

Working Together to Improve Young People's Access To, and Engagement In, Substance Misuse Treatment Services.

Learning from the Final Practice Improvement Event: October 2025

"It was a really positive experience... helped me celebrate good practice and improve contract monitoring." - Panellist

The following summarises the key learning from the final workshop of a series of practice improvement activities designed to improve young people's access to, and engagement in, substance misuse treatment services. For more details see the accompanying presentation pack.

Background

In summer 2024, ADPH London hosted a London Regional Practice Improvement conference, in partnership with OHID National and Regional¹. The aim was to explore how we could work together across London to improve the numbers of young people accessing substance misuse services, given the low rates across the capital despite increased funding.

Participants identified strong strategic partnerships, good operational multi agency collaboration, and coordinated referral pathways as essential, however in need of improvement. In response, ADPH London developed a Practice Improvement Framework² to support focused action on these factors and ultimately improve the numbers of young people accessing substance misuse services.

In spring 2025 the draft Framework was tested and reviewed by participants, and feedback collected over five sub regional workshops³. The updated Framework was shared across London Local Authorities for completion. Participants were encouraged to share their action plans.

¹ <https://www.adph.org.uk/networks/london/resources/work-together-to-improve-access-to-drug-and-alcohol-services-for-young-londoners-event-report/>

² <https://www.adph.org.uk/networks/london/resources/a-practice-improvement-framework-for-developing-strong-partnerships-and-effective-pathways-for-young-people-into-substance-misuse-treatment/>

³ <https://www.adph.org.uk/networks/london/wp-content/uploads/sites/2/2025/05/0525-YP-Substance-Misuse-Working-Together-Practice-Improvement-Workshops-Report.pdf>

A final 'wrap up' meeting in October 2025 brought all participants together to discuss how they completed the Framework and to share examples of actions they are taking to improve their numbers into treatment.

Overall, the feedback for the Framework has been positive. Over the last 12 months, there has been real progress in London following the initial practice improvement exercise in summer 2024. However, numbers remain well below historic levels and there are disparities across the region, with some local authorities performing well and others needing to review their performance to improve the numbers of young people in treatment. We encourage all local authorities to complete the Framework and action plans to enable this.

The Framework

The Framework is a practice improvement tool, ideally championed by public health. It is designed to be completed by those who commission young people's treatment services, in collaboration with providers, and the local substance misuse leads. Further engagement with children's social care, education providers, youth justice and other relevant sectors is necessary to effectively complete the tool.

Comprising three sections, Part 1 provides context, Part 2 is the Framework comprising of a series of core themes and statements, with prompts and examples. Part 3 is the 'Action Plan' which outlines three key priority areas for development.

This Framework was not designed to be used as an external audit, but rather as a tool for Local Authorities to reflect and understand their current practices and environment when commissioning and delivering services. It could be used to open discussions about current provision at local level, identifying strengths or areas for improvement, as well as challenges and opportunities enabling qualitative discussions with the system. The actions identified can also be used to inform future practice improvement activities.

Common Challenges Identified in the action plans

Local Authorities were asked to complete the Framework and submit their action plans to ADPH London.

19 of 32 actions plans were received and used for a high-level thematic analysis. They were predominantly completed by substance misuse leads and commissioners, supported by the providers. Some key challenges identified that were recurrent across London.

Main Challenges identified:

1. Improving Access to Treatment Services

- Low awareness and visibility of services among young people and professionals.
- Stigma and confidentiality concerns preventing self-referrals.
- Digital presence gaps, especially lack of youth-friendly websites and social media.
- Limited engagement with underserved communities, including LGBTQ+ youth and Looked After Children (LAC).
- Small service teams limiting outreach and Tier 2 prevention work.

2. Improving Operational Collaborations

- Staff turnover in schools, social care, and partner agencies disrupting continuity.
- Siloed working and lack of shared case management systems.
- Inconsistent engagement from schools, CAMHS, and other statutory services.
- Limited co-location opportunities and challenges in joint care planning.

3. Improving Referral Pathways

- Lack of early referrals, with professionals waiting until issues escalate.
- Complex or inaccessible referral forms (e.g., Tower Hamlets).
- Low self-referral rates due to stigma, lack of trust, or digital barriers.
- Inconsistent understanding of referral responsibilities among professionals.

Reflections on completing the Framework: Panel Discussion

“The tool helped encourage conversations” - Panellist

Three local authorities who completed the framework, submitted their action plans, and demonstrated an improvement in the number of young people accessing treatment in the past year, were invited to discuss their experiences of completing the framework and how it contributed to local practice improvement.

How did you complete the framework?

“The framework gave us a structure to articulate and identify those actions.” - Panellist

- Monitoring tool: Camden completed the Framework as a team, reviewed each section and identified development areas and strengths. Given they have an in-house young people's drug and alcohol service, they integrated the Framework into quarterly contract monitoring meetings for ongoing review.
- Internal audit: Lambeth worked jointly with their provider (CGL) to use the Framework as an internal audit. They shared findings these audit findings with the Combatting Drugs Partnership working group, comprising youth justice, NHS, and child support teams, with the hopes of embedding this as part of their work.

- Service Audit: Haringey involved commissioners and frontline staff ensure practical insights when completing the Framework. The team used the Framework as a service audit tool gather feedback, identify areas for improvement and celebrate good practice.

What improvement opportunities did you identify?

- Streamlining referral processes e.g. removing paper referrals, working closely with partners to align with their systems.
- Embedding simple screening questions into other services' assessments to improve identification, get a better assessment of need, and leverage existing forums to reduce the burden on young people.
- Using digital engagement and co-production with young people to make services more accessible and appealing.

What challenges did you encounter?

- Consent barriers for referrals.
- Engaging reluctant schools and Not in Education, Employment, or Training young people.
- Complexity of cases requiring multi-agency coordination and specialist roles, with limited workforce capacity and resilience when managing complex caseloads.

Did you identify any quick wins?

- Using national drug awareness campaigns as a gateway to schools
- Refreshing school partnerships and service awareness
- Simplifying referral routes (text/email/call options)

Did you identify longer-term, priority actions?

- Annual review of the Framework to maintain momentum.
- Developing digital service offers and resources (TikTok, Instagram, online booklets).
- Strengthening family hub integration and nought-to-19 pathways.
- Workforce development: clinical supervision and trauma-informed practice.

Did you identify and barriers needing Regional/National Support?

Policy & Governance:

- Need for more involvement of the Department for Education to influence schools and Pupil Referral Units.
- A national review of information requirements for young people at referral stage could reduce barriers and build trust.
- Support addressing drug supply via social media/dark web through Home Office and police partnerships.

- Guidance on managing near misses and thematic reviews of drug-related incidents at child death panels.

Complexity of Cases:

- Regional forums and guidance for managing for complex cases and cross-borough collaboration.
- Need for specialist roles and co-location with CAMHS and youth justice to manage dual diagnosis and safeguarding.
- Importance of integrated models (e.g., Catch22 in Merton⁴) for exploitation and missing cases.

Information Governance & Data Sharing:

- Challenges in accessing systems like youth justice; there is a need for clear information governance agreements and service level agreements
- Proposal for thematic reviews of drug-related deaths and near misses at child death panels.

Workforce Wellbeing:

- There is a concern about staff burnout due to complex caseloads.
- Recommendation to use the Workforce Capability Framework for training and support.

Engagement Strategies:

- Innovative projects to build trust and reduce harm when engaging young people.
- Need for investment in creative engagement activities for neurodiverse young people.

Case Study: Learning from Westminster

Westminster saw a significant increase in the numbers of young people in treatment over the last 12-month period. This was in the context of a national 10-year drug strategy and local level health & young people strategies to improve their access to services. Success over the year was attributed to:

- Strong partnerships, supported by the national 10-year drugs strategy, and local frameworks, such as Westminster's health & wellbeing strategy, youth offending JSNA and CYP drugs strategy.
- Improved data recording and consent practices.

⁴ <https://www.catch-22.org.uk/find-services/merton-risk-and-resilience/>

- Community-based delivery embedding offers in schools, colleges, hostels, and family hubs.
- Engaging schools were via vaping concerns and regular bulletins.
- Persistent engagement with young people.
- A holistic model including emotional wellbeing, safeguarding, and family involvement i.e. hidden harm.
- Expansion into working closely with CAHMS, social services and provide inclusive services for LGBTQ+ youth.

Final Reflections and Next Steps

"I think this is a really useful exercise to repeat, maybe on an annual basis or every two years." - Panellist

The Framework has been received positively, with evidence of it having supported and improved practice, as well as providing a method for meaningful discussions with a range of stakeholders.

We encourage all boroughs to continue to complete and review the Framework, embedding it into ways of working and enabling regular reflection, and regular discussions with their local services to ultimately get more young people to access the substance misuse treatment they need. We suggest that teams revisit the Framework on an annual basis as part of regular practice improvement and review of services.

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