

Norfolk Drug and Alcohol Partnership (N-DAP)

Young people's specialist substance misuse treatment plan 2009/10 Appendix 1: Gap analysis

1	Overview
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- 1.1 Successful commissioning and planning is dependent on gap analysis that establishes gaps between identified needs (obtained from needs analysis) and existing provision (obtained from market analysis). In this instance, market analysis includes reports from agency contract review, local knowledge gathered via consultation workshop and performance information.
- 1.2 An effective gap analysis needs to:
- Review the nature, extent and location of service need (demographics and numbers)
 - Review the extent to which services currently meet needs (quality assuring services against identified needs) and are likely to meet needs in future
 - Produce a list of identified gaps across modalities/service user groups
 - Identify risks and harms in relation to service gaps
- 1.3 The Young People's Implementation Group (YPIG) reviewed this gap analysis and will evaluate and prioritise the identified needs, harms and gaps and appraise options for meeting those needs on January 13th. This work formed the basis for the Young People's Joint Commissioning Group (YPJCG)'s decisions upon key priorities for the 2009-10 Young People's Specialist Substance Misuse Treatment Plan.
- 1.4 It must be noted that some of the issues identified in the 2008-09 needs analysis work will not be resolved in 2009-10. Priorities for 2009-10 will include monitoring and preparing for issues identified.

2	Nature, extent and location of service need
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2.1 Prevalence

2.1.1 The following groups of young people in Norfolk are highly vulnerable to substance misuse:

- Those who are homeless and/or 'runaways';
- Those engaged in offending behaviour;
- Those engaged or being inducted into sex work;
- Those who have been 'Looked After' by the local authority;
- Those who live with parents and/or siblings who are substance misusers;
- Those who truant from school or who have been excluded;
- Those who are experiencing mental health problems.

Members of refugee groups and asylum seekers to the UK may also comprise such a group but there is insufficient data available on this population. Very little information is available on young Gypsies and Travellers.

2.1.2 The range of vulnerabilities to substance misuse are distributed across the whole of the county of Norfolk.

2.1.3 Insufficient data in some areas of vulnerabilities to accurately assess distribution, including data relating to refugee groups, asylum seekers and the travelling community.

- 2.1.4 Young people in Norfolk are significantly less likely to have never had an alcoholic drink than those in the rest of the country (19 per cent as compared to 25 per cent).
- 2.1.5 Monitoring of work with the children of parental substance misusers is inconsistent and/or lacking.
- 2.1.6 It is clear that large numbers of children and young people are affected by parental substance misuse in Norfolk.
- 2.1.7 The effects of alcohol misuse are greatest in the more deprived areas of Norfolk. Norwich and Great Yarmouth fare worse than the rest of the county and in some cases than England.
- 2.1.8 Emergent trends in underage drinking are found to be particularly affecting young women.
- 2.1.9 The effects of binge drinking on young men appear to be ameliorating with reductions in assaults and violent crime and reductions in road collisions although some of the data on this is conflicting.
- 2.1.10 Underage sales from off licenses are declining.
- 2.1.11 It is difficult to determine from quantitative data whether Norfolk's young Black and ethnic minority (BME) population has unmet substance misuse treatment needs.
- 2.1.12 Little is known about the substance misuse needs of young lesbian, gay and bisexual (LGB) people in Norfolk.
- 2.2 Engagement**
- 2.2.1 Broad based service provision for young people should be maintained and if possible augmented
- 2.2.2 The family should be exploited as a vehicle for the delivery of information about substances and other problematic issues.
- 2.2.3 Issues around confidentiality should be addressed.
- 2.2.4 Service providers report being happy with the range of services available (including treatment and generic services) for the children of parental substance misusers but would like to see increased capacity, continuity of funding and inter-agency alignment.
- 2.2.5 A lack of confidence and uncertainty about role and remit at a tier 1 level mean that many children of parental substance misusers are found to be at risk of falling through the net and coming to the attention of services only when their circumstances have reached complex and critical levels
- 2.2.6 The extent to which the needs of children of parental substance misusers are met varies, with service provision good for pre- and neo-nates and for adolescents, but with a gap identified for the 5-12 age group.
- 2.2.7 There are few services that respond specifically to the needs of the children of parental alcohol users.

- 2.2.8 The size of the county and the extent of and distance between rural areas brings challenges to the delivery of services to the children of parental substance misusers.
- 2.2.9 Around 59% of young people are being discharged from substance misuse treatment in a planned way.
- 2.2.10 Young men are more likely to be discharged in a planned way than young women (79 per cent as compared to 46 per cent).
- 2.2.11 No young person was recorded as having accessed residential substance misuse treatment in 2007/2008.
- 2.2.12 Recorded referrals from services for looked after children are disproportionately low.

3	Extent to which services currently meet needs and are likely to meet needs in the future
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3.1 Contract reviews

- 3.1.1 All commissioned services have contracts or service level agreements in place specifying modalities and interventions, including Policy & Quality Statements.
- 3.1.2 The Young People's Joint Commissioning Officer and Contracts Officer did not identify any issues with service quality during the review process.
- 3.1.3 Impact reports that staffing specifications would not be sustainable under current funding levels after March 2009.
- 3.1.4 Providers report a 'blurring' of the boundaries between tiers 2 and 3 and hence the care pathways between them.
- 3.1.5 Young people regularly remain in treatment past their 19th birthdays. There is a lack of clarity around transition protocols and a lack of confidence in adult substance misuse treatment agencies as appropriate onward referral points.
- 3.1.6 Young people are involved in planning and developing services.
- 3.1.7 Providers regularly work with parents and carers and children of parental substance misusers. However there is limited capacity for whole family work.
- 3.1.8 Capacity for prevention is limited.
- 3.1.9 Young People's Substance Misuse Workers are trained in the use of the Common Assessment Framework but its implementation is limited.
- 3.1.10 Levels of joint working between substance misuse services and Child and Adolescent Mental Health Services (CAMHS) vary between areas.

3.2 Local Knowledge

- 3.2.1 A consultation workshop has been held with managers of N-DAP services to gain their expert input on commissioning intentions. We asked four main questions and the responses which are relevant to young people's services are summarised below

3.2.2 As providers, what would you want us to consider?

- That we should recognise what we have is working
- Engagement/involvement of other agencies – not necessarily funding but support
- We know our core work as a partnership, what wider care planning structures do we need to have engaged?
- More focussed, outcome oriented targets
- Cost of rural services
- Open and transparent commissioning process – how are decisions made?
- What impact will County Council procurement requirements have on the partnership?
- DAAT outcomes strategy not in line with Drug Strategy
- Some stability, please!!

3.2.3 What should our priorities be, based on the evidence you have seen?

- Single point of contact?
- Whole system care co-ordination
- A range of universal, targeted and specialist provision with an increased focus on prevention
- More joined up working with sexual health and CAMHS
- Review crossover of tier 1, 2 and 3
- Family and wraparound services

3.2.4 What can we do to save money?

- Not much...reactions to previous cuts and disinvestment mean that system has already made efficiencies
- Review existing services first and then implement an improvement or refocusing plan
- Closer working, streamlining services – avoid duplication
- Potential for generic substance misuse workers across agencies/the system
- Need information about value for money, unit costs – and comparable costs between agencies
- Should we explore peer review in the partnership?
- Commission action research from within the partnership

3.2.5 If we want to commission something new, what would you decommission to create financial room to do it?

- Reshape and rework existing services
- Transparent guidelines for decommissioning – based on what?

3.3 Performance Information

3.3.1 National Treatment Agency (NTA) Young People's Summary Performance Management Report 2008/09 q3

3.3.1.1

Key	Red	Less than 90%	Green	90% or more
Percentage of young people requiring substance misuse treatment catered for in a young person's service				99%

Key	Red	Less than 5	Green	5 available
Services available in partnership area				

Psychosocial interventions	Yes
Specialist Harm reduction	Yes
Family work	Yes
Pharmacological intervention	Yes
Access to residential substance misuse treatment	Yes

Key	Red	Less than 20%	Green	20% or more
Referral source				
Percentage referred from children and family services	53%			
Percentage referred from health and mental health services	6%			
Percentage referred from substance misuse services	8%			
Percentage referred from criminal justice services	21%			
Percentage referred from family, friends or self	11%			

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of the referral						94%

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people in specialist substance misuse treatment who have a care plan within 2 weeks of treatment start date specifically related to their substance misuse related needs						95%

Key	Red	Less than 90%	Amber	90-99%	Green	100%
Percentage of young people starting a new treatment journey with a history of injecting who are offered a personal Hepatitis C test with appropriate pre and post test counselling						0%

Key	Red	Bottom quartile 0 to <=55.6%	Amber	Second and third quartiles 55.6% to <=78.7%	Green	Top quartile 78.7% +
Percentage of young people leaving treatment in an agreed and care planned way						51.8%
Percentage of young people leaving treatment in an agreed and care planned way referred to targeted youth support services						3%
Percentage of young people leaving treatment in an agreed and care planned way referred to children looked after services						0%
Percentage of young people leaving treatment in an agreed and care planned way referred to criminal justice services						0%
Percentage of young people leaving treatment in an agreed and care planned way referred to health or mental health services						0%
Percentage of young people leaving treatment in an agreed and care planned way referred to adult treatment provider						0%

3.3.1.2 The above outlines progress against Department for Children, Schools and Families (DCSF) and National Treatment Agency (NTA) performance expectations for 2008/09.

- 3.3.1.3** Performance against the following performance expectations is strong: Percentage of young people requiring substance misuse treatment catered for in a young person's service; percentage referred from children and family services; all five treatment services are available in the partnership area.
- 3.3.1.4** We still have some progress to make against the expectation that 100 per cent of young people in specialist substance misuse treatment have a care plan within 2 weeks of treatment start date specifically related to their substance misuse related needs. Experience and investigation tell us that the shortfall is likely to be caused by data recording errors rather than a genuine lack of care plans.
- 3.3.1.5** We still have progress to make on the percentage of young people assessed as requiring specialist substance misuse treatment who commence treatment within 15 working days of the referral. However, the numbers involved are relatively small with the shortfall relating to one individual. DAAT Research and Information Officers have worked with the relevant young people's substance misuse agency to identify the individual and have confirmed that the long wait indicated is due to a data recording error.
- 3.3.1.6** We have been rated red against two performance expectations. The first is the percentage of young people starting a new treatment journey with a history of injecting who are offered a personal Hepatitis C test with appropriate pre and post-test counselling. Only one young person with a history of injecting started treatment in the quarter referred to. Unfortunately, this young person does not have a recorded Hepatitis C status. DAAT Research and Information Officers have contacted the relevant provider to request an exception report and will continue to monitor shortfalls against this target.
- 3.3.1.7** The second red rating is against the performance expectation that at least 65 per cent of young people should leave treatment in an agreed and planned way. Our performance has improved from 44.3 per cent in quarter 2 to 51.8 per cent in the current quarter. However, this remains a real cause for concern.

3.3.2 Interventions Provided

3.3.2.1

Interventions 0809 to end q3	Number of Interventions	Percentage
YP psychosocial intervention	173	92%
YP harm reduction service	11	6%
YP family work	0	0%
YP specialist pharmacological intervention	4	2%
YP access to residential services	0	0%

- 3.3.2.2** The above details the numbers of each modality intervention provided in 2008/2009 to end quarter 3.
- 3.3.2.3** Demand for young people's psychosocial interventions, harm reduction services and specialist pharmacological interventions is expected to remain stable in 2009/2010.
- 3.3.2.4** No young person is recorded as having accessed family work. However, this is thought to reflect data recording error rather than actual access to treatment. All

commissioned services are contracted to work with parents and carers and report via the contract review process that these interventions are regularly provided.

3.3.2.5 No young person is recorded as having accessed residential substance misuse treatment. It is not clear whether this accurately reflects need. Comparison with statistical neighbours shows that we should expect a maximum of one or two placements per annum.

3.3.3 National Indicator 115

3.3.3.1 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 target relating to young people's substance use as measured by the Tellus 3 survey.

3.3.3.2 Reduce the proportion of young people frequently using substances

2008/2009 actual	11 per cent (National Average = 10.9 per cent)
2009/2010 target	10 per cent
2010/2011 target	9 per cent

4 Identified gaps across modalities/service user groups

4.1 Gaps in particular types of services

- Perceived lack of mechanisms by which young people can ask questions confidentially/anonymously, of a known person, about cigarettes, alcohol and drugs.
- A lack of confidence and uncertainty about role and remit at a tier 1 level around working with children of parental substance misusers.
- A gap in services for children of parental substance misusers aged 5-12.
- A lack of services specifically aimed at the children of parental alcohol misusers.
- Capacity for prevention is limited.
- Capacity for whole family work is limited.
- Residential substance misuse treatment is not being accessed.

4.2 Gaps in service within a particular community

- Young women are disproportionately represented amongst those who leave treatment in an unplanned way.
- There is a lack of information around the unmet substance misuse treatment needs of Norfolk's young BME population.
- Recorded referrals from services for looked after children are disproportionately low.

4.3 Any services which are weak or of poor quality

No individual services have been identified as being weak or of poor quality. There are however a number of cross-cutting areas requiring improvement:

- Monitoring of work with the children of parental substance misusers is inconsistent and/or lacking.
- Young people's substance misuse services should be better integrated with wider services for children and young people.
- An increase in planned discharge rates is needed if N-DAP is to meet performance expectations.

- A 'blurring' of the boundaries between tiers 2 and 3 and hence the care pathways between them.
- Limited implementation of the Common Assessment Framework.

4.4 Any services which are in inappropriate locations or inaccessible

- The size of the county and the extent of and distance between rural areas brings challenges to the delivery of services.

4.5 Any over-provision of particular services

None.

4.6 Any over-provision of services within particular communities

- Young people regularly remain in young people's specialist substance misuse treatment past their 18th and even 19th birthdays. There is a lack of clarity around transition protocols and a lack of confidence in adult substance misuse treatment agencies as appropriate onward referral points.

4.7 Whether the funding for particular services is sustainable

- With funding granted on a year-to-year basis – the entire young people's specialist substance misuse treatment system is vulnerable. For all agencies, the uncertainty of knowing whether funding will be available for the following financial year can impact on ability to provide a sustainable and stable service, despite having a contract in place.
- Impact reports that staffing specifications would not be sustainable under current funding levels after March 2009.

5	Identified risks and harms in relation to service gaps
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Gaps in particular types of services	
Gap	Risk/harm
Lack of confidential mechanisms by which young people can ask questions	Missed opportunities for prevention and/or early intervention may impede young people's ability to achieve outcomes and lead to increased pressure on specialist services.
Lack of confidence at tier 1 around working with the children of parental substance misusers	Missed opportunities for prevention and/or early intervention may impede young people's ability to achieve outcomes and lead to increased pressure on specialist services.
Gap in services for children of parental substance misusers aged 5-12	Gaps in service may impede this vulnerable group's ability to achieve outcomes and lead to increased pressure on wider services and those for the older age groups.
Lack of services aimed specifically at the children of parental alcohol misusers	Gaps in service may impede this vulnerable group's ability to achieve outcomes and lead to increased pressure on wider services and those for the older age groups. It is noted however that this client group can appropriately be served by services that also work with others e.g. T2.
Limited capacity for prevention	Missed opportunities for prevention and/or early

	intervention may impede young people's ability to achieve outcomes and lead to increased pressure on specialist services.
Limited capacity for whole family work	Missed opportunities to impact positively on the ability of vulnerable children and young people to achieve outcomes.
Residential substance misuse treatment is not being accessed.	Missed opportunities to impact positively on the ability of vulnerable children and young people to achieve outcomes.
Gaps in services within a particular community	
Gap	Risk/harm
Young women disproportionately represented amongst those who leave treatment in an unplanned way	Young people's substance misuse treatment system may disadvantage young women, impeding their ability to achieve outcomes. The extent to which this is true is unclear at present and requires monitoring and further investigation.
Lack of information about the unmet substance misuse needs of Norfolk's young BME population	Norfolk's young BME population may have unmet substance misuse treatment needs which are unrecognised.
Little is known about the substance misuse needs of young LGB people in Norfolk	Norfolk's young LGB population may have unmet substance misuse treatment needs which are unrecognised.
Little is known about the substance misuse needs of young Gypsies and Travellers	Norfolk's young Gypsy and Traveller population may have unmet substance misuse treatment needs which are unrecognised
Recorded referrals from services for looked after children are disproportionately low	Missed opportunities to impact positively on the ability of this vulnerable group of children and young people to achieve outcomes.
Any services which are of weak or poor quality	
Gap	Risk/harm
Inconsistent monitoring of work with children of parental substance misusers	Lack of information around work with this vulnerable group of children and young people impedes upon agencies' ability to identify unmet need and to plan appropriate services.
Young people's substance misuse agencies should be better integrated with wider services for children and young people	Poor fit between needs of young people and services offered; Missed opportunities for prevention and/or early intervention may impede young people's ability to achieve outcomes and lead to increased pressure on specialist services.
An increase in planned discharge rates is needed.	Missed opportunities to impact positively on the ability of vulnerable children and young people to achieve outcomes; Potential risk to future funding allocations
'Blurring' of boundaries between tiers 2 and 3	Poor fit between needs of young people and services offered; inefficiency in use of resources.
Limited implementation of the Common Assessment Framework	Missed opportunities for prevention and/or early intervention may impede young people's ability to achieve outcomes and lead to increased pressure on specialist services; Poor fit between needs of young people and services offered
Any services which are in inappropriate locations or inaccessible	
Gap	Risk/harm
Challenges brought by size and rurality of county	Young people's substance misuse system may disadvantage young people in some areas of the

	county, impeding their ability to achieve outcomes; Cost of maintaining equitable young people's substance misuse system may not be sustainable.
Any over-provision of services within particular communities	
Gap	Risk/harm
Retaining of clients in young people's specialist substance misuse treatment past their 18 th and even 19 th birthdays	Cost of retaining this client group may not be sustainable; Clients are not reflected in young people's performance information which may constitute a risk to future funding allocations.
Whether the funding for particular services is sustainable	
Gap	Risk/harm
Uncertainty of funding	Ability of N-DAP to plan effectively to meet the needs of young people; ability of providers to provide sustainable, stable services.
Staffing specification levels unsustainable	Unmet young people's substance misuse treatment needs resulting in missed opportunities to impact positively on the ability of vulnerable children and young people to achieve outcomes.