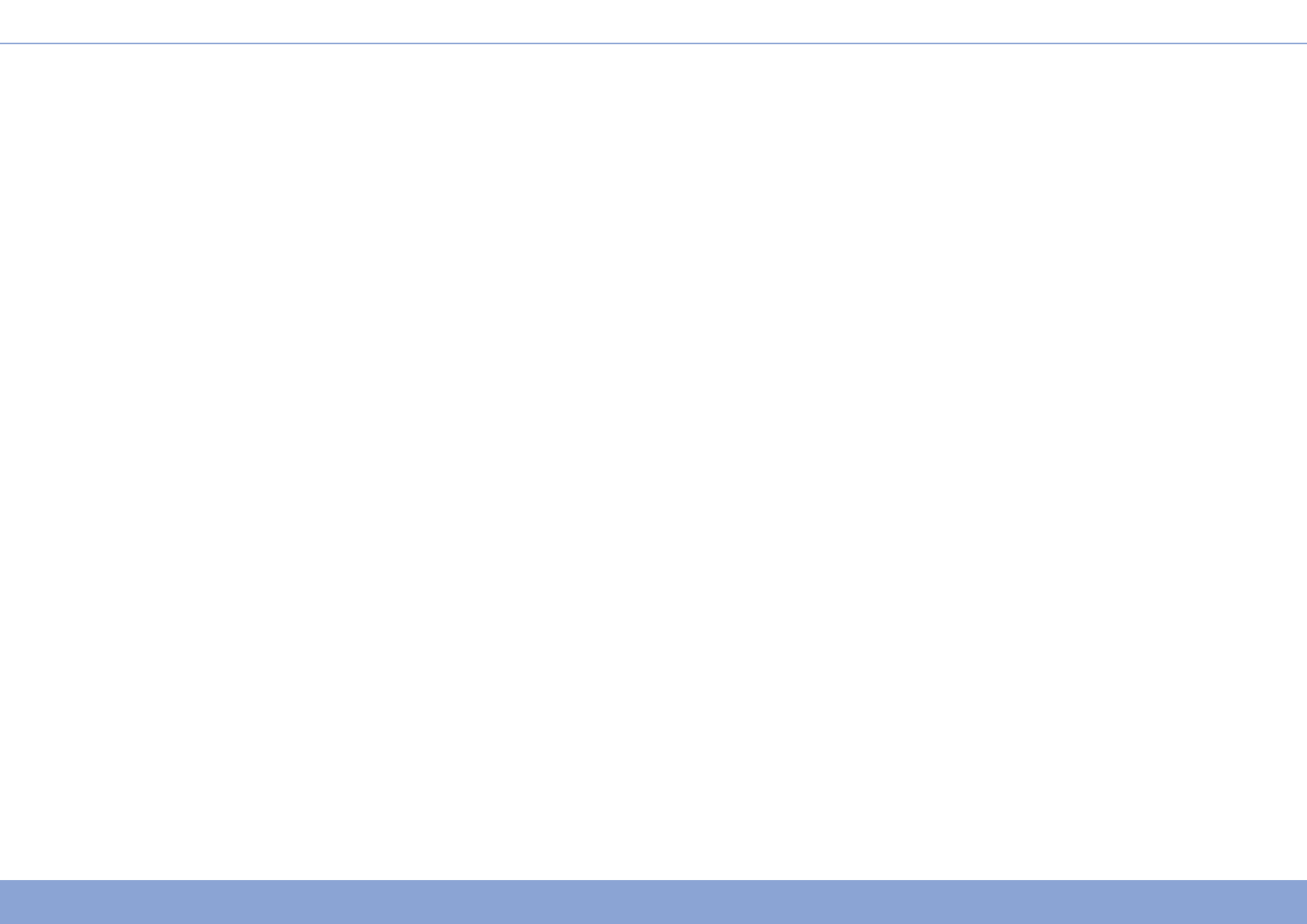




Young People's Joint Commissioning Strategy 2008 - 2012 [Part 2](#)

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



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1. Introduction

This is the second part of a two part commissioning strategy for young people's substance misuse services in Norfolk and should be read alongside part 1.

Part 1 of the commissioning strategy explained how available funding will be used to plan, purchase and monitor substance misuse services in Norfolk. Part 2 describes the 'commissioning intentions' for N-DAP and the evidence on which they are based.

What is commissioning?

Commissioning is: "A formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the local authority, NHS, other public agencies and the private and voluntary sectors".

Source: Institute of Public Care, adapted from the Audit Commission

This document will be the 'working document' for the Young People's Joint Commissioning Group (YPJCG), and will also be of interest to anyone wanting to know how the Norfolk Drug & Alcohol Partnership (N-DAP) plans and purchases young people's substance misuse services as well as those with an interest in community safety.

Why do we need a commissioning strategy – and why now?

N-DAP needs a commissioning strategy in order to communicate current and future plans for the commissioning of substance misuse services – this is important for people who use the services, providers of those services and other agencies who refer to the services. This commissioning strategy is based on a robust process of evidence gathering, including extensive needs assessment.

Central government funding for young people's substance misuse services comes through the former Young People's Substance Misuse Grant. Norfolk's allocation was reduced by 0.5% in 0809. Indicative figures suggest that funding will remain at this level with no inflationary uplift in 2009/10 and 2010/11. In previous years, Norfolk's young people's substance misuse services have been supplemented by the Adult Pooled Treatment Budget. Future allocations of this budget will be linked to performance and are as yet unconfirmed. However, indicative figures suggest uplifts of 1% in 2009/10 and 2010/11, significantly lower than the rate of inflation. This means that N-DAP can no longer afford to commission the current level of services provided in Norfolk.

The advent of Every Child Matters: Change for Children¹ and the Children Act 2004 has led to the planning and commissioning of young people's health, social and education services in Norfolk falling under the Children and Young People's Partnership Trust. This whole system approach is designed to improve outcomes for young people in Norfolk by producing more effective and integrated services, which both secure a shift from intervention to prevention and meet the needs of the most vulnerable.

¹ Every Child Matters: Change for Children (Department for Education and Skills: 2004)

This strategy has been produced as part of the wider N-DAP Outcomes Strategy 2008 –2011² and, along with the Adult Joint Commissioning Strategy, will form the basis on which all other N-DAP strategies are developed. It will be important for N-DAP to demonstrate how the commissioning intentions proposed relate to the Local Area Agreement and its targets.

The overarching aim of N-DAP – to reduce the harm caused by the misuse of drugs and alcohol in Norfolk – 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.

Substance misuse has the potential to impact negatively on young people’s chances of reaching their full potential. The commissioning intentions proposed will contribute to the five Every Child Matters outcomes - Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution and Achieve Economic Well-being

² For a copy please visit www.nordat.org.uk

The YPJCG undertake their commissioning in line with N-DAP’s commissioning principles and values, and have signed up to ‘Level 2’ commissioning, which means that partner agencies take a more joined up approach to commissioning and funding without pooling the budgets available. All of this is fully described in part 1 of the commissioning strategy.

Process and timeframe

Part one of the commissioning strategy was consulted on from January 10th – April 4th 2008. A response to this consultation can be found on N-DAP’s website - www.nordat.org.uk. Part two of the commissioning strategy will be released for consultation in July 2008 along with an Equality Impact Assessment which will aim to ensure that commissioning is effective for all of Norfolk’s residents.

When will changes to what is commissioned happen?

The YPJCG recognises the importance of fully involving and consulting N-DAP and others on the proposed commissioning intentions. Changes will be decided, consulted on and then implemented during 2009 and 2010.

2. Evidence Sources

This section explains and provides an overview of the evidence which has informed the commissioning intentions in this strategy. To try and keep this document as concise as possible, the evidence sources have been 'signposted'. Contact the Young People's Commissioning Officer on **01603 677577** for further information on any of the evidence sources mentioned in this section, or go to **www.nordat.org.uk**.

The development of a commissioning strategy gives commissioners the opportunity to reshape provision, decommission services and develop new ones – but this must be done based on local needs, research evidence, national guidance and good practice. In this case, as already mentioned, there are significant financial drivers which have shaped the commissioning intentions.

Needs Assessment: The most important consideration in developing commissioning intentions are the needs of those people for whom the services are being planned and provided. The partnership carried out a range of needs assessment in 2007/08 including:



Title of needs assessment	Undertaken by
Young People's Needs Assessment	University of East Anglia
Children of Parental Substance Misusers and Substance Misusers who are Parents, Study of Need and Response for Norfolk	University of Bath
The Harm done by Alcohol in Norfolk	Eastern Region Public Health Observatory
Treatment system mapping	Norfolk Drug and Alcohol Action Team (DAAT) Research & Information Officers

The Tellus 2³ survey also provided us with information about the needs of young people in Norfolk.

³See glossary

National Guidance: N-DAP looks to the Home Office, Department of Health, Department for Children, Schools and Families and the National Treatment Agency for guidance on substance misuse commissioning and good practice. This strategy is informed by:

- Drugs: protecting families and communities. The 2008 drug strategy⁴
- Safe. Sensible. Social. The next steps in the National Alcohol Strategy⁵
- The Youth Alcohol Action Plan⁶
- Every Child Matters⁷
- Young People's Substance Misuse Services - Essential Elements⁸
- Commissioning Young People's Specialist Substance Treatment Services⁹

N-DAP Outcomes Strategy: The N-DAP Outcomes Strategy provides the focus for the commissioning of substance misuse services in Norfolk.

Local Knowledge: In April, the Drug and Alcohol Action Team (DAAT) held a workshop for existing substance misuse service providers, to ensure that service providers had the opportunity to contribute their expert local knowledge around what works in Norfolk to the development of the commissioning intentions. The product of the workshop informs this strategy.

Performance Expectations: The Department for Children, Schools and Families and The National Treatment Agency hold N-DAP responsible for a range of performance expectations. Details of these can be found in NTA support in monitoring and feedback – young people's specialist substance misuse treatment system 2008/09¹⁰.

In addition, Norfolk's Local Area Agreement has prioritised substance misuse by young people (national indicator 115). This involves the setting and monitoring over three years of a pair of targets relating to young people's substance use.

Contract reviews: Analysis and evaluation of the 2007 contract review meetings and written reports did not identify any issues with service quality. Issues arising from the contract reviews related to service capacity (i.e. ability to meet demands on the service), issues arising from disinvestment in services and strengthening of strategic and operational links between services.

⁴ Drugs: protecting families and communities. The 2008 drug strategy (Home Office: 2008)

⁵ Safe. Sensible. Social. The next steps in the National Alcohol Strategy (Department of Health: 2007)

⁶ Youth Alcohol Action Plan (The Stationery Office: 2008)

⁷ Every Child Matters: Change for Children (Department of Education and Skills: 2004)

⁸ Young People's Substance Misuse Services - Essential Elements (National Treatment Agency: 2005)

⁹ Commissioning Young People's Specialist Substance Treatment Services (National Treatment Agency: 2008)

¹⁰ NTA support in monitoring and feedback – young people's specialist substance misuse treatment system 2008/09 (National Treatment Agency: 2008)

Norfolk:

People and geography

Norfolk is the fifth-largest Shire County in England at 535,000 hectares. Its population is 824,200, forecast to grow by 11% by the year 2016. A rural county - Norfolk has 1.5 persons per hectare compared with an average for England of 3.8 persons per hectare. (London has 46.1 persons per hectare). Three major centres (Norwich, Great Yarmouth and King's Lynn) account for 39% of the county's population. There are 21 market towns and 539 parishes. 37% of the population live in communities with fewer than 2,500 people. 150 parishes have fewer than 250 people and 40% have no shop or post office.

The size and rurality of the county pose particular challenges to the county council for transport and service delivery.

Ethnicity

The 2001 census showed that only 2.7% of the population were from minority ethnic communities with "other white" and "white Irish" forming the largest proportion of these (1.8% and 0.5% respectively). Norfolk's education language support unit has identified that 85+ languages are spoken in Norfolk. Norfolk's largest ethnic minority is Portuguese.

Economic variations and deprivation

Of non-metropolitan counties, Norfolk is the 6th most deprived in England (out of 34) - this is significantly higher than the rest of the counties in the Eastern Region; the next most deprived county being Suffolk which is ranked 18th. Some 60.5% of Norfolk's population are economically active compared with 64.3% regionally.

Urban issues

In terms of Urban Deprivation there are significant problems in Great Yarmouth, Norwich, King's Lynn and parts of Thetford with each of these areas having between 11 and 1 'super output areas' in the top 10% most deprived wards in England in the overall Index of Deprivation. Using an assessment of the average of super output areas scores, Norwich is the most deprived local authority area in the 48 authorities in the East of England and Great Yarmouth is the second most deprived. Using this score Norwich is in the top 20% most deprived authorities in the Country.

Rural issues

The East of England Development Agency has examined social exclusion in the rural parts of the eastern region and has identified those rural districts which have a relatively high proportion of the population affected by particular problems. These, together with other key social exclusion and deprivation issues for the rural areas include:

- low income and low pay in Breckland and North Norfolk
- low income, low pay, pensioners on low income and high premature deaths in King's Lynn and West Norfolk
- lack of access to local services, with 40% of rural parishes having no shops or post offices
- limited provision of affordable housing in many rural areas.

Source: Norfolk County Council Self-Assessment for 2008 Comprehensive Performance Assessment

3. Financial Position

Commissioning intentions must be based on the known investment available and market capacity. This section explains where detail of the cost of services can be found and what is known about future investment levels.

N-DAP faces a difficult financial situation: the former Young People's Substance Misuse Grant allocation has been reduced; indicative allocations of the Adult Pooled Treatment Budget show uplifts of significantly less than the rate of inflation; and the performance of substance misuse services will be linked to future funding levels. N-DAP can no longer afford to commission the current level of services provided in Norfolk.

The cost of and charges for services

Part 1 of the commissioning strategy shows the services currently commissioned by N-DAP. Service users do not pay for the services they receive.

The YPJCG recognises the importance of fully costing the services which it purchases and will continue to work with providers to ensure that services are properly costing and that expenditure is properly accounted for through the contract monitoring process and income & expenditure returns¹¹.



¹¹ NTA resource pack for commissioners Fundamental principles of handling public money A good practice guide http://www.nta.nhs.uk/publications/documents/nta_handling_money_section6.pdf

The table below shows the way in which all the available funding will be spent by the Norfolk Drug & Alcohol Partnership in 0809. This funding includes significant contributions from the partner agencies who form N-DAP – including contributions from the health partners which have not yet been quantified:

What it is	What it costs £
Adult commissioned services	4,533,267
Drug Intervention Programme	598,764
Integrated Drug Treatment System (IDTS)	575,000
Young People's commissioned services	906,141
The DAAT	497,343
Adult Training	28,000
Young People's training	10,000
Adult Information services	39,000
Young People's information services	8,000
Carers services	35,500
Service User Involvement / Diversity	4,000
N-DAP website	1,000
Legal services	1,000
INTRAN - scheme annual fee	2,000
INTRAN - translation, interpretation	1,500
Hidden Harm Forum	1,500
GP training	10,000
DIP Kits & Prescribing	35,000
DRR Kits and Prescribing	50,000
Total	7,287,242

Planned investment in future services

The Department for Children, Schools and Families have provided the following projected allocation of the former Young People's Substance Misuse Grant from 2008 – 2011:

HO annual contribution through Area Based Grant per year for 2008-09 – 2010-11	DCSF annual contribution through Area based Grant per year for 2008-09 – 2010-11	HO YOT substance misuse worker through Youth Justice Board per year for 2008-09 – 2010-11	DH Substance Misuse Treatment for under 18s Allocation shown here for 2008-09 only
145,613	122,623	114,650	379,674

Figures for 0910 and 1011 are indicative figures only

The NTA have provided the following projected allocation of Pooled Treatment Budget funds from 2008 – 2011:

Adult Pooled Treatment Budget 2007/08	Adult Pooled Treatment Budget 2008/09 actual	Adult Pooled Treatment Budget 2009/10 projected on 1% standard increase	Adult Pooled Treatment Budget 2010/11 projected on 1% standard increase
4,318,939	4,339,686	4,370,805	4,422,659

The NTA have made clear that future actual funding allocations will be based on performance and the data received through the National Drug Treatment Monitoring System.

4. The Commissioning Intentions

This section sets out the proposed commissioning intentions and explains the issues which need to be considered as part of the commissioning activity undertaken by the YPJCG.

The YPJCG has responsibility for ensuring that the commissioning intentions are taken forward in tandem with other relevant commissioning strategies and arrangements¹². Commissioners also have responsibility to ensure that joint commissioning activity takes into account both the shared and separate targets and 'drivers' that the partner agencies are accountable for. Membership, roles and responsibilities of the Young People's Joint Commissioning Group are detailed in the group's Terms of Reference. These can be requested from the DAAT offices by calling 01603 677577 or by visiting www.nordat.org.uk

What are commissioning intentions?

Commissioning intentions explain how the available money will be spent. They set out what is going to be done, when, how and with how much money. A commissioning intention may be to continue the activity already happening, to change it, or to commission something new. The most important consideration in developing commissioning intentions are the needs of those people for whom the services are being planned and provided.

'Personalisation' of services

Nationally, there has been a focus on giving service users more control over the services they receive. This is sometimes referred to as the 'personalisation' of commissioning and of services, and includes the use of direct payments and individual budgets to give service users control over meeting their social care needs (but not health related services/treatment). NDAP will be guided by the Drug System Change pilots described in the 2008 drug strategy *Drugs: protecting families and communities*, which will examine individual budgets and individual treatment planning in substance misuse service provision.

Alcohol treatment and services

In 2008 and 2009, N-DAP will be working to develop services to inform a future alcohol model, using funding made available by NHS Norfolk. This work will be overseen by the Joint Commissioning Groups and will link with the development of the Alcohol Harm Reduction Strategy and related toolkit.

Family Intervention Services

Every Child Matters¹³, *Drugs: protecting families and communities*. The 2008 drug strategy¹⁴, The Youth Alcohol Action Plan¹⁵, N-DAP needs assessment and feedback from local providers all call for N-DAP to enhance its focus on the family. To this end, and in line with Commissioning Young People's Specialist Substance Treatment Services¹⁶ the Adult Joint Commissioning Group (AJCG) and YPJCG propose to pool resources to provide family interventions in a young person's substance misuse service setting. This proposal is represented in the Young People's Integrated Substance Misuse Service commissioning intention which will require a contribution from the adult pooled treatment budget.

¹¹ See Appendix 1

¹³ Every Child Matters: Change for Children (Department of Education and Skills: 2004)

¹⁴ *Drugs: Protecting Families and Communities*. The 2008 drug strategy (Home Office: 2008)

¹⁵ Youth Alcohol Action Plan (The Stationery Office: 2008)

¹⁶ Commissioning Young People's Specialist Substance Treatment Services (National Treatment Agency: 2008)

Workforce development

The workforce development guidance set out by the NTA aims to improve the quality of treatment care for people with substance misuse problems and their families. To achieve this, N-DAP is committed to continuous professional development. The Norfolk DAAT Training & Workforce Development Strategy works towards the goal of developing a competent, flexible and motivated workforce, in line with national guidance and to support the implementation of the annual treatment plans and this commissioning strategy.

Norfolk Children and Young People's Partnership Trust

The planning and commissioning of young people's health, social and education services in Norfolk falls under the Children and Young People's Partnership Trust. N-DAP has transferred accountability for the joint commissioning of young people's substance misuse services to the Children and Young People's Partnership Trust Board. Commissioning intentions will be taken forward in line with the trust's developing integrated commissioning framework and the Norfolk Children and Young People's Plan¹⁷.

Procurement of services

The YPJCG has undertaken to comply with Norfolk County Council (as the host agency of the DAAT) procurement guidelines. Alongside this, the local Compact¹⁸ will need to be considered when planning service provision, as well as the Third Sector Guide for Public Commissioning in Norfolk¹⁹. As this strategy was being prepared for consultation, the DAAT were seeking guidance from the County Council's Corporate Procurement Unit on the procedure and time frame for the

procurement of the services described in these commissioning intentions. All of the commissioning intentions are therefore subject to this guidance from Norfolk County Council.

Terminology

N-DAP's current young people's substance misuse system is based on the four tiers described in the NTA's Essential Elements²⁰. The forthcoming guidance Commissioning Young People's Specialist Substance Misuse Treatment Services²¹ represents a national move away from the terminology of tiers and instead mirrors Every Child Matters²² by referring to universal, targeted and specialist levels of provision. Both tiers and levels of provision are described in the glossary. Part 1 of the Commissioning Strategy contains a grid detailing how the two relate to each other.

Transition to adult services

The proposed commissioning intentions relate specifically to children and young people under the age of 18. However, some flexibility in terms of upper age limits will be accommodated where a person aged 18 or over has needs that are best met by a young person's service.

¹⁷ Norfolk Children and Young People's Plan 2006-2009 year 3 (Norfolk Children and Young People's Partnership Trust: 2008)

¹⁸ <http://www.nvs.org.uk/compact.php> - A tool for improving relationships between organisations in the public sector and those in the voluntary and community sector

¹⁹ Third Sector Guide for Public Commissioning in Norfolk (Voluntary Norfolk: 2008)

²⁰ Young People's Substance Misuse Services - Essential Elements (National Treatment Agency: 2005)

²¹ Commissioning Young People's Specialist Substance Treatment Services (National Treatment Agency: 2008)

²² Every Child Matters: Change for Children (Department of Education and Skills: 2004)

Commissioning intentions

The two commissioning intentions which are proposed below were agreed by the YPJCG following consideration of all the available evidence and consideration of the financial situation facing N-DAP.

Young People's Integrated Substance Misuse Service	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health A reduction in drug-related deaths A reduction in drug-related offending A reduction in the supply of illegal drugs A reduction in alcohol-related harms Today's young people prevented from becoming tomorrow's problematic substance misusers</p>	
How do we know we need this?	
<p>In line with Every Child Matters²³ the NTA's Essential Elements²⁴ and Commissioning Young People's Specialist Substance Treatment Services²⁵ N-DAP is required to provide substance misuse services at universal, targeted and specialist levels. These should be built around the needs of vulnerable children and young people and have a strong focus on prevention and early intervention with those most at risk.</p>	
Current position	Tier 1 & 2 Prevention and Education Service is provided by The Matthew Project; Tier 2 specialist substance misuse services are provided by T2; Tier 3 & 4 specialist substance misuse services by Impact.
Proposed position	Current services to be decommissioned. Tenders to be invited for a new integrated specialist substance misuse service in 08/09. Delivery to commence in 09/10.
Short description of intention	An integrated service offering universal, targeted and specialist interventions to young people. These will include substance misuse education (formal and informal) and prevention in universal and targeted settings; consultancy and support for universal services; advice and information; outreach; groupwork; community prescribing; psychosocial interventions; specialist harm reduction; and family intervention services. The service will be comprised of geographically focussed teams.
Benefits	The new service structure will facilitate better continuity of care between universal, targeted and specialist provision; a single point of contact for young people and professionals accessing substance misuse services; family interventions; better opportunities for integrated working; and more flexible and efficient use of staffing resources.

²³ Every Child Matters: Change for Children (Department for Education and Skills: 2004)

²⁴ Young People's Substance Misuse Services - Essential Elements (National Treatment Agency: 2005)

²⁵ Commissioning Young People's Specialist Substance Treatment Services (National Treatment Agency: 2008)

Risks	Financial	Risk to the financial stability of existing providers. Risk of loss of external sources of funding
	Deliverability	Risk to continuity of care for service users Risk to service provision during transition period Risk of loss of considerable expertise and experience held by existing providers Risk of loss of service recognition and trust for young people, families and professionals
Costs	Costs of existing service	This service does not currently exist
	Estimated costs of redesigned service	£745,000
	Anticipated savings	NA
What service user involvement is planned in developing this commissioning intention for implementation?	All commissioning intentions will be consulted on with young people, parents and carers. Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.	

Young People's Criminal Justice Service	
N-DAP outcome(s) this intention addresses	
<p>A reduction in drug-related ill health</p> <p>A reduction in drug-related deaths</p> <p>A reduction in drug-related offending</p> <p>A reduction in the supply of illegal drugs</p> <p>A reduction in alcohol-related harms</p> <p>Today's young people prevented from becoming tomorrow's problematic substance misusers</p>	
How do we know we need this?	
<p>N-DAP's Young People's needs assessment 2007 finds that those engaged in offending behaviour are highly vulnerable to substance misuse. Every Child Matters²⁶ and the NTA's Essential Elements²⁷ guide us to build provision around the needs of vulnerable children and young people and to put more focus on prevention and early intervention with those most at risk.</p>	
	Norfolk Youth Offending Team provides this service.
	Tenders to be invited for this service in 09/10. Delivery to commence in 10/11.

²⁶ Every Child Matters: Change for Children (Department for Education and Skills: 2004) ²⁷ Young People's Substance Misuse Services - Essential Elements (National Treatment Agency: 2005)

Short description of intention	<p>An integrated service for young offenders, which effectively targets those with serious need. Three Substance Misuse Workers work at a targeted level providing prevention, informal education, advice and information to young offenders. These workers support individual YOT case managers in their work with young offenders through advice, information and consultation. An assessment and screening function for appropriate referral on to specialist services is provided for those young offenders who may require a higher level of intervention.</p> <p>One Substance Misuse worker based within the YOT team works at a specialist level managing substance misuse aspects of young people's care and treatment plans and coordinating access to Young People's specialist substance misuse service and other specialist services as required.</p>	
Benefits	Continuation of a highly effective service structure. Re-tendering the service will ensure that N-DAP meets procurement requirements and achieves best value.	
Risks	Financial	Risk to the financial stability of existing providers.
	Deliverability	<p>Risk to continuity of care for service users.</p> <p>Risk of loss of considerable expertise and experience held by existing providers.</p>
Costs	Costs of existing service	£161,531
What service user involvement is planned in developing this commissioning intention for implementation?	Estimated costs of redesigned service	£161,531
	Anticipated savings	0
What service user involvement is planned in developing this commissioning intention for implementation?	All commissioning intentions will be consulted on with young people, parents and carers. Service user consultation, involvement and feedback will be incorporated as part of the ongoing monitoring and review work undertaken by the DAAT.	

5. Monitoring Arrangements

The Joint Commissioning Groups acknowledge that monitoring arrangements have a cost consequence for both commissioners and providers. The monitoring proposed aims to be as efficient and effective as possible for everyone. In addition, N-DAP will be guided by the results of the proposed National Audit Office study to evaluate the effectiveness and value for money of Drug Action Teams, which will include determining the costs of performance monitoring and reporting and the robustness and constraints of such reporting mechanisms²⁸.

Involvement of young people, parents and carers in both the monitoring of commissioned services and in the evaluation of this strategy (see section 6) is vital. The Young People's Commissioning Officer will work with Norfolk County Council's Partnership and Participation Team to ensure that the voices of young people, parents and carers are heard and acted upon.

Current arrangements

Contract monitoring: Contract monitoring: The DAAT, on behalf of N-DAP, undertakes annual contract review meetings with providers and requests 6-monthly written reports. The meetings and reports ask providers to report on areas of their service (e.g. workforce development, service user involvement and client feedback) which are evaluated and discussed with DAAT officers. Monitoring information from contract review meetings and reports is complemented by NTA Agency Quarterly Performance Reports which are regularly reviewed by the YPJCG.

Strategy monitoring: N-DAP has not previously had an agreed commissioning strategy to monitor.

Future arrangements

Contract monitoring: In future, providers will only be asked to produce one annual written report for the review meeting, along with details of income and expenditure. At the 'half-yearly' point, providers will only be asked to write to the DAAT updating on any relevant areas and income and expenditure. Monitoring information from contract review meetings and reports will be complemented by NTA Agency Quarterly Performance and DAAT core data set reports which will be regularly reviewed by the YPJCG.

Strategy monitoring: Progress against the strategy will be monitored by the YPJCG and overseen by the Children and Young People's Partnership Trust Board. Reports on the implementation of the commissioning strategies will be prepared quarterly by the Young People's Commissioning Officer for the YPJCG and Children and Young People's Partnership Board. An annual summary will be made available to N-DAP. The quarterly reports and discussions will include how links are being made to other relevant commissioning strategies and arrangements.



²⁸Drugs: Protecting Families and Communities. The 2008 drug strategy (Home Office: 2008) page 41.

6. Evaluation and Review

It is important that the commissioning strategy changes in response to needs, demands and national guidance/direction. For this reason, the strategy as a whole will be evaluated and reviewed on an annual basis by the Young People's Commissioning Officer. The DAAT will also undertake an evaluation of the development of the Commissioning Strategies at the beginning of 2009.

The annual evaluation and review of the strategy will include using the quarterly strategy monitoring reports as a means of gaining feedback from service users, providers and commissioners. Feedback will be discussed by the Joint Commissioning Groups and any recommendations for changes to the strategy made by commissioners to the Children and Young People's Partnership Board.

Anyone interested in the commissioning strategies and their progress are encouraged to contact the Joint Commissioning Officers at any time with any queries by calling **01603 677577**.



7. Glossary of the Terms We Use

CAMHS. Child and Adolescent Mental Health Services.

DAAT. See Drug and Alcohol Action Team.

DCSF. Department for Children, Schools and Families.

DH. Department of Health.

DIP. See Drug Interventions Programme.

DRR. See Drug Rehabilitation Requirement.

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.

Drug Education. May be either (i) **formal** drug education delivered in a school setting as set out in the National Curriculum and in accordance with current DCSF guidance or (ii) **informal** discussions/transmission of information/knowledge about substances, usually to individuals/small groups in a non-school setting. Anyone delivering drug "education" must be clear as to this distinction and which they are delivering.

Drug Interventions Programme. A programme aimed at getting adult drug-misusing offenders out of crime and into treatment and other support.

Drug Rehabilitation Requirement. A criminal justice sentence providing fast access to a drug treatment programme with the goal of reducing drug related offending.

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.

Hidden Harm Forum. A forum of agencies who come together to respond to the needs of children of problem drug misusers in Norfolk.

HO. Home Office.

IDTS. See Integrated Drug Treatment System.

Integrated Drug Treatment System. A system designed to expand and improve the provision of drug treatment within HM Prisons by: increasing the availability, consistency and quality of services; diversifying the range of treatment options available to those in prisons; integrating prison and community treatment; strengthening continuity of care for drug users entering, moving between and exiting prisons.

Intran. The multi agency interpretation and translation service for Norfolk

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.

N-DAP. See Norfolk Drug and Alcohol Partnership.

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.

Specialist Provision. Provision that is accessible by children with identified needs that cannot be met by universal or targeted provision e.g. psychosocial, pharmacological and residential interventions for those with high levels of substance misuse needs.

Substance Misuse. The NTA define 'substance misuse' as, 'use of a substance, or combination of substances, that harms health or social functioning – either dependent use (physical or psychological) or use that is part of a wider spectrum of problematic or harmful behaviour.'

Targeted Provision. Provision that is accessible by children who are considered to be vulnerable or who have been identified as having needs that require some low intensity intervention and monitoring e.g. early identification, assessment and care co-ordination of interventions with young people in groups vulnerable to substance misuse such as young offenders, truants and looked after children.

Tellus 2. Tellus is a qualitative user perception survey designed to gather comparable data on children and young people's views across the country. The survey is completed by a sample of children in all local authority areas annually. Tellus 2 took place in Spring 2007.

Tier 1. Generic services provide access to treatment agencies.

Tier 2. Youth orientated services – emphasis on risk and reintegration and maintenance of young people in mainstream services.

Tier 3. Specialist teams for complex work requiring multi-disciplinary teams

Tier 4. Intensive interventions that may include residential based treatment.

Universal provision. Provision that is accessible by all children and young people e.g. drug education, information and advice, prevention and access to targeted and specialist services, social inclusion programmes.

YOT. See Youth Offending Team.

Youth Offending Team. Youth Offending Teams are multi-disciplinary teams based in every local authority in England and Wales. They are made up of representatives from the Police, Probation Service, Social Services, health, education, drug and alcohol misuse and housing officers and aim to address the needs of young offenders and to prevent further offending.

Young People's Joint Commissioning Group. The group responsible for the joint commissioning of young people's substance misuse services in Norfolk.

YPJCG. See Young People's Joint Commissioning Group.

Appendix 1

The YPJCG and Young People's Commissioning Officer have responsibility to ensure this commissioning strategy is taken forward with consideration for – and wherever possible in tandem with – other relevant strategies and commissioning strategies. The following list is neither exhaustive nor prioritised:

- i. Norfolk Drug & Alcohol Partnership strategies, including: Outcome Strategy, Adult Joint Commissioning Strategy, Harm Reduction Strategy, Alcohol Harm Reduction Strategy, Training & Workforce Development Strategy, Availability Strategy (N-DAP: various years)
- ii. Norfolk Children and Young People's Plan 2006-2009 year 3 (Norfolk Children and Young People's Partnership Trust: 2008)
- iii. Norfolk County Strategic Partnership – Norfolk Ambition, The Sustainable Community Strategy for Norfolk 2003 – 2023 (refreshed 2008) (Norfolk County Strategic Partnership: 2008)
- iv. Norfolk Supporting People Strategy 2008-2013 (Norfolk Supporting People Programme: forthcoming)
- v. Improving the Emotional Health & Well-being of Children & Young People: Norfolk Joint Services CAMHS Strategy (2006-2010) (CAMHS: 2006)
- vi. Norfolk Youth Offending Team Service Plan 2008-11 (Norfolk Youth Offending Team: 2008)
- vii. Improving Lives, Saving Lives (NHS East of England: forthcoming)
- viii. Teenage Pregnancy Action Plan 2008/2009 (Norfolk Teenage Pregnancy Strategic Partnership Board: 2008)
- ix. Integrated Youth Support for Norfolk – Implementation (Norfolk Children and Young People's Partnership Trust: 2008)

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**TACKLING
DRUGS
CHANGING
LIVES**

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

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