

Working Together to Improve Young Londoners Access to Drug and Alcohol Services

Practice Improvement Event Report

Overview

ADPH London, in partnership with OHID National and London teams, hosted a London Regional Practice Improvement Event on 11 July 2024. Ninety-eight delegates attended, representing key professionals working in young people's substance misuse services, including public health leads, commissioners and providers. This event focused on improving access to drug and alcohol treatment for young people in London, while presenting some prevention and wider approaches. The event also launched the ADPH London Practice Improvement Programme, in partnership with OHID London, which will focus initially on young people's access to substance misuse treatment, and include local self-assessment, action planning, sharing of learning and sub-regional work, to embed best practice.

In the morning OHID National presented their plans for a National Service Framework to deliver specialist and targeted interventions for children and young people with alcohol and/or drug problems, in the context of the new Government, inviting delegates to inform this work by providing feedback throughout the day. This was followed by presentations on research, London data and local case studies, demonstrating different approaches to improving the effectiveness of services. All the London services showcased have shown a demonstrable increase in numbers in treatment. Throughout the day delegates were invited to explore and discuss approaches, network with colleagues and suggest key themes for further exploration at a national, regional and local level.

Key themes for further exploration

For National guidance and data

- Importance of understanding local need, working together and regular monitoring.
- Ensuring services are responsive and provide evidence-based interventions.
- Investment in service quality, including prevention and early intervention.

For a regional practice improvement programme

- Opportunities to see examples of good practice across London.
- Exploring core elements of a good service, including SLAs and multiagency pathways.
- Understanding how data collection can support unmet need.

For local action

- Mapping local partnerships and collaborative working.
- Improve data recording and using data to inform service development.
- Develop and embed Youth Centred Approaches.

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Introduction

“Great to have YP on the agenda. Good start at getting non-substance misuse partners on board”
Quote from participant

In recent years, London has received additional national drugs funding with most efforts prioritising increasing the number of adults accessing treatment. However, with the increasing focus on the needs of young people, it is an opportune time for London to come together as a region and work in partnership, to enhance our approach across the capital.

Apart from needing to improve numbers into treatment, we know young people have been neglected in policy and guidance. A generation has grown up during a pandemic, and mental health and wellbeing has suffered¹ - a known risk factor of substance misuse. This year, the [National Youth Agency Survey](#) revealed that young people don't feel a sense of belonging in their local communities, they are feeling disconnected and struggling with social anxiety.

As we welcome a new Government, this is an exciting opportunity for us to inform and support OHID's approach to children and young people's substance misuse treatment. It is an opportunity to think about how London can work together to support more young people and consider what broader practice improvement activity might look like over the next 12 months.

During the day, national and London-wide issues were considered with boroughs who have increased their numbers in treatment sharing their ways of working. They reported what good pathways look like, how to build strong partnerships and what the important elements of an effective treatment service are. Participants were split into sub-regional tables and were asked to consider how services could be made inviting, accessible and relevant to young people. Groups were also asked to consider how to keep services adaptable, being mindful of new and emerging substances – such as spice vapes and nitazenes.

Finally, as well as acknowledging the existing great work of London partners towards increasing young people's access to substance misuse treatment, it was also important to recognise the enormous efforts that colleagues contribute to the prevention of substance misuse. Such initiatives include efforts to reduce demand and interrupt supply with Operation Adder, harm reduction with drug testing in music venues as well as borough-based youth initiatives.

Considering the bigger picture and addressing the wider determinants through understanding the reality of young people lives remains a priority in Public Health. We need to continue to challenge the status quo and work across the system to positively engage young people. We need to work together to improve pathways for young Londoners ensuring they have access to attractive treatment, services and support.

¹ <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

Understanding Young People's Needs and the London Context

During the morning, presenters discussed national and regional data, insights into young people's drug use and service needs. Presentations included the following:²

Young People's Drug Use - Insights from the Addictions Clinical Academic Group (CAG), South London and Maudsley Emily Finch - Clinical Director

The presentation included the findings from a mixed methodology investigation of the individual, sociocultural, and societal factors that underpin the recent increase in substance use among young people. The study was used to inform policy within the National Institute for Health and Care Research (NIHR) Policy Research Programme.

Key findings indicate that there seems to be an increase in the complexity of referrals rather than just an increase in referrals. There are complex theories to explain these changes including early initiation and harmful patterns of substance use, linked to cumulative risk factors (in early childhood) such as adverse life events, family stress, and poor attachment with consequential use to treat trauma and distress. Availability, accessibility, normalisation and reduced stigma of drugs are perceived reason for increased usage. Drug use may also be part of exploitative relationships and bonding. *Sumnall et al 2023 (to be published)*.

Student Mental Health: an innovative, coproduced model for changing unwanted behaviours. Prof Owen Bowden-Jones Consultant Psychiatrist, CNWL, University College London

The presentation explored the key messages and findings from an evaluation of a pilot clinic called CUBE (Changing Unwanted BEhaviours). This clinic was developed as part of a whole university approach to tackle unwanted behaviours including substance use, gambling, gaming and compulsive sexual behaviours, involving students in its design.

The clinic showed good outcomes despite relatively brief interventions. Key findings included the importance of having prevention, harm reduction and recovery within the service. They found that there is a significant unmet need within student populations and a third reported more than one disorder including: alcohol, drugs, compulsive sexual behaviours such as pornography, co-existing mental health needs and neurodiversity.

Understanding specialist and targeted interventions for children and young people with alcohol and drug problems. Virginia Wright Head of Children and Families (Alcohol & Drugs) OHID, Pete Burkinshaw Alcohol and Treatment & Recovery lead OHID.

The presentation included OHID's ambition to increase numbers of children and young people in drug treatment by 50%. It provided an overview of national and regional data, emphasising the treatment gap compared to the target. OHID is keen to understand the challenges and to learn from areas doing well.

² Please refer to the appendix for the presentations.

Key considerations included:

- Whether data recorded an accurate reflection of local treatment activity?
- Whether there's a high proportion of young adults (18-24) receiving treatment in your local YP service?
- What do local young people think of the YP service?
- How could you improve referral pathways into treatment from key local partners, e.g. children's social care, youth offending teams, CAMHS, PRUs & schools etc.?

The presentation also explored the scope for the development of a possible framework comprised of 6 standards that participants were invited to consider when feeding back throughout the day.

London Data analysis and scoping activity for young people's drug and alcohol treatment services

Rob Carrick - Chair of the ESUCG CYPF Working Group and Lead Commissioner for Sub Mis in Lambeth, Alex Eastaugh - Data Analyst, Lambeth

The presentation looked at recent research conducted to understand how young people's Tier 3 services are commissioned in London, comparing the numbers in treatment. Key findings concluded that there are a range of factors that influence the number of young people in treatment. The study found that outsourced contracts tend to have higher numbers in treatment and better outcomes but have a higher cost. Combined contracts tend to have higher numbers in treatment and better outcomes, with a lower cost. The value of the contract alone seems to have little impact on numbers in treatment and outcomes.

In 2022, Redbridge began a service improvement plan, following the impact of COVID-19, to increase numbers of young people accessing treatment. This plan was informed by a range of themes identified from a young person's survey and stakeholder feedback. Treatment pathways, service structure and treatment content such as working with schools via pastoral networks and parents to provide brief intervention, a focus on vaping due to an increase in exclusions and use of Pupil Referral Units and partnership working with CAMHs and alignment to sexual health services.

Key themes from table discussions

Treatment services: *What are the 'must have' elements of a good quality, effective young people's treatment service?*

1. Adaptability and responsiveness to trends and changes in evidence
2. Understanding of the wider environment and differing needs of young people
3. Designed with young people to be welcoming and sensitive to diversity
4. Trained and supported staff
5. Accessible and visible with a good reputation amongst young people and families. – A strong social media presence and outreach with young people
6. Partnership and collaboration with a wide range of stakeholders (e.g., schools, local authorities) with strategic buy-in
7. Evidence informed, innovative and person-centred, thinks outside the box and recognised as specialist support
8. Has robust data recording to monitor impact and address gaps.
9. Has robust pathways (in and out of service)
10. Is built on sustained partnerships and resources (and additional resources when available)

Partnerships: *Who are the key partners and how do you engage with them? What are the barriers and enablers to partnership work?*

Key partners categorise into 6 main sectors:

1. Education and Schools
2. Health Services
3. Children and Family Social Care
4. Criminal Justice Services
5. Voluntary and Faith-Based Organisations
6. Community
7. Young People

Barriers

1. Lack of youth-led initiatives and engagement
2. Poor quality, poor accessibility and stigma associated with services
3. Lack of adaptation to trends and changing needs of young people
4. Lack of collaboration or shared goals, poor relationships
5. Lack of strategic leadership

6. Lack of joint training opportunities
7. Inability to handle complex cases and competing priorities
8. Lack of consensus regarding treatment approaches, uncertainty about evidence, and concerns about harm reduction approaches.

Enablers:

1. Relationship building and trust, including good relationship between commissioners and partners
2. Consistency and strategic buy-in
3. Coproduction with young people
4. Joint visions and cross-partnership mission statements
5. Leadership - champions
6. Expertise, evidence and creativity
7. Good networks and cross agency working groups
8. Accessibility of services
9. Clear agreements, protocols and processes
10. Availability of sufficient and sustainable financial resources

Understanding need, using and capturing data

After lunch, two case studies were presented followed by a table discussion. The focus for this part of the day was exploring how we can best use data and commissioning strategies to ensure we meet and target appropriately.

Case Study: Lambeth

Lambeth Young People's Substance Misuse Service (YPSMS) Vanessa Cottrell -Snr Commissioning Officer in Lambeth, Verity Boome- Ops Manager in Youth Justice, Georgia Pearce- Team Leader in CGL

This service focuses on underlying issues to substance misuse. They engaged with 155 young people in August 2023 to understand service need via focus groups, surveys and discussions on the street which recognised the link between mental health and substance misuse. A key issue was to overcome mistrust in services and develop a good relationship with young people/service users via an outreach community-based approach.

A new specification is now in place which addresses the issues raised, including availability to under 25's increased partnership with Adult Social Care and Adult Substance Misuse Service. Increased accessibility includes being open after 5pm on weekdays and exploring working in existing co-locations within the borough, mental health brief intervention support; and visibility and feedback – ensuring the service is promoted across various platforms and getting feedback from YP regularly to improve the service.

Case Study: Barnet

YP In treatment: How we increased our numbers - Lucy Kennedy - Public Health Commissioner, Tanya Lisak - Young People Substance Misuse Service Manager, CGL

During the pandemic, the service transferred to a new provider. They prioritised engagement with stakeholders as key referrers, with some three-way appointments offered to increase engagement. The service has worked with Safeguarding Leads and/or PHSE Leads in most secondary schools in Barnet and some neighbouring schools (when Barnet YP are in these schools). Also co-located in Early Help Hubs where Supporting Families Worker attends weekly. Works closely with social care (MASH and Leaving Care), Youth Offending Team – Early Help and Preventative Worker.

The focus has been on quality and changes in practice via monitoring and auditing, monthly reports, and close working with data manager and admin team. Learning from monitoring is used to identify training needs, manage quality and ensure governance adhered to; case discussions – individually and as a group to improve case management.

Key themes from table discussions

Understanding needs: How can we best use data and commissioning strategies to ensure we meet and target appropriately?

Data management:

- Quality, consistency and up to date data: Establishing consistent ways of recording data and ensuring accurate, reliable data
- Qualitative and quantitative data: Focusing on conversations and context
- Audits: Ensuring structured treatment data recorded on NDTMS
- Staff Awareness: Ensuring staff know when and how to record data
- Triangulating data sets: Combining different sources
- NDTMS Reporting: Matching youth offending data
- Capturing and understanding unmet needs: Baseline data and granularity
- Interpreting data: with clarity and consistency
- Thresholds for tiers: Setting appropriate levels.
- Outcome frameworks: to enhance data granularity
- Tier 2/Prevention: Challenges in recording this

Commissioning Strategies:

- Integrated service commissioning: Aligning with community needs
- Dual diagnosis: Joint commissioning
- Population levels and demographics: Considering shifts and trends
- Informing commissioning strategy: Using data to guide decision-making
- Identifying partners' data: for example, collaborating with family hubs and health services
- Linking services: Connecting data across different services

Capturing data: Who provides structured drug or alcohol focused interventions for young people outside of commissioned drug treatment services and is data collected?

Providers

- Healthcare and Clinical Services
- Youth Community Organisations
- Education and Schools
- Justice and Law Enforcement
- Social Care and Welfare
- Other Sectors e.g. Faith groups, online providers, private healthcare providers

Is data collected?

1. Data is not gathered or shared consistently
2. Services don't communicate or share information with each other
3. Difficulty in recording Tier 2 Preventative Data
4. Data is not granular or isn't interpreted correctly
5. Need for a forum where all providers can come together to share insights

Universal and targeted offers

In the afternoon there was a presentation from the final case study followed by a table discussion. The focus for this part of the day was how we address vulnerability and prevention.

Case Study: Newham

Newham Rise Children & Young Persons Service - Sarah Currie – Substance Misuse Commissioner, Jennie Woodward – CHL Children & Young People (CYP) Services Cluster Manager

Service interventions include Brief Interventions and Structured T3 Treatment, Psychosocial Interventions, Prevention & Education Sessions and Hidden Harm Support. They work with wider council services including with the public health team on issues such as vaping. Services take nicotine only vaping referrals, providing brief interventions and signpost to smoking cessation services. Strategic young people's outcome measured not just NDTMS reporting.

Key findings include:

- Seeing Children & Young People's needs as distinct to adults and having services that reflect that.
- The importance of a 'No Wrong Door' policy for Children & Young People, and a Whole Systems approach with clear tier 3 pathway especially when tier two ends.
- Capturing data from others on vulnerabilities and referral to RISE services.
- CYP services need to have a higher profile for example using Instagram to develop awareness and promote services.

Key themes from table discussions

Q6: Addressing vulnerability how does a universal offer differ from a targeted offer? And how does that address inequality and support those with the most need e.g.; vulnerable, neurodivergent?

Universal Approaches

- Prevention including public health campaigns, awareness raising events e.g., university wellbeing days, parents' workshops
- Promotion of services via social media, outreach, staff training
- Drugs education through PHSE in schools; general health promotion and mental health support in youth clubs and other after school provision
- Harm reduction for young people using drugs

Targeted Approaches

1. Identifying and Understanding needs:

- Identify which groups to target within universal services such as schools, working with them to offer tailored interventions
- Use data to understand risk factors associated with specific groups

- Conduct assessments and tailor engagement based on data (e.g., high Muslim population in Harrow)

2. Collaboration and Expertise:

- Explore successful models from other areas who have developed targeted services, and develop specific services for identified at-risk populations, such as youth offenders
- Multidisciplinary groups and specialist clinical teams play a role (e.g., ADHD)
- Utilise speech and language specialist services
- Develop schemes within hospitals (e.g., Homerton Hospital)
- Address needs in special schools, maintaining strong links with educational institutions

3. Service design

- Consider whether young people utilise these services and if not why?
- Utilise language lines and staff who speak different languages
- Implement peer support services and preventative interventions
- Staff need to be trained to understand and support different needs

Q7 Prevention: *How can we better work with partner services to both support prevention and referral of young people in need?*

Collaboration and partnerships

- Engagement with voluntary and community sector partners and non-statutory entities (e.g., barbers, Scouts, etc.) faith settings (e.g., youth pastors, mosques), encouraging them to be an ally and support others in the community, even if you don't directly experience sub misuse problems
- Youth initiatives e.g., youth champion training through the Royal Society for Public Health (RSPH) and peer lead support
- Use other services (e.g., Met police, Social Care) to deliver training to raise awareness of services and discuss referral pathways - ensuring easy referral routes without wrong doors
- Provide professional training through Local Safeguarding Children Partnerships (LSCPs)
- Implement MECC (Making Every Contact Count) and referral training for various community members
- Develop service level agreements with partners
- Engage with schools, youth services and social media
- Utilize resources like "Talk to Frank" for drug information
- Involve partners in reviewing and assessing children and young people in need

System Improvement

- Develop systems rather than just focusing on individuals to enhance service quality
- Understand demographics and segment data effectively
- Consider the counterintuitive outcomes of integrating adult and young people services
- Address coordination challenges and complexity
- Encourage the design of screening tools collaboratively with young people

- Acknowledge and address staff shortages - explore strategies to mitigate these shortages

Defining a Good Drug and Alcohol Service:

- Remind stakeholders of the criteria for a high-quality drug and alcohol service
- Emphasise the need for face-to-face interactions
- Promote a culture of willingness to share information
- Ensure senior leaders are aware of key issues and actively share information
- Focus on outcome-focused data to demonstrate effectiveness
- Collect statistics on the impact and savings from prevention efforts
- Zero tolerance of waiting times in service delivery
- Strengthen referral pathways

Conclusion

“Useful and honest practical learning, including challenges.” Quote from Participant

Reflections on the day

Following a day of learning, sharing and discussion, two resounding questions remain: *How do we **improve our use of systems** which already have roots in pathways such as social care, criminal justice - probation? How can we **capture and understand** what the impact of services is beyond treatment providing wider support for children and young people in families?* These questions are set in the context of the following topics which need addressing:

There has been an **increase of complexities of cases** needing greater intensity of support to be seen in treatment services e.g. SEND, poor mental health. We need to consider the role of education settings and health visitors.

The need to **prioritise data recording** within services to inform decision-making. There is a need for organisations to share data more effectively, however, many NHS data sources, including GPs and emergency services, do not fully capture the services they offer. Youth services offer treatment, but their data isn't consistently recorded on NDTMS. Recording tier 2 activity is crucial but currently underrepresented in the data, for example.

Commissioning strategies should allow flexibility and innovation - Drug and Alcohol Services must be enabled to adapt to emerging trends to meet evolving needs e.g. Nicotine vapes, adulterated vapes and sexual behaviour. Vulnerabilities beyond drugs should be considered including other addictions such as pornography, addressing broader factors is essential. Understanding emerging trends and engaging young people effectively requires co-production with commissioners and youth.

Services should be tailored to meet specific needs and foster trust. Services need to be welcoming and non-stigmatising, designed specifically for young people, with their input. Services need to be flexible and relevant to take on emerging trends and **raise their profile** using media, in particular social media.

We need clear drug policies for managing incidents and educating young people and updated guidance for professionals working with young people, to reflect the reality of drugs, alcohol and vaping. The focus of **Prevention** on addressing poor health and antisocial behaviour needs to become a priority. Finally, we need to understand why services often **stop beyond tier 3..**

“Thank you for a brilliant event. It's been great connecting with colleagues and sharing ideas, discussing different aspects of our work around YP” Quote from Participant

Participants found the day a useful learning and sharing opportunity, enjoying the diversity of speakers, networking with peers and discussion exercises. They wanted follow-up events which explore staff retention, inequalities in access, youth perspectives, systemic family approaches.

CYP responsive services

- Emphasis on the importance of young people's involvement in service design
- Highlight the role of prevention and early intervention, not just treatment provision

Promoting and safeguarding welfare

- Young people misusing substances need to be part of a wider system of support which doesn't end with treatment services
- Need more clarity on where CYP vaping sits within CYP substance misuse services

Understanding local need and working together

- Guidance on working with NHS (particularly CAHMS), schools and within the CJS
- Mapping of all potential treatment provision within a local system, particularly in NHS services and recommendations of the need to share data

Delivering evidence-based interventions

- Include reference to effective commissioning models
- Need more clarity on what is meant by T2 and T3 services
- Updated evidence on prevention and effective T3 service provision

Regular monitoring of activity outcomes

- Data collection should capture prevention and Tier 2 work to build evidence within the workstream
- Include vaping interventions, hidden harm, transition and 18-25 cohort
- Need to collect data from non- substance misuse providers

Investing in quality

- Guidance needs to include dual diagnosis
- Need for new quality standards for commissioners and services.

For a regional practice improvement programme

"We need practical learning around engaging with wider community partners on prevention" Quote from delegate.

Delegates were asked what they would like to see included in a London Region 'Practice Improvement Programme' in the next 12 months. There was a strong sense that participants would value working together as a region (e.g. a community of practice) to continue to share practice and insights into emerging trends. The following includes the main themes they would like to explore:

- How to engage multi agency partners locally
- Examples of different pathways into treatment
- Methods to measure impact
- Techniques for involving young people in service design, decision-making and embedding young people's voice
- Practice example of services which are young people-focused, holistic, and bold

- Understanding the core elements of a good service and the basis of a service level agreement
- Sharing examples of commissioning arrangements and partnerships
- Mapping and recognising what constitutes tier 2 work
- Opportunity to explore quality standards for commissioners and services- what does good look like
- Examples of working with schools, of trauma-informed approaches, & of addressing county lines and serious youth violence
- Evidence around prevention, local national or global
- Examples of best way to capture targeted data
- How to develop a data set to monitor unmet need

For local action

“Be more specific and direct with asks of partners, and clearer about scope and purpose and potential positive impact on CYP in Borough”. Quote from delegate

Delegates were asked what one action they would take following the event. We encourage all local areas to think about how they can include these actions within their local strategies and plans. Over the course of the next twelve months, participants will be encouraged to share their progress on these actions.

Collaboration and Partnerships

- Explore new roles and strategic relationships
- Hold joint meetings with key stakeholder groups and providers e.g., PSHE leads, Children’s social care, Youth Justice, school nursing
- Build partnerships around referral pathways
- Develop joint training with key stakeholders e.g. brief intervention

Data, Recording and understand and work to resolve unmet need:

- Use NDTMS data to identify gaps
- Agree systems to share data across services
- Review data to understand needs and improve performance
- Record data more dynamically
- Probe substance misuse pathways to understand bottlenecks and waiting times (audit?)

Development of Services:

- Use up to date evidence to develop service provision and prioritise
- Engage with young people on service design and promotion
- Address vaping
- Review referral processes and increase referrals from key partners
- Improve promotion of local services, including social media
- Understand and target to address diverse needs

Youth-Centred Approaches:

- Link with schools and sexual health services
- Consider with YP, routes into treatment
- Enhance early intervention strategies

Acknowledgements

A special thanks to OHID National for funding the event, and OHID London, in particular Alison Keating, Head of Alcohol, Drugs & Tobacco for your role in developing the agenda and supporting the day. This event was a perfect example of excellent collaboration and would have been impossible without your expert advice.

Thanks to all those who helped organise the day, such as Kerry Lonergan - ADPHL Co Lead for Substance Misuse, Sebastian Dennis-Beron ADPHL Public Health Strategist. Thanks to the Chair Dudu Sher Arami, ADPHL Co-Lead for Substance Misuse and DPH Enfield, all the speakers (referenced in the report), the table facilitators, the scribes including Jane Leaman and of course all the delegates. The energy and passion in the room was evident by the level of noise and heat! We hope this report captures the key elements of the discussion and can lay the foundation of future practice improvement work in London.

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19.11.2024