



THE REPORT

Item 0.0
Decision No

By:	Angela Slaven, Director of Service Improvement, Customer and Communities
To:	West Kent Health and Wellbeing Board, Tuesday 21 st January 2014
Subject:	Young People Substance Misuse Service
Classification:	Unrestricted

Summary

The retendering of the young peoples' substance misuse services in Kent concluded with the contract being awarded to KCA. As KCA were the current provider there was no transition period required. The contract began on the 1st January 2013. Performance to date has been positive: young people accessing the service is 33% over target; 100 per cent of referrals receiving a care plan within two weeks; 96% of planned exits which is well above the national average; the number of Youth Offending Service clients accessing the service is 148% over target; and, the number of parents and carers support is also over target.

1 Introduction

- 1(1) In June 2011, the KDAAT Board agreed plans to competitively retender early intervention and specialist treatment services for young people in Kent. A Procurement Plan was developed and agreed in March 2012. The contract was awarded to KCA on the 1st October 2012.
- 1(2) The consultation period had substantial engagement from key stakeholders in Kent, in addition to the national providers of young peoples' substance misuse services. Over 100 young people took part in the process, with significant support provided by the Kent Integrated Youth Services.
- 1(3) This report presents a update on the progress of KCA's model of service delivery.

2 Service Outcomes

- 2(1) KCA have been commissioned to deliver a range of interventions in order to prevent problematic substance misuse, reduce substance misuse related crimes and enable the long-term recovery, rehabilitation and social re-integration of young people in Kent affected by substance misuse including:
 - 2(1)(a) Improved emotional health and wellbeing, and quality of life for young people, their parents and carers and their families
 - 2(1)(b) Well-informed and supported families and carers
 - 2(1)(c) Improved relationships between the young person and their parents and carers

- 2(1)(d) Reduced substance misuse related crime, anti-social behaviour, entry into the criminal justice system as a result of substance misuse and re-offending
- 2(1)(e) Increased engagement in positive activities and engagement with social peers
- 2(1)(f) Increased engagement in education and training including but not limited to; a reduction in the number of young people who are excluded from school as a result of their misuse of substances
- 2(1)(g) Increased housing stability for young people
- 2(1)(h) Improved public health and reduced health inequalities in Kent, including but not limited to; prevention of substance misuse related deaths, in teenage pregnancy and blood borne viruses

3 KCA's Model of Service Delivery

- 3(1) Running throughout the model are three 'golden threads':
 - 3(1)(a) Holding hope – all young people can, and deserve to, succeed. KCA hold hope for them even when they are not able to
 - 3(1)(b) Doing with and not unto – we do it together with partners/carers, working to find solutions to difficulties
 - 3(1)(c) Passion with purpose – KCA will champion young people and have an agreed plan and vision which will be driven with energy and vigour. Underpinning this is strong governance, rooted in shared values and agreed ways of working

- 3(2) The service model comprises an Access and Engagement Centre and two Operational Hubs:
 - 3(2)(a) The Access and Engagement Centre is the 'front door' to KCA services across Kent (situated in Faversham) and the central point of access for the twelve districts. It operates an advice line, telephone consultations and a duty team who are the first point of contact for referral and immediate liaison with parents/carers, young people and professionals
 - 3(2)(b) KCA have established two operation hubs across Kent that are responsible for providing both early intervention and specialist treatment in each of the twelve localities – Chatham (KCA West Kent and Medway) and, Canterbury (KCA East Kent). Services are delivered within local communities at times and places which suit young people and their families/carers; this includes home visits and outreach across Kent

- 3(3) The Centre is firmly focussed on actively engaging the parent/carer, young person and referrer from the outset. This ensures that those who need a service receive an appropriate intervention. If the young person dis-engages, the Centre takes an assertive approach to re-engagement. The Centre does lead a number of work streams to build capacity in key areas including:- Family Engagement, Workforce Development, Social Work Student Placements, and the training and recruitment of Volunteers.

- 3(4) Each hub has a service manager overseeing a team of substance misuse workers who have lead roles in relation to early intervention, specialist treatment, Youth Offending Services (YOS), Child and Adolescent Mental Health Services (CAMHS), Looked After Children (LAC) and prescribing. These workers, for some of their time, are co-located with within these teams to strengthen joint working.

4. Key Elements of the Service

- 4(1) Enabling parents/carers to make referrals – KCA communicate and market the service widely using leaflets, websites and Facebook and alongside Adfam have hosted two focus groups with parents/carers during 2013. This has ensured their views are incorporated into service development.
- 4(2) Differentiating between needs and intervening early – KCA have bridged the link between universal and specialist services by defining the referral and care pathways to the service. The DUST screening tool (please see Appendix 1) has been adapted to reflect identification of need for an early intervention service for young people who are at risk of developing problematic substance misuse. These services are available to all young people in need; targeted groups include:
 - 4(2)(a) Young people at risk of exclusion
 - 4(2)(b) YOS clients
 - 4(2)(c) Looked after Children
 - 4(2)(d) Those with mental health problems
- 4(3) Experimenting 'at risk' stage – KCA deliver RiskKit, an evidenced based multi-component programme, to address risk taking behaviours among vulnerable young people. The Programme was developed in partnership with the University of Kent.
- 4(4) Recreational/Regular substance use stage – KCA deliver brief interventions in 1-to-1 and group settings. The style and principles of Motivational Interviewing (MI) have been applied and the outcomes measured through the Teen Star Outcomes Tool.
- 4(5) Harmful/Dependant use – KCA have applied recognised models and approaches providing high quality specialist treatment to those young people who need it. This includes Cognitive Behavioural Therapy (CBT) and MI. These approaches offer the young person the opportunity to explore issues such as:
 - 4(5)(a) family relationships
 - 4(5)(b) self esteem
 - 4(5)(c) confidence building
 - 4(5)(d) anger management
 - 4(5)(e) coping with anxiety
- 4(6) Each young person referred to specialist treatment has received a comprehensive assessment, risk assessment/risk management plan and a care plan with goals that the young person has agreed with their worker. Practitioners work with young people (weekly) to address needs and review progress.
- 4(7) Access to needle exchange services – this intervention has reduced current harm associated with injecting practices and more young people have engaged into specialist treatment where they receive pharmacological and psychological interventions.
- 4(8) Pharmacological interventions – KCA work with the appropriate substance misuse doctors in relation to substitute prescribing. Young People have benefited from a Mental State Assessment as they are often the most complex young people known to the service. In partnership with the CAMHS service KCA have assisted in the development of the Kent protocols in relation to psychiatry input for these young people as part of their intervention.

- 4(9) Addressing challenges of particular age groups – **Under 14's**, KCA continue to work with children services to provide a team around the child; **17-18 year olds**, KCA support young people to overcome the associated challenges i.e. transition to adulthood, by working with adult services. For those clients in this age group who are NEET KCA work with CXK and colleges supporting young people to access education and training.
- 4(10) Clients with poor written/spoken English – KCA have overcome these issues in a number of ways such as promoting the service in different languages and using interpreters when necessary which has ensured that a lack of English is not a barrier to accessing the service. Through the diversity training programme KCA staff are culturally competent with the evolving needs of service users and the communities they come from.
- 4(11) Effective links and DUST training – KCA have delivered DUST training to the children's workforce and in 2013 over 740 practitioners attended the training including social workers, A&E staff, and CAMHS. Eighty per cent of attendees felt they had a good knowledge of the range of specialist drug services for young people compared to sixty-four per cent before training.
- 4(12) Effectiveness of interventions – KCA measure the effectiveness of their interventions through a number of outcomes measures such as Teen Star, TOP'S and the use of service user satisfaction surveys. During 2012/13 the service achieved eight-two per cent planned discharges and ninety-four per cent said they would recommend the service to another young person.
- 4(13) Sub-contracting/supply chain – KCA have entered into a partnership agreement with Adfam for a one year fixed term contract.

5. Service User Involvement

- 5(1) KCA have a very strong track record of service user involvement and young people's participation. They have been successful in involving young people at every level of their services: from getting their advice on the design of a leaflet about cannabis to having young people sitting on interview panels. Young people's views were incorporated into the design for the new service model. During the implementation, young people were consulted on the changes KCA needed to make and how this affected them.
- 5(2) Significant achievements:
- 5(2)(a) Riskit evaluation: a qualitative evaluation of the Riskit tool in partnership with the University of Kent and current service users provided valuable information from young people about the effectiveness of that programme
 - 5(2)(b) Focus group: eight young people attend the group whose purpose is to get feedback about services and their future and to give young people the opportunity to join a steering group with KCA and be part of the commissioning process
 - 5(2)(c) Involving young people in setting up the service: service users are invited to send in their ideas which are shared with commissioners, KCA staff, and the Independent Monitoring Board (IMB)
 - 5(2)(d) Developing and shaping the service: young people have been involved from the outset in shaping this service starting with the branding of the service. Young people also worked on the development of a micro-site of the KCA website, particularly the social media areas. This has resulted in a brand that is meaningful for them and has been effective in attracting young people who need the service

5(2)(e) Training: all young people are offered the opportunity to attend training on equal opportunities, diversity and confidentiality. This has resulted the majority of service users being involved in recruitment

6. Conclusion

6(1) The conclusion of the retendering process for the Kent Young People Substance Misuse Service and the selection of KCA as the provider has placed Kent in a strong position to progress over the next three years.

6(2) Now fully operational, the new Young People Substance Misuse service model in Kent offers a comprehensive treatment, recovery and support system for young people in Kent affected by drug and alcohol misuse as evidenced in the Case Study (Appendix 2) of a Young Persons journey through the service.

7. Recommendations

7(1) The Board are recommended to note the progress of the Young People Substance Misuse service.

Author Contact details:

Robin Cahill

Commissioning Officer

Tel: 01622 694511

Email: robin.cahill@kent.gov.uk

DUST SCREENING TOOL



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Amended DUST.pdf

CASE STUDY

Appendix 2



KCA YP Case Study
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