

# Suffolk Drug & Alcohol Action Team - Suffolk Children & Young People's Directorate

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

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**NOTE:**

Page references in the objective boxes refer to the relevant page in Part 1 of the Treatment Plan

Number references given in brackets (NA ....) refer to the relevant section in the Needs Assessment Document.

Commissioning Manager in the "By Whom" column equates to the Young People's Substance Misuse Commissioning Manager

CYP means Children and Young People.

**Planning Grid 1: Commissioning and System Management**

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

1. Refresh the needs assessment by end 2009, to include information obtained through involvement of young people, parents/carers and practitioners.
2. Establish service development and commissioning structures and processes for young people's substance misuse services by July 2009.
3. Young People's substance use services are included as a priority for funding within LAA and CYP budget setting for 2009/10 and 2010/11.
4. Staff employed in universal, targeted and specialist CYP services are confident and competent to identify and support/refer young people and families with substance use problems.
5. Governance arrangements are in place across all service providers and audited on an annual basis, to include clinical governance and compliance with clinical guidelines.

**Objective 1**

Refresh the needs assessment by end 2009, to include information obtained through involvement of young people, parents/carers and practitioners.  
(Page 1)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1.1 Identify data gaps from current needs assessment Establish process for data collection with each agency / work area. (NA 10.1.4), e.g. <ul style="list-style-type: none"><li>- Targeted youth support work (Connexions, Youth service, School nursing service)</li><li>- Dual diagnosis</li><li>- Looked After Children</li><li>- Parental substance misuse and affected others</li><li>- Truants and excludees</li></ul>	May 2009 July 2009	Research & Information Officer

<ul style="list-style-type: none"> <li>- CAF referrals with identified substance use problem</li> <li>- Parents/carers accessing parenting courses with reference to substance misuse</li> </ul>		
<p>1.2 Undertake research and consultation with young people, parents/carers and practitioners in order to ascertain substance use patterns and accessibility of resources/services. (NA 10.1.5)</p> <ul style="list-style-type: none"> <li>- Feedback questionnaires and Focus groups with service users and analysis of information</li> <li>- Establish broad consultation facility on the Source (Connexions) web site</li> <li>- Collation and analysis of information obtained from web consultation</li> <li>- Focus groups with young people in general population and analysis of information</li>   <li>- Focus groups with young people from diverse communities and analysis of information</li> <li>- Focus group with parents of young people with substance misuse and analysis of information</li> <li>- Research project to explore drug use behaviour in YP in Suffolk</li> <li>- Workshops for practitioners to raise awareness and to gain feedback on their experience.</li> </ul>	<p>July 09 July 09 Dec 09 Sep 09</p> <p>Dec 09 Dec 09 Nov 09 July 09</p>	<p>Norcas Youth Manager. Connexions info officer. ---- " ---- Connexions participation officer ---- " ---- Parenting Co-ordinator Norcas youth Manager Commissioning Manager</p>
<p>1.3 Providers of specialist treatment young people substance misuse services will be competent and compliant with the new data set and TOPS requirements. (NA 10.2.3)</p>	Quarterly	DAAT Research & Information Officer
<p>1.4 Needs assessment data and information analysed and collated in report format.</p>	Dec 09	Commissioning Manager DAAT Research & Information Officer

**Expected Outcomes:**

A comprehensive needs assessment that is informed by all partners and, in turn, informs subsequent commissioning and service development across substance use services, related specialist services such as CAMHS and the wider CYP workforce.

**Objective 2:**

Establish the service development and commissioning structures for Young People's Substance Misuse Services by July 2009. (Page 1)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1 Review the terms of reference for the Joint Commissioning Group and Expert group in line with NTA guidance	May 2009	Commissioning Manager
2.2 Develop and agree robust planning and meeting cycles for the above groups to ensure full engagement and ownership by partners, and effective links with CYP Commissioning groups.	May 2009	Commissioning Manager

2.3 Ensure the needs of young people affected by substance misuse are included in the Children and Young People's Plan 2	July 2009	Commissioning Manager
2.4 Agree work plan of Expert group, to include review of the Needs Assessment, involvement of young people, parents/carers and practitioners and service development/tender priorities..	May	Commissioning Manager
2.5 Develop service specification for specialist treatment provision and proceed to tender process	July 2009	Commissioning manager CYP Procurement Lead
2.6 Commissioning Manager to complete NTA Commissioning Course	Dec 2009	Commissioning manager.

**Expected Outcomes:**  
Improved integration with partners commissioning and service development processes, such that substance misuse is given consideration across services for children, young people and families.  
Service development is underpinned by a wide range of experience and knowledge, from across organisations and services and from practitioners as well as managers and commissioners.  
The Needs Assessment is a working document informed by practice experience and data collection, collated and analysed through a collaborative process.

**Objective 3:**  
Young people Substance Misuse Services are included as a priority for funding within LAA and CYP budget setting for 2009/10 and 2010/11. (Page 1)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
3.1 Substance Misuse Funding is identified in CYP budget forward plans for 2010/11 (already agreed for 09/10)	July 09	CYP Finance Assistant Director.
3.2 Present to Suffolk Children's Trust Board to raise awareness of funding need and gain agreement for partnership funding consideration through LAA financial processes.	Sep 09	Commissioning Manager
3.3 Attend local commissioning groups such as Community Safety Partnerships, to improve understanding of service development and influence decisions relating to local funding of projects related to young people's substance use. (NA 9.1.1)	Aug 2009	Commissioning Manager

**Expected Outcomes:**

Core funding is maintained through the budgetary processes within CYP  
 Additional / aligned funding is attracted through an increased awareness of the service needs for young people substance misuse.

**Objective 4:**

Staff employed in universal, targeted and specialist CYP services are confident and competent to identify and support/refer young people and families with substance use problems. (Page 7)  
 See also planning grid 2, objective 3.

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
4.1 Training for practitioners in young people's substance use provided by the DAAT YP trainer is included in the CYP core training programme to facilitate wider awareness in CYP staff.	Sep 2009	Commissioning Manager
4.2 Use the information from the Training Audit carried out in Feb – April 2009 to inform training and development of CYP workforce.	July 2009	DAAT YP Training Officer.
4.3 Further develop substance use component of CPD course for teaching staff, youth workers and health professionals delivering PHSE education in schools, in line with Government Strategy for drug education in schools.	Sept 2009	Inclusive schools improvement service Manager
4.4 Jointly commission project to support high schools in prevention of risk taking behaviour (substance use, underage sex), including early identification and support for young people.	Sep 2009	Commissioning Manager PCT Commissioning Manager

**Expected Outcomes:**

Young people and families receive appropriate, supportive and effective interventions according to their level of substance use and life / social situation  
 Workforce development is integral to the commissioning process.

**Objective 5: (Key Priority 1)**

Governance arrangements are in place across all service providers and audited on an annual basis, to include clinical governance and compliance with clinical guidelines. (Page 1)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
5.1 Use the self assessment governance audit with providers of substance misuse services to assess their compliance with clinical guidelines, integrated working, safe guarding and accountability.	October 2009	Commissioning Manager
5.2 Ensure that staff employed by specialist treatment providers are able to demonstrate core (e.g. DANOS) competencies in relation to substance misuse and working with young people.	Quarterly Reviews.	Commissioning Manager.
5.3 Include clinical governance standards as part of service level and contractual agreements with service providers.	As required	Commissioning Manager
5.4 Address any problems identified with governance through the JCG and with the provider.	As required	Commissioning Manager

**Expected Outcomes:**

Young people and their families receive safe, monitored and effective services.  
There is greater integration and joint governance arrangements between services.

**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:**

1. The capacity within specialist treatment services is sufficient to meet current need and can be developed to meet likely future demand such that at least 90% of young people requiring specialist substance misuse treatment are catered for in a young person's service.
2. Specialist treatment services will be provided on an outreach basis and will accommodate young people with diverse needs and/or living in rural settings.
3. At least 20% of referrals to specialist substance misuse treatment are from children and families services.
4. Care pathways will be developed and implemented between services for vulnerable young people and specialist substance misuse treatment.
5. All young people referred for specialist substance misuse treatment will have a comprehensive assessment undertaken within 5 working days of referral.

**Objective 1: (Key Priorities 5 & 6)**

The capacity within specialist treatment services is sufficient to meet current need and can be developed to meet likely future demand such that at least 90% of young people requiring specialist substance misuse treatment are catered for in the young people's service. (Pages 1, 6, 10 & 11)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1.1 Further analyse performance data for waiting times and pathway through treatment (NA 6.3, 7, 8.4 & 10.2.3).	April 2009	Commissioning Manager
1.2. Analyse whether harm reduction modality currently provided is including harm minimisation that could be provided through CYP services offering targeted interventions.	May 2009	Commissioning Manager
1.3 Use joint commissioning and service development arrangements to develop the competency and capacity of practitioners in the Youth and Connexions Service and Youth offending Service to deliver targeted interventions.	Dec 2009	Commissioning Manager Professional Lead for Youth and Connexions YOS Manager
1.4 Monitor the amount of targeted interventions provided by CYP services and the level of support requested by CYP services from the specialist treatment provider	Quarterly	DAAT Research and Information Officer
1.5 Report findings from the above points to JCG and agree action to address any shortfall in specialist treatment capacity for 2009/10  & 2010/11	Jun 2009  Dec 2009	Commissioning Manager

**Expected Outcomes:**

All young people identified as likely to benefit from an intervention for their substance use receive a service at an appropriate level and experience improved Every Child Matters outcomes as a result.  
Practitioners providing targeted interventions for young people with substance use are able to access support and guidance when they need it.

**Objective 2:**

Specialist treatment services will be provided on an outreach basis and will accommodate young people with diverse needs and/or living in rural settings. (Page 6).

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1 All contracts with service providers will include adherence to equality and diversity and recording of diversity data	In contract specifications	Commissioning Manager
2.2 Analysis of NDTMS quarterly information to ascertain diversity of client group.	Nov 09	Research & Information Officer
2.3 All plans, strategies and procedures to be screened and assessed for equality impact to ensure there is no detrimental effect for anyone accessing services.	As plans etc are developed.	Commissioning Manager Social Inclusion Officer
Ensure that diverse groups are included in the programme of involvement of young people and parents/carers in service review and development, including ethnic minorities, those with a disability, GLBT groups. (NA 5.1 & 10.1.3)	Oct 09	Commissioning Manager
2.5 Develop an action plan in response to the views and information gathered from involving diverse groups	Dec 09	Commissioning Manager
2.6 Ensure capacity of specialist treatment provider is sufficient for an outreach service. (see Planning Grid 1, objective 2 and Planning Grid 2, objective 1).	July 09	Commissioning Manager

**Expected Outcomes:**

Young people and families will be able to access services irrespective of their ethnic or cultural origin, physical status, geographical or social setting.  
 Services will be provided equitably across the county.  
 Commissioning will take account of needs of diverse groups.

**Objective 3:**

At least 20% of referrals to specialist substance misuse treatment are from children and families services. (Page 9)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
3.1 Develop and implement clearer and fuller local definitions of universal, targeted and specialist provision that are in keeping with the CYP Early Intervention and Prevention Strategy as well as NTA definitions.	June 09	Commissioning Manager

3.2 Hold workshops for practitioners to raise awareness of information, training and services available and promote uptake of training and referral of young people for appropriate level of intervention for substance use. (see also grid 1, objective 1) (NA 10.1.2)	July 09	Commissioning Manager
3.3 Develop and implement a pathway of referral between universal, targeted and specialist substance misuse services so that CYP staff are clear about how to access the appropriate level of support for young people using substances. (NA 9.4.1 & 10.2.2) (see also planning grid 2, objective 1.3) (This will rely in part on the development of CYP services to provide targeted interventions hence long time span)	April 10	Commissioning Manager Service Managers
3.4 Monitor source of referrals to specialist treatment and target services that are not making referrals to increase their awareness and promote identification of need.	Quarterly	DAAT Research and Information Officer. DAAT YP Trainer
3.5 Monitor referrals received by treatment provider from use of the Drug Use Screening Tool (DUST) and uptake of DUST training. Use information to target services needing greater uptake of training and promote referrals. (NA 9.3.3)	Quarterly	DAAT Research & Information officer DAAT YP Trainer.

**Expected Outcomes:**

Increase in number of referrals to specialist treatment from services for children, young people and families.  
 Increase in number of young people engaging with the specialist treatment service because of support from CYP practitioners and increase in YP knowledge of the service.  
 Improved Every Child Matters outcomes for YP as a result of appropriate support and interventions.

**Objective 4: (Key Priorities 3 & 4)**

Care pathways will be developed between services for vulnerable young people and specialist substance misuse treatment. (Page 9 & 11)  
 (see also Planning Grid 3, objective 5)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
4.1 Interim evaluation of the 2 year project run by Suffolk Young Carers offering support to YP with parental substance misuse. (NA 4.7 & 9.4.2). Develop action plan for further development of the project. Implement and evaluate action plan.	April 09  July 09 March 10	Commissioning Manager

4.2 Hidden Harm Steering Group to develop action plan to include protocol for joint working with relevant services around identification and referral for young people affected by adult substance misuse.	June 2009	Commissioning Manager Vulnerable YP Professional Development Officer
4.3 Dual Diagnosis Task Group to develop care pathway for young people with co-occurring mental health and substance use problems, to include screening tools and joint assessment (NA 9.1.3 & 10.2.3).	July 2009	CAMHS Lead Commissioning Manager
4.4 Dual diagnosis training is developed and agreed as mandatory for CAMHS and specialist substance misuse treatment services practitioners.	Sept 2009	Commissioning Manager CAMHS Lead
4.5 Interim evaluation the project in Ipswich to refer YP admitted to A & E with an alcohol related injury for follow up to further develop joint working with emergency services (NA 6.2 & 10.2.3) Develop action plan for further development of the project Implement and evaluate action plan	May 2009 June 2009 Dec 2010	Project Lead
4.6 Agree policy to ensure looked after children (LAC) using substances are identified and referred for treatment when necessary (NA 4.2 & 10.2.2) Implement policy.	June 09 July 09	Commissioning Manager LAC Service Lead
4.7 Develop protocol with Suffolk Constabulary for signposting/referral of young people in contact with police for substance misuse related incident for appropriate level of intervention.	Feb 2010	Commissioning Manager
4.8 Develop and implement protocol with Young Offenders Institute, YOS and specialist substance misuse treatment service for Young people leaving the secure estate with substance misuse to receive appropriate interventions.	Feb 2010	Commissioning Manager Youth justice service leads.
4.9 Develop action plan to meet identified need within truant and excluded young people in light of information obtained through data analysis	Nov 09	DAAT Information & Research Officer Youth and Connexions Lead
4.10 Raise young people with substance use need for safe accommodation as an agenda item on the Strategic Housing Action Group to facilitate addressing this need. (NA 2.2) Develop process for targeted prevention for young people in such accommodation, and those who are homeless. (see Planning Grid 4, objective 2, link in with Transition work)	July 09 July 09	Commissioning Manager
4.11 Ensure all of the above are reflected within the Early Intervention and Prevention Strategy being developed by the Children's Trust.	May 09	Commissioning Manager JCG

**Expected Outcomes:**

Vulnerable young people receive co-ordinated and timely care and support to prevent or minimise their substance use/misuse and the harm caused by substance misuse.

Vulnerable young people misusing substances are identified and referred for specialist treatment and supported in engaging with specialist treatment.

Vulnerable young people experience improved outcomes through reducing or stopping their substance use.

**Objective 5: (Key priority 5)**

All young people referred for specialist substance misuse treatment to have a comprehensive assessment undertaken within 5 working days of referral.  
(Page 9 and 12)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
5.1 Monitor waiting times in order to ascertain that they are within timescales	Quarterly	Research & Information Officer
5.2 If waiting times are outside of these timescales, take appropriate action to address any issues.	Quarterly reviews	Commissioning Manager NORCAS Youth Manager
5.4 Ensure the capacity within specialist treatment services is sufficient to meet likely demand from young people and families affected by substance use. (NA 7.1 & 10.2.3) (see also grid 2, objective 1).	June 09	Commissioning Manager

**Expected Outcomes:**

Young People receive timely intervention and remain motivated to engage with treatment, resulting in improved every child matters outcomes.

### Planning Grid 3: Treatment System Delivery

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

- 1 All young people have a care plan specifically related to their substance misuse treatment needs and commence treatment within 10 working days of their comprehensive assessment.
- 2 Develop the capacity to offer care planned psychosocial support of parents, carers and other family members of young people in treatment for substance misuse within specialist treatment.
- 3 Specialist harm reduction is delivered according to NTA guidance, including all young people with a history of injecting to be offered a personal hepatitis C test, with pre and post test counselling.
- 4 Update and agree procedure with CYP services for access to residential detox and rehabilitation services.
- 5 Joint working arrangements with other specialist services are in place, such as for CAMHS, emergency services, youth justice settings, family support and adult substance misuse services.
- 6 Continue to evaluate treatment quality, according to NICE guidance, performance monitoring reports and governance audits.

**Objective 1:**

All young people in treatment have a care plan specifically related to their substance misuse treatment needs and commence treatment within 10 working days of the comprehensive assessment. (Pages 9 & 12)

**Delivery Plan:**

1.1 Analysis of NDTMS Green Reports to check all young people are receiving treatment according to above objective.	Quarterly	DAAT Information & Research Officer.
1.2 Analysis of NDTMS Green reports for 07/08 and 08/09 to compare waiting times across the modalities. (NA 8.4)	Quarterly	DAAT Information & Research Officer
1.3 If waiting times are outside of these timescales within the available modalities of psychosocial, specialist harm reduction and pharmacological interventions, take appropriate action to address any issues. (see also, planning grid 2, objective 1)	June 2009	Commissioning Manager Norcas Youth Manager
1.4 Develop the capacity within specialist treatment to provide all 5 modalities of treatment – see above and objectives 2 & 4	Oct 2009	Commissioning Manager

**Expected Outcomes:**

Young people receive the treatment most appropriate to their need in a timely way and have the best chance of stopping their substance misuse.

**Objective 2: (Key Priority 2)**

Develop the capacity to offer care planned psychosocial support of parents, carers and other family members of young people in treatment for substance misuse within specialist treatment. (Pages 5, 9 & 12)  
(NA 8.4 & 10.1.3)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1 Identify services within CYP service provision offering a care planned approach to family support, using a psychosocial model	June 09	Parenting Commissioner
2.2 Develop care pathway between specialist substance misuse treatment provider and identified services offering family support.	October 09	Commissioning Manager
2.3 Implement, monitor and evaluate effectiveness of pathway.	Feb 2010	Commissioning Manager

**Expected outcomes:**

Family members of young people with substance misuse will receive appropriate support to successfully manage their family relationships and support the young person through their treatment.

**Objective 3: (Key priority 4)**

Specialist harm reduction is delivered according to NTA guidance, including all young people with a history of injecting being offered a personal hepatitis C test with pre and post test counselling. (Pages 5 & 9)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
1.1 Renew the service level agreement with Suffolk Mental Health Partnership to provide weekly medical input to the specialist treatment service for pharmacological interventions and specialist harm reduction needs. (NA 3.1.1 & 8.4)	April 09	Commissioning Manager
1.2 Monitor the above service level agreement in relation to demand and waiting times	Quarterly	Commissioning Manager
1.3 Analyse NDTMS data to ensure that hepatitis C tests are being offered appropriately, (and also harm reduction measures for hepatitis B.) Address any under performance with service provider.	Quarterly	DAAT Research & Information Officer. Commissioning Manager
1.4 Implement protocol with specialist treatment provider will ensure that all young people in treatment will be registered with a GP	May	Norcas Youth Manager

**Expected outcomes:**  
Young people will be protected from hepatitis B & C and other harm related to their risk behaviour will be minimised/avoided.

**Objective 4:**  
Update and agree procedure with CYP services for access to residential detox and rehabilitation services.

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
4.1 Work with the Head of Vulnerable services and County Panel to develop and agree procedure for application for funding for residential treatment for young people with complex substance misuse (NA 8.4 & 10.2.3)	July 09	Commissioning Manager Chair of County Panel
4.2 Circulate procedure to all specialist treatment providers for young people and adult substance misuse	August 09	Commissioning Manager

**Expected Outcomes:**  
Young people with complex need receive appropriate care and treatment and experience full recovery as a result.

**Objective 5: (Key Priority 3)**

Joint working arrangements with other specialist services are in place, such as for CAMHS, emergency services, youth justice settings, family support and adult substance misuse services. (Pages 9, 11 & 12) (See also Planning Grid 2, objective 4)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
5.1 Review existing referral protocols and use to agree process for: (NA 10.2.3) Referral between services Joint Assessment Joint care planning Data collection	March 2010	Commissioning Manager Service Managers
5.2 Develop joint training between services through liaison with workforce development team, DAAT YP Trainer and service managers	March 2010	Commissioning Manager
5.3 Develop strategic links with other specialist services such as housing, employment and training providers to facilitate provision for young people with substance misuse.	March 2010	Commissioning Manager

**Expected Outcomes:**

Young people with needs additional to substance misuse receive a holistic assessment and plan of care that is family focussed and takes account of their developing needs.

**Objective 6: (Key Priority 1)**

Continue to evaluate treatment quality, according to NICE guidance, performance monitoring reports and governance audits. (Page 1)  
(See also Planning Grid 1, objective 5)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
6.1 Complete treatment quality exercise (Clinical Governance self assessment) annually.	Oct 09	Commissioning Manager, NORCAS Youth Manager

6.2 Assess specialist modalities against the updated clinical guidelines.	Oct 09	Commissioning Manager, NORCAS Youth Team
6.3 Use the feedback from service users gained through questionnaires and focus groups (see grid 1, objective 1) to evaluate the service provided.	Dec 09	Commissioning Manager,
6.4 Use the feedback received from practitioners accessing or referring to specialist treatment to evaluate the service.	Dec 09	Commissioning Manager

**Expected outcomes:**  
Young people and parents/carers receive a safe, effective and accessible service and are able to feedback their experience through a recognised process.

**Planning Grid 3a: Treatment System Delivery – HMP YOI Warren Hill (page 9)**

Objective	Action	Timescale	Responsibility
1	To deliver a minimum of one Tier 1 Group work intervention within the Induction Programme	2009/10	Team Manager
2	All young people will receive an Initial Assessment within 5 working days of arrival	2009/10	Team Manager
3	All young people will receive a Full Assessment and have a Care Plan started within 10 days of arrival	2009/10	Team Manager
4	To deliver 12 targeted Tier 2 group work interventions	2009/10	Team Manager
5	To deliver 24 Alcohol targeted group work interventions	2009/10	Team Manager
6	To deliver 24 Cannabis targeted group work interventions	2009/10	Team Manager
7	To deliver 1 Stimulant group work bi-monthly intervention (inc. tobacco)	2009/10	Team Manager
8	To deliver 2 sessions of Auricular Acupuncture sessions each month	2009/10	Team Manager
9	Regular contact with Youth Offending Teams will be maintained and noted in case notes	2009/10	Team Manager
10	All contact with Parents and Carers will be noted in case notes	2009/10	Team Manager
11	All young people are set meaningful SMART objectives within their care plan which are communicated to the Initial Sentence Planning Board	2009/10	Team Manager
12	90% of sentenced young people will have completed all goals set within their substance misuse care plan on release from custody	2009/10	Team Manager

13	All young people released directly from Warren Hill will have a release plan completed and communicated to their home YOT	2009/10	Team Manager
14	All young people will receive overdose and tolerance information prior to discharge	2009/10	Team Manager
15	The Head of YPSMS will sit on the Commissioning Group with DAAT	2009/10	Head of YPSMS
16	A YPSMS worker will sit on the Suffolk DAAT YP Expert Group	2009/10	YPSMS Worker

#### **Planning Grid 4: Leaving Specialist Treatment**

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

1. At least 65% of young people will leave treatment in an agreed and planned way.
2. Young people moving from young people specialist treatment services to adult services are supported to make an effective transition and remain in treatment until successful completion of their care planned intervention.

##### **Objective 1: (Key Priority 4)**

At least 65% of young people will leave treatment in an agreed and planned way. (Pages 10 & 12)

##### **Delivery Plan:**

<b>Actions and milestones</b>	<b>By When</b>	<b>By Whom</b>
1.1 Develop and implement referral pathway for on-going support from services for young people and families, i.e. <ul style="list-style-type: none"> <li>• All young people with multiple problems are assessed through the Common Assessment Framework process prior to discharge</li> <li>• All young people will be supported to remain in education, training or employment through referral to the Youth and Connexions Service, if required.</li> <li>• All young people with identified accommodation needs will be referred for support from housing services.</li> <li>• All young people experiencing difficulty with personal finances will be supported by referral the the Youth and Connexions Service.</li> </ul>	May 2009	Commissioning Manager Norcas Youth Manager

1.2 Ensure specialist treatment providers record discharge outcome and discharge referrals accurately and consistently. Monitor through NDTMS data.	Quarterly	Research & Information Officer
1.3 Report performance to JCG and agree actions to address any under performance.	Quarterly	Commissioning Manager.

**Expected Outcomes:**  
All young people in treatment experience a positive treatment journey and know how to access support from universal and targeted services for young people should they need it post discharge.

**Objective 2:**  
Young people moving from young people's specialist treatment services to adult substance misuse services are supported to make an effective transition and remain in treatment until successful completion of their care planned interventions. (Pages 6, 8 & 12).  
(NA 7.6 & 10.2.3)

**Delivery Plan:**

<b>Actions and milestones</b>	<b>By when</b>	<b>By whom</b>
2.1 Review current protocol around transition.	June 2009	Commissioning Manager
2.2 Review the findings of the transition worker in post from September 2008 and use to develop support service for young people in transition from young people services to adult.	Oct 2009	Commissioning Manager
2.3 Ensure transition work is included in service specification for tender.	Oct 2009	Commissioning Manager

**Expected Outcomes:**  
Young people aged between 18 and 24 years experiencing harm from substance use are able to access treatment services and feel confident in doing so.