



Young People's Joint Commissioning Strategy 2008 - 2012 [Part 1](#)

Improving the outcomes for young
people affected by substance misuse

Reducing the harm caused by the misuse of drugs and alcohol in Norfolk

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1. Introduction

This is the first part of a two part commissioning strategy for Young People's Substance Misuse¹ Services in Norfolk.

This document is for anyone interested in how the Norfolk Drug and Alcohol Partnership (N-DAP) plans and purchases substance misuse services for young people². It will be of particular interest to commissioners of children and young people's services, providers and service users of substance misuse and other children and young people's services, parents and carers and those with an interest in community safety.

The commissioning strategy will explain how available funding will be used to plan, purchase and monitor substance misuse services in Norfolk. N-DAP wants to secure service user and service provider participation in the commissioning process and to make the process of commissioning open and easy to understand.

N-DAP have decided to publish this commissioning strategy in two stages:

- Part one will provide a clear explanation of N-DAP's commissioning process, including:
 - why the young people's joint commissioning strategy has been developed and how it contributes to improving outcomes for children and young people in Norfolk
 - how we commission young people's substance misuse services in Norfolk and the strategic framework in which it is taken forward.

- Part two will describe what the 'commissioning intentions' for N-DAP will be, and it will outline the evidence base on which those commissioning intentions have been developed.

This document does not tell you about any changes in the commissioning of N-DAP's services or the evidence used to inform the commissioning. All of that will be made clear in part two.

¹ Substance misuse is defined as the use of illegal drugs, alcohol and solvents (or volatile substances) but not tobacco that leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and or dependence.

² For the purposes of the strategy a young person is defined as those aged 19 and under.

This strategy has been produced, as part of the wider **N-DAP Outcomes Strategy 2008 -2011**³ and along with the Adult Joint Commissioning Strategy will form the basis on which all other N-DAP strategies are developed.

The overarching aim of N-DAP is to reduce the harm caused by the misuse of drugs and alcohol in Norfolk. This along with the following local outcomes will provide the focus for N-DAP's commissioning:

1. a reduction in drug-related ill health
2. a reduction in drug-related deaths
3. a reduction in drug-related offending
4. a reduction in the supply of illegal drugs
5. a reduction in alcohol-related harms
6. today's young people prevented from becoming tomorrow's problematic substance misusers.

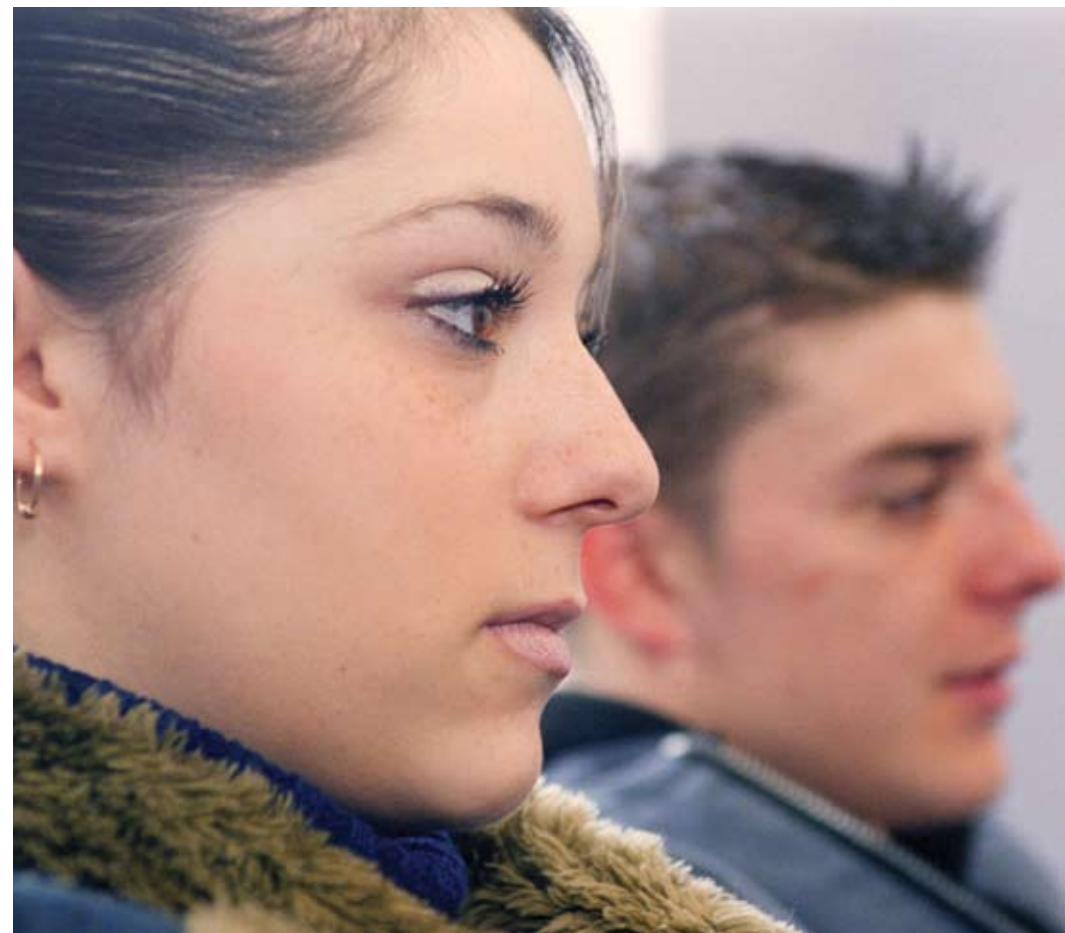
It is important that the commissioning of young people's substance misuse services is taken forward within wider Children's Trust arrangements in Norfolk. The strategy aims, therefore, to outline the strategic framework needed to ensure this happens and the key county strategic developments that this relates to.

It is also important that those areas that cross-over both young people's and adult services are considered in both N-DAP commissioning strategies. These cross-cutting areas are further outlined within this document and the processes in place to ensure that they are jointly commissioned are explained.

³For a copy please visit www.nordat.org.uk

Process and timeframe

Part two of the commissioning strategy will be developed in Spring 2008 and released for consultation in Summer 2008 along with an Equality Impact Assessment which will aim to ensure that commissioning is effective for all of Norfolk's residents.



2. Background

Preventing today's young people from becoming tomorrow's problematic drug users is one of the four key strands of the Updated Drug Strategy 2002⁴, and one of the six outcome areas of the N-DAP Outcomes Strategy. Achievement of this involves: prevention work targeted at the most vulnerable young people, and early identification and support for those who do develop substance misuse problems before these problems escalate. The reduction of drug use by young people, particularly those most vulnerable, is an aim within the Every Child Matters (ECM) outcome: Be healthy. It should not, however, be limited to this outcome.

ECM outcomes	Difficulties young people with substance misuse related needs can face in reaching these outcomes
Be healthy	The potentially harmful effects of different substances on an individual's physical and emotional health are well documented and wide ranging. Many young people will experiment with substances at some point in their lives with limited negative impacts, but for a small number the consequences are more serious and can even result in the loss of a life.
Stay safe	Young people's own substance use can put them in potentially risky situations. These might include: being the victim of violence or crime; being involved in accidents; being placed at risk as a result of another's substance use, including their parents/carers.
Enjoy and achieve	Substance use can have a potentially negative impact on the ability of a young person to attend and achieve in education. Young people who truant or are excluded from school are one of the 'at risk groups' in relation to the prevalence and impact of substance use. For children and young people with a substance misusing parent, the duties and responsibilities that result from this can seriously impact on their opportunities to engage in leisure and recreational activities with their peers.
Make a positive contribution	Young people's substance misuse can have a negative impact on their family and their wider community. It is linked to anti-social behaviour and crime and has the potential to limit the positive contribution that a young person can make.
Achieve economic well being	Young people affected by their own or other's substance misuse can fail to reach their full potential at school, in training or at work. The transition into adult life can be difficult. Problematic substance misuse is linked to deprivation and more prevalent in areas of multiple deprivation.

The table helps to highlight that substance misuse does not occur in isolation. It is associated with a wide range of other problems and has the potential to impact negatively on young people's chances of reaching their full potential. Success in meeting the strategic aims, objectives and improving outcomes can only be achieved through the development of a joint approach across all agencies and services and through the development of effective and integrated service provision.

⁴ Updated Drug Strategy 2002, Home Office www.drugs.gov.uk

Every Child Matters: Change for Children⁵ and the Children's Act 2004 resulted in the planning and commissioning of children and young people's services falling within the role of Children and Young People's Partnership Trusts. This includes the planning and commissioning of young people's substance misuse services, and is key in ensuring that young people's substance misuse related needs are integrated within wider children and young people's developments. In order to support this the then Department for Education and Skills (DfES), the Home Office (HO) and the Department of Health (DH) agreed a joint approach to the development of universal, targeted and specialist young people's substance misuse services through:

- **reforming delivery and strengthening accountability:** closer links between the Updated Drug Strategy and Every Child Matters Change for Children programme locally, regionally and nationally
- **ensuring provision is built around the needs of vulnerable children and young people:** more focus on prevention and early intervention with those most at risk, with drug and/or alcohol use considered as part of assessment, care planning and intervention by all agencies providing services for children, including schools, and
- **building service and workforce capacity:** developing a range of universal, targeted and specialist provisions to meet local needs and ensure delivery of workforce training to support it⁶.

At a local level this means that Children and Young People's Partnerships Trusts need to ensure that the needs of young people affected by their own or others substance misuse are fully considered and embedded into the planning and commissioning of children and young people's services.

⁵ Every Child Matters: Change for Children, DfES, 2004

⁶ Every Child Matters: Change for Children, Young People and Drugs HM Government (2005)

3. What is Commissioning?

There are many different definitions of commissioning. At its simplest level, however, the definitions all describe a system or cycle for 'planning with money'. Joint commissioning is when two or more agencies work together on implementing a commissioning cycle to achieve agreed outcomes.

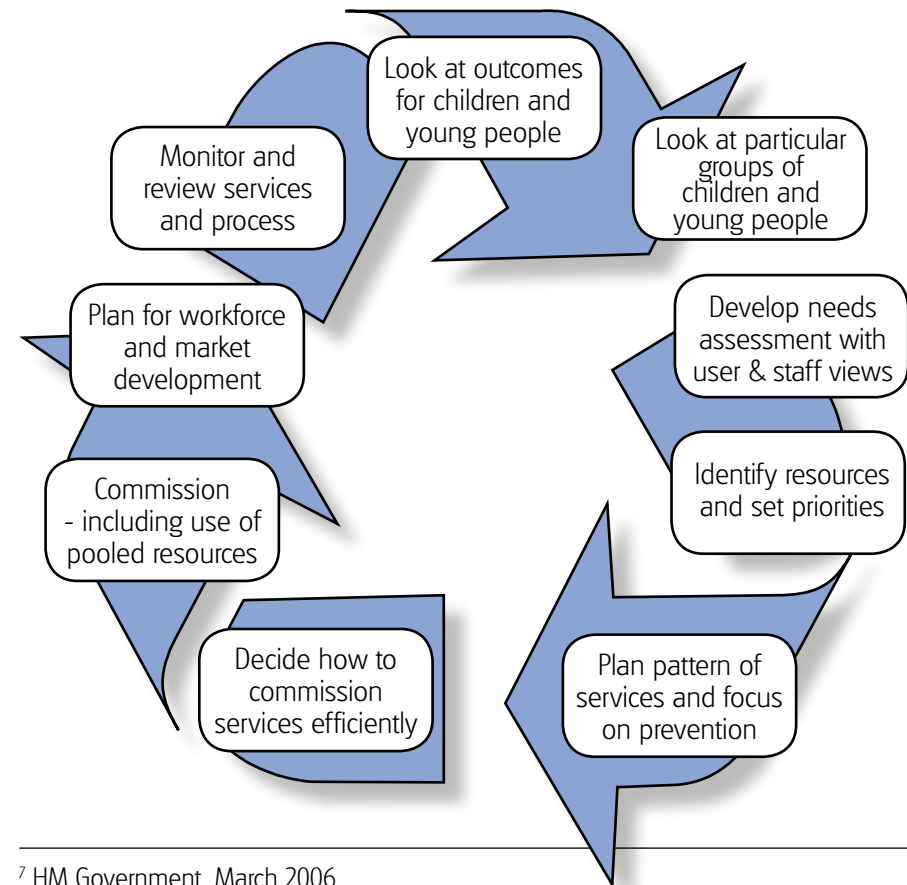
Commissioning strategies set out how the money available will be used to commission services that can best meet the needs of those people who need them, as well as having the flexibility to respond to any planned or unexpected changes. Commissioning strategies can also show how the money will be used to make changes to existing ways of providing services and/or develop new services to support people.

For the purposes of this strategy the N-DAP Young People's Joint Commissioning Group are working to the 'joint planning and commissioning framework for children, young people and maternity services'⁷. This framework describes joint planning and commissioning as a tool for children's trusts to build services around the needs of children and young people and deliver their outcomes most efficiently and effectively.

The framework outlines a nine stage outcome focused process for the effective joint planning and commissioning of services for children and young people and works alongside the Department of Health's 'Commissioning Framework for Health and Wellbeing' (March 2007) and the Communities and Local Government Best Value Guidance.

It is also the commissioning framework that the National Treatment Agency (NTA) expect drug and alcohol partnerships to work within when developing commissioning strategies for young people's specialist substance misuse treatment services⁸.

Key elements of the commissioning framework outline: how the needs of children and young people are analysed, in relation to key outcomes for them; how services to meet those identified needs are then planned; how they are then commissioned; and how they are monitored to assess their impact on improving the outcomes for children and young people.



⁷ HM Government, March 2006

⁸ Commissioning Young People's Specialist Misuse Treatment Services, NTA, August 2007 - www.nta.nhs.uk

4. Children and Young People's Joint Commissioning in Norfolk

Norfolk's Vision for Children and Young People:

"We believe that **all** children and young people have the right to be healthy, happy and safe; to be loved, valued and respected; and to have high aspirations for their future."

The Norfolk Children and Young People's Partnership Trust⁹ has been created to take a strategic overview of local and national developments and to provide endorsement and steer for multi-agency working in Norfolk. The partnership consulted on and agreed the above vision for children and young people in Norfolk and this forms the basis of its strategic development.

Membership of the partnership spans education, health, Connexions, criminal justice, voluntary sector, district councils, community safety and social services.

The partnership has two arms: 1) the board; and 2) the operational group. The board is responsible for setting shared objectives, priorities and targets and then agreeing what each partner organisation will do and holding them to account for delivery. The operational group receives its direction from the board and makes recommendations to them in support of the development of the partnership trust. The operational group monitors the performance of the county Children and Young People's Plan¹⁰.

There are also five area partnerships (North, East, South, West and Central), which have the responsibility to ensure that the Children and Young People's Plan is delivered effectively through local development plans. The area partnerships provide regular progress reports to the operational group.

In 2007/2008, the Partnership Trust further developed its partnership arrangements in relation to joint planning and commissioning, aligned budgets, integrated service development and workforce development. Four short-term multi-agency project groups investigated Norfolk's progress in each of these areas and reported back their recommendations to the Partnership Trust board.

The joint commissioning project group considered the national guidance 'joint planning and commissioning framework for children, young people and maternity services' and agreed that it should form the basis of Norfolk's approach. The group recommended that a model for integrated commissioning for children, young people and families is established and fully implemented. The Partnership Trust board approved this.

Alongside these developments, a number of partner agencies have transferred their accountability to the Children and Young People's Partnership Trust and a number of joint commissioning frameworks are either established or are in development. N-DAP is one of those partnerships and has transferred the accountability for joint commissioning of young people's substance misuse services to the Partnership Trust board. It is the responsibility of the N-DAP Young People's Joint Commissioning Group (YPJCG) to take this forward.

⁹ For more information about the Norfolk Children and Young People's Partnership Trust please visit www.everynorfolkchildmatters.org.uk

¹⁰ Norfolk Children and Young People's Plan, Year 2 (2006-2009) www.everynorfolkchildmatters.org

5. Commissioning Young People's Substance Misuse Services

The YPJCG is made up of representatives from the appropriate N-DAP partner agencies¹¹. The group's main roles and responsibilities are to work within the outlined joint commissioning framework to co-ordinate the strategic commissioning of young people's substance misuse services and to ensure that services are purchased in accordance with Best Value Principles.

This includes:

assessing needs - assess the needs of the local community, the substance misuse service users, carers and other stakeholders

evaluate existing services - to determine which services are needed and how they will be provided. To determine if new services are needed or existing services need to be changed to meet those needs and identify any gaps or duplication of service provision

commission services - for and on behalf of the Children and Young People's Partnership Trust Board through its constituent partners. Implement services through contractual arrangements and performance management, in line with local and national targets. In line with good practice, all services are commissioned on a three year contracting/service level agreement basis.

Through joint commissioning the YPJCG will be able to:

- ensure the most effective use of resources that are available by identifying potential duplication, joint funding opportunities and providing better targeting of resources

- focus on the commissioning of services in relation to improving the outcomes of the identified group and providing services based on identified needs
- provide a focus for investment in and improvements to effective prevention and early intervention
- ensure that the joint commissioning of young people's substance misuse services is taken forward within a transparent and consultative process.

Levels of commissioning

In order for a partnership consensus to be gained regarding the joint commissioning of young people's substance misuse services, the commissioner agencies, who are members of the N-DAP joint commissioning groups, are in the process of agreeing the 'level' of commissioning that will underpin future decision making.

The members of N-DAP's YPJCG are aiming to sign up to Level 2. This is described in greater detail in Appendix 1, along with the other levels of commissioning which were considered. This means that partner agencies take a more joined up approach to commissioning and funding without pooling the budgets available.

¹¹ A full list of the membership, roles and responsibilities for the Young People's Joint Commissioning Group can be viewed on the groups Terms of Reference; this can be requested from the DAAT offices by calling 01603 677577 or by visiting www.nordat.org.uk

Working with providers

As part of the commissioning approach, the YPJCG seeks to establish: a good relationship with service providers, based on regular contact; clarity of both commissioning and provider roles; mutual respect; transparency; and effective use of the data collected to inform planning and provision of services.

Cross-cutting considerations for both N-DAP Joint Commissioning Groups

Alongside the N-DAP Adult Joint Commissioning Group the YPJCG are responsible for commissioning service areas that cut across both adult and young people's services.

The transition which people make from young people's substance misuse services to adult treatment services must be carefully considered when services are planned and commissioned.

Both joint commissioning strategies also need to consider substance misuse related needs within the wider family. This includes the impact of parental substance misuse on children and young people and also the support needs of parents and carers.

The Adult and Young People's Commissioning Officers and the commissioning groups have responsibility for ensuring both of the above cross-cutting areas are planned for and met.

The commissioning officers and DAAT Strategy Manager (as Chair of both groups) take responsibility for ensuring issues are 'joined up' on both agendas, and during discussions. In addition, some commissioners sit on both groups and offer support and input on cross-cutting issues.



6. Commissioning Direction

How are young people's substance misuse services funded?

The main source of funding for young people's substance misuse services is the Young People's Substance Misuse Partnership Grant (YPSMG). This centrally pooled budget is made up of funding streams from the Department of Health, the Home Office and the Department for Children, Schools and Families.

Norfolk County Council acts as the banker for the grant, which is then used by N-DAP, alongside other local sources of funding (eg PCT, local authority), to commission services from the NHS, statutory, voluntary or private sector in order to meet local needs. The Home Office monitors the use of the grant on behalf of all three government departments.

At the time of writing part one of the strategy, no information was available regarding the future of the grant or expected levels of funding for 2008/09.

N-DAP is working to support the development of the Norfolk Local Area Agreement. The negotiation of the LAA for 2008/09 has offered an opportunity to engage a wider partnership in the drug and alcohol harm reduction agenda and highlight the links that exist across the agreement. The aim is to ensure that the maximum added value is yielded. Examples or areas of work with children and young people that could benefit are: alcohol harm reduction; work with parents and carers of substance misusers; and improved access to education, training, employment and housing for those children and young people in drug and alcohol treatment.

What guides substance misuse commissioning and who monitors it?

At a local level, the YPJCG monitors and reviews commissioned services and monitors overall commissioning performance for N-DAP - reporting to the Children and Young People's Partnership Trust Board.

The partnership is performance managed through its progress against indicator 3 of Public Service Agreement (PSA) 14, to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances and the performance targets related to this.

Partners within N-DAP may have their own performance measures and targets in addition to those specific to N-DAP commissioning.



7. Principles and Values

The core commissioning principles of the N-DAP Young People's Joint Commissioning Group are:

- to develop and commission young people's substance misuse services in accordance with the principles set out within Health Advisory Service (HAS)¹² and NTA planning and commissioning guidance¹³
- all commissioning decisions are based on a clear rationale for improving outcomes for young people with drug and/or alcohol related needs (through own use or as a result of others)
- the principle of prevention and harm minimisation will underpin service provision commissioned in Norfolk
- N-DAP aims to provide equal access to all young people's substance misuse services across Norfolk, taking into account the needs of a diverse population
- services are developed on the basis of identified need
- services will be developed in-line with good practice and the effectiveness of practice will be monitored
- all commissioned services will have a contract, reviewed and monitored by the N-DAP Young People's Joint Commissioning Group
- the development of new services will aim to complement and enhance existing service provision where appropriate
- all partner agencies need to take account of the impact of substance misuse on the delivery of their individual services
- strategies and actions are developed to ensure that children, young people their parents/carers, the wider community and partners can meaningfully participate and are consulted on all aspects of the N-DAP joint commissioning process.

Working within a partnership means it is important that this strategy has strong links with the strategies of partners. The Young People's Joint Commissioning Group have responsibility to ensure that appropriate strategies are considered as part of N-DAP's commissioning. Partner agencies have the responsibility to ensure that this joint commissioning strategy and young people's substance misuse related needs are considered in their planning and strategy developments.

The voluntary and community sector providers add additional innovation and capacity within the provision of service through their own charitable initiatives and through links with the community. For example, through volunteers and advocacy work.

¹² The Substance of Young Needs Review (2001), The Health Advisory Service

¹³ Commissioning Young People's Specialist Substance Misuse Treatment Services, NTA, August 2007

8. Young People's Service Structure

The N-DAP YPICG have been commissioning services within a joint commissioning context for a number of years and a full service delivery structure is already in place. This has been developed using an integrated care pathway approach in accordance with 'The Substance of Young Needs Review 2001', four-tiered framework (14). Subsequent to this, Every Child Matters guidance outlined a level of need framework. The grid aims to outline how the two join together. It gives some examples of current service provision. For an outline of Norfolk's current young people's substance misuse treatment service structure, please see Appendix 2.

Description	Every Child Matters Level of Need	HAS Tiered Model	Services
Drug and alcohol education Information and advice Prevention through access to core services Social inclusion programmes	Universal	1	All children and young people's services Support for the delivery of drug, alcohol and tobacco education within schools eg Children's Services and Healthy Schools
Early identification, assessment and care coordination, with particular consideration for 'at risk' groups		2	Youth orientated services offered by practitioners with some drug and alcohol experience and youth specialist knowledge eg The Matthew Project Youth Team and Norfolk Youth Offending Team Diversionary activities and programmes eg Positive Activities for Young People Targeted specialist substance misuse services eg T ²
Specialist treatment	Specialist Provision	3 and 4	Young people's specialist substance misuse services eg Impact

¹⁴ Please refer to the glossary of terms section for further information

9. Next Steps

Commissioning intentions will be developed and consulted on in early 2008. They will be informed by the outcomes and recommendations generated by needs assessments and the contract review work undertaken in 2007, as outlined below.

Adult needs assessment follows NTA guidelines and will give us a comprehensive understanding of the characteristics, needs and harms associated with problem drug users in and out of treatment. An interim report was produced in October 2007, with a final report due for October 2008.

Young people's needs assessment identifies the risk characteristics associated with substance misuse and investigates their prevalence and location in Norfolk. This work reported in November 2007.

Alcohol needs assessment quantifies alcohol related harms in Norfolk and reported in October 2007.

Parental substance misuse needs assessment investigates the current situation and service provision across the county in relation to the needs of children of substance misusing parents. This work reported in February 2008.

The contract review process used by the DAAT assesses the effectiveness of the services commissioned against a set checklist of criteria based on detailed service specifications. In 2007, the efficiency component of the review was strengthened, with the primary purpose being to find ways to maximise the efficient use made of those resources committed through contract.



Glossary of the Terms We Use

Adult Social Services and Children's Services. The Children's and Families element of the previous Social Services Department has been restructured under the Every Child Matters agenda and combined with the Education Department to form Children's Services. Adult Social Services have been amalgamated into one department.

DAAT. Drug and Alcohol Action Team. The Norfolk DAAT is one of 149 across the country. Drug Action Teams are strategic bodies set up under the UK Government's strategy for England, 'Tackling Drugs Together' (updated in 2008). DAATs coordinate the drug-related elements of the service plans of the main public sector delivery agencies at a local level.

Harm Reduction. The prevention of diseases passed on by contaminated blood (particularly HIV and hepatitis infections), and the prevention of overdose and drug related death.

HO. Home Office.

Housing. N-DAP have developed 'Accommodating substance misusers. The spectrum of possibility: a guide for housing providers' for providers and commissioners of supported housing services as a framework to use when thinking through the delivery of housing for people with drug/alcohol problems.

Further research into substance misuse and housing needs will take place in 2008.

Local Area Agreement. Introduced across England and Wales in 2006. This is a three-year agreement between national and local government, which has the aim of delivering a series of improved outcomes for Norfolk.

National Drug Strategy. The ten-year drug strategy sets out national priorities, objectives and timetables to reduce the harm caused by the use of illegal drugs. The Home Office originally published the National Drug Strategy in 1998 under the title 'Tackling Drugs to Build a Better Britain'. It was updated in 2002 to provide a stronger focus on Class A drugs, education and prevention, and the expansion of treatment services to tackle problematic drug use, particularly where associated with acquisitive crime. The current drug strategy comes to an end in March 2008 and we are currently awaiting details of the new national drug strategy.

N-DAP Norfolk Drug and Alcohol Partnership. One of the biggest partnerships in Norfolk, N-DAP brings together a wide range of agencies from the public, voluntary, community and private sectors with specific interests in criminal justice, drug and alcohol treatment, health, community safety, regeneration and the needs of young people in order to achieve one overarching aim: to reduce the harm caused by the misuse of drugs and alcohol in Norfolk.

NTA. National Treatment Agency for Substance Misuse. Created in 2001 as a special health authority to improve the availability, capacity and effectiveness of drug misuse treatment in England.

PCT. Primary Care Trust.

Treatment. The NTA define young people's specialist treatment as "a care planned medical, psychosocial or harm reduction intervention aimed at alleviating current harm caused by a young person's substance misuse".

Young People's Substance Misuse Tiers

Tier 1: - Universal-generic and primary services.

This is the front line of service delivery to which all young people and their families have access. Tier 1 agencies include teachers, voluntary agencies, social services, police, and medical services. These people may not necessarily be trained in drug and alcohol issues, but they are best placed to screen for vulnerability and provide simple interventions.

Interventions include providing information/education concerning tobacco, alcohol and drugs, identification of risk issues and support to young people and their families.

Tier 2: - Youth orientated services offered by practitioners with some drug and alcohol experience and youth specialist knowledge.

This is the front line of specialist services and is critical in the identification of vulnerable young people and the early intervention. Agencies that may work at a Tier 2 level include Child and Adolescent Mental Health Services (CAMHS), specialised voluntary youth services, youth justice teams and personal advisors at Connexions.

This tier will be concerned with the reduction of risks and vulnerabilities and the reintegration and maintenance of young people into mainstream services, for example, return to school.

At this stage the assessment completed should be holistic with interventions including outreach work, support information and advice. It is important that good links and referral pathways are established with the Tier 2 worker remaining involved with the young person even if they are referred to Tier 3.

Tier 3: - Services provided by specialist teams.

This tier is provided by a multi-disciplinary team that is capable of comprehensive assessment and the formulation of an overall care plan for young people. The HAS report suggests that the Tier 3 team could consist of a collaboration of mental health, addictions workers, YOT and social services. The aim of this tier is to deal with the complex and often multiple needs of the child or young person, and not just with the particular substance problems. It is to reintegrate and include the young person into their family, community and school, training and work.

Tier 4: - Very specialised services.

These are described in the HAS report as 'adjuncts' to Tier 3 and used for particular interventions or focused work and/or short/temporary periods. Examples may include inpatients adolescent units, intensive day centres, specialist crisis placements or highly intensive therapies.

The aim of Tier 4 is to provide specialist interventions for a period of time for a specific function. Continuity of care and the continued involvement of Tiers 2 and 3 are important at pre and post admission.

Appendix 1: Levels of Commissioning

Level 1 - Single agency purchasing

This level of commissioning would see N-DAP commissioner agencies making use of the funds allocated in their budgets for tackling substance misuse without regard to the N-DAP joint commissioning strategies, delivery plans or partnership targets. It would be at the discretion of each individual commissioner agency as to whether it chose to inform other N-DAP commissioner agency partners of any commissioning, recommissioning, decommissioning and associated investment decisions in advance of the decision being actioned, whether via the N-DAP joint commissioning groups or otherwise.

Level 2 - Multi-agency purchasing or single agency purchasing in a joint commissioning context

This level of commissioning would mean commissioner agencies ensured that there was an alignment of their own budgets towards achieving the outcomes agreed within the N-DAP commissioning strategies and delivery plans. Commissioner agencies would retain control of their own budgets, but would commit to using their funds with full regard to the N-DAP joint commissioning strategies, delivery plans, or Partnership targets. This would mean that they would discuss and agree the use of these funds in full co-operation with other members of the two N-DAP joint commissioning groups. In respect of N-DAP contracts, this would lead to the Drug and Alcohol Action Team agreeing these contracts with providers on behalf of all commissioner agencies, and identifying funding sources under a single contract payment schedule. This would mean the Drug and Alcohol Action Team would be able to co-ordinate all the contract and performance monitoring and review and target tracking on behalf of all commissioner agencies for these contracts. Commissioner agencies may opt to pay their portion of funding for all services to the DAAT for it to administer and make payments against contract, but not necessarily.

Level 3 - Single pooled budget - Joint Commissioning Officer

This level of commissioning would mean commissioner agencies agree to delegate decision making regarding that portion of their core budgets designed to commission substance misuse services to a single pooled budget managed by the DAAT (on behalf of N-DAP) under a single accounting arrangement. This would require commissioner agencies to seek formal agreement from their relevant executive bodies to delegate this authority and agree the amount of funding involved. Commissioning decisions would become the responsibility of the two N-DAP commissioning groups. The DAAT would be responsible for monitoring and reporting spend and outcomes as directed by the joint commissioning strategies on behalf of the two joint commissioning groups.

Appendix 2: Existing Young People’s Substance Misuse Treatment Structure

This table shows existing substance misuse **treatment** services in Norfolk for young people. The ‘blue’ areas indicate modalities of treatment provided by the services listed on the left.

Please note: ‘treatment’ is only one part of the young people’s substance misuse system in Norfolk.

Provider	Area	Psychosocial interventions	Harm reduction services	Criminal justice interventions	Work with parents or carers	Specialist pharmacological interventions
T ²	Within Norfolk’s five Children’s Services localities					
Norfolk YOT	Countywide					
Impact	Countywide					

If you would like this booklet in large print, audio, Braille, alternative format or in a different language please contact the DAAT on 01603 677561 and they will do their best to help.



**TACKLING
DRUGS
CHANGING
LIVES**

This logo represents all the partner agencies of N-DAP:

Norfolk Constabulary, Norfolk's 7 Crime & Disorder Reduction Partnerships (CDRPs), Norfolk County Council, Norfolk Health, HM Prisons (Norwich & Wayland), Norfolk Probation Area, Norfolk's 8 Local Strategic Partnerships (LSPs), Norfolk Youth Offending Team, Connexions, Norfolk Healthy Schools, Norfolk's District/City/Borough Councils, Norfolk drug & alcohol treatment providers, National Treatment Agency, Government Office for the East of England (Crime & Drugs Team).

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