

North Somerset

**Young People's Substance
Misuse Treatment Plan
and Needs Assessment**

April 2021 – March 2024

North Somerset Young People's

Substance Misuse Needs Assessment and
Treatment Plan

Part 1

Young people's specialist substance misuse
needs assessment April 2021/March 2024

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National Strategy

The National Drugs Strategy was introduced in 2010 and set out a clear and balanced approach to tackle drugs. Local communities were put at the heart of the public health agenda, giving local government the freedom, responsibility, and funding to develop their own ways of improving public health in the local population.

By 2017 there continued to be an urgent need to go further to address these harms and the underlying factors that can lead to drug misuse. This must be done alongside action to tackle the evolving threats from new drugs markets and patterns of use that are ever changing and often targeted at the most vulnerable in society. We must continue to act, and we must act now to build a safer, healthier society: one that works for everyone.

The 2017 Strategy sets out clear expectations for action from a wide range of partners, including those in education, health, safeguarding, criminal justice, housing and employment.

It also outlines the actions that will be taken at a national level to support local areas to ensure everyone plays their role in:

- preventing people – particularly young people – from becoming drug users in the first place;
- targeting those criminals seeking to profit from others' misery and restricting the availability of drugs;
- offering people with a drug dependence problem the best chance of recovery through support at every stage of their life; and
- leading and driving action on a global scale.

The strategy identifies Young people's substance use as a distinct problem and looks to invoke actions to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).

Most young people do not use drugs and many of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, health, family life and long-term life chances.

Young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. Services need to respond to emerging trends and adapt accordingly specially in relation to the following;

- The provision of good quality education and advice so that young people and their parents are provided with credible information to actively resist substance misuse
- Early intervention for young people and families - Some young people face increased risks of developing problems with drugs or alcohol
- Targeted support for vulnerable groups to prevent drug or alcohol misuse or early intervention for those at risk groups
- Intensive support for young people – rapid access to specialist support for those young people whose drug or alcohol misuse has already started to cause harm
- Diverting vulnerable young people away from the youth justice system where appropriate

- Keeping children safe and rebuilding families

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Executive summary

Overview

The governance and accountability processes are consolidated within the Youth Offending Service Management Board and the Community Safety Drug Action Team Joint Commissioning Group under the auspices of the established People and Communities Board. The Joint Commissioning Group has delegated the governance and 'sign off' of the Treatment Plan to the YOS Management Board. The specialist service provision is provided through the Youth Offending Service managed Substance Advice Service (SAS). Earlier interventions are provided across underlying risk and vulnerability factors by a range of Partners including the established Community Family teams; Resource Service, Schools, Academies, Vulnerable Learning Services, the Voyage Learning Campus and Weston College.

Overall, treatment services in North Somerset appear to be meeting the needs of those young people who access them.

All young people requiring a service are treated in a specialist young people's service. In 2020-21 109 referrals were received, 101 assessments completed of which 37 requiring structured treatment. Waiting times to start treatment were short with 90% of young people commencing treatment within 15 working days of being referred. All young people accessing treatment had a specialist care plan within 2 weeks of starting their treatment.

In the specialist service 2020-21, the most common drugs young people required help with is cannabis 93% similar to 19/20, secondary is Alcohol 48% (56% 19/20 , 70% 18/19)

The most common routes into specialist substance misuse services were from Crime Prevention Universal Education and Youth Justice Services. Crime Prevention accounted for 25% of the total Universal Education 20% and 18% from the Youth Offending Team, however referrals were received from a wide variety of sources including, 15% from Children's social care an 8% from Family /Self.

The majority of young people accessing the specialist substance misuse services are using a range of substances and have a range of problems or vulnerabilities related to their substance use. These wider factors that can impact on their substance use and include self-harming, offending or domestic abuse.

With more than half (53.5%) of the young people accessing the service resident in the Weston area and 17.5% living in two wards (Central and South) which are amongst the top 20% most deprived areas in the country, with pockets in the top most 4% deprived, it is likely that the higher levels of vulnerabilities of the young people accessing services in North Somerset is linked to the levels of deprivation.

The high level of vulnerabilities experienced by young people in North Somerset is reflected in treatment outcomes with 91% of young people leaving services in 2020/21 (83% 2019-20), in a planned way and no longer requiring specialist treatment.

All treatment modalities will continue to be offered incorporating harm reduction and family intervention options.

The demand for specialist substance misuse treatment services have now been tracked and monitored against key performance indicators for some years as detailed in key findings section. The current staffing establishment through SAS addresses this need although there is continuing uncertainty as to the amount of service provision required in the coming years for children of substance misusing parents.

Data from 20-21 tells us that 73% of young people in structured treatment were identified as having mental health problem, of which 95.5% had an identified treatment need

Key Priorities

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

- i. Continue to train, subject to available resources, alcohol and drug awareness work within Academies/Schools and other agency staff in order to;
 - equip for early intervention work
 - refer young people into specialist treatment services e.g. SAS
- ii. Monitor numbers of young people presenting in accident and emergency at Weston local hospital with alcohol/substance misuse risks and referral to SAS and subsequent outcome measurement.
- iii. The YOS and SAS Managers will monitor performance and take exception reports to the YOS Management Board/Joint Commissioning Group/Public Health England Regional Lead for Young People Drugs & Alcohol should the need arise.
- iv. Monitor the number of young people using specific substances.
- v. Monitoring numbers of young people not in education, training or employment (NEET)

The Treatment plan identified a number of potential gaps and priorities to be addressed throughout this year. A summary of those priorities and the progress that has been made to date are in the Forward Plan

Policy context

The Young Person's Substance Misuse Needs Assessment has been compiled in accordance with their Public Health England guidance¹. The purpose of the needs assessment process is to examine the relative needs and harms of young people to enable evidence-based and ethical decisions on how these needs can be most effectively met within available resources by focusing on in particular:

- Those young people who are in treatment for whom treatment appears to be meeting their needs (planned discharges, positive outcomes).
- Those who are in treatment, but their needs appear not to be being met – e.g. long waits, low planned discharges, differential outcomes.
- Those young people who are known to have a treatment need but are not currently in treatment (e.g. unsuccessful Children in Care (CIC), Youth Offending (YOT) referrals).
- Those young people who have a treatment need but have not been identified
- Those who need access to treatment services (e.g. following release from secure estates).

This Young People's Needs Assessment builds on the findings from previous years and will assist with the planning and delivery of services to support vulnerable young people by contributing to the 2020/21-21/22 Young People's Treatment Plan.

Background

The Substance Advice Service (SAS) is a specialist service for Young People in North Somerset with substance misuse issues. It is managed through the Youth Offending and Prevention Service. This Service is distinct from North Somerset adult treatment services as often a different response is required for young people with alcohol and drug problems. Consideration needs to be given to a range of factors this includes the age and maturity of young people, delivery of child friendly services and the need to respond to safeguarding concerns. Additionally, requisite support is required in ensuring young people are not exposed to the more problematic adult drug users.

The Substance Advice Service (SAS) is a combined service working with young people delivering unstructured and structured interventions (formally Tier 2 and 3) depending on the needs of the individual young people involved. It works closely with a range of agencies delivering services to children and young people. The Service, by agreement delivers a range of training and information awareness programmes to schools and professionals.

Problematic drink and drug use leading to acute harm amongst service user is rare but does happen. Young people often have a wider range of problems including risk factors such as offending, lack of education training or employment, neglect, underlying mental health concerns, risk of sexual exploitation / sexual activity and domestic abuse and parental substance misuse which can be linked to substance misuse.

The data contained within this report must be considered with caution due to variability of the data; any data involving percentages is especially variable due to the small numbers involved; numbers have been redacted when values are five or less, this is indicated by an asterisk * against each relevant data item. Therefore, any small differences in numbers or percentage need to be considered carefully as they are unlikely to be significant. All data unless stated is sourced from ILLY the case management system used by the Young People's Substance Advice Service

¹ PHE Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack - Good practice prompts for planning comprehensive interventions in 2016-17

Local Profile

60% of North Somerset is considered rural, 40% of the total population lives in Weston-super-Mare and 30% in the towns of Clevedon, Nailsea and Portishead. Overall, North Somerset is a prosperous area, scoring above national average on key health, crime, education and employment indicators. However, around 10% of North Somerset's population lives in areas that are amongst the 20% most deprived in England. All of these are in Weston-super-Mare, however, there are also significant pockets of deprivation in the other towns and in some villages.

- Based on the 2019 population mid-year estimates there were a total of 47,733 children and young people aged 0–19 living in North Somerset, about 22.2% of the total population
- The January 2019 School Census 93.6% of pupils in North Somerset were recoded as being of white British or other white origin, with 5.8% from a black or other ethnic background
- 109 young people were referred to treatment in 2020/21 of whom 84.5% are of white British or other white origin, with 5.4% from a black or other ethnic background and 10.1% not stated

An individualised approach ensures ethnicity and cultural aspects are recognised and considered in work with young people and families.

Service Delivery

Interventions

North Somerset can provide the full range of treatment modalities in line with NTA Guidance; Psychosocial, Family and Harm Reduction interventions are all provided by North Somerset's Young People's Substance Advice Service (SAS) and during 2020-21 accounted for 100% of all interventions. There is a protocol in place with the Adult Specialist Drug and Alcohol Specialist Service (SDASS) to provide any Pharmacological interventions as required in conjunction with SAS, and any young person requiring residential treatment would be funded accordingly to attend a specialist facility although there is one residential rehab in Weston-super-Mare which is registered to treat young people.

Continuity of Care

SAS do not operate a policy of only treating young people under 18; if a young person turns 18 whilst in treatment, SAS will continue working with that young person whilst helping them access adult services. If a young person is considered to be particularly vulnerable or has complex needs they may continue working with that person until they are either ready to move on or have finished their treatment possibly up to the age of 20.

Benefits of specialist substance misuse interventions

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 long term. ⁽ⁱ⁾ Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions is a cost-effective way of securing long-term outcomes, reducing future demand on health, social care, youth justice and mental health services, and supporting the Troubled Families agenda.

Prevention and Training

The demand for specialist substance misuse treatment services is met by the current staffing establishment although SAS addresses this need there is continuing uncertainty as to the amount of service provision required in the coming years for children of substance misusing parents.

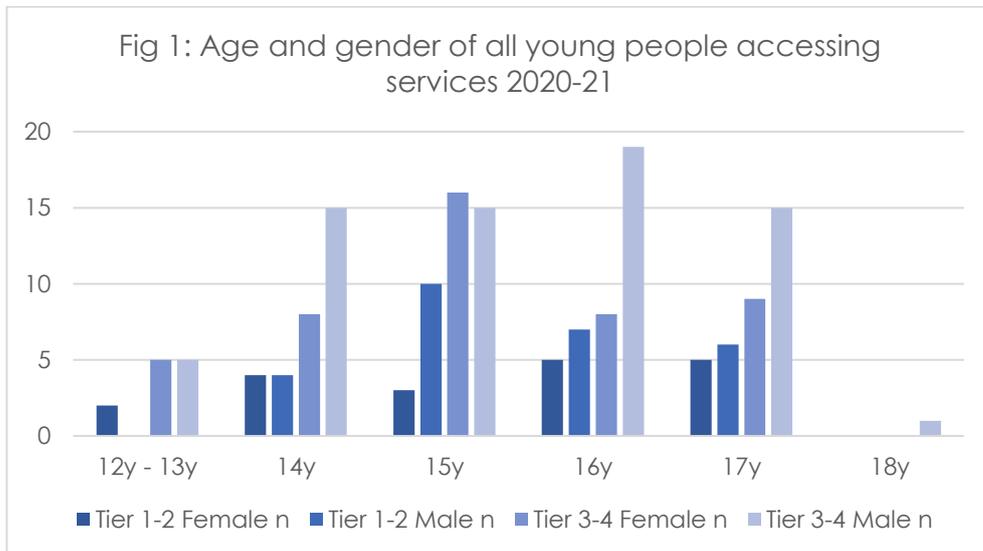
SAS workers are monitoring national and local trends of drug use and consequently continue to raise awareness of this to young people and partner agencies through training initiatives. Partnership working with the youth service providers, Health workers, No Worries Clinics, and other agency workers continue to address the needs of young people in their own settings.

The projected numbers of young people requiring the additional intervention of a prescribing service is likely to be minimal based on previous figures.

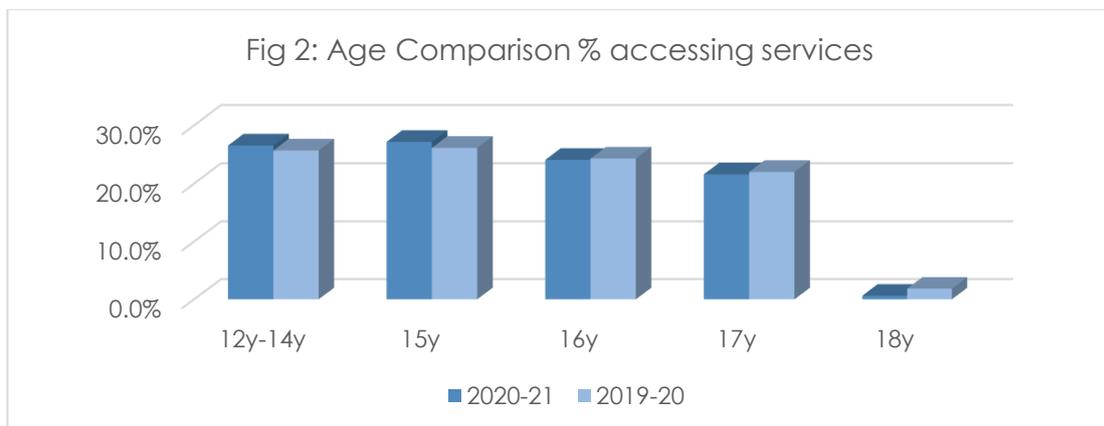
SAS will, subject to capacity, continue to work proactively with academies/schools and partner agencies to provide training input to enhance prevention and early intervention, and to identify any additional young people requiring treatment intervention. Traded services will be agreed where appropriate.

What the data says

Age and Gender of all young people accessing service



Most young people receiving unstructured (Tier 1-2) and structured (Tier 3-4) treatment were aged between 15 and 17 (79% & 71% respectively), for 2019-20 this was 60% Tier 1-2 & 69% Tier 3-4.

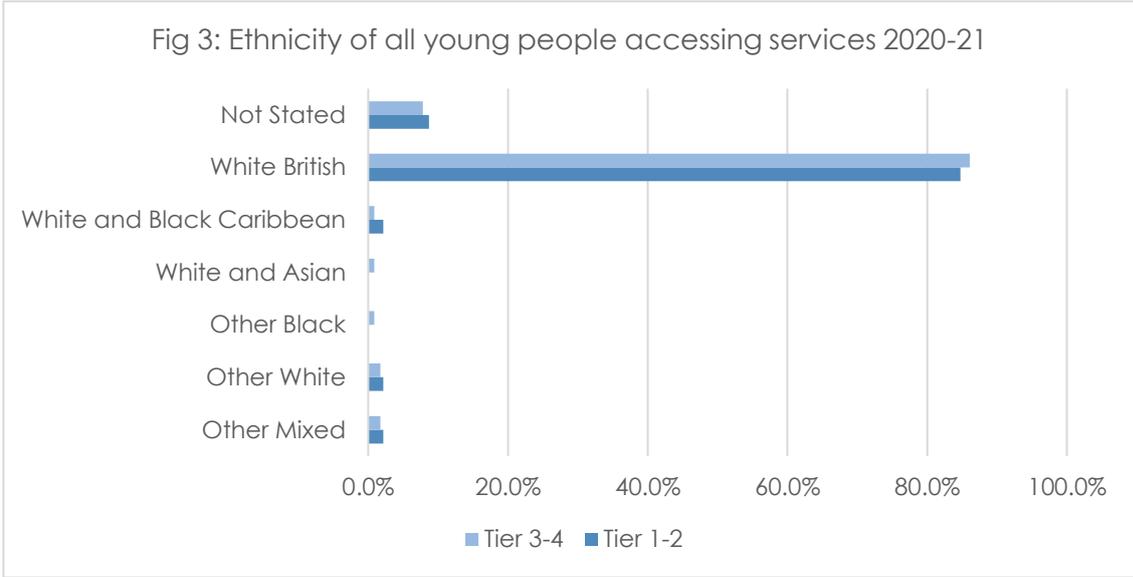


There was a reduction of 25% in the number of young people (56) accessing treatment during 2020-21.

The overall age profile for unstructured treatment was slightly older with 78% aged 15 or older compared to 71% for structured treatment. However, there were twice as many 16-17-year olds, 51yp, accessing structured treatment.

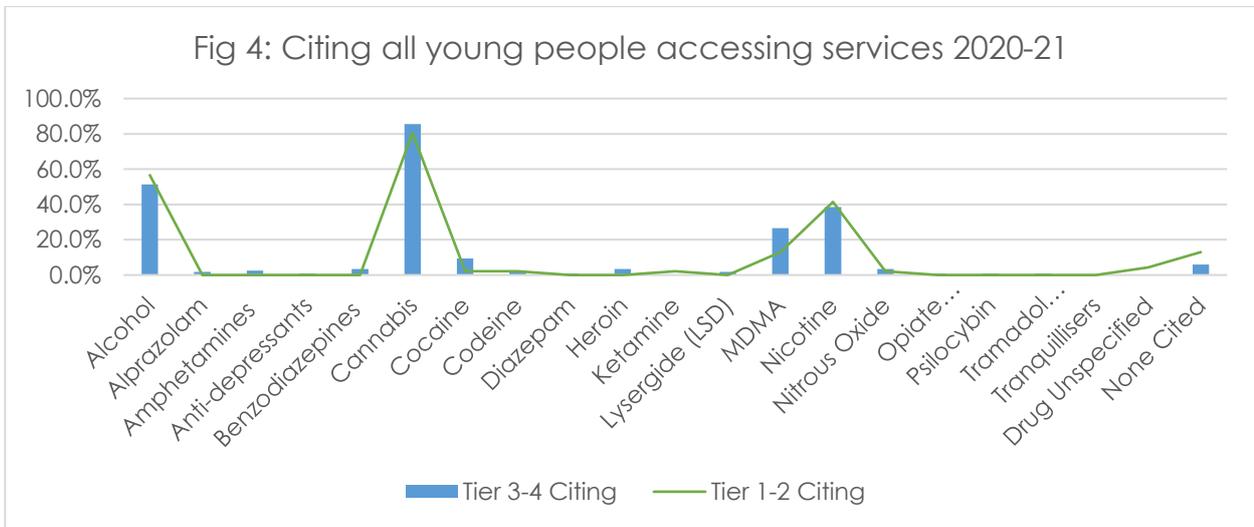
The proportion of 12-14yr olds account for over a quarter (26.5%) of those accessing services, of which 20.1% (n3) were in receipt of structured intervention (Tier 3-4) .

Ethnicity of all young people accessing service



Most young people receiving unstructured (Tier 2) and structured (Tier 3) treatment were White British 87.6%, with 4.3% from a black or other ethnic background and 8.1% not stated

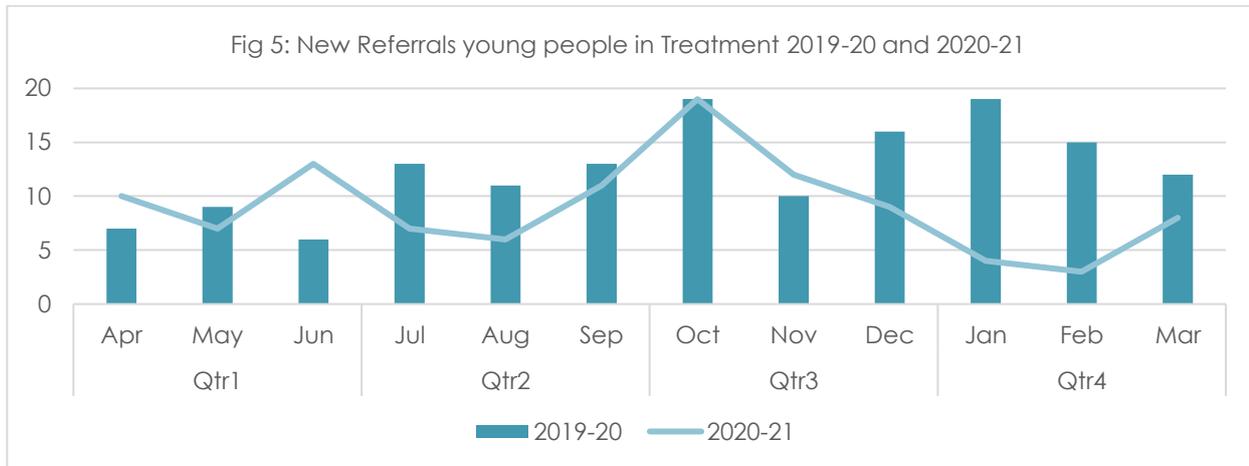
Substance Use of all young people accessing service



Cannabis was the main drug cited for structured and unstructured clients 80.4% and 85.5% respectively. Second was alcohol 56.5% and 51.3%. Third was nicotine 41.3% and 38.5%. Additionally, 26.5% of those in structured treated cited MDMA (n31) and 9.4% cited cocaine (n11)

Profile of Young People in Substance Misuse Services

New Referrals



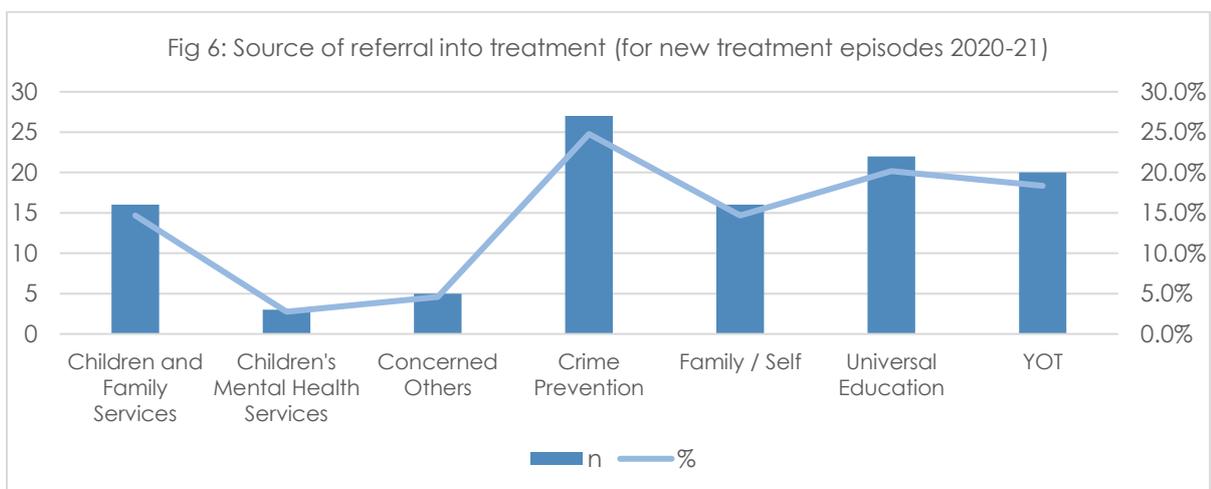
The impact of the pandemic is reflected in the significant change in the number of new referrals in 2020-21 there were a total of 109 referrals, an overall reduction of 27% on the previous year (n 150).

Referrals	Tier 1-2	Tier 3-4	Not Assessed	Totals
2020/21	62	37	10	109
2019/20	59	70	21	150

The profile of the young people accessing the service was predominately White British (92.9%) a change of -0.4% on 2019-20, where ethnicity stated.

Males accounted for 61.5% of referrals a reduction of 7.2% on 2019-20 and those aged 15-17 74.3%, a reduction of 5.0% on 19/20; with 81.7% (20/21) and 88% (19/20) citing use of cannabis.

Source of referral into treatment (for new treatment episodes)



Most new referrals, 25% came from crime prevention services (22% 19/20), universal education 20% (27% 19/20) and criminal justice services 18% (20% 19/20). Additionally, referrals from Children's social care accounted for 15%, and self (family) for 14%, up by 4% and 5% respectively.

Access to services

The table below shows a breakdown of waiting times under and over three weeks. 92% of young people referred were assessed and accessed services within 3 weeks of referral.

Waiting Times (days)	Female	Male	Total
< 3 Weeks	32	64	96
3 - 6 Weeks		3	3
> 6 Weeks	5		5
TOTAL	37	67	104

Tbl1 Waiting Times 2020/21

Substance use of all young people in treatment 2018-19

Individuals accessing substance misuse treatment services are categorised by the substances they cite as problematic at the start of treatment. They are categorised by the following hierarchal criteria:

- any mention of opiate use in any episode would result in the client being categorised as an **OPIATE** client (irrespective of what other substances are cited)
- clients who present with non-opiate substances (and not opiates or alcohol) will be classified as **NON-OPIATE ONLY**
- clients who present with a non-opiate substance and alcohol (but not opiates) recorded in any drug in any episode in their treatment journeys will be classified as **NON-OPIATE AND ALCOHOL**
- clients who present with alcohol and no other substances will be categorised as **ALCOHOL ONLY**

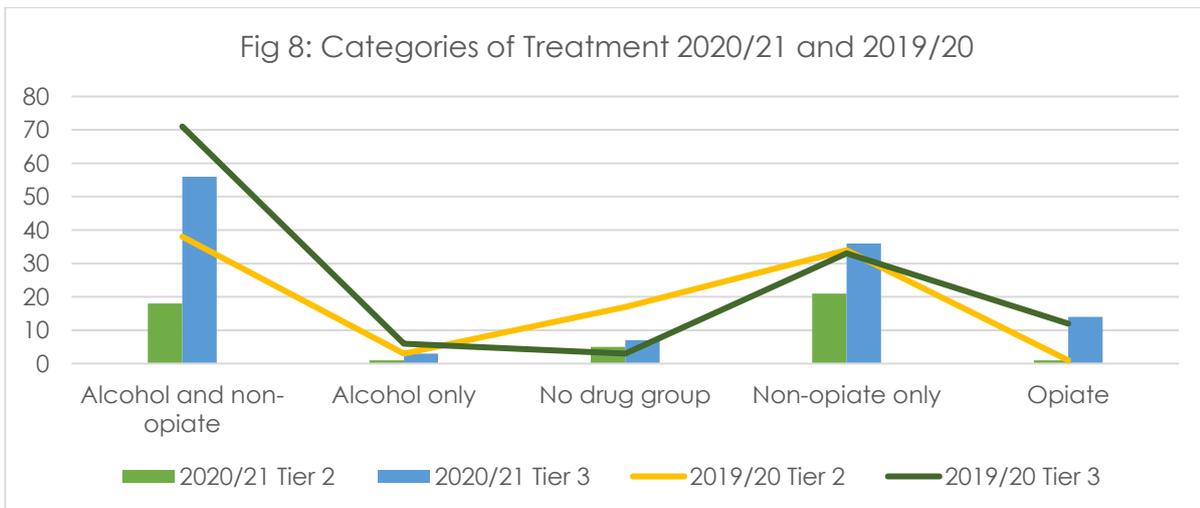
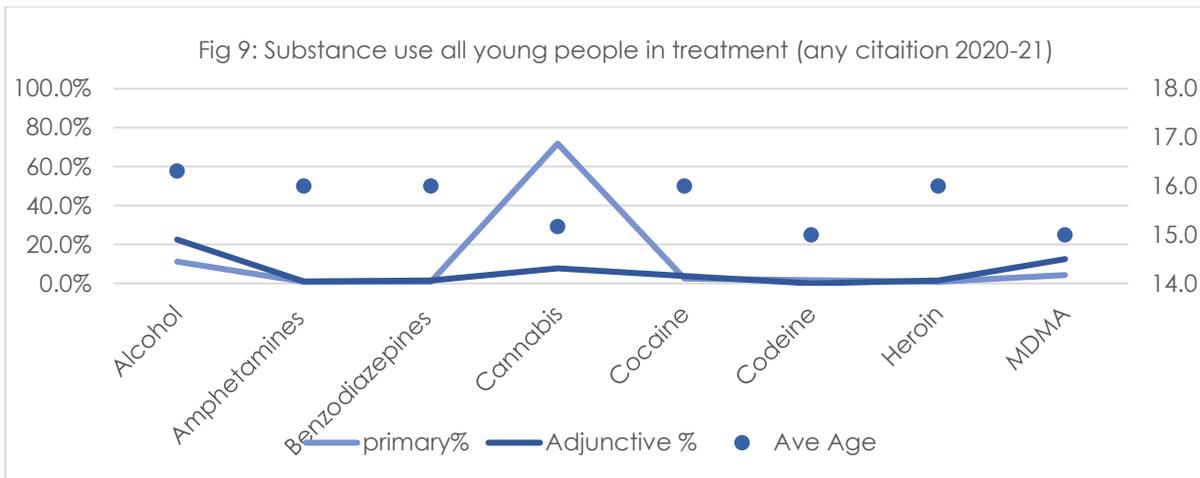


Fig 8 shows the number of young people accessing treatment in each of the 4 NDTMS Drug Groups. In 2020/21 48% of those in treatment included alcohol,(54%,19/20) with the majority referred for alcohol and non-opiate treatment.

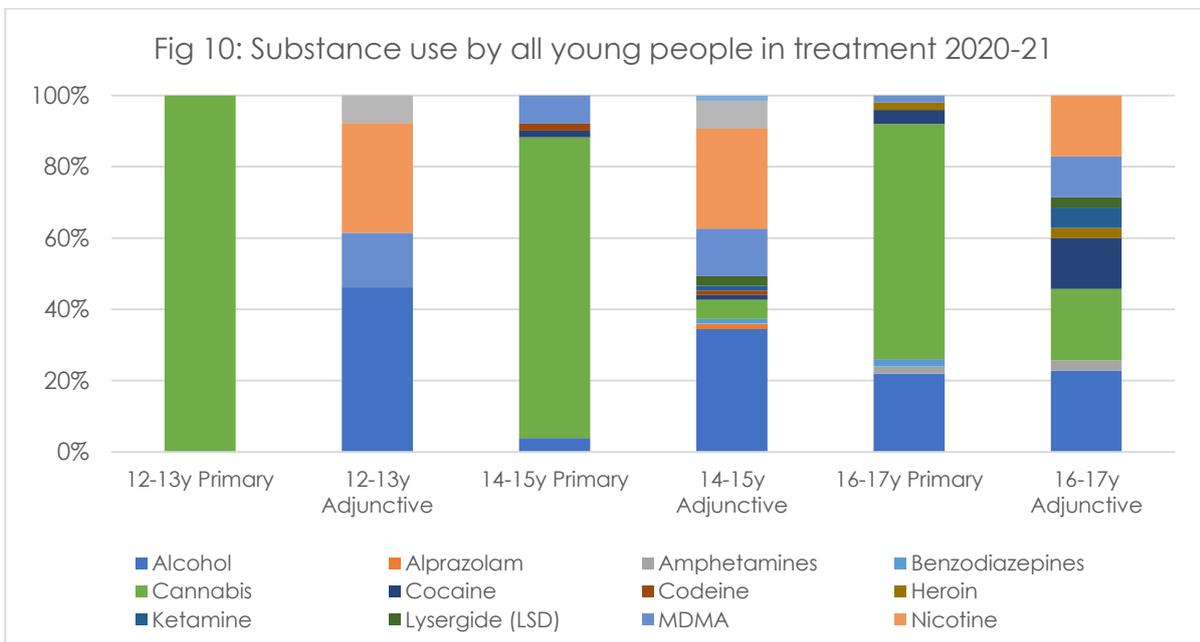


Most young people in North Somerset presenting to SAS record either cannabis 71.8% or alcohol 11.1% as their primary substance with very few citing the use of heroin, crack or the use of New psychoactive substances (NPS).

When the whole drug profile is considered (including second and third drug choices), a different pattern emerges and shows that over 40% cite either alcohol 22.5% or nicotine 21.5%

The use of Class A substances (heroin, cocaine (including crack), ecstasy (MDMA), and LSD), is low with MDMA accounting for 12.4% and 3.8% Cocaine. There was no recorded the use of NPS. Additionally, of those in treatment 22% did not cite second and third drug choices.

Substance use by age all young people in treatment 2020-21



The average age of young people based on the primary substance is 15.3yrs. For those citing cannabis and alcohol this was 15.1yr and 16.3yr respectively.

Residency of all young people

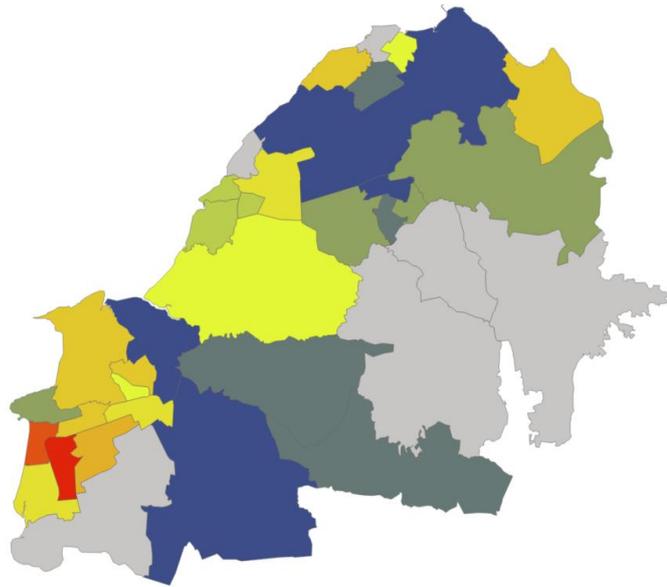


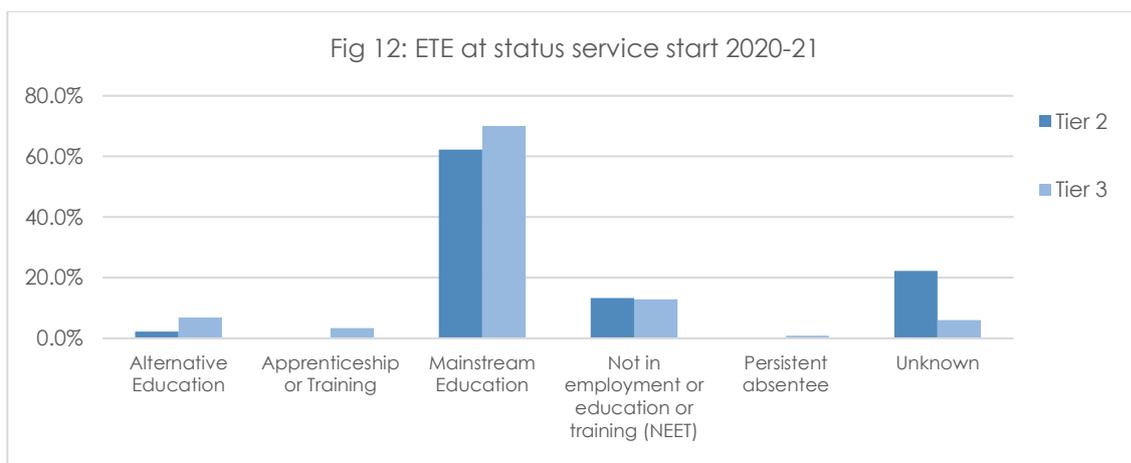
Fig 11: Residency all young people in treatment 2020-21



Whilst the young people accessing SAS were resident throughout the whole of North Somerset; as can be seen from the map, nearly half (45.7%) lived within the Weston area, with 17.2% living in 2 wards (Central and South) These wards are amongst the top 20% of the most deprived areas in the country, with some pockets in the top 4% most deprived areas.

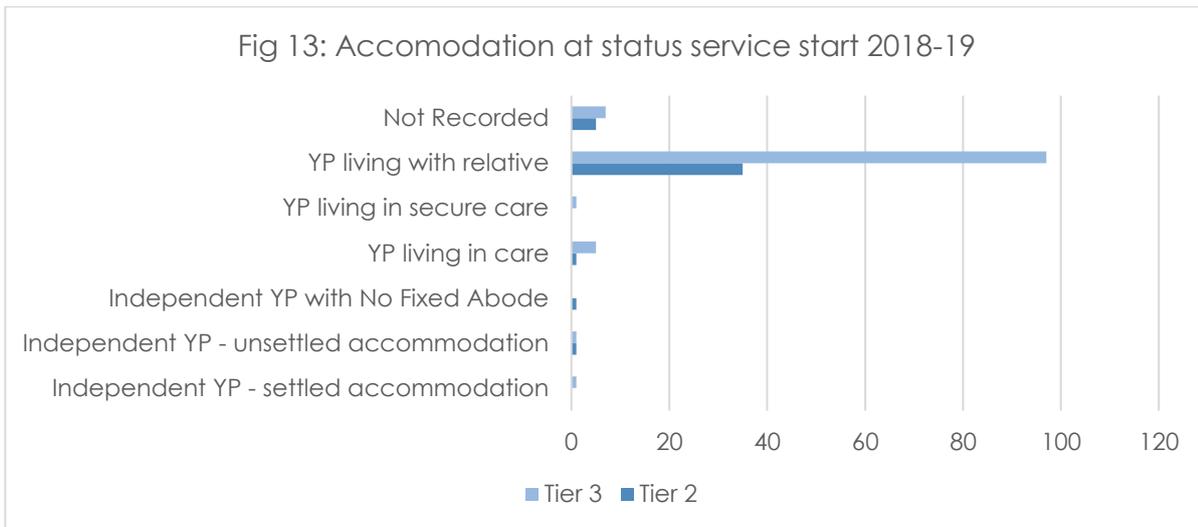
A further 11.1% lived in the Clevedon area, 9.3% in Portishead and 7.4% in Nailsea areas

Education and employment status



For those young people accessing structured treatment, 70.1% were in mainstream education, for young people accessing the unstructured treatment the proportion was 62.2%. In respect of those identified as NEET (Not in Education or Employment) accounted for 12.8% (structured) and 13.3% (unstructured). In 6.0% (Structured) and 22.2% (unstructured) of cases ETE was not known.

Accommodation status



The majority (83%) of the young people accessing structured treatment were living with a relative this was slightly lower (78%) for the young people accessing the unstructured service. However, the number of young people living in care² accounted for 5.1% (n=6) of those in structured treatment and 2.2% (n=1) in unstructured treatment.

Children's Social Care	No in cohort	Unstructured Tier 1-2		Structured Tier 3-4	
		n	%	n	%
Child in Care (CIC) 12months or more 2020-21	238	4	1.68%	9	3.78%
CIC At any point 2020-21	296	8	2.70%	12	4.05%
Child in Need (CIN) CIN Plan At any point 2020-21	583	11	1.89%	14	2.40%

Tbl 2 Care Status

In 2020-21, 20 young people in care were accessing services, of these, 13 were in care for 12 months or more. The number of CIN young people (n=25) accessing treatment, was 15% of those in treatment, 23% of Tier 1-2 cohort and 12% of Tier 3-4 cohort.

Vulnerabilities

Young people at Structured Treatment Start	Female		Male		Total	
	n	%	n	%	n	%
Registered Disabled	0	0%	0	0%	0	0%
Registered with GP	13	28%	20	29%	33	28%
Affected by Domestic Abuse	8	17%	13	19%	21	18%
Engaged in Unsafe Sex	11	24%	10	14%	21	18%
Smoking Status (Current / Previous)	1	2%	1	1%	2	2%
Involved in ASB Or Crime	15	33%	24	34%	39	34%
Involved in Self Harm	16	35%	8	11%	24	21%
Involved in Sexual Exploitation	3	7%	1	1%	4	3%
Substance Misuse in Family/Members	8	17%	17	24%	25	22%

Tbl3 Vulnerabilities 20/21

Multiple vulnerabilities reported

Total Vulnerabilities Reported	YP n	0	1	2	3	4 or More
	91	21(23%)	17 (19%)	10 (11%)	14 (15%)	29 (32%)

Tbl4 Multiple Vulnerabilities 20/21

Mental Health

Mental Health Need	Female	Male	Total
Identified MH Problem	33	31	64
Identified MH Treatment Need	33	34	67
Dual Diagnosis	6	7	13

Tbl4a Mental Health Need 20/21

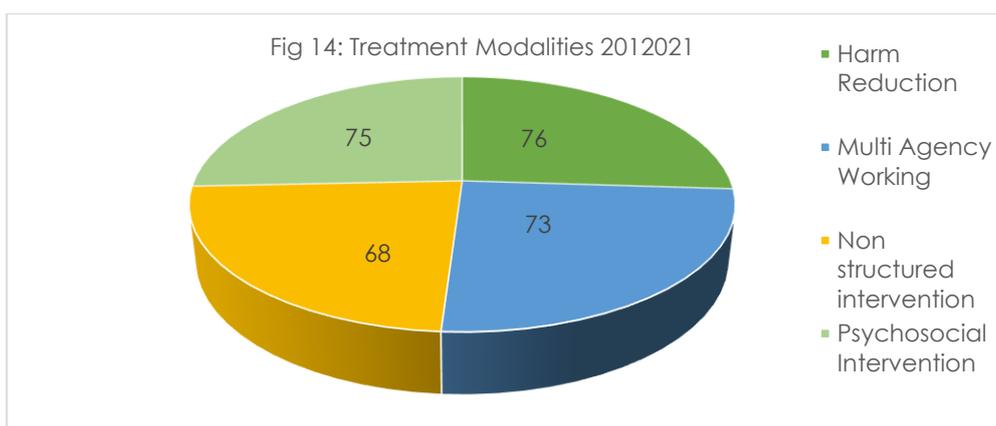
Mental Health Treatment	Female	Male	Total
Already engaged with the community mental health team / Other mental health services	16	11	27
Client declined to commence treatment for their mental health need	1	4	5
Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem in drug or alcohol services	1		1
Receiving mental health treatment from GP	2	3	5
Treatment need identified but no treatment being received	14	15	29
Total	34	33	67

Tbl4a Mental Health Treatment 20/21

During 2020-21 a total of 67 (73.6%) young people in structured treatment, 34 male and 33 females, were identified as having mental health need. Of those with an identified mental problem, 95.5% had an identified treatment need and 14.3% had a dual diagnosis. Of those with an identified treatment need 47.8% were engaged with services, however 7.5% declined treatment and 43.3% had an identified need but no treatment was being received.

Treatment Modalities

As part of a young person's treatment package, an individual may receive more than one intervention (ie, more than one type of treatment)



In the instances where non-structured interventions were commenced additional interventions were added following commencement of treatment.

A full range of interventions were delivered across structured and unstructured services. With all young people accessing the service receiving at least one modality.

Length of treatment episode

Most young people’s most recent episodes were 13 to 26 weeks in duration 38.9%. However, 22.2% of young people were in structured treatment for more than a year, the average (mean) time of an individual’s most recent episode of treatment delivered during 2020-21 was 218 days.

Episode Length	n	%
0 (zero) to 12 weeks	4	7.4%
13 to 26 weeks	21	38.9%
27 to 52 weeks	17	31.5%
Longer than 52 weeks	12	22.2%
Total	54	

Tbl 5 Episode Length 20/21

Treatment exits

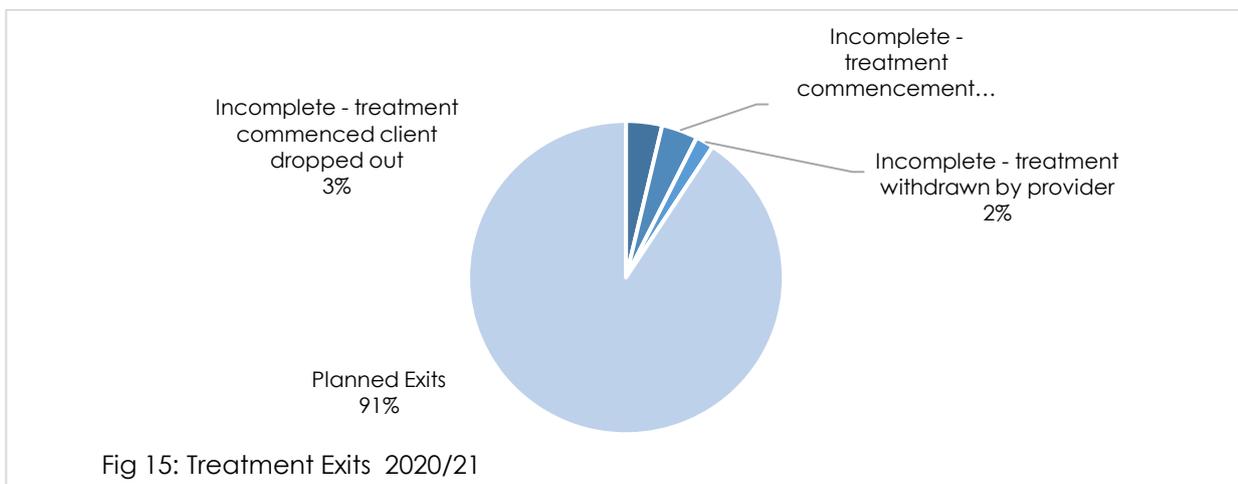
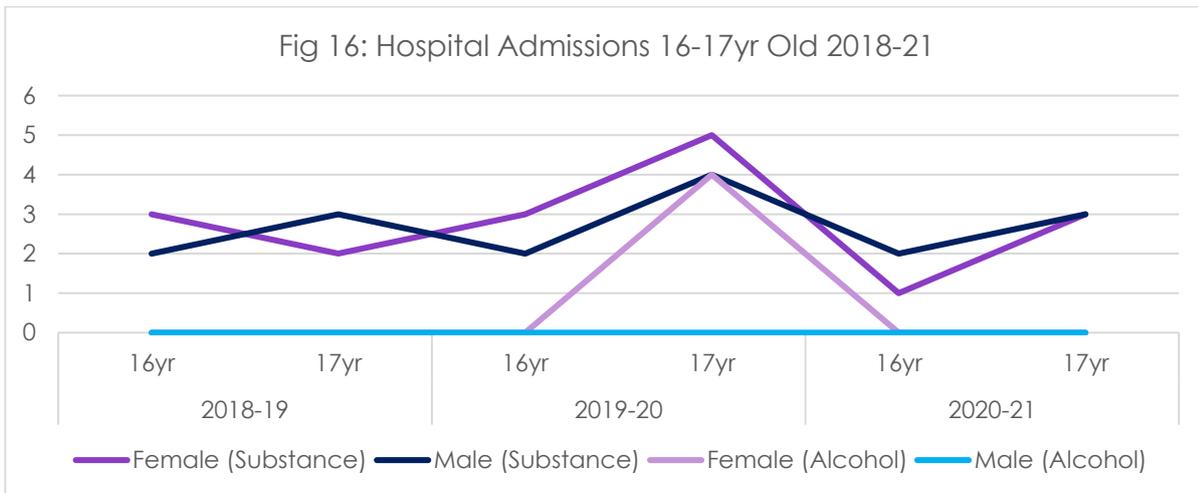


Fig 15: Treatment Exits 2020/21

Of those accessing structured treatment 54(n) have subsequently exited treatment of which 91% did so in a planned way.

Hospital Admissions



The data related to hospital admissions was supplied by the Weston General Hospital and relates only to 16 and 17-year-old.

The Number of drug related hospital admissions for young people has remained at relatively low levels and constant over the last 10 years. However, 2019/20 did show an increase in both male and female 17-year-olds in relation to substances and 17 year old females as a result of alcohol use.

Referrals to SAS from health services (G.P.'s A&E departments, Hospitals) have remained very low and although the number of young people actually being admitted to hospital with drug and alcohol issues is small, it would be expected that more would be referred to the specialist young people's service in the area as these cases are likely to be the ones with a significant need.

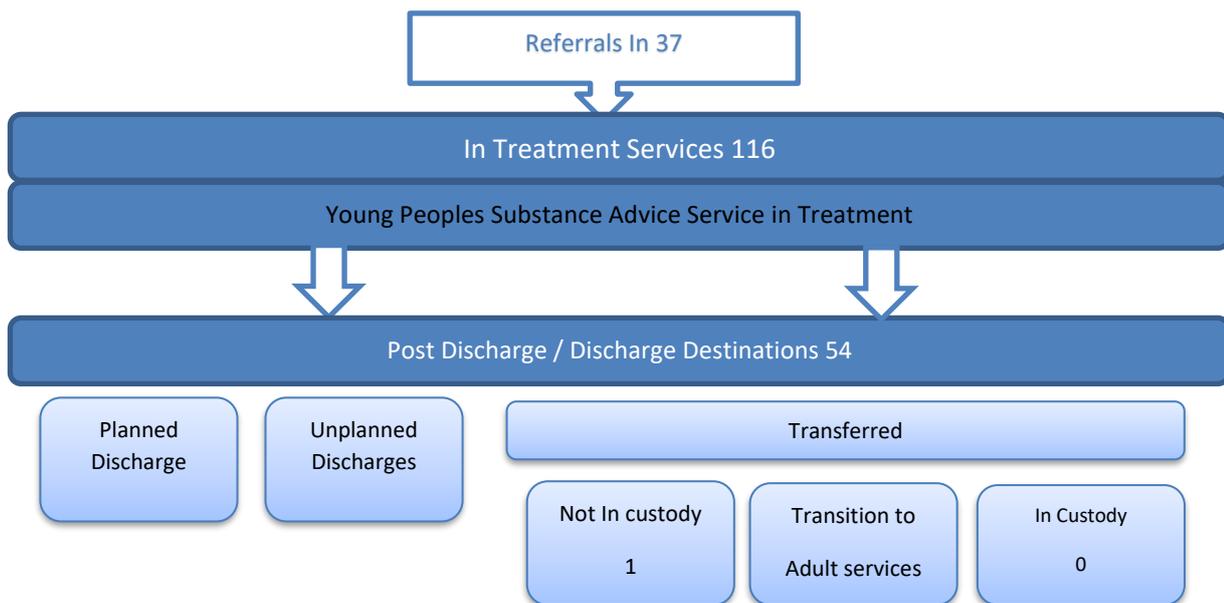
Treatment Map

In North Somerset there is only one provider; The Substance Advice Service (SAS) a specialist service for Young People in North Somerset with substance misuse issues. It is a combined service delivering a range of training and information awareness programmes to schools and professionals working with young people as well unstructured and structured interventions (formally Tier 2 and 3) depending on the needs of the individual young people involved.

Where a young person requires substitute prescribing, SAS work in conjunction with North Somerset's specialist adult drug and alcohol provider (Addaction) to provide all their treatment needs. If a young person lives on the edge of the county boarder they may then access services elsewhere.

The needs assessment data (treatment map, client profiles) is sourced from the ILLY 2020/21 data and includes all Tier 3 / 4 activity within the partnership. A client is classified as a young person if they were under 18 at their first point of contact with the treatment system in 2020/21, or if they started treatment prior to 2020/21 and continued in to the year they are included if they were under 18 on 1 April 2021.

**Figure 17. Young Peoples Treatment System Map Tier 3&4
ILLY 2020/21**



⁽ⁱ⁾Specialist drug and alcohol services for young people: a cost benefit analysis, published by Department for Education, 2011

SAS Case Example

Jess was 16 years old when she was referred into SAS from health services around her substance misuse and ongoing anxiety.

She had been regularly using a number of substances including MDMA, cocaine, 2CB and cannabis.

She felt that her dependency on all drugs was increasing and was using cannabis daily. Jess was also experiencing ongoing mental health issues related to previous traumatic events and had worked with CAMHS in the past. She had been receiving 1:1 therapy from a specialist provider at the point of referral. This ceased shortly after.

Jess was assessed by her SAS Drugs worker within 5 working days of referral, with a care plan put in place to outline risk, need and a plan of action. She was assessed for Tier 3 drugs treatment; Jess wanted to abstain from using a number of substances and reduce the amount of cannabis she was using.

The SAS programme offered a flexible and trauma informed approach with weekly contacts, focussing on helping Jess to reduce her substance use with psychosocial interventions, providing drugs education and harm minimisation advice and relapse prevention work. She was also offered support to access naloxone and training to administer. In addition, her Drugs Worker provided sessions on healthy relationships and diversionary activities around her risk and involvement of child exploitation; exploring with Jess how exploitation can be disguised within a relationship.

Jess was not residing with her family and there were presenting housing issues around where she was living, the supply of drugs available to her there and the relationships with others within the property. Both Children's Social Care and the Police were involved around associated concerns.

Over the course of the intervention Jess reduced her cannabis use and abstained from all other substances. She moved back home, reducing her risk of relapse further. She developed diversionary activities and began to reflect upon both her substance misuse, becoming able to recognise positives to reducing her use and on her learning to assess dangers around her and in her relationships with others.

Jess has not been using any substances for over 2 months and has cut down on her alcohol use. She is enjoying being at college and is beginning to make new friends.

Support from SAS is gradually lessening as she becomes more stable and confident in her new provision. Jess feels that the service she was offered was really good and that her Drugs Worker really helped her to see things more clearly and to educate her on the drugs she was using so she knew what she was doing and helped her to prevent something bad from happening. She would recommend SAS to anyone who was in the same position as her.

SAS Drugs Worker has been a pillar of strength for myself and my 17-year-old daughter. A challenging time and situation has been turned around a large part of which is due to the support both myself and my daughter received from [SAS]. Having been referred, my daughter was able to access the service really quickly which was so important... has been a rock to my daughter who really does listen, absorb and actually look forward to the sessions. The approach is informative, non-judgemental, and pragmatic but delivered with empathy and a genuine wish to help. Although client confidentiality is retained, it has been so helpful for me to be able to express concerns..., to ask her for advice as to how to deal with situations, or to ask her if she can cover off certain things with my daughter during her sessions; I'm sure this is particularly beneficial as it feels as if you are working together for the benefit of the child... I really feel the service has been invaluable and the fact it's not pigeonholed into a one size fits all, time limited approach is also re-assuring and helpful; working with the person and tailoring to their needs ... I wouldn't hesitate in recommending the service, my daughter is a changed person in only a few months; it could have been a very different situation had SAS not helped" (Jess' mum)

North Somerset Young People's Substance Misuse Treatment Plan

April 2021 – March 2024

1: Commissioning and system management

1. Continue management and provision of targeted substance services.
2. To ensure the Substance Advice Service contributes to the development of the Joint Strategic Needs Assessment & Youth Justice Plan.
3. Securing 'Young People Friendly' Service reaccreditation for wider YOS service.

Partnership Objective 1 and 2

Actions	By when	By whom	Outcome Indicators
Regular reporting from SAS to YOS Management Board.	Annually and on request.	YOS Management Group. YOS & SAS Service Managers	Maintenance of high performing services in accordance with QA processes & national/local indicators. CSS File Audit at good or outstanding for 85% of cases audited. SAS to deliver services to 90% of young people following assessment.
Management Info report from Information Officer (SSP) based on NDTMS data input by SAS.	Annually	Business Intelligence Officer	Utilised to inform funding of SAS - scope and targeting of services through QA assessments & statistical returns.
Management of working arrangements and protocol between adult and children's services with regards to safeguarding.	Paperwork to be reviewed by June 2021	Adult Mental Health and Substance Misuse Service Managers.	Effective transition arrangements. Effective inter agency pathway protocols
Reports to the Police and Crime commissioner with the focus on treatment exits	Annually	SAS & CSDAT Information Officers in liaison with SAS Manager	85% of young people using SAS will have planned exits from treatment.

Partnership Objective 3

Submission to Public Health to secure 'Young People Friendly' re- accreditation. (Current 3-year accreditation ends on 20/06/21)	July 2021	Senior Practitioner SAS	Criteria met and re-accreditation granted
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2: Access to treatment

Identification of key priorities relating to access and engagement with young people's specialist substance misuse treatment services:

4. Maintaining and increasing the level of referral of young people misusing substances from CSS.
5. Widen links with academies and schools particularly where substance misuse is linked to exclusions and attendance issues to ensure appropriate referrals.
6. Continue to promote the service to young people and their families to increase self-referrals.
7. Clear pathways of care are in place for the management of blood borne viruses.
8. Continued utilisation of referral pathway of care to CAMHS.
9. Monitor the implementation of referral pathways for young people presenting with alcohol/drug related issues to Accident & Emergency at Weston and other hospitals.
10. In partnership with CYPS quality assure that appropriate referrals are being made into SAS.

11. Promote training/service to ensure key partner agencies have access to high quality drugs training for staff working with young people.

Partnership Objective 4

Actions	By when	By whom	Outcome Indicators
Provide assessments and interventions into Children's Social Care processes on request where substance misuse needs are identified.	When required	CYPS & SAS Managers	Increased referrals against 20/21 from CSC for young people with identified substance misuse needs.
Receive referrals from CSS and Front Door where case is escalated/transferred for SAS intervention.	Ongoing	CYPS & SAS Managers	Delivery of assessment/programme interventions within 15 days to cases referred from CSS, schools and other partner agencies.

Partnership Objective 5

Actions	By when	By whom	Outcome Indicators
<p>Promotion of SAS services to all North Somerset Schools/Academies/PRU and Weston College.</p> <p>Regular input into school bulletins e.g. Noticeboard.</p> <p>Promotion of SAS services at Secondary Inclusion Panel.</p> <p>Introduction/Pilot of specific scheme to 2 schools to with the aim to reduce exclusions for drug use/possession in school by an agreed programme of work for pupils with SAS Team.</p> <p>Explore referral pathways with Weston College.</p>	Throughout 2021.	YOS Service Lead, SAS Manager, Education Inclusion Service Lead, Pastoral Leads in schools/College.	<p>Continued referrals from schools who regularly refer, with 50% increase of referrals from other schools/academies in North Somerset.</p> <p>20% reduction in school exclusions on drugs related grounds in pilot schools.</p> <p>More established links with key partners at Weston College, including counsellors and welfare staff. Introduction of information sessions to college staff.</p>

Partnership Objective 6

Actions	By when	By whom	Outcome Indicators
Continue to increase awareness of SAS amongst wider public including young people and parents to enable increased confidence in accessible services and access to treatment/advice e.g. as reflected by self-referrals.	Ongoing	SAS Team Manager	Evidence of increase in self/parental referrals from 2021 data.

Partnership Objective 7

Actions	By when	By whom	Outcome Indicators
Sustain appropriate referrals for blood borne virus testing/vaccination to the local Sexual Health Clinic/GP Surgeries.	Ongoing when required	SAS Team Manager	<p>Referrals made and screening evidenced on returns to PHE.</p> <p>Where identified, SAS team to support young people to the local sexual health clinic for BBV testing and where appropriate Hepatitis B Vaccinations.</p>

			SAS Manager to meet annually with Wish Clinic Manager.
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Partnership Objective 8

Actions	By when	By whom	Outcome Indicators
SAS to provide mental health assessments and treatment to young people with substance misuse needs and referral on to CAMHS as appropriate.	Ongoing	SAS Team Manager and CAMHS team	100% assessments and plans where young people consent to engage.
Young people with substance related need (identified by CAMHS) are offered and receive a timely specialist intervention by SAS	Within 5 days of allocation of referral.	SAS Team Manager and CAMHS team	100% young people presenting to CAMHS with dual diagnosis receive appropriate support as evidenced by increase in referrals/interventions.

Partnership Objective 9

Actions	By when	By whom	Outcome Indicators
Liaison between SAS and Emergency Department/A&E, Weston Hospital to assess and capture potential referrals re safeguarding and substance misuse. The agreed referral pathways to be monitored by SAS Team Leader and ED and appropriate actions taken.	September 2021	SAS Senior Practitioner.	In 21/22 baseline repeat hospital admissions for young people as a result of alcohol or drug use; and thus, inform actions for 22/23 New referral mechanisms in place with Weston Hospital.

Partnership Objective 10

Actions	By when	By whom	Outcome Indicators
Detailed analysis of a sample of cases re treatment journey and inform next substance misuse needs assessment and coordinated multi-agency interventions	By March 22	SAS & Data Information Officers and SAS Senior Practitioner.	Info included in Needs Assessment for 22/23 CSS File Audit at good or outstanding for 85% of cases audited.

Partnership Objective 11

Actions	By when	By whom	Outcome Indicators
Drugs training (intermediate and advanced levels) reinstated and available to all NSC Staff and other relevant professionals including voluntary sector and foster carers to provide IAG around substance misuse as well as information about SAS Services and referral mechanisms.	2 x half day Intermediate drugs training annually. 2 x Advanced level drugs training annually.	SAS Team and Senior Practitioner. Workforce Dev. Manager	90% uptake of training places throughout the year. Increase in referrals from agencies who have attended recent training. Future training dates booked. Virtual training programme in progress.

3: Treatment Delivery

12. To ensure the continuation of high-quality treatment services within resources.
13. North Somerset YOS will continue to monitor performance in relation to substance misuse prevention and treatment.

Partnership Objective 12

Actions	By when	By whom	Expected Outcomes
<p>Continue to work closely with the adult service WAWY regarding prescribing needs for young opiate users in SAS –</p> <p>Review the arrangement for prescribing needs for young people with WAWY.</p> <p>Review the arrangement of the Needle Exchange to young people with the adult treatment provider WAWY.</p> <p>Hepatitis C screening offered to any young person with a history of injecting with appropriate counselling.</p>	October 21	SAS Team Manager, WAWY CS/DAT Joint Commissioning Manager	<p>Clear process for joint working with young people with SAS and WAWY.</p> <p>All young people with a history of injecting are supported by SAS staff for Hepatitis C testing via the local sexual health (WISH) clinic and offered as appropriate.</p>
<p>All SAS staff to be trained on administering Naloxone for opiate overdose and to carry and keep naloxone within the YOS building.</p> <p>Training delivered by Ethypharm/WAWY.</p>	September 21	SAS Team Manager, Ethypharm, WAWY	<p>There is naloxone available within YOS Office.</p> <p>All SAS staff fully trained to administer Naloxone.</p>
<p>SAS to continue to support young people's sexual health</p> <p>SAS to maintain joint working with WISH Clinic at Weston Hospital to maintain awareness of SAS services.</p>	Ongoing	SAS Senior Practitioner Unity Staff Wish Clinic Team Manager	<p>Referrals to and from Wish Clinic</p> <p>SAS Team trained in C Card Distribution and pregnancy testing by July 2021</p> <p>Baseline number of referrals to Wish clinic and for C Cards.</p>
<p>Continue to support young people through the substance misuse diversion scheme in partnership with the Police. (Youth Alcohol and Drug Diversion).</p>	As required on referral	SAS Team Leader/Police Leaders	85% of young people receiving a YADD completing Tier 2 Interventions and in consequence receiving a no further action outcome from the police.

Partnership Objective 13

Actions	By when	By whom	Outcome Indicators

<p>All young people screened for substance misuse and those with identified need receive a specialist health assessment within 5 days of allocation to drugs worker.</p> <p>SAS to receive referral from broad range of agencies working with young people in North Somerset.</p> <p>All young people in Tier 3 specialist drugs services to have a care plan.</p> <p>Providing statistical information to NDTMS.</p> <p>Provide statistical information regarding treatment outcomes to Police and Crime Commissioner.</p>	<p>On referral or allocation</p>	<p>SAS Team Manager</p> <p>Service Leader, YOS</p> <p>Info Analyst /Officer Business Intelligence Unit,</p> <p>Joint Commissioning Officer CSDAT,</p> <p>SAS Practitioners,</p> <p>YOS Management Board and Office of Police and Crime Commissioner</p>	<p>90% of Young people referred to SAS to complete a full health assessment with a specialist drugs worker.</p> <p>Services are offered in line with the Drug Misuse and Dependence Guidelines 2017 (Public Health/Department of Health).</p> <p>SAS receives referrals from schools, college, CSS, self-referral, family referral, CAMHS.</p> <p>At least 80% of young people should leave treatment in an agreed and planned way.</p> <p>All young people exiting SAS will be discussed at supervision prior to closing cases.</p> <p>Collating information via NDTMS monitoring returns and quarterly feedback reports from PHE.</p> <p>CSS File Audit at good or outstanding for 85% of cases audited.</p>
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4: Leaving specialist treatment

14. To ensure effective care planning for all young people and successful discharge/relapse prevention, continuing to maintain low level of unplanned discharges.
15. Transition to Adult Services.

Partnership Objective 14

Actions	By when	By whom	Outcome Indicators
<p>Considered transition planning from SAS staff to support young people on exiting programmes.</p>	<p>Ongoing</p>	<p>SAS & CYPS</p>	<p>Care pathways in place as a route out of specialist substance misuse services (SAS) as appropriate.</p> <p>Referral to children's services and other agencies as appropriate. Exit planning discussed in supervision/SAS allocation meeting prior to closing cases.</p>

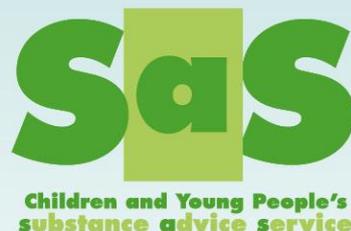
Partnership Objective 15

Actions	By when	By whom	Outcome Indicators
<p>Transition arrangements in place with WAWY.</p> <p>To include joint working and liaison with other services, where this will support a young person to make an effective transition to adult drugs services.</p>	<p>As required for individual cases.</p>	<p>SAS Senior Practitioner & SSP Joint Commissioning Officer, WAWY</p>	<p>Transition to adult drugs services for 100% of young peoples on Tier 3 programmes requiring and requesting adult services beyond SAS programmes.</p>

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