JSNA SUPPORT PACK FOR STRATEGIC PARTNERS

THE DATA FOR YOUNG PEOPLE

KENSINGTON AND CHELSEA

BUILDING RECOVERY IN COMMUNITIES
www.nta.nhs.uk

NHS
National Treatment Agency
for Substance Misuse

THIS SUPPORTING INFORMATION

This pack sets out the national and local investment in young people's specialist substance misuse interventions in your area. The data from the National Drug Treatment Monitoring System (NDTMS) gives key performance information about these specialist interventions in your area, the complexity of the young people receiving them, and, where possible, national data for comparison.

The Government's drug strategy says that specialist interventions should prevent young people's drug and alcohol use from escalating, reduce harm young people cause themselves or others, and prevent them from becoming drug or alcohol-dependent adults. Specialist interventions should be delivered according to a young person's age, degree of vulnerability, and the severity of the problem. The interventions should help young people to become drug and alcohol-free.

From 2013 Health and Wellbeing Boards will commission young people's specialist interventions. This presents an opportunity to ensure specialist interventions are integrated with wider children's services to effectively address the root causes of their problems and build the resilience they need to resist substance misuse in the future. Many young people have a range of problems. Good practice is to meet their substance misuse needs as part of a broader package of care that involves support with housing, education and family relationships. For those with the most complex needs, the best outcomes occur when services such as Child and Adolescent Mental Health Services, Youth Offending Teams and Children's Social Care work with substance misuse practitioners.

Effective substance misuse services for young people contribute towards outcomes measured within the Public Health (PH) and other key outcomes frameworks. The PH outcome measures attributable to specialist interventions are successful completion of drug treatment and reduced alcohol-related hospital admissions. Evidence also suggests substance misuse interventions contribute to improving health and wellbeing, educational attendance and achievement, and reduced risk-taking behaviour, such as offending, smoking and unprotected sex.

INVESTMENT

Investment in young people's specialist services in your area for 2012-13 is set out below. This includes the allocation from the YP Pooled Treatment Budget (PTB) – this is the central government contribution for young people's specialist substance misuse interventions; any secure estate money; and, where known, local funding. In 2012-13 the YP PTB funding came through PCTs but will, from 2013-14 come via the overall drugs line of the Public Health Grant. This will not be ring-fenced but continued investment is recommended as future allocations will be shaped by local activity and outcomes. Changes will also affect the YOT substance misuse grant, which will come via the Police and Crime Commissioners from 2013. Maintaining investment is important to provide early indentification, targeted support and onward referral, as well as specialist interventions.

Pooled Treatment Budget	£67,682
Secure Estate	£0
Local / Other	Available locally
Total	£67,682

VALUE FOR MONEY

Local National

A Department for Education cost-benefit analysis found that every £1 invested in specialist interventions delivered up to £8 in long-term savings and almost £2 within two years.

Evidence indicates that investing in specialist interventions is a cost effective way of securing long-term outcomes, reducing future demand on health, social care, and mental health services, and supporting the troubled families agenda.

NUMBERS IN SERVICES

Local National

These figures reflect the number of young people in specialist substance misuse services in the partnership area during 2011-12 and the proportion of young people among the entire treatment population during this period.

	2010-11		2011-12	
	Local	National	Local	National
Number of young people in specialist services YP: aged under 18, primary drug and alcohol clients	73	21,955	77	20,688
Of all adults and young people in treatment, the proportion of which were young people	7%	10%	8%	9%

REFERRAL SOURCES

Local National

Young people come to specialist services from various routes but are typically referred by youth justice; education; self, family & friends and children & family services. If your performance differs significantly from the national figure, you can use local NDTMS to identify shifts in the volume and sources of referrals. Changes in universal and targeted young people services may affect screening, referrals and demand for specialist interventions. There should be clear pathways between targeted and specialist services, supported by joint working protocols and good communication.

Referral Sources	Local		National	*proportions are of all referral routes*
	n	%	%	
Youth Justice (incl the Secure Estate)	45	53%	38%	53% 38%
Education Services	3	4%	21%	4% 21%
Self, Family & Friends	10	12%	11%	12% 11%
Children & Family Services	10	12%	10%	12% 10%
Other Substance Misuse Services	8	9%	9%	9% 9%
Health & Mental Health Services (excl A&E)	2	2%	7%	2% 7%
Accident & Emergency	0	0%	1%	0% 1%
Other	7	8%	3%	8% 3%

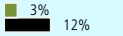
PROFILE OF YOUNG PEOPLE IN SPECIALIST SUBSTANCE MISUSE SERVICES

Local National

The risk-harm profile identifies 10 key items to gauge the vulnerability of young people entering specialist substance misuse services. The higher the score, the more complex the need. Age of initiation is often the strongest predictor of the length and severity of substance misuse problems, the younger the age they start to use , the greater the likelihood of them becoming adult problematic drug users. The data below gives the age of young people in specialist services but not the age of initiation.

Many young people receiving specialist interventions have a range of vulnerabilities. They are more likely to be NEET, have contracted an STD, have a child, be in contact with the youth justice system, be receiving benefits by the time they are 18, and half as likely to be in full-time employment. Universal and targeted services have a role to play in providing substance misuse support at the earliest opportunity, specialist services should be provided to those whose use has escalated and is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.

No. of risks / vulnerabilities identified by each young person	Local		National	*proportions are of all young people entering services for specialist substance misuse interventions*
	n	%	%	
0 (zero) to 1 identified	19	32%	24%	32% 24%
2 to 4 identified	39	66%	70%	66% 70%
5 to 7 identified	1	2%	6%	2% 6%
8 to 10 identified	0	0%	0%	0% 0%

No. of young people with each risk / vulnerability item	n	%	National %	
Opiate and/or crack user	3	5%	2%	
Alcohol users*	2	3%	7%	
Using 2 or more substances♱	27	46%	57%	
Began using main problem substance♱ under 15	47	80%	79%	
NFA / unsettled housing	0	0%	3%	
Not in education, employment or training	6	10%	19%	
Involved in self harm	2	3%	12%	
Involved in offending	17	29%	47%	
Pregnant and/or parent	2	3%	3%	
Looked after child	10	17%	12%	

** There are no safe drinking levels for under 15s and young people aged 16-17 should drink infrequently on no more than one day a week (CMO, 2009). This measure captures young people drinking on an almost daily basis (27-28 days of the month) and those drinking above 8 units per day (males) or 6 units per day (females), on 13 or more days a month*

♱ substances for young people includes alcohol

PLEASE NOTE: owing to different methodologies used to calculate the numbers of risks and the number with each risk percentages may differ, this is because the numbers of young people entering this specialist provision will be slightly different owing to different eligibility criteria

Sexual Exploitation	Local n	Local %	National %
Young people entering services in 2011-12 who have stated that they are involved in sexual exploitation at start or exit	3	4%	4%

proportions are of all young people entering services for specialist substance misuse interventions

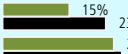
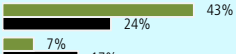
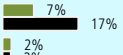
Age by Substance	<=13 n	14-15 n	16-17 n	Total YP n	Total YP %	National Total YP %
Class A (Heroin & Crack)	1	0	2	3	4%	2%
Stimulants (Cocaine,Ecsty,Amph. Not Crack)	0	0	3	3	4%	19%
Cannabis & Alcohol	2	13	18	33	43%	37%
Cannabis Only	0	8	17	25	32%	26%
Alcohol Only	0	4	5	9	12%	14%
Other Drug	3	1	0	4	5%	2%
Total YP (n)	6	26	45	77		
Total YP (%)	8%	34%	58%			
National (%)	8%	39%	53%			

YOUNG ADULTS IN YOUNG PEOPLE'S SPECIALIST SUBSTANCE MISUSE SERVICES

Local ● National ●

The data below shows the number and proportion of all over 18s in 'young people only' specialist substance misuse services.

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people. The partnership may wish to investigate why young adults (18-24s) are being offered support to address their substance misuse within the under-18s service. The needs of 18-24s are different to those of under-18s. Clear transitions and joint care plans with adult services will helps under-18s who require on-going support beyond their 18th birthday.

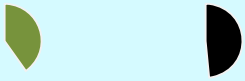
Substances	Local n	Local %	National %	
Class A (Heroin & Crack)	9	9%	8%	
Stimulants (Cocaine,Ecsty,Amph. Not Crack)	15	15%	23%	
Cannabis & Alcohol	25	25%	27%	
Cannabis Only	43	43%	24%	
Alcohol Only	7	7%	17%	
Other Drug	2	2%	2%	

INTERVENTIONS DELIVERED AND LENGTH OF TIME IN SERVICES

Local National

This shows the time young people in your area spent receiving specialist interventions (latest contact). Young people generally spend less time in specialist interventions than adults because their substance misuse is not entrenched. However, those with complex care needs often require support for longer.

Young people have better outcomes when they receive a range of interventions as part of their personalised package of care. If a pharmacological intervention is required, it should always be delivered alongside appropriate psychosocial support.

		Local	National	*proportions are of all young people receiving specialist substance*
Length of time	**n**	**%**	**%**	
0 (zero) to 12 weeks	28	36%	43%	
13 to 26 weeks	26	34%	30%	
27 to 52 weeks	14	18%	17%	
Longer than 52 weeks	7	9%	8%	
Interventions	**n**	**%**	**%**	
Pharmacological only	1	1%	0%	
Psychosocial only*	72	94%	96%	
Pharmacological plus psychosocial*	0	0%	1%	
Other intervention combinations	2	3%	1%	
No named modalities	2	3%	2%	
Multiple interventions	31	40%	48%	

**Psychosocial interventions are a range of talking therapies designed to encourage behaviour change. In the above table, psychosocial interventions include family interventions and harm reduction as well as other specific psychosocial intervention types.*

PLANNED EXITS

Local National

This data shows the number of young people who leave specialist interventions successfully meeting the aims of their care plan. It is compared against national performance.

Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should rapidly be re-assessed. A new care plan should identify what is likely to help them this time. This should include wider needs as substance misuse is unlikely to be their only problem and any reduction in substance misuse needs to be sustained by addressing other problems.

The re-presentation information is based on 2011-12 activity data which has not previously been available. With the increased focus on outcomes, it is included to help with monitoring the effectiveness of specialist interventions and to ensure services provide demonstrable cost-effective outcomes and remain relevant to changing need. This is especially relevant for safeguarding investment in specialist services from sources such as the Public Health Grant, which has outcome-based conditions.

The behaviour risk change data reflects changes made while young people are engaged with specialist services. Not all of the risks identified here are substance specific, so if no change is noted it does not necessarily point to a failure of specialist services. The data should, instead, inform a review of the care pathways and joint working arrangements between specialist services and other children's and young people's support services.

Please note that there are methodological differences in how the data in this section has been calculated, and it is not comparable.

	2010-11		2011-12	
Planned Exits	**Local**	**National**	**Local**	**National**
Number of young people leaving specialist substance misuse interventions in a planned way	30	10,507	18	10,118
Proportion of those leaving in a planned way as a percentage of all exits	71%	75%	69%	77%

Planned exits with no re-presentation

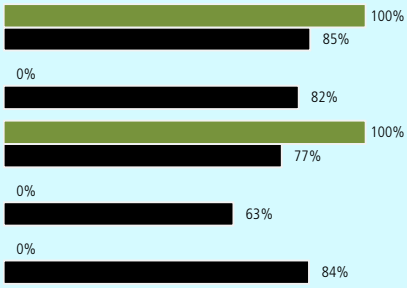
	n	Local %	National %
Young people leaving specialist substance misuse interventions in a planned way who do not re-present to YP or adult specialist services within 6 months	23	82%	92%

proportions are of all planned exits within 1 Jan 2011 and 31 Dec 2011

Planned exits with risk / behaviour change

	n	Local %	National %
Involved in unsafe drug use at treatment start	1		
No longer involved at planned exit	1	100%	85%
Involved in self harm at treatment start	0		
No longer involved at planned exit	0	0%	82%
Involved in offending at treatment start	1		
No longer involved at planned exit	1	100%	77%
Involved in unsafe sex at treatment start	0		
No longer involved at planned exit	0	0%	63%
Involved in sexual exploitation at treatment start	0		
No longer involved at planned exit	0	0%	84%

proportions are of all planned exits within 1 Apr 2011 and 31 Mar 2012



The data within this pack is based on young people accessing specialist substance misuse services in the community.

It does not include specialist substance misuse intervention activity within the YP secure estate. This will be available for YOIs from 2013.

Your local needs assessment can also provide further information about the needs of young people who are not in contact with young people's specialist substance misuse services to help assess if there is unmet need. Information about smoking, drinking and drug use below the threshold for a specialist intervention can be found at:

http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-in-2011

Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

Figures displayed here are based on annual report methodology and so may differ slightly from previously released figures in quarterly reporting or the needs assessment data