



Calderdale

Young People's Drug and Alcohol Prevention Plan 2013/14

Part 1

This strategic summary incorporating the Prevention Plan grids (Part 2) and funding /expenditure profile (Part 3) has been approved by the Partnership and represent our collective action plan.

Director of Public Health

Head of Service Commissioning and Partnerships - Chair of Children
and Young People's Strategic Commissioning Group

Signature *Judith Wyllie*



1. Overall Direction and Purpose of the Strategy for Preventing Substance Misuse in Young People

This strategic summary sets out Calderdale Children and Young Peoples Partnership response to reducing the harms of substance misuse for children, young people and families.

Our vision is to see that all children in Calderdale are Happy – Safe – Successful. Working together we will ensure that children and young people in Calderdale:

- Start healthy and stay healthy
- Are safe at home, in school and in the community
- Enjoy school and achieve their best
- Make friends and take part in activities
- Stay in education and get a job

The substance misuse programme contributes specifically to this vision with the following aims and outcomes:

The overall aim in Calderdale is to:

- 1. Prevent drug and alcohol misuse in young people**
- 2. Prevent young people developing dependency as adults**
- 3. Prevent harm to children and young people via their own, their parent's / carers or others misuse of substances**

The impact of the Partnership's efforts to date include:

- Increased referrals to treatment services
- Improvements in the range of referring agencies and indications that we are providing early interventions and help
- Improved outcomes for individuals who enter treatment
- Improved workforce development
- Reduction in hospital admissions for alcohol
- Increased support for parents
- Estimated immediate savings of £300,000 to the public purse (2009/10) and £592,000 in 2011/12

The Partnership wants to build on these positive impacts and achieve the following in 2013/14:

- A further build-up of young people with knowledge, understanding and skills to resist substance use with an emphasis on the new psychoactive substances
- More support for parents so they are able to speak with confidence about drugs and alcohol to their children
- More young people accessing treatment with an emphasis on underserved / vulnerable groups
- Fewer young people coming to harm as a result of their parents their own or others substance use
- An increase in young people leaving treatment reporting abstinence, less use of substances and other positive outcomes
- Further reductions in hospital admissions due to substance misuse
- Further reductions in crime due to substance misuse

Substance misuse causes harm to individual's health and well being, to family relationships and to communities. In the worst cases families are torn apart and loved ones are lost, communities are blighted by crime and communities live in fear.

A Children and Young Peoples Substance Misuse Needs Assessment is undertaken annually in Calderdale so that we base our response to preventing the harms caused by substance misuse to young people on clear evidence. The assessment is undertaken by the Expert Needs Assessment Group and overseen by the Children, Young People and Families (Substance Misuse) Stakeholder Group. The Children and Young People (Substance Misuse) Stakeholder Group works together and provides self governance through the year to ensure actions are taken so we continue to improve the health and well-being of young people in Calderdale.

The needs assessment evidences that substance misuse prevention and treatment reduces harm and saves public money. We know that young people who enter treatment stop or reduce their use of substances. We have estimated that young people's substance misuse treatment in Calderdale has saved the public purse £592,000 in 2011/12. The Partnership is therefore confident that the overall model and delivery of the substance misuse prevention programme works. Our aim is to build on our success.

1.1 Overall Governance of Preventing Substance Misuse Programme – Children and Young People

Delivery of young people's substance misuse interventions in Calderdale are integrated into broader children and young people's services provision as part of the Children and Young Peoples Strategic Partnership Framework. The leadership for this plan is placed within this system with links to the adult substance misuse agenda.

This prevention plan forms a detailed sub-section of our local Children and Young Peoples Strategic Partnership Framework and our Commissioning Plan for Children and Young People.

The prevention plan is written in response to the needs of young people (under the age of 18 and transitional ages up to 21) who experience current harm as a result of their own or parental use which significantly disrupts functionality. It also covers those young people who are not currently using substances in order to prevent the risk of drugs and / or alcohol use. There is an emphasis on the misuse of alcohol which we know is a significant issue in Calderdale and stimulant use because we have seen more young people approaching services for help with these substances. Substances in this context are defined as illegal drugs, new psychoactive drugs ('legal highs'), prescription drugs, alcohol and volatile substances.

We aim to ensure every young person in Calderdale has access to information and advice regarding substances in order to prevent misuse and for those that need it access to high quality and appropriate specialist substance misuse treatment provision so young people are enabled to lead a life which is happy, safe and successful.

The Prevention Plan takes account of other key strategic documents which includes:

- Drugs: Protecting Families and Communities (Feb 2008)
- Safe, Sensible, Social (June 2007)
- The Munro Review of Child Protection: Final Report - A child-centred system (May 2011)
- Troubled Families (Communities and Society Government Office Communities Office, 2012)
- Assessing Young People for Substance Misuse (2007)
- Guidance on Commissioning Young People's Specialist Substance Misuse Services (2008)
- Parents with drug problems: How Treatment Helps Families (Dec 2012)
- Young People's Specialist Substance Misuse Treatment: Exploring the Evidence, Published January (2009)
- Guidance for the pharmacological management of substance misuse among young people in secure environments (October, 2009)
- Guidance for the pharmacological management of substance misuse among young people (October, 2009)

- Promoting the Health and Well Being of Looked After Children (DCSF 2009)
- Interventions to reduce substance misuse among vulnerable young people (March 2007)
- Preventing and reducing alcohol use among children and young people (NICE May 2010)

Within Calderdale there are close links between the commissioning of young people's substance misuse services and other key priorities that affect the delivery of young people's health and social services, for example:

Health and Wellbeing Board
 Police and Crime Commissioner / Community Safety
 Housing
 Children's single commissioning arrangements
 Mental Health
 The Crime and Disorder Partnership
 Care Closer to Home
 Teenage Pregnancy and Sexual Health
 Urgent Care
 Education / Training / Employment
 Supporting Families
 Early Intervention / Locality Panels

This Prevention Plan feeds into the Commissioning Plan and the Young Peoples Strategic Commissioning Group. This ensures that substance misuse services for young people in Calderdale are part and parcel of integrated provision targeted at vulnerable young people and their families.

A Young People's Programme Manager leads the strategic approach and co-ordination of the substance misuse programme and works in partnership with all key stakeholders to reduce duplication, increase efficiencies and improve quality.

Previous data collection and Needs Assessment in Calderdale resulted in service re-design 2009 /10. A new young people's substance misuse service was commissioned to deliver a more fitting and appropriate service. This focused on the needs of young people in a more holistic way, with a bigger focus on prevention, education, family support, support to professional groups, alcohol, transitional services and targeted youth provision. This model is working well, with the numbers of referrals, the range of referral sources, planned discharges and positive outcomes increasing. A particular strength of the model is the close ties with schools.

We have evidence to suggest the prevention agenda is working due to a drop in crime and also a reduction in hospital admissions for alcohol. We also have evidence of positive outcomes for those young people who enter treatment services. The Prevention Plan will build on these successes, looking at strategies to prevent young people starting substance misuse and looking closely at the interventions and outcomes for those who enter treatment.

Calderdale is committed to being responsive and accountable to local people and local communities. We will achieve our aims and objectives by:

- Using our resources for those in greatest need
- Delivering services early and locally
- Involving people in decision making
- Encouraging collaboration
- Developing innovative and creative ways of working
- Celebrating excellence

Performance management structures, monitoring and data collection of specialist substance misuse services is well established. There are regular performance management meetings between provider and commissioners. The outcomes of the programme are monitored via Calderdale Local Authority 'Making a Difference' Performance Monitoring System.

The future holds unprecedented change for commissioning services. The wider changes in the health service, the move of the National Treatment Agency to the new Public Health England, the advent of Clinical Commissioning, School Commissioning and the Police and Crime Commissioners role will impact on the strategic operation of the young people's substance misuse programme. Financial pressures and cuts in service provision may impact negatively on the programme. The Governance of the programme need to reviewed to ensure that it is fit for purpose and continues to meet the prevention and treatment substance misuse agenda.

The challenge will be to ensure that young people continue to be provided for fully in this era of great change and ensure that the prevention of substance misuse in young people remains everybody's business.

This plan is agreed by:

Director of Public Health

Head of Service Commissioning and Partnerships / Chair of Children and Young People's Strategic Commissioning Group

2. Summary of Findings from Needs Assessment

In brief summary the needs assessment tells us that:

Demographic Data and Emerging Trends

- The needs assessment demonstrates that young people in Calderdale are coming to harm due to their own or others substance use.
- Adolescence is a risk time for experimenting with substances, some groups of young people are at higher risk than others
- The treatment population is getting younger
- Alcohol is the most prevalent substance of misuse
- Young people who seek treatment do so for cannabis, alcohol and stimulants
- Stimulant use has increased in Calderdale by 17% in the past 2 years
- There is no evidence of under 18s heroin use
- Violent and sexual crime is an aggravating factor associated with young people
- Calderdale has higher than average numbers of hospital admissions but for alcohol but this is on a downward trend
- Calderdale has higher than average numbers of hospital admissions for drugs
- There is a small number of young people aged between 18 and 21 using heroin predominantly from eastern European countries
- We know there are areas of deprivation and risk factors that impact on substance misuse patterns in Calderdale

Meeting Children, Young Peoples and Families Needs

- No young people in Calderdale receive treatment from an adult substance misuse service
- Calderdale has higher numbers of young people accessing treatment than comparable areas (due to accessible services rather than Calderdale being an outlier regarding young peoples drug taking)
- Calderdale has better planned discharge rates when compared to national averages
- Calderdale has higher numbers of young people accessing treatment via schools when compared to national averages
- Calderdale has higher than national averages of young people up to age 21 accessing services for stimulants / party drugs
- For young people who enter treatment there are positive outcomes
- Schools and the YOT make majority of referrals
- The YOT refer the most complex young people to services
- The prevention agenda is having an impact

- Young people state that they get good information about drugs and alcohol
- We know that young people who take substances do so because their friends do or because their parents 'don't care'

Gaps in Meeting Young People's Need

- We do not have evidence of industrial scale T1 interventions from partner agencies taking place with young people in Calderdale
- We are not reaching BME communities in the numbers one would expect
- Some services are not referring in the numbers expected (CAMHS, C&K Careers, Youth Service & School Nursing Team)
- We have evidence that suggests that we are not meeting the needs of young people who are receiving services from CAMHS in the numbers expected
- There is a gap in access to treatment from police custody given the nurse role has ceased
- Referrals from YOT are less than the national comparisons at Q3 2012/13 although crime data indicates 10% of crime committed by young people is associated with substances misuse
- Need and demand is outstripping capacity in the specialist service to provide the information, training and awareness raising regarding substance misuse for professionals, parents, children and young people – this is due to both demand but also due to the changing patterns and availability of drugs
- Young people up to age 21 have access to a specialist treatment service that can meet their needs in relation to 'recreational' / 'party drugs'. However post 21 years there is no service currently available in Calderdale to meet their needs
- Supporting parents with basic information / awareness training requires improvement

3. Preventing Drug and Alcohol Misuse in Young People

The majority of young people in Calderdale do not take substances but drugs and alcohol are used in our communities. Therefore all young people need the skills and resilience to resist substance use and have quick access to quality treatment should they need it.

3.1 Universal Provision and Targeted Provision

All young people in Calderdale have a need for basic alcohol awareness due to adolescence being a risk factor for substance misuse, alcohol being a socially acceptable and easily accessible drug and emerging markets in new psychoactive substances ('legal highs').

All parents in Calderdale need the confidence and basic knowledge to talk to their children about substances. Parents need to understand the CMOs advice regarding alcohol and their own behaviour as role models.

All professionals working with children, young people and families need the knowledge to talk with confidence about substances and the ability to deliver basic brief interventions.

The specialist substance misuse service, schools, youth service, school nursing team and parents are key partners in this work.

3.2 Specialist Treatment Interventions

Swift access to treatment is important so we can meet the needs of young people and prevent harm. All young people are seen within national waiting times.

There is a flexible and proactive approach to meeting need; there is an out of hour's access to specialist services and a flexible approach for young people leaving the secure estate and those who enter emergency services.

Access to treatment for young people involved with CAMHS, who admit to hospital or visit A&E are not as robust as they could be. We also know that the referrals from the School Nursing Team, the Youth Service and C&K Careers are low.

As stated previously, poly drug use is common for those seeking help. In most cases this is cannabis and alcohol, but also ketamine and mephadrone (M-Cat). There is no evidence of heroin or crack cocaine use in under 18s but there is evidence of young people between the ages of 18 and 21 seeking treatment for heroin, albeit in small numbers.

a. Pharmacological Interventions

The current Needs Assessment indicates that 5 young people aged entered treatment with a dependency that required a pharmacological intervention.

b. Psychosocial Interventions

The needs assessment demonstrates clearly that the majority of interventions will be for psychosocial as a stand-alone intervention or as part of a pharmacological intervention. Integration within the Continuum of Need and Common Assessment Framework underpins this approach. This may include, but is not limited to;

- psychological, psychotherapeutic, counselling and counselling based techniques to encourage behavioural and emotional change
- motivational interviewing
- relapse prevention and interventions designed to reduce or stop substance misuse
- work to reduce offending
- support to access to education, training and/or employment opportunities
- family support

c. Family Support

Parents have a big influence on the lives of their children. Parents are the example in the home and also the giver of messages regarding substance use. Supporting parents, carers and other family members is an important aspect of service provision.

The needs assessment indicates that families refer young people to substance misuse services. This indicates concern and support from parents on the issue of substance use. It has long been recognised that people with the support of their family do better in treatment so it is important that service provision can help, advise and support parents too.

That said, some parents also misuse substances, the current needs assessment identified clients in adult substance misuse services have children living with them. There will of course be a number of parents who experience difficulties with substances who are not known to services.

The Young Peoples Specialist Service in Calderdale supports young people, parents and families affected by familial substance misuse and respond to the needs of children of substance using parents, teenage parents and parents of substance using young people. This includes prevention work, education and training, psychosocial interventions and family work.

d. Harm Reduction

The Needs Assessment indicates 9 young people (over 18) accessed needle exchange in 2011/12, this broke down into 1 Heroin user, 7 steroid users and 1 perma injectable tanning. However, the number of young people entering treatment and declaring current or past injecting activity is low. This appears to be reflected in the very low numbers of young people taking up the offer of interventions around Blood Borne Viruses (specifically Hepatitis B).

Harm reduction also includes brief interventions which cover the potential harm and dangers of using substances. The need for these interventions has increased with the advent of new psychoactive substances and increase in white powders. As a result training and support for professionals from specialist services will always be in high demand.

e. Leaving Specialist Treatment

Transitional arrangements are established in Calderdale up to age 21. There have been significant improvements in treatment exits over the past year with 9% defined as an unplanned exit, of the unplanned exits we know that those most likely to leave in an unplanned way are those presenting with stimulant use. We have local and national data on young people's outcomes from treatment. This shows that the majority of young people who access treatment stop or reduce their use of substances.

We know that those that enter that treatment it works as young people report improvements on a range of outcomes.

Young people have fed back their progress since leaving treatment which indicates that for those that respond their attitudes to drug use have changed and that they are either abstinent or have reduced use.

There is a requirement to improve on the post treatment destinations for young people so we know they continue to receive support post treatment and are less likely to relapse.

g. Residential Treatment for Substance Misuse

The needs assessment did not show any demand for residential treatment for substance misuse. Appropriate specialist service provision nationally is limited.

3.2 Actions to address potential impact on diverse groups and vulnerable young people

The Children, Young Peoples and Families Substance Misuse Stakeholders group will address the impact of service delivery and the appropriateness of it for all young people. The Partnership is mindful of the need to identify and respond to the needs of diverse communities and we will assess the impact service developments may have on already underserved groups, for example BME groups (including travellers, asylum seekers, refugees, economic migrants etc), young people who have mental health problems, those who are leaving care, those not in training, education or employment and those that admit to hospital due to substance use.

There is a low number of referrals from CAMHS, School Nursing Team, C&K Careers, Youth Service and Calderdale and Huddersfield NHS Foundation Trust to treatment services. Access for BEM groups is lower than expected.

Meeting the needs of young offenders will continue. Young offenders are the most complex group of young people entering treatment. Substance misuse treatment can not only bring an immediate improvement but a lifelong positive impact. Young offenders are one of our most vulnerable groups and will often be part of the Supporting Families agenda.

There will need to be close working relationships with the Supporting Families initiative in Calderdale to ensure this programme has the best opportunity to change lives.

3.3 Treatment Service Governance

The Service Provider has in place an active clinical governance programme that specifies key elements of the treatment services provided and details how compliance with clinical protocols is assured. This incorporates the guidance for the pharmacological management of substance misuse among young people in secure environments (October, 2009) and Guidance for the pharmacological management of substance misuse among young people (October, 2009).

A senior member of staff has been identified as the clinical lead within the service to take the lead on clinical provision and to work with any young people with prescribing and severe complex needs. A senior service representative attends relevant clinical governance, shared care, residential treatment, safeguarding and drug related death meetings as required.

Clinical supervision is provided individually for all front line workers within the specialist service supervision structure. Clinical support is sought from the adult specialist substance misuse service as and when required.

In addition the provider is externally audited by a number of bodies including: Charity Commission; DWP; Mazars (financial audit); EXOR, IIP, CQC.

Assurance of policies, protocols and general provision are part of the performance monitoring meetings.

Safeguarding is a major theme in all service delivery. The specialist service has a comprehensive safeguarding policy which has been assessed and judged as good by Calderdale's Safeguarding lead. The service has links to safeguarding boards and local training programmes. The service acts as the lead professional in some CAF cases. The CQC have inspected the service in 2012 and 2013 and have found it to pass all aspects of inspection.

4. Key Areas

4.1 Poly Drug Use / New Psychoactive Substances

The Needs Assessment indicates that it is the norm, rather than the exception that young people use more than one substance. In most cases this is alcohol and cannabis, although cocaine, M-Cat and Ketamine have also been identified. Poly drug use is particularly harmful and can increase the dangers of substance use and adult dependency.

Young people often cite their substance use as 'recreational' rather than problematic. Harm reduction advice in young peoples substance misuse services therefore needs to be up to date and relevant to the substances young people use and will need to cover the dangers of poly use. Due to the rapidly changing availability of new psychoactive substances the message of harm reduction requires constant reiteration.

Alcohol is a focus of harm reduction advice. Alcohol, which is socially acceptable is a feature in accidents, self harm and acts of violence (including sexual) in both victims and perpetrators. It is also assumed it features in unwanted pregnancy and STIs.

The advent of psychoactive substances has had an impact in Calderdale. There has been an increase of 17% in stimulant use for young people.

4.2 Hospital Admissions and A&E

Data obtained from Calderdale Royal Hospital admissions show 111 admissions for alcohol in a 2 year period. This is a decrease from the previous 2 years data from 126.

Drugs account for 129.8 rate per 100,000 hospital admissions 2008/11. This is a slight increase on the previous data from 2005/10 which stood at 121.6 but there is no clear pattern of admissions, these fluctuate year by year.

The pathway from acute sector to specialist substance misuse services states that where consent is given young people who visit A&E or admit to hospital an automatic referral takes place to the specialist substance misuse services. We know that this does not happen in practice.

There is a notification system to the school nursing team for those aged under 16 and we have emerging evidence that this may be working.

4.3 Sexual Health and Teenage Pregnancy

Education in schools and through other targeted youth support will warn young people of the dangers of substance misuse and unprotected sexual activity. There are links with GUM and other services dealing with pregnancy, termination and sexual health matters to improve screening and identification of substance use.

The 16 to 17 age group has the highest prevalence of teenage pregnancies. A report, 'Calderdale Conceptions 2006' indicated that alcohol was a factor in 25% of conceptions for under 20s and 19% of respondents said alcohol/other drugs were a factor in 'going further' (i.e. having full sex) than when sober.

4.4 Youth Offending and Crime Prevention

West Yorkshire police identified 743 offences committed by under 18s living in Calderdale in 2011/12 in Calderdale and neighbouring divisions, 10% are identified with drugs or alcohol as an aggravating factor. Violent crime the biggest crime associated with substances, with alcohol being the key substance of misuse.

The links between the YOT, Probation and crime prevention and young people's substance misuse services are very good. This is reflected in the numbers of referrals although when compared to national data (Q3 2012/13) Calderdale has less young people referred by the YOT, this is a recent trend that needs to be understood. Work will continue with an added emphasis on DYO's, PPO's and IOM.

The system will be continually monitored but more importantly used as an example of good practice in Calderdale for those services working in targeted youth provision. There is a gap in provision with the loss of the nurse work in cells.

4.5 Schools

The links between schools and the specialist substance misuse service are good. The service has a presence in all secondary schools in Calderdale and teaching staff are now the biggest referrers to specialist services.

2012 is the fourth year that there has been an electronic survey of the health and wellbeing of secondary school pupils in Calderdale. Using an anonymous online survey students answer questions relating to a wide range of health and well-being issues which includes questions on substances. Some of the most notable findings from the 2012 survey and statistically significant trends since 2010 related to drugs and alcohol are:

- Substance use in general has decreased
- Alcohol remains the main substance used by young people in Calderdale with a significant proportion regular users and experiencing drunken episodes.
- Alcohol is the substance most frequently used regularly (monthly, weekly or daily) with 21.3% pupils regular users compared to illegal drugs (4.3%)
- The proportion of pupils using substances regularly has significantly decreased since 2010 for all alcohol and drugs as has the proportion using substances daily
- Of those who used alcohol regularly, almost half (48.3%) had drunk so much that they didn't know what they were doing, the highest proportion being amongst year 10 girls. Similarly, for regular drug users, almost half (43.7%) had taken so much that they didn't know what they were doing
- A high proportion of pupils have had access to information about alcohol, drugs and tobacco although this differs by school.

5. Key findings of current needs assessment and a brief summary of the prevalence of problematic substance misuse by young people in the local area, changing trends, treatment mapping, characteristics of met and unmet need, attrition rates and treatment outcomes

Data for the 2011/12 needs assessment came from:

NDTMS

Local Monitoring and Data from HX1 and Branching Out

The Calderdale Joint Strategic Needs Assessment

The Calderdale Poverty Needs Assessment

The Partnership Strategic Assessment 2012
Child Sexual Exploitation Data (2010)
eHealth Needs Assessment (2012)
The Children and Young Peoples Plan
Children and Young Peoples NHS Services
Communities and Local Government, Child Well-being Index
YOT
West Yorkshire Police
British Crime Survey
A range of local agencies working with young people including Schools, Young Peoples Services, Health Services and the voluntary and community sector.

The 2011/2012 needs assessment was undertaken by the Expert Needs Assessment Group and overseen by the Children, Young people and Families Substance Misuse Stakeholder Group.

The stakeholder group assumes that all young people in Calderdale need basic information and advice regarding drugs and alcohol, particularly alcohol which remains the most prevalent substance of misuse.

The needs assessment showed that the most prevalent substance used is alcohol but for those that seek help they do so for cannabis and / or alcohol and stimulants. Poly drug use is common for those in treatment, which in the main includes alcohol, cannabis and amphetamine type substances. Ketamine is also used and M-Cat has shown itself to be a substance of choice. Cocaine and heroin use in young people entering treatment remains low and in the older, over 18s age range. There seems to be an emerging upward trend of stimulant use in young people.

The needs assessment indicated better screening and referral activity in universal and targeted youth support services although there is still room for improvement.

The needs assessment showed an increase in the numbers and range of referral sources. In addition there were significant improvements in planned discharges.

Prevention, Education and Training

In 2011/12:

- 8237 young people attended prevention group work sessions
- 78 professional training sessions / meetings with Branching Out
- 72 parents attending training / information sessions (not including 1-1 support)

Prevalence Treatment Population up to Age 21

In 2011/12 primary substance of use was identified as:

- 51% cannabis
- 33% alcohol
- 12% amphetamine

Gender

- The overall number of in treatment was 63% male 37% female

Age

- The treatment population has been getting younger. The proportion of clients aged under 15 and under increased from 26% in 2007/08 to 61% in 2010/11 to 51% in 2011/12. Compared to national figures Calderdale has higher figures for young people declaring first age of use under 15 years.

Ethnicity

- There has been an increase in the proportion of young people aged up to aged 21 from BME backgrounds to treatment from 2% 2010/11 to just under 10% 2011/12.

Referrals into Treatment under 18s

- Referrals for specialist services consisted of 38% from universal education and 22% YOT

Treatment Exits and Local Outcomes

- 90% of treatment exits were planned (u18s) 2011/2012.
- The NDTMS risk profile indicates the majority of young people have decrease their risk taking at exit.
- The above shows clearly that treatment works and that treatment interventions produce better outcomes. There are a range of other outcomes monitored that show positive outcomes from young people who enter and engage with treatment.

Agency Transfers

There is only one substance misuse service within Calderdale for Young People; it is, therefore, not surprising that there are no transfers during 2011/12.

Accommodation

The majority of service users are living with parents although a small numbers are looked after, in supported accommodation or living independently.

6. 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

The Needs Assessment tells us that while we meet the needs of some children, young people and families and that our efforts are having a positive impact there needs to be increased activity in some areas to improve our approach and reduce harm.

We need to increase the training and education programmes to children, young people, parents and professional groups, and consider a move towards a younger age range.

We need to increase the numbers of brief interventions by a range of providers.

Need to increase the number of referrals from universal and targeted providers to Lifeline - Branching Out.

We want to meet young people's need quicker by ensuring that all young people enter treatment x2 weeks following referral (a week less than national targets).

We want to ensure that young people are receiving the right interventions are delivered that improve outcomes which includes abstinence and reductions in use but also jobs, training and education improvements

We need to see further reductions in hospital admissions and A&E visits due to alcohol. We also want to see evidence of appropriate follow up responses following contact with hospital

We want to see a reduction in hospital admissions and A&E visits due to drug with appropriate follow up responses following contact with hospital

We need to ensure that young people held in cells have their health needs met

We need to see an increase in number of families supported where substance misuse is a cause for concern and impacting on the children and young people

We need to see a reduction in numbers of young people who are victims of crime where substance misuse is an aggravating feature. We need to understand more about young people as victims of crime.

We want to see an increase in the numbers of young people who say they have enough information about drugs and alcohol.

The Children and Young people and Families Prevention Plan indicates the actions to take place in 2013/14 to ensure we meet the needs of children, young people and families in Calderdale and reduce the harms of substance misuse.

Improvement Outcomes;

1. Deliver a range of training and education programmes to children, young people, parents and professional groups.
2. Evidence of brief interventions by a range of providers. Evidence of increased referrals from universal and targeted providers to Lifeline - Branching Out.
3. Evidence that all young people enter treatment x2 weeks following referral.
4. Evidence that a range of appropriate interventions are delivered.
5. Evidence that young people achieve positive outcomes, have a planned discharge and are discharged to a range of appropriate services.
6. A reduction in hospital admissions and A&E visits due to alcohol with appropriate follow up responses following contact with hospital
7. A reduction in hospital admissions and A&E visits due to drug with appropriate follow up responses following contact with hospital
8. An increase in contacting young people who are held in cells where crime is associated with use of substances
9. An increase in number of families supported where substance misuse is a cause for concern and impacting on the children and young people
10. Develop culturally sensitive approaches to working with the BME populations in Calderdale
11. A reduction in numbers of young people who are victims of crime where substance misuse is an aggravating feature

Continuing Objectives

- Implement the new drug strategy as it relates to young people
- Continue to work with the wide range of partners in children, young people and family services
- Continue with robust performance management systems
- See at least 90% of young people requiring specialist substance misuse treatment within a young person's service
- Continue to deliver a range of services which encompasses the five treatment interventions, including;
 - Pharmacological Interventions
 - Psychosocial Interventions
 - Family Support
 - Specialist harm reduction interventions
 - Residential treatment for substance misuse

- Ensure all young people in specialist substance misuse treatment have a care plan specifically related to their substance misuse treatment needs
- Offer all young people who have a history of injecting a personal Hepatitis C Test with appropriate pre and post test counselling
- Improve prevention via a range of appropriate strategies

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

The Partnership Substance Misuse Programme will continue to support the achievement of national and local objectives and outcomes. The key priorities for the Children and Young People's Substance Misuse Prevention Plan for 2013/14 can be summarised as follows:

Prevent substance misuse via education and information for all

Intervening as early as possible in matters of substance misuse using the continuum of

need model and locality panels

Reduce hospital admissions and improve the follow up from hospital admissions

Improve the follow up from young people who visit A&E due to substance misuse

Reduce crime which is associated with substance misuse

Improve outcomes for young people leaving treatment which includes health, crime, volunteering and employment, education or training

Safeguarding will be at the heart of all work streams

Performance, outcomes and value for money of the programme will be transparent – there is a need to improve the governance to account for the pressures in budgets and the interdependencies across the programme.

Expected Outcomes:

- More young people receiving prevention interventions
- More parents receiving awareness raising sessions
- More young people accessing treatment
- Young people reporting abstinence or reduction following treatment
- Prevention of drug related deaths and blood borne viruses
- Reductions in crime
- Sustained education / training / volunteering / employment
- Improvement in mental, physical health and wellbeing
- Reduced hospital admissions
- Use public money efficiently and continue the savings to the public purse