Agenda Item 7

Report to:	**Children's Services Scrutiny Committee**
Date:	**9 March 2009**
By:	**Director of Children's Services**
Title of report:	**Alcohol Misuse Amongst Young People**
Purpose of report:	**A review was undertaken in February 2008 that examined the range of policies and initiatives in place at a local and national level aimed at informing and educating children and young people about the dangers of alcohol misuse. This is an update on progress over the last 12 months.**

Recommendations;

The Committee is recommended to consider the interim update and note some slippage on timescales due to the delay in publication of associated national guidance.

1. Financial Appraisal

1.1 The funding allocation process and performance management framework for this agenda is now provided jointly by Children's Services and the Drug and Alcohol Action Team. The Local Authority now receives a substance misuse allocation specifically for young people and has to produce an annual needs assessment and associated planning for a 3 year period. The draft 2009/10 needs assessment and treatment plan that outlines the current local picture pertaining to drug and alcohol use in East Sussex are attached as appendix 1. The focus of 09/10 is upon alcohol related services and prevention measures. Furthermore, it is noteworthy that East Sussex is regarded as a high performing local authority in relation to the delivery of young people's substance misuse treatment services and has recently been awarded a Home Office pilot for a young person's alcohol arrest referral project.

2. Supporting Information

2.1 Since the local review was undertaken the Government has launched the National Youth Alcohol Action Plan which seeks to address the problem of young people drinking in public places and to tackle the issue of underage sales. The Plan's publication was delayed to June 2008 and upon receipt outlined a number of key areas that required further research or consultation over the forthcoming 12 month period.

2.2 The first priority was to commission the Chief Medical Officer to produce clear health guidance, designed to inform communications to young people and parents on the harms associated with early alcohol use and to better inform young people's decision making about drinking.

2.3 The draft guidance "The Consumption of Alcohol by Children and Young People" by the Chief Medical Officers of England, Wales and Northern Ireland was received in February 2009. Furthermore, a draft for consultation, communications campaign targeted at parents, young people and Children's Services professionals has also been recently published. The rationale of producing these two key documents in draft format for consultation purposes is to encourage local stakeholders to influence the campaign as it develops. The DCSF are this week consulting with two local service users and their parents about potential involvement in the National campaign.

2.4 A delay in the publication of the Youth Alcohol Action Plan and associated resources was mirrored by a delay in the publication of the new Drug and Alcohol Education Guidance for Schools. It is anticipated that this will be published in September 2009. This will then enable local guidance to be refreshed alongside National recommendations for practice.

2.5 The action plan update attached at appendix 2 explains the local and national progress made since the scrutiny review report on young people and alcohol was undertaken in 2008.

3 Conclusion and Recommendations

3.1 The original scrutiny review report made a number of recommendations designed to strengthen the delivery of effective prevention messages and early intervention with children, young people and their families. The concerns highlighted within the review report are generally in line with those raised within the National Youth Alcohol Action Plan and addressed within the recently received expert guidance.

3.2 The implementation of the national guidance will now follow a communications campaign aimed particularly at the 11-15 age group and advice and guidance to parents re young people and alcohol. An update to the drug and alcohol education guidance within schools is also forthcoming in September 2009 and promises to help schools to identify and support young people affected by their own or parental misuse.

3.3 The final report to the Scrutiny Committee in September 2009 will include a report on the proposed national and local communications campaign and an update on our new early intervention initiatives - the alcohol arrest referral project and the implementation of a new referral pathway for all alcohol related accident and emergency admissions.

MATT DUNKLEY
Director of Children's Services

Contact Officer: Vicky Finnemore, Operations Manager Tel: 01323 841470

Local Members: All

BACKGROUND DOCUMENTS:

1. Young Person's Substance Misuse Needs Assessment 2009/10 and Treatment Plan
2. Local Action Plan Update

East Sussex

Young People's Substance Misuse Needs Assessment 2008

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Karen.burch@eastsussex.gov.uk
Vicky.finnemore@eastsussex.gov.uk

Section One

1. Introduction

The NTA guidance[1] suggests that a successful needs assessment for young people's specialist substance misuse treatment requires identification of the following:

- Young people who are in treatment and for whom treatment appears to be meeting needs (planned discharges, positive outcomes)
- Those in treatment (but it does not appear to be meeting needs i.e. long waits, low planned discharges, differential outcomes etc)
- Those with a treatment need who are known to children's services but not currently in treatment (i.e. unsuccessful Children Looked After and YOT referrals)
- Those with a treatment requirement but whose treatment need has not been identified by children's services
- Those who need access to treatment services following release for example from the secure estate

East Sussex Drug and Alcohol Action Team (DAAT) is the multi-agency strategic partnership responsible for delivering national drug strategy objectives in East Sussex. Childrens Services, overseen by the Children's Trust Executive Group, has already integrated the substance misuse agenda into the core offer for children in East Sussex. The current 2008-11 Children and Young People's Plan has targets relating to increasing numbers in treatment. The substance misuse agenda is also reflected in a number of local plans and strategies that target vulnerable groups of young people, by definition more likely to have associated substance misuse needs. For example,

- CAMHS Strategy 2007/08
- Teenage Pregnancy Action Plan 2008/09
- Young Carers Strategy 2006 (currently under review)
- NEET Reduction Strategy 2007/08
- Youth Offending Team Plan 2007/08

Other generic plans reflecting the broader substance misuse agenda, but relevant specifically to the 19 plus group includes:

- East Sussex Local Area Agreement (LAA) – All Together Better.
- East Sussex Safer Communities Plan 2007;
- East Sussex DAAT Harm Reduction Strategy (2007);
- Dual Diagnosis strategy 2005
- Pan-Sussex Reducing Supply strategy 2007;
- Supporting People strategy 2005-2010

The needs assessment is intended to be a 'live' document that is reviewed and updated at least annually, informing the annual treatment planning process. This paper applies the Young People's Needs Assessment Guidance published by the National Treatment Agency. The document will inform the newly published treatment planning process.

- The needs assessment will provide the following information:
- Summary of East Sussex demographics
- Review of local treatment service activity
- Review of information available at a local or national level pertaining to substance misuse by young people
- Profile the existing treatment service user group and identify the needs and harms of those accessing services
- Identify missing client groups and undertake gaps analysis
- Evaluate and prioritise identified needs, harms and gaps – appraising options to meet unmet needs
- Preparation of a young person's specialist substance misuse treatment plan, including the allocation of resources
- Details of the local process that will inform the above – membership of steering and expert groups

Karen.burch@eastsussex.gov.uk
Vicky.finnemore@eastsussex.gov.uk

2. East Sussex Children and Young People's Plan 2008-11

The Children and Young People's Trust Executive Group takes an overview of work across the Partnership, ensuring priorities for improving outcomes for children and young people are clearly identified. The CYPP identified substance misuse as a key area alongside other risky behaviours including alcohol, mental health, sexual behaviour, physical health and smoking.

3. The Big Vote 2007[2]

The East Sussex Youth Cabinet consulted 12,000 young people in the county using the Big Vote and young people identified the following priorities:

- Places to go
- Things to do
- Stop smoking
- Drugs

4. East Sussex Demographics

East Sussex in Figures (ESiF) calculates that the population of East Sussex stands at 508,274 people[3].

Table 1: Population estimates by age

	Population All ages	0-15	16-29
Eastbourne	95598	16473	15850
Hastings	86219	16762	14181
Lewes	94480	16675	12609
Rother	88216	14575	10103
Wealden	143761	26765	17300
East Sussex	508274	91250	70043

The county has grown by 15,144 people (3.1%) since 2001; 6.4% in Eastbourne and 1.0% in Hastings

The ONS[4], using the 2001 census estimate that of the 10-19 age groups, 6.3% of young people are aged between 10-14 and 5.6%, aged between 15-19.

4.1 MOSAIC Profile

The use of Mosaic type profiling in the public sector is growing and can be helpful in establishing common characteristics of residents in an area, in the case of crime and disorder these can include how residents view their area/neighbours, common problems, view of the police, perceptions of crime and disorder and how they respond to various means of communication (posters, leaflets etc).

The Mosaic types identify groups of individuals and households that are as similar as possible to each other, and as different as possible to any other group. They describe the residents of a postcode in terms of their typical demographics, their behaviours, their lifestyle characteristics and their attitudes. The portraits have taken in account a wealth of information from the census and from non census sources available at postcode level, such as the electoral register, shareholder and directors' lists, house price data from the land registry and local levels of council tax. Information about health was sourced from Hospital Episode Statistics, and education data was sourced from the Pupil Level Annual School Census. This information is supplemented with information from market research surveys including the Target Group Index, MORI's Financial Services Survey, the National Readership Survey and the British Crime Survey. Additional environmental data was sourced from the Energy Saving Trust. The postcodes of those young people in contact with drug treatment services between the 1st April 07 and 14th July 08 were extracted and matched, where possible, with the Mosaic postcode level dataset. These were then used to create the maps and profile.

Compared to the national picture, East Sussex has high numbers of households classified as "Town Centre Refuge", with Hastings (21.98%) and Eastbourne (9.92%). A brief description of type 25 suggests that these people live in small basic flats they are usually rented in the private sector. People rarely stay long. The properties are often located in the poorer areas of seaside resorts which have a poor health record. Young, single adults are much more common, the vast majority of these people exist on very low incomes from employment in local services, particularly seasonal work in hotels and catering. Unemployment runs at high levels and many depend on benefits. The level of educational qualifications is low many adopt a life which is

removed from mainstream culture. Their attitudes and behaviours can be very complex. Some of these young people are driven solely by the need for economic survival but others are consciously inward looking, and there is a quest for meaning and purpose. Regarding health issues these people are fairly ambivalent to health issues. Smoking and drinking is part of the lives of many, but seldom to excess. Leisure pursuits are generally sedentary. It is not surprising that *Type D25* has wide ranging medical problems, not least relating to drug and alcohol abuse and to mental health.

5. Home Office Problem Drug User (PDU) Estimates

The University of Glasgow and National Drug Evidence Centre have produced a provisional estimate of the number of problem drug users in East Sussex using the 'capture-recapture' method. The estimate, based on data available for 2004/05 when the adult 'in treatment' population included 752 people, was that there were 1858 adults PDUs living in East Sussex. This estimate was revised using 2006 data to 1786 PDUs and to 1950 in a further revision[5]. The National Prevalence Study adopted the best estimates over 3 years and following a smoothing process, the estimates were 'bootstrapped' in order to derive the confidence intervals.

The final estimate is that there are 1865 PDUs living in East Sussex and the partnership has adopted this new estimate.

In this context, 'drugs' refers to psychoactive drugs including illicit drugs and non-prescribed pharmaceutical preparations. The 'in treatment' population will include people who are taking prescribed pharmaceutical preparations.

The needs assessment refers to the 'problem drug user' (PDU) population. The needs assessment has adopted the definition of a PDU used by Hay et al (2006)[6]: "Use of opiates and/or the use of crack cocaine."

The total PDU population will include people who have a recent history of problems, although currently controlled by engagement with drug treatment. This definition was used by Hay et al (2006) "because of practical difficulties in identifying problem users" of other drugs. It has been adopted here for the same reason.

Adopting a wider definition could provide a more accurate picture of current and future demand for services if prevalence data was available. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[7] defines problem drug use as "injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines". The needs assessment process is intended to be an iterative one.

The new Drug Strategy (2008) has placed community re-integration at the centre of work to reduce the harm problematic drug use causes to individuals, their families and the wider community.

6. Sussex Police Data about Availability Drugs

The East Sussex Strategic Intelligence Assessment (2008) reported that there has been no significant change in the UK, regional or local drugs markets. The UK continues to have class A drugs problems far in excess of most of our European partners. The current UK market is currently worth approximately £115 million: £75 million (2/3rds) of which is linked to the problematic drugs market. Heroin and cocaine continue to be readily available. This situation is not expected to change in the short to medium term. Dealing and usage. Further analysis of these incidents is planned over the coming months.

East Sussex Police produce a quarterly Drugs Market Profile using appropriate drug treatment data alongside crime data and the most recent report found that the nature of the drugs market within East Sussex Division continues to be geographically located within Hastings and Eastbourne Districts, although this does not mean that the other Districts do not have a drug problem but it is to a lesser degree. There are a smaller number of dealers who are supplying cocaine and other recreational drugs such as amphetamine, ecstasy and cannabis. Dealers in the rural Districts of Lewes, Rother and Wealden Districts are supplying a different type of market to that of Eastbourne, and Hastings.

7. Youth Crime Action Plan

The Youth Crime Action Plan (2008)[8] presents a comprehensive, cross-government analysis of young people and crime. The plan sets out a 'triple track' approach to tackling crime and outlines the three approaches; enforcement and punishment; prevention; and support. The Action Plan emphasises the importance of providing services to young people and to their families in a consistent way to identify and target support. The plan also emphasises the need for partnerships to work in an integrated way to ensure that Targeted Youth Support services are effective in relation to prevention.

The plan outlines the aim that is to fundamentally influence young people's behaviour and attitudes towards alcohol. This Plan balances the need to educate and inform with firm action to tackle unsupervised drinking by young people in public and secure higher standards from the industry. New measures include:

- new police powers to disperse under-18s who are drinking in public;
- making it an offence for under-18s to possess alcohol persistently in public places Through a scaled approach including confiscation, notification to parents, ABCs,
- Parenting Contracts and Orders, ASBOs and finally prosecution;
- extending alcohol arrest-referral pilots so that under-18s arrested for alcohol-related Offences may benefit from a brief intervention from a trained worker;
- prompt roll-out of 'Challenge 21' scheme;
- asking the Chief Medical Officer to develop guidelines on young people and alcohol – including when parents might best introduce children to alcohol;
- completing a review of alcohol education in schools to improve the information Young people receive and increase involvement of external agencies; and
- implementing a marketing campaign (£12.5m over three years) aimed at young People later this year on the harms of drinking.

A Youth Rehabilitation Order (RYO) to be introduced in Autumn 09 will include the use of an order for the young person to attend substance misuse treatment

7.1 Young people and crime

In East Sussex there was a year-on-year rise of 10% in the number of first-time entrants to the youth justice system between 2006/07 and 2007/08[9].

The most recent period for which re-offending data are available is one year old and demonstrates an overall reduction of 9% in re-offending by young people[10]. Detailed analysis shows that re-offending fell more sharply amongst the pre-court and first-tier cohorts but actually rose slightly amongst the community sentences and custodial cohorts. This is in line with regional and national trends[11].

In terms of breaking the cycle of offending data shows:

- There has been a significant improvement in performance over 2007/08 in the level of active engagement by young people in suitable full-time education, training or employment at the end of their YOT intervention, particularly amongst those of statutory school-age. Overall performance in the second half of the year was well over 70%.

- There continues to be a small but significant minority of young people (approx 10%) who are not in suitable accommodation at the end of YOT intervention.

We also know that in 2007 young people are at a higher risk of being victimised for a number of types of crime than the average population. A key area of risk being public place violent crime and personal theft. Although recent data does show a reduction in the number of young people who are victims of public place violent crime; by 35.2% from 2003/04 baseline to 2007/08.

A number of crime types show a tendency for young people under-17 years being recorded more frequently as victims and offenders.

7.2 Young people and anti-social behaviour

It is important to note that the reasons for AB/Signal Incidents being reported can vary. ASB encompasses a wide variety of behaviour and can also be dependant on people's perception of what is anti-social. Youth related complaints are the largest problem, though the data generally contains no specific information on ages, so the term youth needs to be interpreted with care.

40% (10,125 in total) of analysed incidents in the 12 month period from September 2007 to August 2008 contained some reference to young people. Youth related incidents were most frequent in terms of volume in Hastings and Eastbourne. However as a proportion of all ASB/Signal Incidents in each area Lewes and Wealden showed a greater level. The lower proportions in Hastings and Eastbourne may be seen as a consequence of a greater variety of ASB in these areas and perhaps a lower tolerance level in more rural areas.

National research evidences alcohol as a key factor behind night-time violence. In the recent British Crime Survey (BCS), victims of violent offences perceived offenders to be under the influence of alcohol in 45% of all violent incidents, particularly in relation to stranger violence, with 58% of offenders, believed to be under the influence[12]. Alcohol as recorded factor accounts for around 31.6% of all serious sexual offences[13]

7.3 Young people as victims

The peak age range for victims of assaults in the night time economy was broadly from 12-27 (56% of victims). The key victim age group overall was from 15-19 with a quarter of all recorded offences. All victims were male[14]

7.4 Impact of Domestic Violence on Children

- At least 750,000 children a year witness domestic violence. (Department of Health, 2002).
- Children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life. (Kolbo, et al., 1996; Morley and Mullender, 1994; Hester et al., 2000)
- Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs and 52% of child protection cases involving domestic violence. (Department of Health, 2002; Farmer and Owen, 1995)

7.5 Youth Justice and Substance Misuse

The U19s Substance Misuse Service (SMS) works closely with all statutory law enforcement agencies. Substance Misuse workers from the service have been based within the Youth Offending Team since April 2000. Assessments for all disposals from Final Warnings to Pre-Sentence Reports are provided to the YOT and Courts. Interventions are also available as custodial through care options or as license conditions. Workers from the U19s Service can also attend Prevent and Deter and PPO meetings to advise and provide swift responses to those identified as requiring an intervention.

East Sussex has secured a home office young person specific alcohol arrest referral pilot. The Under 19's SMS will employ the posts and work closely with the Police and YOT to deliver a new enhanced service to the custody holding centres in Eastbourne and Hastings. The service is increasingly requested to respond to the issue of alcohol related anti-social behaviour. This can be delivered via local area agreements with the police and community safety partnerships. For example, within the Eastbourne and Hastings areas, the service has been piloting the delivery of a partnership response aimed at targeting under age drinking. This service necessitates a police response to those young people who are stopped in a public place for the 1st time with alcohol entailing their return home to parents/carers with service information. On the 2nd occasion their details are passed to the U19s SMS and a letter is sent to their parents offering a targeted intervention. On the 3rd occasion, and ABC is proposed with a requirement to undertake an assessment and meet the recommendations from this for treatment/intervention.

Within Hastings area, this dovetails with an outreach project that delivers a 'hotspot' response to areas identified by the police and community groups where young people are congregating and consuming alcohol. These 'hotspots' are visited by U19s SMS staff and Youth workers who jointly deliver information and advice; harm minimization and brief interventions around alcohol and personal safety. What has become apparent from this service experience is that many young people require a more pro-active response to disengaged parents, often with substance misuse needs of their own. The outreach service currently lacks the capacity to respond to this area of need.
The existing East Sussex Police, YOT and DAAT strategic partnerships will also enhance the delivery of custody based arrest referral response. An adult arrest referral model is successfully operation and a voluntary sector commissioned service delivers a county wide responsible adult scheme within the two custody holding centres in Eastbourne and Hastings. The alcohol arrest referral model would replicate existing notification and initial response systems.

7.6 First Time Entrants - Youth Offending Team

(First Time Entrants (FTE) for the period 1st April 2004 to 31st March 2008 (less a small proportion of cases where there was a missing postcode).

Using in the region of 94% of the total cases, (as above), the numbers of FTE increased from 859 in 06/07 to 954 in 07/08 (there was a peak of 1009 in 05/06). 07/08 has seen 15 year olds enter the youth justice system in greater numbers than in any previous year. FTE are shown by gender in the following table.

Table 2: Four year breakdown by Gender

Gender	04/05	05/06	06/07	07/08
Female	259	315	241	343
Male	628	694	618	611
Female %	29.2%	31.2%	28.1%	36.0%
Male %	70.8%	68.8%	71.9%	64.0%

07/08 saw the closest ratio of females to males over the past 4 years. The chart below shows how the increase in overall FTE is related to the increase in female FTE. Numbers of male FTE actually dropped slightly in 07/08 against 06/07.

7.7 Arrest Referral

The elements

There are three elements of service provision that will be undertaken by the proposed arrest referral service. One relates to the delivery of services in the custody suite upon arrest and at follow up appointments. The service will also wherever possible incorporate a parental intervention including referral or signposting.

Another significant element of the proposal recognizes the need to deliver preventative services as early as possible to young people using alcohol or involved in anti social behaviour. The pre arrest opportunities that have presented themselves via a piloted joint police and substance misuse response within the urban areas; have frequently benefited from a more coercive approach to contact afforded by the ABC process. This pilot service would be rolled out across the County as good practice in all of the boroughs/districts and will enable us to improve our preventative response within the rural areas.

The arrest referral workers will also attend the 5 prevent and deter meetings across the county to ensure the "tracking" by all agencies of those young people who come into contact with the arrest referral service. The Prevent and Deter mechanism will be highlighted as the forum whereby Anti social behaviour contracts can secure an alcohol specific assessment and intervention via the arrest referral service.

The Custody Suite Process

The duty arrest referral worker will be contacted by the custody officer as soon as a young person is taken into custody, on any occasion where alcohol use is indicated in the offence. This initial contact would entail a discussion as to the appropriateness of an immediate response which would be informed by levels of intoxication or other offence or welfare considerations.

For those clients who will be bailed, an appointment would be provided, as part of the young person's conditional bail agreement, to meet with the alcohol arrest referral worker at the local Youth Offending Team offices on the next working day.

For those young people who will not be bailed, but released or receive a reprimand, the Arrest Referral worker will attend the custody suite to assess the young person prior to release. The worker will also check contact point (Children's Index) to ascertain any other agency involvement prior to undertaking their assessment and this would also enable follow up contact via another agency route.

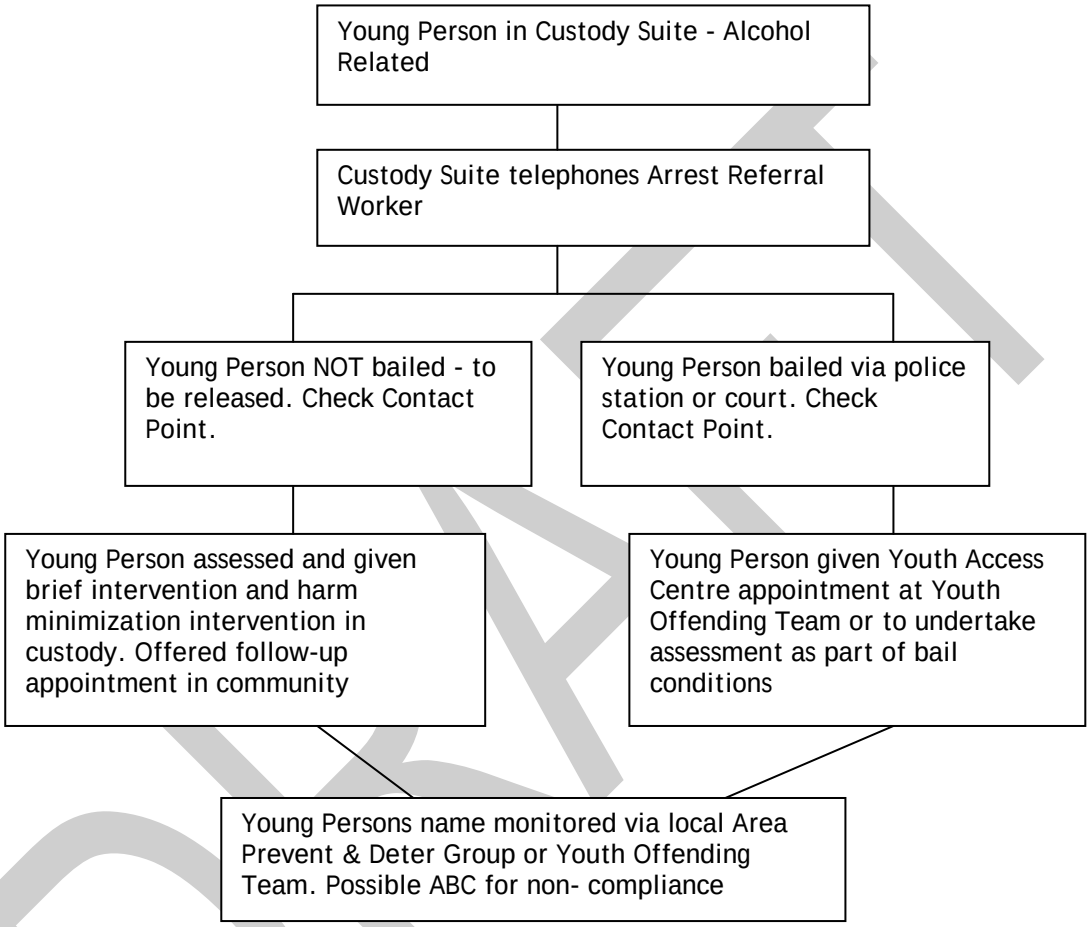
This model of service delivery would afford every arrested young person, the minimum of an alcohol brief intervention.

Within the commissioning and design of the East Sussex Substance Misuse Service and the Youth Offending Service, there is an expectation that the delivery of parenting interventions should be an element of the core service offer. There are also a range of existing targeted or intensive programs available to multiple risk parents or families within the safeguarding, youth justice or substance misuse settings. These services could

be important to deploy where an assessed need is identified and hence the proposed arrest referral service will be enhanced by a specific parenting intervention worker.

This post would be deployed on the identification by arrest referral workers or police, to parents whose circumstances require follow up support or a more pro-active response to engagement. The parenting worker could then deliver interventions as part of the young person's intervention plan, alongside other agencies or refer to a more appropriate family intervention service such as family group conferencing, parenting support or a family intervention programme.

b) Custody Cells Process Map



c) The initial appointment will be to undertake an initial assessment and deliver any immediate harm minimization/information required. The number of follow up appointments offered will be assessment led.

d) Responsible adults will/may receive an intervention in their own right from the arrest referral worker or the parenting worker if the parenting need is evident. Parents/Guardians/responsible adults maybe present if appropriate, the young person will be seen alone wherever possible. This will be guided by an assessment of the young person's age/competency.

e) The scheme and the interventions delivered will be informed by the individual assessment outcome. Levels of competency and literacy will be evaluated within the assessment and the intervention tailored to that of the individual young persons needs.
f) The existing U19's initial assessment tool does assess the impact that the young person's alcohol/substance misuse has on all areas of their lives, including offending. This assessment framework has been CAF process mapped and hence is a Children's Services approved specialist assessment tool.

g) The initial assessment tool provides a holistic assessment of need across all "every child matters" outcomes as required within the context of service delivery to young people. If ongoing intervention is

required a CAF would be undertaken at a later stage, should the treatment service assume a Lead Professional role.

h) The assessment will cover physical, sexual and mental health with fast track referral to specialist practitioners within the core service should a health related need be identified. This would entail a clinical service within 5 working days should a significant health need be identified.

I) Confidentiality and information sharing will be as per existing local service level agreements between partner agencies. All young people assessed will be made aware of the confidentiality policy and any information sharing agreements prior to undertaking an assessment.

j) Access to CAMHS for any identified mental health issues will be delivered by the CAMHS practitioners within the U19's Substance Misuse Service. Because of the multi-disciplinary profile of the team young people with mental health issues would be fast tracked to a CAMHS practitioner when assessed as requiring this service.

k) Arrest referral workers will assess all areas of need, according to their level of workforce competencies. Linking young people with other agencies and schemes; to address not only presenting issues but also encouraging access to diversion activities. The integration of all youth support services within East Sussex has enabled a seamless referral mechanism across agencies.

l) Arrest Referral workers will be employed and line managed by East Sussex U19's Substance Misuse Service to enable access to the range of multi-disciplinary specialists within that service. The workers will be located within the Youth Offending Team offices in line with the existing co-location arrangements for other substance misuse specialist staff.

m) All Arrest Referral workers will be able to demonstrate the 6 Every Child Matters workforce core competencies, listed below:

1. Effective communication and engagement
2. Child and young person development
3. Safeguarding and promoting the welfare of the child
4. Supporting transitions
5. Multi-agency working
6. Sharing information

Have at least 1 year experience working with vulnerable young people and additionally have skills matched to the worker role profile of a specialist drug and alcohol worker:

- Deliver specialist interventions in working with young people, including helping them to access learning, training and development opportunities (DANOS AK1/AK2);
- Work in consultation with the client to develop a care plan (DANOS AG2);
- Make use of specialist counselling skills, such as motivational interviewing (DANOS AD2);
- Assess children's and young people's use of substances and the effect of these on their lives (Youth Justice Board, B801);
- Enable children and young people to address their substance use (Youth Justice Board, B804);
- Model behaviour and relationships with children and young people, which recognize the impact of crime on victims and communities (Youth Justice Board, A410).

n) Child protection responses will be as per existing service Local Safeguarding Children's Board approved procedures.

o) Arrest Referral workers will be co-located within Youth Offending Teams ensuring that a strong substance misuse/criminal justice identity for the workers and the project is maintained. There would be an expectation that arrest referral workers could attend the 3 Youth Courts across the county if appropriate, as well as attendance at Referral Order Panels and the local area Prevent and Deter meetings.

The Arrest Referral workers will provide a day time and out of hours response to the 2 custody suites and 3 youth courts.

p) As in **1c** the roll out of alcohol interventions incorporated into Acceptable Behaviour Contracts is already underway. This will be increased by the attendance at Prevent and Deter meetings by Arrest Referral workers to inform those drawing up contracts to ensure alcohol related issues are addressed for those young people in particular who are not bailed by the Police or Courts.

Activity Forecast
During the period 01/10/2007 – 30/09/08 the Youth Offending Team completed 2352 ASSET's on each offence committed by a young person. Of this figure, 1507 scored 1 or above for substance misuse; indicating the use of alcohol and/or drugs in their offending profile.

During the period 01/04/07 – 31/03/08, of the 399 referrals received by East Sussex U19's Substance Misuse Service for treatment provision, 42.4% reported alcohol as their primary substance. Applying this alcohol related percentage to the 1507 YOT clients, would give a prospective number requiring the Arrest Referral service as 638.9.

The number of ABC's currently held across the county is difficult to measure. ABC's are undertaken by schools, individual Police Officers and Anti Social Behaviour Co-coordinators, some with input and support from the Youth Offending Team and Prevent and Deter groups. Co-ordination and consistency of response when the young person has an alcohol related need is an area of oversight currently required.

The Youth Offending Team forecasts that at any one time 10 would be held by each of the five local areas, each of which runs for six months. Allowing 20 for the year across each area this would give a total of 100 a year. A key part of the arrest referral work would also be the co-ordination of alcohol related ABC's and the appropriate use of this contract.

Section Two

8. Alcohol Misuse

Nationally the gender difference in alcohol consumption is narrowing as alcohol intake in girls is increasing faster than boys. A higher proportion of girls binge drink (drink more than 5 units of alcohol on a single occasion)[15]. Britain has one of the highest percentages of children consuming alcohol in the world[16]

The local profile of alcohol related harm in East Sussex can be assessed using a variety of information sources including:

8.1 The Local Alcohol Profiles for England highlighted the following:

- Hastings is ranked in the "worst" 3 local authorities in the South East for 10 of the 14 Local Alcohol Profile indicators.
- Eastbourne is ranked in the "worst" 3 local authorities in the South East for alcohol specific hospital admissions for people under 18 (both male and female).
- Rother records high rates for alcohol specific hospital admissions for females aged less than 18.

8.2 The Joint Strategic Needs Assessment of Children & Young People in East Sussex observed:

- Whilst drinking among young people in East Sussex is in line with national figures, higher numbers of young people in Eastbourne, Hastings and Rother present to A&E with alcohol related conditions than elsewhere in England or the South East. The A&E admissions data for 2007[17] showed the following in relation to admissions.

Table 3: A&E Admissions for East Sussex 2007

	Crude rate per 100,000 under 18 population	Number	
Eastbourne	142	79	Significantly worse than the national and regional average
Hastings	128	75	Significantly worse than the national and regional average
Lewes	34	20	Significantly better than the national and regional average
Rother	103	51	Significantly below the national average
Wealden	53	49	In line with the national and regional average
England	61	20121	
South East	57	3059	

- Figures also show a substantial reduction in 14-15 years ever having taken a drug, from 42% of boys and 45% of girls in 2004, to 25% of boys and 26% of girls in 2007 which is in line with the reduction nationally

8.3 The East Sussex Alcohol Strategy:

- Within East Sussex, peak times, locations and age ranges correlate with the night-time economy to a certain extent, though it is not possible to confirm this link due to the absence of data on a strategic level flagging alcohol as a motivating factor. However, Home Office research has identified alcohol as a factor in damage in general, with 32% of offenders aged 10 to 25 surveyed identifying themselves as being under the influence of alcohol when committing a criminal damage offence, with another 5% on drugs and alcohol and 4% on drugs only[4].
- 39% residents thought that drunken rowdy behaviour was a very or fairly big problem compared to 24% in 2003/04[5]
- Alcohol as recorded factor accounts for around 31.6% of all serious sexual offences[6], (42% in Eastbourne & 42.5% in Hastings). Where alcohol was a factor the age of victim was predominantly below 23 years. For male victims alcohol is listed as a factor in only 8% of offences, whilst for female victims this figure rises to 34%.

8.4 The Health Related Behaviour Survey 2007 reported:

- 39% of the 3908 respondents had drunk alcohol within 7 days of the survey.
- 8% of girls and 6% of boys had consumed more than 14 units of alcohol.
- Of those that had drunk in the 7 days, 1 in 5 reported that they had been drunk at least once.
- 19% of young people had obtained their alcohol from a family member, 15% from a friend and 12% got someone to buy it for them.
- A higher proportion of those who smoked had also drunk alcohol
- Of those who reported that they had been drunk within 7 days of the survey, the majority of those who had been drunk, reported that they had been drunk either 1,2 or 3 times in the last week
- 19% (284) reported that they had purchased their alcohol in a supermarket, off-licence, nightclub or pub
- 42% of pupils say if drinking was ever done at home it always took place with their parents knowledge
- 15% of pupils reported drinking outside in a public place

8.5 The 2007/08 East Sussex Children and Young Persons Substance Misuse Treatment Needs Assessment highlighted:

- Young people excluded from school are nearly twice as likely to drink regularly with over 50% drinking more than once a week [4]
- A higher proportion of offenders aged 12 to 17 are frequent drinkers (36%) compared to non-offenders (20%). However a clear and causal link between alcohol and offending behaviour is not supported by research. The overall research message is that alcohol use and offending have complex and sometimes shared roots, and can impact on each other in many ways [5]
- During 2007/08 there were 399 individual young people presenting to the Under 19s treatment service. 42.4% declared alcohol as their primary substance [6]

8.6 The Tell Us 3 survey September 2008 findings include:

- East Sussex has a better than national average rate of young people reporting no alcohol use
- East Sussex has a statistically significant, better than national average, reported delivery of alcohol advice and information
- East Sussex has a 1% worse than national average reporting of young people getting drunk once within the last 4 weeks

It is within the context of this profile of need that East Sussex has developed a specific joint agency Alcohol Strategy that incorporates a young people's chapter and is currently in the process of tendering for a refresh to the Alcohol Needs Assessment to further inform the local Strategy. This strategic planning reflects the arrival of the Youth Alcohol Plan and the need to ensure that services can respond to National Guidance and best practice principles.

The East Sussex Downs and Weald PCT and the Hastings and Rother PCTs annual reports[18] state that Britain has one of the highest rates of children consuming alcohol[19] and whilst the number of 11-15 year olds is decreasing, the report states that of those who do drink, drink more frequently, consume more alcohol and drink higher strength drinks. The reports found that Eastbourne showed a significantly higher number of young people presenting to hospital with alcohol specific conditions than elsewhere in England and further work was identified to determine the causes and effects of alcohol related hospital admissions and attendances.

We know in East Sussex as mentioned above that some areas in the county have a higher incidence of alcohol related hospital admissions yet an extremely low number of young people are referred to treatment by health. The Department for Children, Schools and Families (DCSF) announced that all Key Stage 1-4 state school pupils will received personal, social and health education (PHSE) that includes lessons on drugs and alcohol and sex and relationships, nutrition and personal finance[20]Messages in relation to prevention should be explored and it is anticipated that the Alcohol Needs Assessment being undertaken by Alcohol Concern for the PCTs will further address this particular issue.

9. Substance Misuse

The East Sussex Downs and Weald PCT and the Hastings and Rother PCTs annual reports[21] the links between substance misuse and suicide, depression, conduct disorders, educational problems and long term mental health. The link between cannabis misuse and mental health is also identified within the reports[22]. Whilst proportionately few young people misuse drugs, approximately 59% of the young people receiving treatment in East Sussex are misusing drugs and 41%, alcohol

The NTA[23] report that young people's substance misuse is markedly different to that of adults and that addiction to Class A substances is rare. Young people's treatment tends to focus more on psychosocial counselling based interventions, to address the underlying causes of substance misuse and behavioural consequences of misuse. The reports states that of all young people engaged in treatment during 2007/08, 51% were being treated primarily for cannabis misuse and 36% for alcohol. Local figures detailed below however show that of the young people receiving treatment in the county, 48% of young people declared cannabis and 44% young people declared alcohol as their primary substance. When including primary, secondary and tertiary substances locally, 73% declared cannabis and 73% declared alcohol misuse.

Nationally, the report states that 24,000 young people used specialist substance misuse services during 07/08 and show the comparison that 93,601 young people aged between 10 and 17 entered the criminal justice system for the first time in 07/08. In East Sussex during 2007/08, 954 young people entered the criminal justice system for the first time (First Time Entrants, FTE). The NTA recognise that a higher rate of substance misuse among those young people who offend, truant, and who have no job.

9.1 South East Public Health Observatory

Sepho produced a profile for young people in East Sussex using data submitted for 2007/08 looking particularly at young people aged 17 and under. Key findings show:

- East Sussex had 446 young people in treatment per 100,000 of the 0-17 year old population, higher than the South East rate of 172 per 100,000
- 7 young people in treatment were PDUs (problem drug users misusing opiates and/or crack)
- 72% states alcohol as either a primary, secondary or tertiary drug
- Less than 5 young people were injecting drug users

- 51% of young people were successfully discharged during 07/08
- 6010 young people were permanently or temporarily excluded from school in that period[24], higher than the South East average
- A higher proportion of Young people aged 15 and under when compared to the South were noted as having half days missed at school[25]
- A lower proportion of young people self referred to treatment than the South East
- Hospital stays due to drugs were higher in East Sussex than the South East

10. Tellus3 (2008)

This summary compares the results of the Tellus3 questionnaire from 2008 with the results of the Tellus2 questionnaire from 2007. The 2008 questionnaire includes new and slightly different questions though, so a direct comparison is not possible in every case. There has also been the introduction of new options within questions.

In the 2008 questionnaire, the children and young people responded more positively to being quite healthy most of the time. They also stated that the need for better information on eating healthy food, drugs and smoking was less. However, they did state that better information was required on sex and relationships.

There was an increase in them worrying about exams and their future, but a decrease in them worrying about money and friendships. They stated that they felt safer on public transport and going to and from school. When asked about how well their school deals with bullying, there is a big decrease in the very/quite well category and a large increase in not very/not at all well category. However there was also a small increase in the children and young people saying that bullying is not a problem in their school.

There were very positive results for the enjoying and achieving section, as there was an increase in them stating that they sometimes enjoy school and always try their best.

There was also an increase in the belief that their thoughts are listened to in the running of the school. However, when asked about the information and help they get to plan their future, there is a decrease in the numbers saying that it is good enough, and subsequently, an increase in young people saying that they need a lot more.

There was also an increase in young people thinking that safer roads and fewer young people hanging around would make the area that they live in a better place to live.

A comparison of the Tellus2 and Tellus3 surveys is summarised in the table here.

Table 4: Comparison of key tell us survey changes

		Tellus2	Tellus3
How healthy most of the time	Very healthy Quite healthy Not very healthy	34 52 8	30 58 10
Need **better** information on:	Alcohol Smoking Drugs Sex and relationships	24 26 29 30	21 20 24 38
Information is **good enough**	Alcohol Smoking Drugs Sex and relationships	76 74 71 70	74 75 71 56
How well school dealing with bullying	Very/quite well Not very/not at all well Not a problem	52 34 5	31 49 10

10.1 National Indicators Based on Tellus3 Results

A number of National Indicators take performance information from this survey:

- NI 50 emotional health of children

- NI 69 bullying
- NI 110 participation in positive activities
- NI 115 substance misuse by young people where a good score is higher.
- NI 199 satisfaction with play areas and a high score is good.

East Sussex scored higher than the South East and England in relation to NI 50, NI 110, higher than the South East on NI 115 and lower than the South East and England in relation to NI 199. For substance misuse, East Sussex was ranked 10th of 19 across the South East and a significant improvement for next year would be a 2.6% reduction against this years baseline of 10.7%. It should be noted that the Communities and Local Government Dept state that as there is considerable regional variation, the best performance will be where the prevalence rate reduces over time.

11. Teenage Pregnancy Conceptions Below Aged 18

The number of teenage pregnancy conceptions in East Sussex per 1,000 girls aged between 15-17 are reported 14-18 months behind. Between 2004 and 2006, East Sussex saw an increase between 2004 and the most recent figures available for 2006. Figures are shown in the table below.

Table 5: Teenage pregnancy conception rates per 1,000

	2003	2004	2005	2006
East Sussex	35.4	36.9	37.3	37.2

12. Young People NEET (Not in Education, Employment or Training)

The number of young people who are NEET across the county are shown in the table below.

Table 6: NEET in East Sussex

	2004/5	2005/6	2006/7	2007/8
Target	7.00	6.10	5.80	5.50
Actual	8.20	8.10	8.00	7.70

The target has not been achieved through 2005-2008 with an actual figure of 7.70 at the end of 07/08. Efforts to engage all relevant partners continues through the setting up of an 'Into EET Strategy Group' which has met 6 weekly to look more closely at particular vulnerable groups and what can be done to increase provision / remove any barriers. This has included young people with LDD, Young Parents, and homeless young people. A number of actions have been identified that are currently being implemented and impacted on NEET reduction.

13. Existing Service Delivery Models

The East Sussex Under 19's Substance Misuse Service is a Local Authority led multi-disciplinary team (based on the Youth Offending Team (YOT) model) that delivers specialist substance misuse services across the County. The service offers "Tiers 2 – 4 Provision" (Prevention – Treatment – Inpatient / short term residential provision), including an assessment, case work and lead professional function as well as direct access to a range of holistic specialist interventions.

The service operates a core and cluster model with front line workers co-located within vulnerable Children's Services such as the Youth Offending Team, Youth Support Teams, Youth Access Centres, Pupil Referral Units and Schools. The service is fully integrated within statutory Children's Services with the following multi - agency team of practitioners, working to one integrated management protocol with all statutory and voluntary agency agreement.

- CAHMS Consultant Psychiatrist
- 0.4 Psychiatrist (Substance Misuse Lead)
- 0.5 Clinical Lead Nurse Specialist RMN
- YOT Clinical Nurse Specialist RMN
- Substance Misuse Nurse RMN
- Vulnerable Young Persons Nurse Specialist RGN
- 0.4 Psychologist (Counselling/Forensic Psychology)
- 7.0 Caseworkers "co-located"

- 2.0 Connexions Intensive Personal Advisor's
- Senior practitioner
- Administrator
- Practice Manager

Specialist assessment clinics are delivered across the county within targeted young people's services. Two assessment clinics are delivered weekly within the Youth Offending Team in the East and West of the county. Clinical services, including specialist prescribing, are delivered from Youth Access Centres across the county and dispensing services are offered via supervised pharmacy contracts.

The service is predominantly a "referral in" service, recognizing that young people do not routinely identify their drug or alcohol use as problematic. There are also robust screening and identification mechanisms in place across Children's Services that utilise the assessment frameworks of targeted services. For example, any young offender that scores 2 plus on ASSET is automatically referred for a specific substance misuse assessment. Likewise, the Looked After Children's Independent Reviewing Officers generate a specific substance use question at every LAC review on all young people aged 11 plus. All substance related school exclusions receive a service within 5 days of notification and more recently the Education Welfare Attendance Panel process for school absence has routinely asked pupil, parent and school, whether substance use is an issue.

Alongside these targeted screening process' all vulnerable young peoples workers in East Sussex attend a level 1 and/or level 2 substance misuse training programme (compulsory for vulnerable young peoples services), delivered by the specialist service personnel.

The service also offers a duty system where an allocated worker is available to respond to enquiries from other agency practitioners or members of the public and to deliver rapid response services to specific groups of young people. There is also a nurse available to deliver a next working day response to any hospital admissions.

It is within the context of this specific model of substance misuse service delivery that East Sussex is recognized by the National Treatment Agency as a model of good practice and ongoing achievement in relation to meeting treatment targets. The service also reflects a high standard of integrated service delivery to its client group, as evidenced by the 2007 Joint Area Review and the YOT Inspection Report.

Section Three

14. National Drug Treatment Monitoring System Data

The following tables use data submitted to the NDTMS representing those in treatment during 1st April 07 and 14th July 08, using only the most recent treatment episode.

14.1 Access to Treatment

The number of young people in treatment during the year is shown in the following tables in the first, by LA where none of the 637 individuals had previously been in treatment either in East Sussex or elsewhere.

Table 7: Young people in treatment by LA

		Frequency	%
LA	Eastbourne	217	34.1
	Wealden	70	11.0
	Lewes	76	11.9
	Hastings	168	26.4
	Rother	106	16.6
	Total	637	100

217 (34.1%) of the young people lived in Eastbourne and 168 (26.4%) in Hastings. Young people living in rural areas are more widely represented than in the adult treatment population and the wider treatment criteria for the treatment of young people is also reflected in the figures here. A higher proportion of young people lived in the Rother area where 16.6% presented to treatment this year compared to 12.2% in the

last assessment. Fewer young people presented living in Hastings where 32% of those in treatment lived in the Hastings LA.

Table 8: Young people in treatment by gender

		Frequency	%
Gender	Female	248	38.9
	Male	389	61.1
	Total	637	100

The data shows that 69.2% of the treatment population is male and 30.8%, female and this is a similar proportion to that found in the last assessment, and different to the adult treatment population where a lower proportion are female.

The ages of individuals have been grouped into age ranges and are shown in the table below.

Table 9: Age range (at presentation to treatment)

		Frequency	%
Valid	11-15	331	52.0
	16-18	299	46.9
	19-21	7	1.1
	Total	637	100

52.0% of the individuals were aged between 11 and 15 when they first presented to treatment and were assessed and 46.9% were aged between 16 and 18 at the time of assessment. The 7 individuals aged 19-21 relate to service users who have a Care Leaver status and for whom Children's Service retain a statutory response to "advise, assist and befriend". They are also non opiate users and the design of young people's services is more appropriate to meet the needs of that group.

Ethnicity was declared in 85.2% of cases and where declared, 70.1% of the young people in treatment were recorded as White British, White Irish or Other White, compared to 93.9% of adults in treatment during the same period.

An NTA Treatment Plan target is that at least 90% of young people requiring specialist substance misuse treatment should be catered for in a young person's service and all young people starting treatment in the county have received treatment from the U19s SMS. At quarter 2 08/09, 100% of young people were appropriately in treatment with the young people's service.

14.2 Referral Pathways

The previous assessment identified referral routes into treatment from GPs, mental health services (particularly in the East of the county) as areas of concern in addition to the slightly lower proportion of referrals to treatment in Hastings from sources other than Education and the Youth Offending Team (YOT). Referrals to young people's treatment are shown in the table below and it should be noted that some referral sources were introduced to the NDTMS dataset in April 08 and therefore the data is not directly comparable to the last assessment.

Table 10: Referral source into treatment by LA

		Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Referral source	Youth Offending Team	75	57	24	31	19	206
	Probation	1	0	1	0	0	2
	Sentence Requirement	0	6	0	3	1	10
	Crime Prevention	1	0	0	0	1	2
	Education service	49	44	18	31	22	164
	Pupil referral unit	0	2	1	0	0	3
	Targeted Youth Support	0	1	0	0	0	1
	Employment Service	1	0	0	1	0	2
	Other	35	22	14	22	7	100
	Self	5	5	1	4	3	18
	Social Services	16	8	5	3	5	37
	Children and Family Services	2	0	0	0	0	2
	Community Care Assessment	0	0	0	0	1	1
	Connexions	11	11	5	4	6	37
	Looked After Children	3	3	3	2	0	11
	Drug service statutory	1	1	1	0	0	3
	Syringe exchange	3	0	0	0	1	4
	Psychiatry	4	4	1	1	1	11
	GP	2	1	0	3	2	8
	Drug service non-statutory	3	0	1	1	0	5
	Arrest referral/DIP	1	1	0	0	0	2
	A&E	4	2	1	0	1	8
Total		217	168	76	106	70	637

Having said that, an increasing proportion of referrals are received from the Youth Offending Team (YOT) where 32.3% of the referrals to the service were through the YOT this year compared to 28.6% in the last assessment. This time, the proportion of referrals from the YOT was 34.6% in Eastbourne and similar at 33.9% in Hastings.

A lower proportion of referrals were received through Education services where 26.2% of referrals were through that route, compared to 32.6% in the last assessment. In relation to the referrals received from Education services, the proportion was slightly higher in Hastings with 27.4% compared to 22.6% in Eastbourne.

Recommendation for further action
1. Investigate possible unmet needs regarding identification of substance misuse and subsequent referral in Hastings/St Leonards area and within the Lewes District Schools Consortium

Referrals to the service by GPs remains low with only 8 (1.3%) received here and 10 (1.8%) in the previous assessment. The number of referrals from A&E is particularly low (with 4 in Eastbourne, 2 in Hastings, 1 in Wealden and 1 in Lewes) given that the Local Alcohol Profile of England (LAPE) data shows a relatively high level of alcohol specific admission to hospital in the county, it is possible that this is due to a less than effective referral pathway, as indicated in the previous assessment.

As referred to above, the Joint Strategic Needs Assessment for Children & Young People in East Sussex found higher numbers of young people presenting to A&E in Eastbourne, Hastings and Rother with alcohol related conditions than elsewhere in England or the South East. Only 8 referrals were received by the U19s service.

- An NTA Treatment Plan target is that at least 20% of referrals to specialist substance misuse treatment should be referred by key services for vulnerable young people (Children and Families, Looked after Children and Education). In East Sussex, at quarter 2 08/09, 49% were referred through these pathways, achieving the target

- NTA Treatment Plan target is that all young people referred for specialist substance misuse treatment should have a comprehensive assessment undertaken within 5 working days of referral. At quarter 2 08/09, 100% of young people at quarter 2 had received a comprehensive assessment
- All young people in specialist substance misuse treatment should have a care plan specifically related to their substance misuse treatment needs within 2 weeks of treatment start. At quarter 2 08/09, 97% of young people starting in East Sussex had a care plan written before the end of the reporting period

14.3 Substances Misused

The primary substance of misuse is shown in the table below.

Table 11: Primary substance by gender

		Female	Male	Total
Primary substance	Heroin illicit	7	3	10
	Benzodiazepines	2	0	2
	Crack	0	2	2
	Cocaine unspecified	3	7	10
	MDMA	3	8	11
	Amphetamines Unspecified	1	1	2
	Nicotine	2	1	3
	Cannabis unspecified	9	16	25
	Cannabis herbal	27	66	93
	Cannabis resin	0	3	3
	Cannabis (skunk)	39	146	185
	Solvents unspecified	3	6	9
	Amyl nitrate	0	1	1
	Alcohol unspecified	103	72	175
	Beer or cider	4	27	31
	Wines and fortified wines	3	0	3
	Spirits	17	3	20
	Mixture of alcohol	25	27	52
Total		248	389	637

Overall, 281 (44.1%) young people declared alcohol as their primary substance, a 1.3% increase from the last assessment. 152 (61.3%) of the total females in treatment declared alcohol as their primary substance and 129 (33.2%) males declared alcohol as their primary substance.

In relation to cannabis overall, 306 (48.0%) declared cannabis (either specified or unspecified) to be their primary substance; of the total number of females, 75 (30.2%) declared that they used cannabis compared to a higher proportion of 231 (59.4%) of males.

A higher proportion of the total declaring cannabis are misusing skunk where 185 (60.5%) declared that they used skunk.

7 of the 10 heroin misusers were female. 2 individuals declared that crack was their primary substance, compared to 0 in the previous assessment.

Recommendation for further action
2. Undertake a qualitative analysis in relation to the initiation to alcohol misuse in the under 19s.

The primary substance is also shown by age group in the table below.

Table 12: Primary drug by age group

		11-15	16-18	19-21	Total
Primary substance	Heroin illicit	2	8	0	10
	Benzodiazepines	2	0	0	2
	Cocaine unspecified	3	7	0	10
	Crack	0	1	1	2
	MDMA	4	7	0	11
	Amphetamines Unspecified	1	1	0	2
	Nicotine	0	3	0	3
	Cannabis unspecified	11	14	0	25
	Cannabis herbal	60	33	0	93
	Cannabis resin	3	0	0	3
	Cannabis (skunk)	99	82	4	185
	Solvents unspecified	9	0	0	9
	Amyl nitrate	1	0	0	1
	Alcohol unspecified	93	81	1	175
	Beer or cider	11	19	1	31
	Wines and fortified wines	1	2	0	3
	Spirits	12	8	0	20
	Mixture of alcohol	19	33	0	52
Total		331	299	7	637

331 (52.0%) of the young people in treatment were aged between 11 and 15 and slightly fewer, 299 (46.9%) aged between 16 and 18 at the time of presenting to treatment. 137 (29.5%) of those aged between 11-16 were misusing cannabis (skunk).

Recommendation for further action
3. Review messages and communications regarding alcohol misuse, particularly in relation to the youngest group and parents. This will be undertaken in conjunction with locally joint commissioned Alcohol Concern needs assessment on young people and prevention.

In order to explore the types of primary substance misused by area, the same data is shown by LA in the table below.

Table 13: Primary drug by LA

		Eastbourne	Hastings	Lewes	Rother	Wealden	Total
Primary substance	Heroin illicit	3	6	0	0	1	10
	Benzodiazepines	0	0	1	0	1	2
	Cocaine unspecified	3	4	0	2	1	10
	Crack	0	1	1	0	0	2
	MDMA	4	2	3	1	1	11
	Amphetamines Unspecified	0	1	0	0	1	2
	Nicotine	0	2	1	0	0	3
	Cannabis unspecified	7	10	3	3	2	25
	Cannabis herbal	15	56	2	17	3	93
	Cannabis resin	2	0	0	1	0	3
	Cannabis (skunk)	78	27	31	16	33	185
	Solvents unspecified	2	1	2	3	1	9
	Amyl nitrate	0	0	0	0	1	1
	Alcohol unspecified	60	40	12	54	9	175
	Beer or cider	12	6	5	3	5	31
	Wines and fortified wines	2	0	1	0	0	3
	Spirits	9	2	4	1	4	20
	Mixture of alcohol	20	10	10	5	7	52
Total		217	168	76	106	70	637

A higher proportion of young people misusing cannabis (skunk), live in the Eastbourne area where there were 78 compared to Hastings, where there were 27. In Lewes and Wealden, there were also 31 and 33 reports of cannabis (skunk) respectively equating to 40.8% and 47.1% of the young people in treatment in those areas.

A higher percentage of young people reported misusing alcohol in Eastbourne, than Hastings with 47.5% and 34.5% respectively. We might have expected to see a higher number of young people in treatment in Hastings. The highest percentage of young people reporting alcohol misuse was in Rother with 59.4% of those in treatment.

Further recommendation for action

4. Implement the partnership approved referral/care pathway process to young people's substance misuse services, within Hospital Trusts
5. Provide a data overview regarding presentation of Under 20s drug related admissions to hospital in 2007/08 SEPHO report
6. Undertake analysis of possible treatment naive group within context of the alcohol arrest referral pilot project, particularly for Hastings/St Leonards resident young people.

The route of administration for the primary substance is shown in the table below.

Table 14: Route of administration of primary substance

		Frequency	%
Route of administration	Inject	2	0.3
	Sniff	14	2.2
	Smoke	307	48.2
	Oral	306	48.0
	Other	8	1.3
	Total	637	100

2 young people reported that they were injecting and 14 were sniffing their primary substance.

The NDTMS collect information about the age of first use which has been a mandatory field since April 2007. The data is shown in the table below.

Table 14: Age of first use

Age	Frequency	%
5	1	0.2
7	4	0.6
8	10	1.6
9	14	2.2
10	24	3.8
11	53	8.3
12	100	15.7
13	172	27.0
14	115	18.1
15	53	8.3
16	28	4.4
17	6	0.9
18	2	0.3
20	1	0.2
Missing	54	8.5
Total	637	100

Age of first use was declared in the majority of cases and where declared, the majority of young people reported that they used their primary substance between 12 and 14 (60.8%). This is a higher proportion than found previously however; the field is more highly populated following data an updating process. This is within the age range where most young people entered treatment indicating that young people are referred to treatment early in the drug misusing history.

Recommendation for further action

7. Update the local 2004 Drug and Alcohol Guidance in Secondary Schools in line with long awaited new school's guidance (September 2009 expected) and indicators given in the Sir Alan Steer report regarding access, support and referral to specialist services.

Secondary and tertiary substances misused are shown in the table below.

Table 15: Secondary and tertiary Substances

		Secondary	Secondary %	Tertiary	Tertiary %	Total
Substance	Missing or not declared	251	39.4	503	79.0	
	Benzodiazepines	1	0.2	2	0.3	3
	Amphetamines	6	0.9	9	1.4	15
	Cocaine unspecified	28	4.4	50	7.8	78
	Cocaine (freebase Crack)	4	0.6	2	0.3	6
	MDMA	12	1.9	32	5.0	44
	Nicotine	7	1.1	6	0.9	13
	Hallucinogens	0	0	2	0.3	2
	Cannabis unspecified	27	4.2	2	0.3	29
	Cannabis herbal	44	6.9	0	0	44
	Cannabis resin	7	1.1	0	0	7
	Cannabis herbal (skunk)	77	12.1	8	1.3	85
	Solvents unspecified	3	0.5	4	0.6	7
	Amyl nitrate	1	0.2	0	0	1
	Alcohol unspecified	70	11.0	9	1.4	79
	Beer or cider	43	6.8	5	0.8	48
	Spirits	16	2.5	1	0.2	17
	Wines and Fortified wines	1	0.2	0	0	1
	Mixture of alcohol	39	6.1	2	0.3	41
	Total	637	100	637	100	

A secondary substance was declared in 386 (60.6%) cases and a tertiary in 134 (21.0%) of cases but of course, there is not always an additional substance. In total (including the primary substance) there were a total of 10 reports of illicit heroin use and in total, 8 reports of crack misuse, representing no increase of crack use from previously.

There were 85 reports of cannabis (skunk) as secondary or tertiary substances in addition to the 185 reports as a primary substance equating to 42.4% of the young people in treatment misusing skunk.

Overall, combined reports show that

73.9% of young people reported misusing cannabis (all types)
73.3% of young people reported misusing alcohol
8.6% of young people reported misusing MDMA
13.8% of young people reported misusing cocaine

14.4 Parental Status

The NDTMS field relating to parental status became mandatory in April 2007 although the field had been completed in a number of cases before that time.

Table 16: Parental status

		Frequency	%
Parental status	Missing	27	4.2
	Children living with client	3	0.5
	Children living with partner	10	1.6
	Children living with other family member	5	0.8
	Children in care	6	0.9
	Client pregnant	7	1.1
	Other	14	2.2
	No children	565	88.7
	Total	637	100

The table shows that 7 young people were pregnant at the time they presenting to treatment and 3 young people were already parents with their children living with them. 5 young people had children living with other family members.

14.5 Looked After Children

The number of Children Looked After in East Sussex per 10,000 of the under 18 population shows a decrease between 2003/04 and 2007/08 which is shown in the table below.

Table 17: Children Looked After per 10,000 population under 18

	2003/04	2004/05	2005/06	2006/07	2007/08
East Sussex	43.7	44.3	43.9	42.5	42.4
England	55.2	55.1	54.6	54.6	54.1

The number of Children Looked After in East Sussex is lower than the rate for England during each year where the rate ws 54.1 in 07/08.

The screening and referral of looked after children to receive treatment services (for those who had been looked after for at least 12 months) is detailed in the table below together.

Table 18: Looked after children and substance misuse

	07/08 (- quarter 4)	Q1 08/09	Q2 08/9	Q3 08/09	Total YTD
The number of all children looked after for at least 12 months who were identified as having a substance misuse problem	39	12	12	16	40
The number of these children who received an intervention for their substance misuse problem during the year	31	10	11	14	35
The number of these children who were offered an intervention but who refused it	4	1	1	2	4

In 07/08 39 young people 'looked after for at least 12 months' were identified as having a substance misuse issue and year to date, 40 young people. In 07/08. 31 of these individuals received an intervention for their substance misuse issue and 4 young people declined an intervention. Year to date in 08/09, 35 young people received and intervention and 4 declined.

14.6 School Exclusions

In East Sussex during 07/08, there were a total of 4665 incidents of there being a fixed term exclusion, relating to 2261 children, representing a reduction from the previous 4 years.

Table 19: School Exclusions

	2003/04	2004/05	2005/06	2006/07	2007/08
Number of incidents	4678	5997	6372	5812	4665
Number of pupils	2398	2888	2937	2786	2261
Number of days lost	16900	19643	19749	16472	11053

There were 53 substance related fixed term exclusions from schools in East Sussex during 07/08 and 22 during the first half of 08/09. The table below shows the exclusions by LA.

Table 20: Substance related school exclusions

Area	07/08 (-Q4)		Q1 08/09		Q2 08/09		Total YTD	
	Fixed Exc	Perm Exc	Fixed Exc	Perm Exc	Fixed Exc	Perm Exc	Fixed Exc	Perm Exc
Eastbourne	6	0	0	0	3	0	11	0
Wealden	18	0	3	0	5	0	5	0
Lewes	8	0	0	0	6	0	1	0
Hastings	10	0	0	0	5	0	2	0
Rother	11	1	1	0	1	0	3	0
Total	53	1	4	0	20	0	22	0

Karen.burch@eastsussex.gov.uk
Vicky.finnemore@eastsussex.gov.uk

14.7 Dual Diagnosis

In April 07, the NTA introduced a field to relating to whether a young person was 'dual diagnosis' using the following definition:

> *'Is the client currently receiving care from mental health services for? Reason other than substance misuse? In relation to young people aged 16 Years or under 'mental health services; includes CAMHS as well as other Privately provided mental health services. In relation to young people aged 16 years plus, mental health services refers to any PCT/NHS provided mental health provision as well as other privately provided mental health services'*

Locally, adult treatment providers report that if the field were completed where mental health issues were identified locally and not subject to receiving treatment from mental health services, the proportion would be much higher than shown in the table below.

Compliance in relation to data collection for this field has improved since the last assessment with 370 (58.1%) responses. 43 (6.8) of those responses indicated that there was dual diagnosis.

This low return reflects Children's Services clinicians and practitioners reluctance to formally record a "dual diagnosis" as opposed to recording "emotional health and well being needs", which now more accurately reflect the NDTMS required data field. If the NDTMS language remains the same in 2008/09, practitioners will simply be asked to record information according by considering whether their client has any mental health needs.

Mental health is well addressed within the substance misuse service staffing profile with clinical leadership from senior nursing clinicians and dedicated Consultant Psychiatry and Psychology sessions. Given this level of expertise, mental health status is formally assessed following substance misuse assessment as part of the treatment plan. Evidenced by a recent inpatient analysis of under 20's in hospital wards, it was usually the case that these young people are not open to CAMHS at the point of substance misuse service involvement and their mental health status would therefore not be known at the point of substance misuse assessment.

"The recent Joint Area Review of Children's Services found a significantly high number of Under 20's with mental and behavioural disorders due to substance misuse being admitted to hospital from Eastbourne and Hastings. The Under 19s Substance Misuse Service (U19SMS) have identified increasing numbers of dual diagnosis, and worked with 16 cases in 2006. The concerning increase in heavy cannabis use and poly drug use and its impact on MH of young people is also echoed nationally."

"There have been numerous cases in children's services (e.g. CAMHS, U19s Substance Misuse Service) where clinicians have been reluctant to diagnose emerging personality disorder in a young person due to concern about 'labelling'. This has in turn led to a difficulty in developing appropriate care plans and/or securing appropriate transition to adult services"[26]

All young people for whom there is a any dual diagnosis indicated would be screened in relation to the complex case planning process, cross Children's Services, CAMHS and substance misuse services,

14.8 Injecting and BBV

There are a number of NDTMS fields that although mandatory, have not been formally recorded by the service given the delivery of local specialist young people's sexual health services has incorporated this agenda. This includes

- Hepatitis C intervention status
- Hepatitis B vaccination count
- Hepatitis B intervention status

The specialist U 19's service has recently appointed a designated nurse whose focus is upon young people at risk of sexual exploitation. This post delivers an enhanced sexual health service to young people and will receive additional training in 2008 that will enhance her competencies around Hep C and B interventions. All other service practitioners receive training relating to sexual health service delivery.

The number of young people misusing drugs that would be injected is low in relation to adult services. This is to be expected given the different substance misuse profile amongst young people as opposed to adults and with young people reporting less entrenched drug misuse across all substances.

1 young person stated that they currently injecting drugs at the point of assessment and 5 declared previously injecting. 3 young people stated that they had shared injecting paraphernalia.

Every young person receives harm reduction advice targeted and relevant to their drug or alcohol misuse. At the point of assessment, the needs and competency of each child is considered prior to harm reduction delivery; furthermore, parents and accommodation providers may be included in this delivery and are consulted where appropriate.

A new NTA Treatment Plan target is that all young people who have a history of injecting should be offered a personal Hepatitis C Test with appropriate pre and post test counselling. An 08/09 Treatment Plan objective is to train a nurse practitioner to deliver a Hepatitis C service and agree delivery protocol and service specification by September 2008. Data relating to this will be analysed at the year end to monitor progress further.

14.9 Discharges from treatment

The total number of episode discharges is shown in the table below by gender.

Table 21: Discharges by gender

		Female	Male	Total
Discharge reason	Treatment complete drug free	36	43	79
	Treatment completed	60	129	189
	Referred on	25	45	70
	Other	3	4	7
	Not known	0	1	1
	Dropped out/left	10	17	27
	Moved away	4	6	10
	Prison	0	5	5
	Treatment declined by client	2	12	14
	Appropriate treatment not available	5	15	20
	Inappropriate Referral	5	5	10
Total		150	282	432

The table above shows that 338 (78.2%) of the treatment episodes were discharged in a planned way (treatment completed drug free, treatment completed or referred on).

- An NTA Treatment Plan target is that at least 80% of young people should leave treatment in an agreed and planned way. At quarter 2 of 08/09, 73% of young people were discharged in a planned way

Previously, 48 discharges were recorded as 'other' and the data here reflect improved data recording processes and only 7 cases were recorded in that category, which might of course, reflect the true discharge reason. During 2008/09, in the region of 60 discharge reasons were introduced by the NTA for young people however, the entire young people's dataset has since been re-written and the categories again reduced.

A total of 70 young people were discharged as being 'referred on'. Since April 07, the numbers of discharges were significantly extended, providing information in relation to where the young people were referred to. In relation to quarters 2 of this year to date (first available reporting period), the onward referrals are summarised as:

Table 22: Onward referrals quarter 2 08/09

		Q2
Onward referral	Targeted youth support services	9
	Children looked after services	3
	Criminal justice service	20
	Health or mental health service	4
	Adult treatment provider	1
Total		37

Of 130 planned discharges in quarter 2, 37 cases were discharged as 'referred on'. The highest proportion of onward referrals was to the criminal justice service (YOT).

For the first time, the data shows the average duration of treatment for young people's treatment at the point of discharge and for the same period, the average for treatment for opiates or crack was 56 weeks, for alcohol, 14.7 weeks and for cannabis 16.7, weeks.

14.10 Discharges by referral source

Of the 138 discharges from treatment where YOT was the referrer, 88 (63.7%) completed treatment in a planned way, and 27 (19.6%) were discharged as referred on – most likely back to the YOT. Similarly, of the 129 discharges from treatment where Education was the referral 85 (65.9%) completed in a planned way and 18 (13.9%) were discharged as referred on.

Recommendation for further action

8. Undertake an analysis of treatment attrition within the Under 19's SMS

14.11 Interventions Provided by the Service

The NTA Treatment Plan target in relation to waiting times for treatment to start is that at least five interventions should be available, as defined in Essential Elements[27]. In East Sussex, treatment interventions[28] provided by the service include:

- YP psychosocial interventions
- YP harm reduction services
- YP criminal justice interventions
- YP work with parents and carers
- Specialist pharmacological interventions
- Access to residential rehabilitation services

An NTA Treatment Plan target is that all young people who are assessed as requiring specialist substance misuse treatment should commence treatment within 10 working days of the comprehensive assessment. Of the interventions that started at quarter 2 of 08/09,

94% of young people started psychosocial interventions
99% started harm reduction services
100% started family work, within 10 working days.

Since April 2007, exit reasons for treatment interventions became a mandatory field. The interventions that were discharged since April 2007 are shown in the table below.

Table 23: Intervention exits by gender

		Female	Male	Total
Intervention exit reason	Mutually agreed planned exit	134	233	367
	Clients unilateral unplanned exit	8	25	33
	Intervention withdrawn	1	2	3
Total		143	260	403

The total number of interventions that were discharged since April 2007 was 403 and 91.1% of the treatment interventions completed in a planned way (mutually agreed planned exit). 134 (93.7%) of females completed their intervention in a planned way and 233 (89.6%) of males.

14.12 Summary of National Drug Treatment Monitoring Data

- 34.1% of young people in treatment live in Eastbourne and 26.4% in Hastings
- A higher proportion (16.6%) live in Rother compared to last year (12.2%)
- 69.2% of those in treatment are male and 30.8% female
- 52% of young people were aged between 11 and 15 at the time of assessment
- An increasing proportion were referred to treatment by the YOT
- Very few (8) referrals were received from A&E
- Overall, combined reports of primary, secondary and tertiary substances show that
  73.9% of young people reported misusing cannabis (all types)
  73.3% of young people reported misusing alcohol
  8.6% of young people reported misusing MDMA
  13.8% of young people reported misusing cocaine

14.13 New Young People's NDTMS Core Dataset F

The NTA are introducing a new dataset with effect from 1st April 2009. The service use a module of the Children's Services Care First system, called Care Assess which was specifically written and introduced in order to meet the NDTMS dataset requirements. Year on year, as requirements have grown, the system in its current format has been untenable. In order to meet the core dataset F requirements, the module relating to substance misuse is being re-designed. The end result will be a system that more easily allows workers to manage the treatment journey, from initial referral, through the assessment and care planning process, including the Treatment Outcomes Profile requirements, through to discharge. It is intended that the new system is in place for 1st April 2009 however the changes to the dataset are significant and whilst every effort will be made to ensure a straightforward change to the new version, the NDTMS will be updated throughout the process.

15. Young People Aged 19-25

The need to introduce intensive treatment for young adults in the early stages of their treatment journey particularly the 'follow up' of clients who are not attending appointments or who are showing signs of dropping out of treatment was highlighted in the previous adults and young people's assessments. Data for the younger 19-25 year old group, relating to adult treatment, is explored in this section.

Table 24: 19-25 by gender

		Female	Male	Total
	Older	314	764	1078
	Aged 19-25	99	127	226
Total		413	891	1304

There were 226 young in the 19-25 group, proportionately, the age group accounts for 17.3% of the adult 'in treatment' population. 99 (43.8%) of the group are female, proportionately higher than the wider group, where 31.6% were female.

In the wider group, 42% had lived in Eastbourne and 38% in Hastings, whereas in this group, 52% were in Eastbourne and only 25% in Hastings, so proportionately higher in Eastbourne.

Substances declared are shown in the table below.

Table 25: Primary, Secondary and Tertiary substances

		Primary	Secondary	Tertiary	Total
	Alcohol unspecified	4	2	1	7
	Amphetamines Unspecified	3	3	2	8
	Anti-depressants	0	3	5	8
	Benzodiazepines Unspecified	4	12	16	32
	Buprenorphine	2	4	2	8
	Cannabis Herbal	6	3	2	11
	Cannabis Herbal (Skunk)	6	1	2	9
	Cannabis Oil	0	0	0	0
	Cannabis resin	0	2	1	3
	Cannabis unspecified	12	13	15	40
	Cocaine Freebase (Crack)	7	39	16	62
	Cocaine unspecified	26	10	2	38
	Diazepam	1	1	1	3
	Dihydrocodeine	0	5	3	8
	Heroin illicit	135	8	1	144
	MDMA	1	2	3	6
	Methadone unspecified	17	21	4	42
	Naltrexone	0	0	0	0
	Other Opiates	2	2	3	7
	Poly Use - No details	0	0	0	0
	Solvents unspecified	0	0	0	0
	Temazepam	0	1	0	1

- 144 (63.7%) of the group declared their primary substance to be heroin, proportionately similar to the wider adult group at 67.6%
- 32 (14.2%) declared that they used benzodiazepines as a primary, secondary or tertiary drug which is comparable to the wider group
- 63 (27.9%) of the group declared cannabis compared to 22.2% of the wider group
- 38 (16.8%) declared cocaine compared to 10.8% of the wider group

15.1 Discharges for 19-25 year olds

Of the 226 cases, 93 (41.2%) have been discharged, compared to 34% of cases being discharged in the larger group.

Table 26: Discharge reasons

		Frequency
	Treatment completed drug free	10
	Treatment completed	10
	Treatment withdrawn	0
	Referred on	8
	Dropped out left	48
	Moved away	1
	Prison	12
	Died	0
	Other	1
	Treatment declined by client	3
Total		93

20 (21.5%) of cases completed in a planned way, compared to 25.5% of the wider group completing in a planned way. 48 (51.6%) of this group were discharged as 'dropped out/left' compared to 42.8% of the larger group.

Table 27: Duration of treatment of discharged cases

		Frequency
	0 to 1 year	90
	2 to 3 years	3
	4 to 5 years	0
	6 to 10 years	0
	11 + years	0
Total		93

90 (96.8%) of those cases discharged were people leaving treatment in less than 1 year compared to 90.8% of the larger group.

15.2 Summary – 19-25 year olds

- A higher proportion of this group is female when compared to the in treatment population
- A higher proportion live in Eastbourne than Hastings – compared to a higher proportion of the larger group who live in Hastings
- 63.7% declared heroin as their primary substance – lower than the larger group
- A higher proportion declared that they used cannabis than the larger group
- A higher proportion declared that they used cocaine than the larger group
- A higher proportion of cases in this group have been discharged
- Slightly lower proportion completed treatment in a planned way
- A higher proportion of this group were discharged as 'dropped out/left' than the larger group

With effect from 1st April 2009, the new Hastings and Rother Community Substance Misuse Service (H&RCSMS) propose to deliver services in a radically different way, ensuring that under-represented groups, including young adults are retained in treatment. The model includes explicit focus on outreach delivery, offender engagement, keyworking, a care planning as recommended in the NICE[29] guidelines.

Recommendation for further action
9. Ensure that the service delivery process in Eastbourne Downs and Weald also prioritises the 19-25 year old group

16. Case Audit

During 2008 a number of case audits were undertaken by staff from Childrens Services and from the DAAT. A number of issues were highlighted, in particularly, the difficulties faced in trying to interrogate the electronic case management system, Care Assess. It was possible for workers to record action plan reviews under the case diary on the system and thus require manual sorting of each note. The action plan reviews were in the main present and addressed the appropriate issues whilst being completed in the incorrect part of the system. Staff training has been undertaken in order to address that issue.

A further issue identified is the need to record the lead professional role and ensuring that the records are Common Assessment Framework compliant. However this has to some extent been address in relation to the new NDTMS Young People's dataset being introduced in April 2009 where this will be a mandatory data field.

Recommendation for further action
10. Ensure ongoing case file audit within service by CSD and DAAT representatives

16.1 Treatment Outcome Profile (TOP) Review Exceptions

Case planning falls within the Children's Services review process. A care plan review reminder process will be included in the re-design of the case management system which will ensure that workers conduct the TOP review at the appropriate time. The NTA analyse the NDTMS data submitted and provide DAATs with local exception reports in relation to treatment start TOPs, Review TOPs and Exit TOPs – which are required for each young person aged 16 or older.

The exception reports produced by the NTA show the number and proportion of TOPs that should have been completed but have not, and the number and proportion completed within the guidance (there are specific timeframes for each TOP). The most recent exceptions data for 1st October – 21st December 08 showed that:

- Treatment start TOPs – there were 18 new treatment journeys (for yp aged 16 or over), so 14 TOPs were expected - 14 were actually completed, achieving a 77.8% completion rate. All TOPs were completed within guidance. Performance was better than for the South East.
- Care plan review TOPs – 8 reviews were expected (for yp aged 16 or over) and 0 review TOPs were completed – worse than the South East
- Treatment exit TOPs – 0 planned exits (of yp aged 16 or over) so 0 TOPs were expected in this period

Discussions with the expert group highlighted particularly that care plans have historically met with Children's Services care plan review schedule and that the electronic reminder in the case management system is expected to go some way to resolving this issue.

1. Implement the new electronic recording frameworks within the Under 19's SMS – assessment (including NDTMS), care planning, clinical assessment and planning, TOPs and CS review and lead professional process recording.

Recommendation for further action

11. Implement the new electronic recording frameworks within the Under 19's SMS – assessment (including NDTMS), care planning, clinical assessment and planning, TOPs and SC review and lead professional process recording.
12. Further training in relation to NDTMS and system changes will be provided during the coming months for the treatment provider
13. Further reviews of TOP exception data will be produced to the U19 SMS on a quarterly basis for the Children's Services Operations Manager – Specialist Services for overview with the treatment provider

17. Key questions about access to treatment

17.1 What does the expert group know about the pattern of use of substances by young people in the local area?

The expert group are aware from Under 19's Treatment data, Tell US 3 Data, the Sepho report 07/08, Local Alcohol Profile data, Health Related Behaviour Survey and the ES Joint Strategic Public Health needs assessment that Alcohol misuse is a significant issue within East Sussex. This issue has a direct correlation to local Teenage Pregnancy rates, offending and anti social behaviour amongst young people and certainly admissions to local Accident and Emergency Services.

Cannabis use is the second primary drug of choice in East Sussex and the preferred use of skunk, is possibly impacting upon the local drug related Hospital admissions for the Under 20's. However, the data relating to hospital admission requires further investigation as there is no local data available relating to the profile of individual admissions.

Other Class A misuse remains fairly static and in line with the National picture for young people.

Hastings/St Leonards area appears to be under reporting referrals into treatment. There was a dip in referral numbers within 07/08 to that of 168 amounting to 26% of referrals into treatment, opposed to 177 in 06/07 period equating to 31.7% of total referrals into treatment. However, the referral sources have been more varied in the last 15 month period, with referrals not being dependent upon YOT and Education screening.

A further noteworthy factor around referral source is that Education service referrals are significantly lower in Lewes District than other areas per school population, with only 4 more referrals than a local young person's Housing provider. However, this profile of relative low need is not reflected in the school's consortium concerns about drug taking in secondary schools.

17.2 Do the appropriate relationships exist and function between specialist substance misuse treatment services with mainstream and targeted children's services?

The East Sussex Specialist Substance Misuse Service is a Children's Service led, multi disciplinary team, co-located in vulnerable children's services, that works across the targeted to specialist service spectrum. The service falls within the integrated area children's services management structure and as such substance misuse is addressed within the same annual service improvement plan as safeguarding and youth support.

Front line practitioners are based within a range of vulnerable young people's teams for example the YOT, Youth Support Teams, Youth Access Centres, Pupil Referral Units and Schools. Furthermore, there are five youth access centres for vulnerable young people across the county. The U19 SMS delivers sessions in each of the access centres and has workers co-located in three of the five centres. The multi-disciplinary staff team work to one integrated management protocol that has been profiled within the DfES Every Child Matters as good practice examples under 'effective integrated working'[30].

There is one service specification that includes a prescribing protocol and clinical guidelines. The 2007 NICE guidance has been reviewed and the clinical guidelines were updated in 2008 although there was no service delivery impact relating to the existing clinical guidelines for the U19 SMS.

Service level agreements and referral pathways are sometimes specific to certain vulnerable groups as they utilise the referring agency assessment format for screening purposes. For example, YOT/ASSET and Connexions/APIR. The service also utilises the Common Assessment Framework and the single plan/lead professional process when appropriate to service criteria thresholds.

17.3 Are young people mainly accessing young people appropriate services? Does this proportion need to change to reflect relevant guidance?

As evidenced by the NDTMS referral source information and specific target reporting for Looked After Children/Care Leavers, Young Offenders and school excluded the U19's works very effectively across the statutory recorded vulnerable groups of young people. There is also evidence of a good cross section of urban and rural area referrals as well as diversity of groups.

However, health referral sources of young peoples into treatment are under reporting, including GPs, Hospitals and in contrast with some authorities, CAMHS as shown in table 11 above. The relative small referral numbers from CAMHS reflects the integration of CAMHS clinicians within the Under 19's service structure and that non health sector universal services are effective at screening substance misuse needs directly to the right service and frequently refer dual mental health and substance needs to the Under 19's for initial assessment.

17.4 Are there clear and appropriate referral and care pathways and protocols in place, and are they fully implemented and working?

The U19's SMS has been included in the process mapping undertaken for the Common Assessment Framework (CAF). The screening and referral form is part of CAF practice. Free and often mandatory training for all young people's agencies in level 1 and 2 competencies incorporates the screening and referral process into the specialist service. A specific care pathway is in place with specific vulnerable groups such as YOT. There is evidence of improvement in the Connexions and Looked After Children (LAC) screening and referral processes. County PCT Hospital Trusts are not regularly screening and rarely refer which conflicts with LAPE data regarding the high numbers of Under 18's presenting as alcohol related hospital admissions. The Expert Group Discussion supported a focus on the above areas in relation to 08/09 planning. Since this date a new multi agency care pathway has been agreed with Hospital Trusts, PCT and CAMHS. All alcohol admission notifications will go via the new self harm referral pathway instead of being notified to school nurses. A new dedicated band 5 nurse will screen for substance misuse/mental health and follow up all alcohol related admissions. Care Pathway attached.

Pathways are in place within Childrens Services division and seem to be working well. However, the number of referrals originating in the Hastings area has reduced again, contradicting other sources of drug/alcohol

needs assessment data. The effectiveness of screening by targeted services in Hastings/St Leonards requires review and evaluation.

17.5 Are specialist substance misuse treatment services appropriately publicised and known about in mainstream and targeted services?

The Under 19 SMS has a co-located workforce within targeted young people's services. Service literature and publicity exists within these services as well as universal provision such as schools. Specialist service personnel are the training providers of the whole county, cross agency level 1 and 2 courses. Youth access provision accommodates specialist service workers and clinical sessions.

The drug and alcohol education guidance requires updating within secondary schools in 09/10 in line with the new, updated and currently awaited national drug and alcohol education guidelines. The new guidance will need to reflect the preliminary findings of the Sir Alan Steer report regarding the publicised service offer and clear explanation of how to gain access to specialist substance misuse services. There are some recently identified problems regarding service publicity and access to support services within the Lewes District schools consortium that needs to be urgently addressed.

17.6 Are there appropriate care pathways to residential provision where this might be required?

The Under 19's SMS applies a whole system response to substance misuse needs, including access to Tier 4 services outlined within the service specification. The service utilises Tier 4 inpatient mental health services where a co-existing mental health problem exists and shares the same referral pathway as Tier 3 CAMHS, who also share the lead consultant psychiatrist post. Only where there is not a co existing mental health need would the Tier 4 admission be within local authority looked after children's services for under 16's with Tier 3 intensive support for the placement; Under 16's inpatient detoxification provision has been accessed within paediatric services or for the 16 plus alcohol inpatient detox via Eastbourne clinic, with an individually tailored contract and Tier 3 "in reach" support in every instance. Decision making regarding Tier 4 provision is currently being made using the joint children services and health "complex case planning" process. The U19 SMS in 07/08 placed 1 alcohol inpatient detox for an 18 year old and 1 dual diagnosis 14 year old within Tier 4 children's mental health residential provision. Both are now living with parents in the community, the 14/15 year old transferred to the early intervention in psychosis team.

18. Summary of Key Findings

18.1 Summary of prevalence of problematic substance misuse by young people in the partnership area

- 42.4% of the young people in treatment declared that they are misusing cannabis (skunk)
- A higher proportion of females (61.3%) declared alcohol as their primary substance compared to (33.2%) males declared alcohol as their primary substance
- A higher proportion of the total declaring cannabis are misusing skunk where 185 (60.5%) declared that they used skunk

Overall, combined reports of primary, secondary and tertiary substances show that

- 73.9% of young people reported misusing cannabis (all types)
- 73.3% of young people reported misusing alcohol
- 8.6% of young people reported misusing MDMA
- 13.8% of young people reported misusing cocaine

18.2 Summary of the changing trends of substance misuse by young people

Alcohol and Cannabis remain the primary substances of choice amongst young people within East Sussex. Regarding Alcohol there is a clear preference amongst young women and skunk is increasingly the choice of cannabis type.

18.3 Treatment system for young people

- A higher proportion of referrals are received from the Youth Offending Team (YOT) where 32.3% of the referrals to the service were through the YOT this year compared to 28.6% in the last assessment
- East Sussex is a pilot area for the Home Office alcohol arrest referral scheme – 4 new workers will provide out of hours responses and early intervention to Hastings and Eastbourne custody suites. Pre Court and Diversion opportunities will be the focus of the project. Early intervention and better screening for alcohol related behaviour/disorder should impact upon treatment numbers and may

provide us with an interesting treatment naive client sample, particularly in the Hastings/ St Leonards area.

- A higher proportion of referrals were received through Education services where 26.2% of referrals were through that route, compared to 32.6% in the last assessment
- Proportionately, referrals from health remain low
- Proportionately to other needs assessments, Hastings/St Leonards referral numbers remain low

18.4 Summary of the characteristics of met and unmet need for young people

There is good screening and referral mechanisms across Children's Services – both within universal and targeted services. There is a full range of interventions that are quality assured and young person focussed. Treatment provision available within reasonable timescales and retention and discharge rates are also positive.

There are possible discrepancies between need and referral rates within the Lewes District Schools and the Hastings/St Leonards area. This will require further exploration in 09/10.

Under 18's Alcohol related admissions to hospital remains an area of significant concern. The forthcoming implementation of a new referral/care pathway which is embedded within Hospital procedures and sits alongside an access point to CAMHS services, should address this issue. A dedicated nurse has now been appointed to work in the new virtual self harm team, co located in CAMHS. Referral data by QTR2 09/10 should show a change in referral numbers from Hospital Trusts.

The reported SEPHO data for drug related admissions into hospitals also requires some follow up investigation regarding profile of young person and need.

18.5 Identify points of attrition for young people from the specialist treatment system

This will form a focus of work for 09/10.

18.6 Identify the 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

Better screening/referral by Health sector services and more consistent identification within some districts could result in greater opportunities for early intervention, particularly in relation to alcohol misuse.

18.7 Summary of the key priorities identified as part of the partnership strategy, the current needs assessment and desired treatment outcomes

1. Investigate possible unmet needs regarding identification of substance misuse and subsequent referral in Hastings/St Leonards area and within the Lewes District Schools Consortium.
2. Undertake a qualitative analysis in relation to the initiation to alcohol misuse in the under 19s.
3. Review messages and communications regarding alcohol misuse, particularly in relation to the youngest group and parents. This will be undertaken in conjunction with the locally joint commissioned Alcohol Concern needs assessment on young people and prevention.
4. Implement the partnership approved referral/care pathway process to young people's substance misuse services, within Hospital Trusts.
5. Data overview regarding presentation of Under 20's drug related admissions to hospitals in 2007/08 SEPHO report.
6. Undertake analysis of possible treatment naive group within context of the alcohol arrest referral pilot project, particularly for Hastings/St Leonards resident young people.
7. Update the local 2004 Drug and Alcohol Guidance in Secondary Schools in line with long awaited new school's guidance (September 2009 expected) and indicators given in the Sir Alan Steer report regarding access, support and referral to specialist services.
8. Undertake an analysis of treatment attrition within the Under 19's SMS.
9. Ensure that the service delivery process in Eastbourne Downs and Weald also prioritises the 19-25 year old group
10. Ensure ongoing case file audit within service by CSD and DAAT representatives.
11. Implement the new electronic recording frameworks within the Under 19's SMS – assessment (including NDTMS), care planning, clinical assessment and planning, TOPs and CS review and lead professional process recording.
12. Further training in relation to NDTMS and system changes will be provided during the coming months for the treatment provider.

13. Further reviews of TOP exception data will be produced quarterly for the CS Operations Manager – Specialist Services for over view with treatment provider.

18.8 Do the key priorities support deliver of PSA 14?
The focus on alcohol this year reflects the recent Youth Alcohol Plan publication, local evidence of need and the associated East Sussex Young Person's Planning focus on reducing Teenage Pregnancy, the Neet agenda and improving school attainment. You will note that the well regarded local substance misuse service provider has co-located resources from Connexions, Sexual Health and Youth Support Services – the reason being that of identification of additional needs within the substance misuse client cohort and the engagement and retention skills of the service provider.

18.9 Do the key priorities included improving clinical governance and audit arrangements across the young people's treatment system
The treatment provider has co-located CAMHS and adult psychiatry clinicians within the service specification. Robust clinical guidelines have been in place since for a long time and were updated in 2008. The implementation is monitored by the clinical lead nurse as part of case audit process.Case file audit is a joint process undertaken with Senior Managers from Children's Services; an audit tool is in place.

18.10 Do the key priorities include continuing implementation of the 2007 clinical guidelines?
As Above.

18.11 Do the key priorities include improving workforce competence in line with the 2007 clinical guidelines?
The East Sussex Under 19's SMS has a multi disciplinary workforce, subject to professional competencies update/registration needs and common core standards as outlined in the East Sussex training strategy for working with young people and substance misuse. Professional supervision and CS line management supervision are provided across the workforce, including psychiatrists and psychologist.

18.12 Do the key priorities include the provision of timely, complete and accurate returns to NDTMS?
Updates to the integrated electronic recording systems used by the treatment provider are required to ensure NDTMS compliance with new data set. Given the use of the Children's Services electronic integrated system there are some limitations on historic data item reporting such as ethnicity and hepatitis.

18.13 Are the key priorities identified appropriate, relevant and adequate for the needs of the partnership area
The partnership is comparatively advanced in relation to the integration of the substance misuse agenda within Children's Services. Hence we are taking a more detailed look during 2009/10 at possible faults within existing screening and referral pathways into treatment. For this purpose we have identified possible treatment naive populations, particularly in Hastings/St Leonards, within hospital admission cohorts and Lewes District Schools. Within the implementation of the new accident and emergency referral pathway and alcohol arrest referral pilot we will have access to a new mechanism of early identification of potential problematic use.

18.14 Are there any critical priority areas missing?
The drug related admissions into hospital as identified by the SEPHO report may identify a treatment naive group that we are yet to address. Analysis of this data by the Public Health Team should better inform our knowledge and response.

[1] National Treatment Agency (1/10/08) *Young people's specialist substance misuse treatment: Needs assessment good practice guidance* available at www.nta.nhs.uk
[2] For further information see www.myspace.com/youthcabinet
[3] East Sussex in Figures *Datasets: Population Estimates 2001/2007* (accessed online 02/10/2008) available at: http://www.eastsussexinfigures.org.uk/webview/index.jsp?study=http%3A%2F%2Fesfigures01s.escc.gov.uk%3A80%2Fobj%2FfStudy%2F157&cube=http%3A%2F%2Fesfigures01s.escc.gov.uk%3A80%2Fobj%2FfCube%2F157_C1&mode=cube&v=2&top=yes
[4] ONS 2001 Census
[5] NTA available at www.nta.nhs.uk
[6] Hay, G., Gannon, M., MacDougall, J., Millar, T., Eastwood, C. and McKeganey, N. (2006) *Local and National Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use (2004/05)* in Singleton, N., Murray, R. and Tinsley, L. (Editors) (2006) *Measuring different aspects of problem drug use:*
[7] See http://www.emcdda.europa.eu/
[8] Home Office (2008) *Youth Crime Action Plan* available at http://www.homeoffice.gov.uk/documents/youth-crime-action-plan/
[9] Youth Justice Planning Tool 2008/09 England
[10] Youth Justice Planning Tool 2008/09 England
[11] Youth Justice Planning Tool 2008/09 England
[12] Crime in England and Wales, 2007/08 HO, p76
[13] Serious Sexual Offences include he following: Rape, Sexual Assault on a male, Sexual Assault on a female, Causing sexual activity without consent and Sexual activity etc with a person with a mental disorder. Only where the victim is aged 16 years and over, as per the national performance indicator definition found at http://www.communities.gov.uk/documents/localgovernment/pdf/963006.pdf
[14] East Sussex Partnership Strategic Intelligence Assessment (November 2008, unpublished)
[15] Hebbell B, Andersson B, Bjarnasson T, Ahlstrom S, Balakireva O, Kokkevi A, Morgan M. The ESPAD Report 2003. Alcohol and Other Drug Use among Students in 35 European Countries. Stockholm: Modin Tryck AB 2004.
[16] Currie C, Roberts C, Morgan A et al Eds: Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. World Health Organisation, Health Policy for Children and Adolescents No.4 2004. Available at URL: http://www.euro.who.int/youthhealth/hbsc/20030130_2
[17] Children and Young People's Needs Assessment – 2006/07 and 2007/08 Hospital Episode Statistics
[18] *The Health and Wellbeing of Children and Young People in NHS* East *Sussex Downs and Weald and NHS Hastings and Rother* 2008/09 Director of Public Health Annual Report
[19] Currie, C. Roberts, C. Morgan, A et al Eds: *Young People's Health in Context. Health Behaviour in School-aged Children (HBSC) study: International Report from the 2001/2002 Survey.* World Health Organisation, Health Police for Children and Adolescents No. 4 2004. Available at http://www.euro.who.int/youthhealth/hbsc/20030130_2
[20] Drink & Drugs News *Government to Widen Drugs Education in Schools* November 2008 available at www.drinkanddrugs.net
[21] *The Health and Wellbeing of Children and Young People in NHS* East *Sussex Downs and Weald and NHS Hastings and Rother* 2008/09 Director of Public Health Annual Report
[22] CMO Report 2007
[23] NTA *Getting to Grips with Substance Misuse Among Young People: The Data for 2007/08* available at www.nta.nhs.uk/publicaitons
[24] DCSF (2007) Permanent and Temporary School Exclusions
[25] DCSF 2006/07 I% Unauthorised Half Days Missed
[26] East Sussex Joint Commissioning Strategy for Adult Mental Health (ages 16-64 years) 2008 (unpublished)
[27] Young People's Substance Misuse Treatment Essential Elements, NTA London 2005 – www.nta.nhs.uk
[28] For a full description of all interventions, please refer to Models of Care for Treatment of Adult Drug Misusers: Update 2006 available at http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_update_2006_moc3.pdf
[29] Department of Health (2007) *Drug Misuse and Dependence UK Guidelines on Clinical Management* accessed online, available at http://www.nta.nhs.uk/areas/Clinical_guidance/clinical_guidelines/docs/clinical_guidelines_2007.pdf
[30] Every Child Matters (July 2007) *Effective Integrated Working* available at http://www.everychildmatters.gov.uk/resources-and-practice/G00260/ (accessed 16/1/08)

Partnership name

East Sussex

Part 2
Young people's specialist substance misuse treatment plan 2009/10
Planning grids

Planning grid 1: Commissioning and system management

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

1. The integration of the new NDTMS data fields and implementation of an updated assessment and electronic recording framework is a priority target for commissioning and system management purposes. This will afford not only NDTMS reporting but also meet the needs of Children's Services Quality Assurance and case management expectations.

2. Establish new arrest referral pilot service. Monitor and Review.

3. Implement new accident and emergency care pathway. Monitor and Review.

The partnership is comparatively advanced in relation to the integration of the substance misuse agenda within Children's Services. Hence we are taking a more detailed look during 2009/10 at possible faults within existing screening and referral pathways into treatment. For this purpose we have identified possible treatment naive populations, particularly in Hastings/St Leonards, within hospital admission cohorts and Lewes District Schools. Within the implementation of the new accident and emergency referral pathway and alcohol arrest referral pilot we will have access to a new mechanism of early identification of potential problematic use. We will use these new points of screening to identify areas in which young people's substance misuse is remaining unidentified or not referred.

The expert group are aware from Under 19's Treatment data, Tell US 3 Data, the Sepho report 07/08, Local Alcohol Profile data, Health Related Behaviour Survey and the ES Joint Strategic Public Health needs assessment that Alcohol misuse is a significant issue within East Sussex. This issue has a direct correlation to local Teenage Pregnancy rates, offending and anti social behaviour amongst young people and certainly admissions to local Accident and Emergency Services.

Cannabis use is the second primary drug of choice in East Sussex and the preferred use of skunk, is possibly impacting upon the local drug related Hospital admissions for the Under 20's. However, the data relating to hospital admission requires further investigation as there is no local data available relating to the profile of individual admissions. Other Class A misuse remains fairly static and in line with the National picture for young people.

Hastings/St Leonards area appears to be under reporting referrals into treatment. There was a dip in referral numbers within 07/08 to that of 168 amounting to 26% of referrals into treatment, opposed to 177 in 06/07 period equating to 31.7% of total referrals into treatment. However, the referral sources have been more varied in the last 15 month period, with referrals not being dependent upon YOT and Education screening.

A further noteworthy factor around referral source is that Education service referrals are significantly lower in Lewes District than other areas per school population. With only 4 more referrals than a local young person's Housing provider. However, this profile of relative low need is not reflected in the area school's concerns about drug taking.

The East Sussex Specialist Substance Misuse Service is a Children's Service led, multi disciplinary team, co-located in vulnerable children's services, that works across the targeted to specialist service spectrum. The service falls within the integrated area children's services management structure and as such substance misuse is addressed within the same annual service improvement plan as safeguarding and youth support.

Front line practitioners are based within a range of vulnerable young people's teams for example the YOT, Youth Support Teams, Youth Access Centres, Pupil Referral Units and Schools. Furthermore, there are five youth access centres for vulnerable young people across the county. The U19 SMS delivers sessions in each of the access centres and has workers co-located in three of the five centres. The multi-disciplinary staff team work to one integrated management protocol that has been profiled within the DfES Every Child Matters as good practice examples under 'effective integrated working'[i].

There is one service specification that includes a prescribing protocol and clinical guidelines. The 2007 NICE guidance has been reviewed and the clinical Guidelines were updated in 2008 although there was no service delivery impact relating to the existing clinical guidelines for the U19 SMS. Service level agreements and referral pathways are sometimes specific to certain vulnerable groups as they utilise the referring agency assessment format for screening purposes. For example, YOT/ASSET and Connexions/APIR. The service also utilises the Common Assessment Framework and the single plan/lead professional process when appropriate to service criteria thresholds.

As evidenced by the NDTMS referral source information and specific target reporting for Looked After Children/Care Leavers, Young Offenders and school excluded the U19's works very effectively across the statutory recorded vulnerable groups of young people. There is also evidence of a good cross section of urban and rural area referrals as well as diversity of groups. However, health referral sources of young peoples into treatment are under reporting, including GPs, Hospitals and in contrast with some authorities, CAMHS as shown in table 11 above. The relative small referral numbers from CAMHS reflects the integration of CAMHS clinicians within the Under 19's service structure and that non health sector universal services are effective at screening substance misuse needs directly to the right service and frequently refer dual mental health and substance needs to the Under 19's for initial assessment.

The U19's SMS has been included in the process mapping undertaken for the Common Assessment Framework (CAF). The screening and referral form is part of CAF practice. Free and often mandatory training for all young people's agencies in level 1 and 2 competencies incorporates the screening and referral process into the specialist service. A specific care pathway is in place with specific vulnerable groups such as YOT. There is evidence of improvement in the Connexions and Looked After Children (LAC) screening and referral processes. County PCT Hospital Trusts are not regularly screening and rarely refer which conflicts with LAPE data regarding the high numbers of Under 18's presenting as alcohol related hospital admissions. The Expert Group Discussion supported a focus on the above areas in relation to 08/09 planning. Since this date a new multi agency care pathway has been agreed with Hospital Trusts, PCT and CAMHS. All alcohol admission notifications will go via the new self harm referral pathway instead of being notified to school nurses. A new dedicated band 5 nurse will screen for substance misuse/mental health and follow up all alcohol related admissions. Care Pathway attached.

Pathways are in place within Childrens Services division and seem to be working well. However, the number of referrals originating in the Hastings area has reduced again, contradicting other sources of drug/alcohol needs assessment data. The effectiveness of screening by targeted services in Hastings/St Leonards requires review and evaluation.

The Under 19 SMS has a co-located workforce within targeted young people's services. Service literature and publicity exists within these services as well as universal provision such as schools. Specialist service personnel are the training providers of the whole county, cross agency level 1 and 2 courses. Youth access provision accommodates specialist service workers and clinical sessions.

The drug and alcohol education guidance requires updating within secondary schools in 09/10 in line with the new, updated and currently awaited national drug and alcohol education guidelines. The new guidance will need to reflect the preliminary findings of the Sir Alan Steer report regarding the publicised service offer and clear explanation of how to gain access to specialist substance misuse services. There are some recently identified problems regarding service publicity and access to support services within the Lewes District schools consortium that needs to be urgently addressed.

The Under 19's SMS applies a whole system response to substance misuse needs, including access to Tier 4 services outlined within the service specification. The service utilises Tier 4 inpatient mental health services where a co-existing mental health problem exists and shares the same referral pathway as Tier 3 CAMHS, who also share the lead consultant psychiatrist post. Only where there is not a co existing mental health need would the Tier 4 admission be within local authority looked after children's services for under 16's with Tier 3 intensive support for the placement; Under 16's inpatient detoxification provision has been accessed within paediatric services or for the 16 plus alcohol inpatient detox via Eastbourne clinic, with an individually tailored contract and Tier 3 "in reach" support in every instance. Decision making regarding Tier 4 provision is currently being made using the joint children services and health "complex case planning" process. The U19 SMS in 07/08 placed 1 alcohol inpatient detox for an 18 year old and 1 dual diagnosis 14 year old within Tier 4 children's mental health residential provision. Both are now living with parents in the community, the 14/15 year old transferred to the early intervention in psychosis team.

Alcohol and Cannabis remain the primary substances of choice amongst young people within East Sussex. Regarding Alcohol there is a clear preference amongst young women and skunk is increasingly the choice of cannabis type.

A higher proportion of referrals are received from the Youth Offending Team (YOT) where 32.3% of the referrals to the service were through the YOT this year compared to 28.6% in the last assessment

East Sussex is a pilot area for the Home Office alcohol arrest referral scheme – 4 new workers will provide out of hours responses and early intervention to Hastings and Eastbourne custody suites. Pre Court and Diversion opportunities will be the focus of the project. Early intervention and better screening for alcohol related behaviour/disorder should impact upon treatment numbers and may provide us with an interesting treatment naive client sample, particularly in the Hastings/ St Leonards area.

A lower proportion of referrals were received through Education services where 26.2% of referrals were through that route, compared to 32.6% in the last assessment

Proportionately, referrals from health remain low

Proportionately to other needs assessments, Hastings/St Leonards referral numbers remain low

The reported SEPHO data for drug related admissions into hospitals also requires some follow up investigation regarding profile of young person and need.

Better screening/referral by Health sector services and more consistent identification within some districts could result in greater opportunities for early intervention, particularly in relation to alcohol misuse.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 1 – To successfully implement system changes and new service development areas

a- Update Care Assess system to meet NDTMS and Children's Services needs.

b - Establish new arrest referral pilot service. Monitor and Review.

C - Implement new accident and emergency care pathway. Monitor and Review.

Delivery Plan:

Actions and milestones – objective 1	By when	By whom
a - Revise reporting assessment and recording frameworks	March 09	CS Business Analyst Team/Service Manager/DAAT perf mgt team

Build revised templates into electronic system; include Children's Index and Lead Professional status. Monitor and review revised system against qtrly data reports. b – Implement as per project proposal – service level agreement, delivery plan, recruitment, steering group establishment, reporting and monitoring, review, evaluation.	April 09 Ongoing 09/10 April 09- set up tasks completed June 09 monitor/review March 10 - evaluation	CS business analyst team KB/VF VF/U19'S MGT TEAM/home office/Justine Armstrong
c – Implement new A and E care pathway Establish alcohol component of new virtual self harm team within CAMHS Quarterly review of activity – analysis of possible treatment naive population	May 09 May 09 Ongoing 09/10 monitoring	Self Harm steering group MM/Hospital liaison HV/ CAMHS General manager VF/KB

Expected outcomes:

a. NDTMS reporting

Children's Services case management needs met including Lead Professional recording and Children's Index (contact point) linkage

b. – Arrest Referral pilot implementation and evaluation

c - Greater numbers of referral from Health sources, examination of previously potential treatment naive population?

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:

49% (quarter2 08/09) of referrals to the Under 19s SMS are made by children and family services, achieving the annual target of 20%. 100% of young people are in appropriately in treatment with the young people's service where targeted and universal services have support mechanisms to ensure appropriate re-referrals are made on identification of need.

The service introduced a 'pre-assessment' status within the case management system for those young people not 'treatment ready' at the point of referral to enable assertive outreach delivery. All young people are comprehensively assessed within 5 days of referral (at quarter 2 08/09) and 97% of young people have a care plan specifically related to their substance misuse treatment needs within 2 weeks of treatment start. Treatment is generally started within 15 working days of referral.

Good screening mechanisms across Children's Services – both within universal and targeted services. There is a full range of interventions that are quality assured and young person focused. Treatment provision is available within reasonable timescales and retention and discharge rates are positive. There are possible discrepancies between need and referral rates within the Lewes District Schools and the Hastings/St Leonards area. This will require further exploration in 09/10.

Under 18's Alcohol related admissions to hospital remains an area of significant concern. The forthcoming implementation of a new referral/care pathway which is embedded within Hospital procedures and sits alongside an access point to CAMHS services, should address this issue. A dedicated nurse has now been appointed to work in the new virtual self harm team, co located in CAMHS. Referral date by quarter 2 09/10 should show a change in referral numbers from Hospital Trusts.

The reported SEPHO data for drug related admissions into hospitals also requires some follow up investigation regarding profile of young person and need.

The specialist U 19's service and PCT sexual health service, is currently recruiting a designated nurse whose focus is upon young people at risk of sexual exploitation and enhanced risk of teenage pregnancy. This post delivers an enhanced sexual health service to young people and will have enhanced competencies around Hep C and B interventions. All other service practitioners receive training relating to sexual health service delivery.

The number of young people misusing drugs that would be injected is low in relation to adult services. This is to be expected given the different substance misuse profile amongst young people as opposed to adults and with young people reporting less entrenched drug misuse across all substances.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 2

Address actual or potential screening and referral deficits within the following sectors/ agencies:

Hastings/St Leonard's area

Hospital Trusts

Lewes District schools

Delivery Plan:

Actions and milestones	**By when**	**By whom**
Investigate possible unmet needs regarding identification of substance misuse and subsequent referral in Hastings/St Leonards area by examining previous treatment naïve groups referred via arrest referral and hospital accident and emergency care pathway.	March 10	KB/VF
The Lewes District Schools Consortium will be given a refreshed service offer to encourage screening and referral	September 09	U19's Mgt Team/ VF/PSHE advisory team
Undertake a qualitative analysis in relation to the initiation to alcohol misuse in the under 19s.	March 2010	Karen Burch
Implement the partnership approved referral/care pathway process to young people's	May 2009	ES Self Harm steering

substance misuse services, within Hospital Trusts		group – RG/CAMHS chair.
Data overview regarding presentation of under 20's drug related admissions to hospitals in 2007/08 identified by SEPHO	July 09	PCT Public Health Analysts

Expected outcomes:

Referral date by quarter 2 09/10 should show a change in referral numbers from Hospital Trusts and Lewes District Schools.

Objective 3

Review messages and communications regarding alcohol misuse, particularly in relation to the youngest group and parents. This will be undertaken in conjunction with the locally joint commissioned Alcohol concern needs assessment on young people and prevention. This will consider the forthcoming Youth Alcohol Action Plan and the forthcoming update to the Schools Drug and Alcohol Education Guidance.

Actions and milestones	**By when**	**By whom**
Support and consider the findings of the Pct commissioned alcohol related needs assessment process.	August 2010	Alcohol Strategy group/ YP perf mgt group/ CS expert group.
Update ES Alcohol Strategy regarding young people in conjunction with YAAP and new schools drug and alcohol guidance.	January 2010	Justine Armstrong/VF
Update Drug and Alcohol Education Guidance in schools in conjunction with new National guidance.	Within 6months of publication.	Marilyn Stephens/PSHE and HS Team.
Consider and review impact of new care pathway for alcohol related admissions upon screening process' and referral numbers	March 2010	KB/VF – yp perf mgt group
Consider and review impact of new alcohol arrest referral pilot upon screening process' and	March 2010	KB/VF – yp perf mgt

referral into treatment		group

Objective 4: **Update the electronic case management system to incorporate NDTMS Core Dataset F**		
Actions and milestones	**By when**	**By whom**
Implement the up-grade to the recording frameworks within the Care Assess system to include assessment (including NDTMS dataset) care planning, clinical assessment and planning, TOPs and Children's Services review and lead professional process recording	April 09	CS Business analyst team/Karen Burch (Safer Communities Team, ESCC)
Provide further training in relation to NDTMS dataset, particularly in relation to TOPs and care plan review process	April 09	**CS business analyst team/** Karen Burch/NDTMS
Review implementation of new system management via NDTMS data reports, CS case audit and Children's Index reporting.	Qtrly to 2010	**KB/VF**

Expected Outcomes:
Successful extraction of core dataset submission and Improved data quality in relation to NDTMS submissions

Children's Services case management standards met, linkage to Children's Index assured.

Planning grid 3: Treatment System Delivery

Identification of key priorities following needs assessment relating delivery of young people's specialist substance misuse treatment services:

The East Sussex Specialist Substance Misuse Service is a Children's Service led, multi disciplinary team, co-located in vulnerable children's services, that works across the targeted to specialist service spectrum. The service falls within the integrated area children's services management structure and as such substance misuse is addressed within the same annual service improvement plan as safeguarding and youth support.

Front line practitioners are based within a range of vulnerable young people's teams for example the YOT, Youth Support Teams, Youth Access Centres, Pupil Referral Units and Schools. Furthermore, there are five youth access centres for vulnerable young people across the county. The U19 SMS delivers sessions in each of the access centres and has workers co-located in three of the five centres. The multi-disciplinary staff team work to one integrated management protocol that has been profiled within the DfES Every Child Matters as good practice examples under 'effective integrated working'[ii].

There is one service specification that includes a prescribing protocol and clinical guidelines. The 2007 NICE guidance has been reviewed and the clinical guidelines were updated in 2008 although there was no service delivery impact relating to the existing clinical guidelines for the U19 SMS.

Service level agreements and referral pathways are sometimes specific to certain vulnerable groups as they utilise the referring agency assessment format for screening purposes. For example, YOT/ASSET and Connexions/APIR. The service also utilises the Common Assessment Framework and the single plan/lead professional process when appropriate to service criteria thresholds.

The service has a service user group meet that meet approximately 3 times per year. The agenda for this period of user consultation should include treatment attrition, alcohol prevention and treatment naive groups.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 5

Establish whether a young people's treatment naïve group exists within the context of the alcohol arrest referral pilot project and alcohol related admissions into accident and emergency, particularly for Hastings/St Leonard's resident young people.

Ensure service user consultation informs analysis of engagement, prevention and attrition.

Delivery Plan:

Actions and milestones	**By when**	**By whom**
Analyse service activity and service user profile across the 2 new areas of targeted service delivery within police custody and accident and emergency provision. Service evaluation required.	Ongoing reporting April/May 2010 evaluation	KB/VF/u19's mgt Team.
Consult with service user group – treatment attrition, alcohol prevention and treatment naive groups	X3 by March 2010	U19's/KB

Expected outcomes:

Informed analysis of potential treatment naive group, attrition and prevention with future needs assessment planning to address.

Planning grid 4: Leaving specialist treatment

Identification of key priorities following needs assessment relating to young people leaving specialist substance misuse treatment services:

A high proportion of young people leave treatment in a planned way and since the introduction of the new NDTMS discharge reasons in April 08, the onward referral routes are becoming clearer within the data. For YOT and for Education referrals into treatment, between 14-20% are discharged from treatment and referred back to the referral source.

The Under 19's SMS is integrated within Children's Services and therefore access to mainstream and targeted children's services is not encountered as a problem and where it is, complex case planning is deployed.

The retention of 19 plus in treatment is poor in comparism with other treatment cohorts, especially with adult focussed services.

Note: Please cut and paste the objective, actions and milestones boxes, and number objectives to allow for the full range of objectives required by the partnership plan.

Objective 6

Improve the proportion of young people completing treatment in a planned way to 80%

Better retention and engagement of young adults 19 plus.

Delivery Plan:

Actions and milestones	By when	By whom
Undertake an analysis of treatment attrition within the Under 19's SMS	August 09	Karen Burch
Improve in relation to completing treatment exit TOP forms for young people leaving treatment	June 09	Mark Menning Service Manager

Monitor and review service activity within East Sussex commissioned services to ensure prioritisation of the 19-25 year old group	Qtrly – March 2010 reporting	Jason Mahoney adult service commissioning manager

Expected outcomes:

Improved planned discharge rate

Better retention and engagement of young adult populations within treatment.

[i] Every Child Matters (July 2007) *Effective Integrated Working* available at http://www.everychildmatters.gov.uk/resources-and-practice/G00260/ (accessed 16/1/08)

[ii] Every Child Matters (July 2007) *Effective Integrated Working* available at http://www.everychildmatters.gov.uk/resources-and-practice/G00260/ (accessed 16/1/08)

Scrutiny Review – Alcohol Misuse Amongst Young People
Appendix 2

	Recommendations	Director's response and action plan	Timescale	Update
R1	**East Sussex County Council to:** **Voice its concern to Central Government and the Local Government Association regarding the mixed messages being given out at a national level about alcohol and ask that it be addressed;** **Recommend that Central Government reconsider the way in which 24 hour drinking is marketed and implement tighter controls on the advertising and marketing of alcohol (to more closely align them with those now applied to smoking); and** **Recommend that, as part of the marketing campaign highlighted in the 'Safe. Sensible. Social. Strategy', Central Government uses British sports stars taking part in the 2012 British Olympics as a platform to promote an anti-alcohol misuse message.**	Agreed. The Director would support any efforts to highlight the problems and potential harms associated with alcohol misuse. As the local area partners can evidence a whole systems response to this agenda as outlined in the report, with examples below. The National Youth Alcohol Action Plan is due to be published this month. The aim of this publication is to reduce the impact of alcohol on young people and families. This is expected to provide guidance as to how to reduce the levels of youth drinking via a range of communication and intervention approaches. Targeted responses at particular groups or via specific agencies are proposed. The government has said the plan will look at alcohol education in schools, tackle parental alcohol misuse and consider the case for further action on alcohol advertising. There are no current 24 hour licensed premises in East Sussex. Safer Communities Partnership unaware of any new applications. Test purchasing continues to be delivered in partnership with the five CDRPs/Sussex Police who have carried out a number of test purchasing operations in pubs, clubs and off licences across the county during the last 12 months. Trading Standards have also carried out a number of test purchasing operations, again in partnership with the CDRPs across the county. The 'Challenge 21' campaign was rolled out during the period where all purchasers must look as though they are 21 or ID can be requested by the retailer and this has been a successful campaign.	New central planning guidance expected in Spring 08. East Sussex will respond with local planning to National Guidance = expected timeframe for submission **June 2008**. Test purchasing ongoing 08/09. September 08 report on communications activity.	***A timescale delay in National publications have impacted upon all timescales.*** ***The recent arrival of draft guidance and communications will enable stakeholders to deliver consistent and targeted information to young people, parents and professionals.*** ***The safer communities partnership in conjunction with Children's Services are now planning responses to the new national guidance***

		The Health Related Behaviour survey (2007) and research conducted by the U19's SMS/YDS/Police seem to suggest that young alcohol drinkers either getting their alcohol from home or by using proxy purchasing. A communication campaign over the coming months will aim to use press releases and other means to relay that particular message to parents. Role models are often accepted by young people as an effective means of communicating messages.		
R2	**That the PSHE Team assist and encourage schools to put in place a system for obtaining feedback from young people on a regular basis to assess their views on the quality of the alcohol lessons that they receive. This information would then be used by schools, the PSHE Team and the Neighbourhood Schools Team at Sussex Police to ensure that individual classroom lessons on alcohol misuse continue to remain as effective as possible as trends and attitude to alcohol change over time.**	Agreed. Service user feedback is an important component of evaluation. In the recent Health related behaviour survey the feedback from14/15 year school's group, was generally positive about the quality of the PSHE sessions. However, given that this is only a 4 year survey, the PSHE service will facilitate additional opportunities for feedback and submit an annual report to the Drug and Alcohol Action Team on this issue. The PSHE and Healthy Schools team currently convene termly local Drug Action Consortia network meetings with secondary PSHE coordinators. This forum can be used to review and develop the current systems used to obtain feedback from young people about their D/A education. The team will be launching its new D/A Education Planning Tool in September 08 and this will provide additional impetus to this monitoring process. All secondary schools already evaluate their PSHE programmes and collect student views, and therefore have a basis on which to build a more focussed scrutiny of alcohol education. There is also a National Drug and Alcohol Education Review underway that will result in national recommendations on the delivery of alcohol education in schools. This will clearly need to be considered locally when the guidance arrives in Spring	**March 09** report to Drug and Alcohol Action Team on alcohol education refresh, to include service user evaluation. June 2008 local planning submissions will reflect forthcoming National priorities.	***The Tell Us 3 survey (page 13: appendix 1) demonstrates a positive report by ES young people to the quality of their alcohol education received in schools.*** ***The national publication of school's drug and alcohol education guidance has been delayed. Expected to result in local schools updated guidance by Winter 09.*** ***Service users from Under 19's are to undertake work around prevention messages as per appendix 1 treatment plans. Two current service users and parents are being consulted this week by DCSF as part of national alcohol consultation.***

R3	**The Children's Services Scrutiny Committee to continue to monitor how current initiatives by East Sussex County Council on personal safety and early intervention work and work by Sussex Police has impacted on:** **Local priorities to reduce the harm caused by alcohol misuse as outlined in the East Sussex Safer Communities Plan 2007-10** **Reducing the numbers of children who are victims of crime (Local Area Agreement target 1.3.1)** **Increasing participation of problem drug users in drug treatment programmes (Local Area Agreement target 17.4.1)** **Reducing the number of anti social behaviour incidents** **Reducing the numbers of young people presenting at A&E who are under the influence of alcohol**	Agreed. This recommendation reflects the recent partnership work between children's services, the safer communities partnership team/local crime reduction partnerships and the youth offending team. There are a range of National plans forthcoming in the Summer 08 that will impact on this agenda eg, National Youth Alcohol Action Plan, Youth Crime Action Plan and the national review of Prevent and Deter. However, all agencies are currently working towards the existing milestones contained within local document's such as the ES Youth Alcohol Action Plan and will continue until the refresh/review scheduled for the Summer. The existing East Sussex Youth Alcohol Action Plan has resulted in outcome focussed work in colleges and a "hot spot" multi agency approach to local area problems related to anti social behaviour and youth drinking. Some of this work is time limited and it is indicated that an evaluation of the work in June/July will result in further targeted delivery. The numbers of young people receiving treatment services have increased year on year since specialist service development. The recent young person's substance misuse needs assessment (attached) demonstrates that East Sussex is doing very well in identifying problematic substance misuse across Children's Services. However, it does also demonstrate that Health sources such as GP's and hospital services are not referring to specialist services. This will be a target for service improvement in 08/09. A reduction in presentations to hospital services will need to reflect a partnership response with the area PCT's and Hospital Trusts. The forthcoming comprehensive Health related needs assessment will also identify this issue as being	Review of ES Youth Alcohol Action Plan in July 2008 to consider local evaluations of targeted work and the National plan impact. May 08 – April 09 target in line with East Sussex Treatment Plan Grid. June 08 - Drug and Alcohol Action Team/CSD delivery plan agreed.	***A partnership bid has resulted in East Sussex receiving a Home Office pilot for a young person's alcohol arrest referral project. Starts April 2009.*** ***ES Alcohol Strategy delayed to consider local needs assessment by Alcohol Concern and recent guidance and communications from DSCF.*** ***Treatment numbers as per report at appendix 1. Overall numbers for alcohol misuse have increased.*** ***New integrated care pathway for alcohol related admissions in Hospitals has been approved and ready for implementation in April 09. Alcohol misuse will form part of the self harm service access referral process within CAMHS.***

		a priority for response. Joint planning to reflect this local need.		
R4	**East Sussex County Council and its relevant partners to develop future initiatives, as and when resources become available, that target parents and carers by providing information on:** • **the impact that alcohol misuse can have on health,** • **harm reduction information (including information around physical safety and sexual health matters); and** • **support and signposting for parents and carers on how to tackle the issue of alcohol misuse**	Agreed. A new DSCF Young Person's Drug and Alcohol performance management framework (attached) and 3 year indicative financial allocation has recently been notified to Children's Services. In line with this notification and the recent publication of the National Drugs Strategy, the indication is that targeting information at parents/carers and taking a more targeted response to reduce youth drinking needs to be reflected in local planning. The forthcoming 08/09 Young Person's Substance Misuse Plan will reflect targeted information at parents/carers.	June 08 Young Person's Planning framework agreed. Three Year Delivery Plan to be agreed.	***New communications materials for parents and young people will sit beside the rationale from the Chief Medical Officers Guidance*** ***Planning dissemination as part of National campaign and local Alcohol strategy, led with safer communities team.***