.

4.1.4 A district level of analysis of substance misuse specific indicators and prevalence of key vulnerable groups revealed that Stevenage, East Herts and Dacorum were priority districts, and following discussion with agencies and young people to fill data gaps, Welwyn & Hatfield also.

4.2 Feedback form young people and agencies

4.2.1 Young people identified the need for better:

- Co-ordination between services

- Promotion of available support services for young people
- Range of support that is requested – including groups, therapeutic spaces, peer support
- Transitional arrangements into adult services
- Use of social media as a resource to promote services and deliver important health based messages – based on a poor online presence
- Use of other young people to create a climate of safe disclosure where speaking up about use of substances is not stigmatised.

4.2.2 Young people and parents already involved with A-DASH expressed satisfaction with the service they received, yet many young people and some agencies across the County had not heard of A-DASH.

4.2.3 Agencies and young people felt that prevention should be timed appropriately, consolidated again in the school life-span, delivered by someone other than a teacher, be interactive and shouldn't focus solely on negative elements of substances.

4.2.4 Emphasis was placed on the need for integrated delivery and commissioning of young people's substance misuse (YPSM) provision alongside other relevant children, young people and public health provision given the cross over with other priority groups.

4.3 Treatment Review

4.3.1 Specific funding for young people's substance misuse (excluding smoking related budgets and locally funded projects) has been declining since 2009-10. This period has seen a 36% decrease in the total funding available for the JCG to commission from. Since 2010-11, there has been a corresponding21% reduction in the amount spent on specialist treatment. This has been accompanied by reducing numbers entering treatment, falling by 26% since 2008-09 to 130 young people last year.

4.3.2 However, based on data from 3 comparator areas used for Hertfordshire Children's Health and national data, the estimated demand for treatment is likely to be higher, at around 240 young people per year. This is borne out by A-DASH's statistics, which state that between 246 – 296 referrals were made to their service last year.

4.3.3 When comparing the performance of the Hertfordshire Young People's Treatment Service with the three comparator areas and national averages, it reveals that in Hertfordshire:

- Unit costs for number in treatment and planned treatment completions were higher
- Duration of treatment was shorter (16 weeks) than the national average (23 weeks)

- Planned treatment closures were significantly lower (63%) than the national average (79%), with 16% completing treatment drug free – half the national average (32%)
- Representation rates were higher (13%) than nationally (6%) – although this **was based on small numbers locally**
- Young People's Outcome Records (YPOR) show significantly lower than national performance for reduction in cannabis, alcohol and smoking

It is worth noting that persistent IT issues hampered reporting and internal performance monitoring.

4.3.4 TONIC heard some positive young people, parents and agency feedback about A-DASH, and saw some examples of the service "going the extra mile" to support young people during our quality assurance visit – however, we also were told about, and found evidence of issues around the service provided being too unstructured, siloed, applying restrictive eligibility criteria, showing some inflexibility in responding to the needs of some of the most vulnerable young people when they did not express motivation to take part in formal treatment.

4.3.5 Comparing the data for young people's treatment with that for adults revealed a big step up in levels of need: from 2 heroin users, 2 crack users and 90% using cannabis (aged under 18s) to 42 using heroin and 34 crack (aged 18-21) and 44 heroin users and 38 crack users (aged 22-25). This, coupled with feedback from agencies and young people about a "cliff edge" at transition stage.

4.4 Evidence of what works

4.4.1 From the literature review we found:

- Effective prevention does not mean doing more — it means refocusing resources on what has been shown to work.
- It also means working collaboratively across sectors and settings, recognising that positive youth outcomes are most likely when prevention efforts are integrated and sustained.

4.4.2 Universal Prevention:

- Should incorporate a mixture of life skills, motivational work, social norms and social competence components
- "Unplugged" is one prevention programme that should be further considered
- Generic programmes show as much promise as drug/alcohol specific programmes
- Note: Several programmes that have largely been evaluated outside of the UK – have tried to assimilate core components of these models which are then essentially marketed under differing brand names.

Resilience, communication skills, coping strategies, motivation, clarification over social norms, assertiveness skills, and access to services are all vital components irrespective of the particular programme chosen.

4.4.3 Targeted Prevention:

- Programmes show more effective outcomes for higher risk groups
- Consideration should be given to adapting programmes for BME communities – making them culturally sensitive, as well as affording consideration to gender differences.

4.4.4 Treatment:

- No single intervention type has been shown to be more effective than others - CBT, MI, MST have all shown positive outcomes and therefore could be used in collaboration or depending on the young person's presenting need or preference.
- Treatment should be responsive and, where possible, involve school, family and the young person.

4.4.5 Enforcement

- Partnership working and community engagement is critical in disrupting street level drug markets, e.g. working with retailers, local communities, schools and religious groups.

- Targeted policing and enforcement is more beneficial than 'sweeping' enforcement or simply increasing police presence.

4.4.6 Some "Must Do" Actions:

- Ensure facilitators / practitioners are adequately trained and motivated (all strands)
- Involve family where possible and appropriate in both treatment and prevention
- Be part of an holistic classroom/school environment approach to ensure young people feel valued
- Target social norms and influences as part of universal prevention
- Use an approach that has multiple components
- Provide a booster/follow-up session
- Make interventions interactive and dynamic; e.g. role plays, active
- discussion
- Be responsive to gender and ethnicity

4.4.7 Some "Should Do" Actions:

- Use Motivational Interviewing techniques or interventions
- Consider cognitive based / problem solving interventions

- Consider using interventions that draw on a range of theoretical
- models
- Target high risk groups of young people
- Target early childhood education: cognitive and problem solving skills as part of general curriculum
- Offer group and 1:1 treatment opportunities
- Offer young people / families opportunities to practice skills learnt
- Activities should be available in formal and informal settings to reduce stigma
- Design school policies with involvement of all stakeholders – including young people and partner agencies.

4.4.8 Some “Things to Avoid”:

- Use of scare tactics
- Delivering drug information in isolation
- Focusing solely on substances
- Using ex-users or police/external agencies to deliver interventions without aligning with a whole school approach, and considering quality and consistency of message
- Undermining parents’ vital role in whole family interventions

4.5 Conclusion

4.5.1 Although the overall picture was of relatively low need and an adequate current system, it was apparent that improvements could be made to increase the reach and effectiveness of how the dedicated budget is currently used and how more integrated partnerships could deliver on more of this agenda.

5.0 Proposed model

5.1 A whole system approach is proposed (see Appendix 1). Using a life course model, that has integrated service delivery, governance and commissioning function at its core. The key elements of the model are summarised below, and detailed in full in the report:

5.2 Universal Prevention

5.2.1 An approach that will:

- Ensure a focus on the root causes of why young people misuse substances, e.g. lack of self-esteem, peer pressure, as a coping mechanism
- Equip children and young people with the skills needed to manage situations and their emotions
- Provide all young people with the lifeskills, resilience and emotional wellbeing to prevent them from experiencing substance misuse related harms in their future lives

5.2.1 Achieving this by taking a triple-track approach:

- Building Resilience and Lifeskills: By investing in generic, evidence based programmes already being run in Hertfordshire, and ensuring they deliver on drug, alcohol and tobacco elements. This should be embedded within all primary and secondary schools' programmes across the County so that all children and young people have access to this, rather than it being dependent on the school they attend.

- Nurturing Wellbeing: Ensure there is a clear partnership with CAMHS transformation plans for universal prevention in schools.

- Empowering Parents: Making sure that parents are aware of the impact of their decisions and the opportunity for them to be a positive role model (e.g. through Webster Stratton parenting courses, and links to activities conducted by Children's Centres).

5.3 Targeted Prevention

5.3.1 Maximising opportunities to identify young people with smoking, drug, alcohol or NPS related issues - act early and intervene effectively with a focus on priority vulnerable groups by:

- Ensuring that diversion is used as an approach to targeted prevention for the management of drug, alcohol and tobacco incidents
- Creating stronger links and greater capacity building in key agencies by embedding specialist workers into key teams
- Key agencies should be trained and supported to screen and deliver specific evidence based interventions
- Ensuring timely access to age appropriate smoking cessation is available to young people who need it – including online promotion of services, self-help tools and information
- Supporting parents who are struggling with difficult teenagers using substances
- Ensuring that substance misuse is considered alongside the wider multi-agency response to those late teens in need who require transition into adult services
- Developing online self-care tools for young people and parents.

5.4 Specialist Interventions and Treatment

5.4.1 Meeting the needs of all those with drug or alcohol related problems and ensuring a focus on those most in need or at risk rather than those most able to engage.

5.4.2 The requirement to run a competitive tender process gives an opportunity to modernise the specification, widen the scope and increase the capacity of provision.

5.4.3 Consider increasing the funding and expanding the remit into targeted

prevention as well as specialist treatment - as the current level appears to be low and unsustainable. This should ensure the support offer has a range of options.

5.5 Enforcement & Availability

5.1 Limiting the availability of drugs, alcohol, tobacco, solvents and NPS for young people and ensuring appropriate enforcement action is taken to deal with substance use specific issues such as dealing, underage sales, Headshops, and drug or alcohol related anti-social behaviour.

5.6 Governance

5.6.1 Ensuring that the issue of young people's use of tobacco, alcohol and drugs is fully integrated alongside other related issues to join-up provision and maximise impact of limited specific resources. This will include integrating commissioning and delivery within children's services commissioning.

5.6.1 Pooling the funding used by a range of agencies to reach related groups of young people where priority groups overlap. Ensuring that commissioning decisions need to be made on a set of robust principles as set out in the full report.

5.7 Business Case for Change

5.7.1 The business case sets out a rationale for investment of £550,000 in commissioning an integrated Specialist Intervention, Treatment and Targeted Prevention Service for under 18's, with a further £38,000 invested as a universal education contribution to build capacity in teacher training /delivery of School Resilience Programmes as part of wider initiatives such as CAMHS transformation.

5.7.2 This would create a return on investment of between £2.5m and £4.6m – of which £1m would be within the first two years through the treatment and targeted prevention service, and a further lifetime saving of £682,200 from the modest investment in schools-based programmes.

5.8 Funding

5.8.1 The majority of funding for this proposal comes from a re-focusing of the currently identified Young People's Substance Misuse funding, which comes from a range of sources including Public Health, Children's Services, Youth Justice, and the Police and Crime Commissioner.

5.8.2 This will involve a change from using this funding to commission a range of smaller, short-term projects on a grant giving basis, to a

narrower commissioning of a specialist substance misuse service providing treatment interventions and targeted prevention.

5.8.3 Efficiencies and additional funding may come from a range of potential sources identified in the full report.

5.9 Implementation

5.9.1 An initial delivery plan sets out the key actions needed to put the model into practice. This now requires further development following formal adoption by the Drug and Alcohol Strategic Board, Public Health, Localism and Libraries Cabinet Panel and Children and Young People's Integrated Commissioning Executive, and Corporate Parenting Panel.

5.9.2 The required competitive tender for the specialist service provides a timely opportunity to deliver many of the desired changes.

5.9.2 In addition there are obvious links and opportunities between this work and the CAMHS Transformation Board Plans.

Report signed off by	Director of Public Health Head of Services for Young People Children and Young People's Drug and Alcohol Review Steering Group
Sponsoring HWB Member/s	Jim McManus, Director of Public Health Jenny Coles, Director of Childrens' Services
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Childrens Priorities identified by the Board in 2014
Needs assessment (activity taken) A detailed needs assessment on drug and alcohol use has been undertaken for the Drug and Alcohol Strategic Board. Copies of the needs assessment are available from gary.ray@hertfordshire.gov.uk A literature review to identify "what works" was also undertaken by Tonic and is available from lynn.saville@hertfordshire.gov.uk	
Consultation/public involvement (activity taken or planned) Over 200 people were engaged (including service users, young people, parents, commissioners, providers and partner agencies) in workshops, interviews and focus groups.	

Equality and diversity implications The work outlined in the report is essential if we are to deliver services that meet the needs for drug and alcohol services equitably and to address health inequalities across the County.	
Acronyms or terms used. eg:	
Initials	In full
CAMHS	Child and Adolescent Mental Health Services
A-DASH	Adolescent Drug and Alcohol Service
NPS	New Psychoactive Substances, also known as “legal highs”

Appendix 1 Model Diagram