



JSNA SUPPORT PACK FOR STRATEGIC PARTNERS

THE DATA FOR YOUNG PEOPLE

BOLTON

THIS SUPPORTING INFORMATION

This pack sets out the national and local investment in young people’s specialist substance misuse interventions in your area. Using data from the National Drug Treatment Monitoring System (NDTMS) it gives key performance information about delivery of specialist substance misuse interventions in your area, the complexity of the young people receiving them, and, where possible, national data for comparison. More detailed NDTMS data is routinely disseminated to localities.

The aim of specialist substance misuse interventions is to stop young people’s drug and alcohol use from escalating, to reduce harm to themselves or others and to prevent them becoming drug or alcohol-dependent adults. Specialist substance misuse interventions should be delivered according to a young person’s age, their levels of vulnerability and the severity of their substance misuse problem, and should help young people become drug and alcohol-free.

Many young people who require specialist substance misuse interventions have a range of problems beyond their substance misuse. Good practice is to meet their substance misuse needs as part of a broader package of care that involves support with housing, education and family relationships. For those with the most complex needs, including substance misuse, the best outcomes occur when services such as Child and Adolescent Mental Health Services, Youth Offending Teams and children’s Social Care work together with substance misuse practitioners.

So it is vital that specialist substance misuse services are commissioned within wider children’s services to address young peoples’ needs as a whole. From 2013 local authority-based public health will be responsible for commissioning young people’s specialist substance misuse interventions, providing an opportunity to ensure this support is integrated with wider children’s services to effectively address the root causes of young people’s problems and build the resilience they need to resist substance misuse in the future.

INVESTMENT

Investment in young people’s specialist substance misuse interventions in your area is set out below. This includes your allocation from the Pooled Treatment Budget (PTB – central government contribution for young people’s specialist substance misuse interventions); secure estate money (if your area receives funding for any local under-18s young offenders institutes, secure training centres and/or secure children’s homes); and, where known, local funding such as the early interventions grant or community safety funding. If we are to sustain and continue to improve the outcomes for vulnerable young people, it is vital to maintain local investment in early support, identification and referral, as well as the specialist interventions. A recent Department of Education cost-benefit analysis found that every £1 invested in young people’s specialist substance misuse interventions delivered up to £8 of savings in the long term and almost £2 within two years.

	2011-12	2012-13	Investment		
PTB	£177,409	£177,409		£0	£0
Secure Estate	£0	£0		Secure Estate	Local / Other
Local / Other	Available locally	Available locally			
Total	£177,409	£177,409			

12-13 secure estate investment TBC

NUMBERS

Local ● National ●

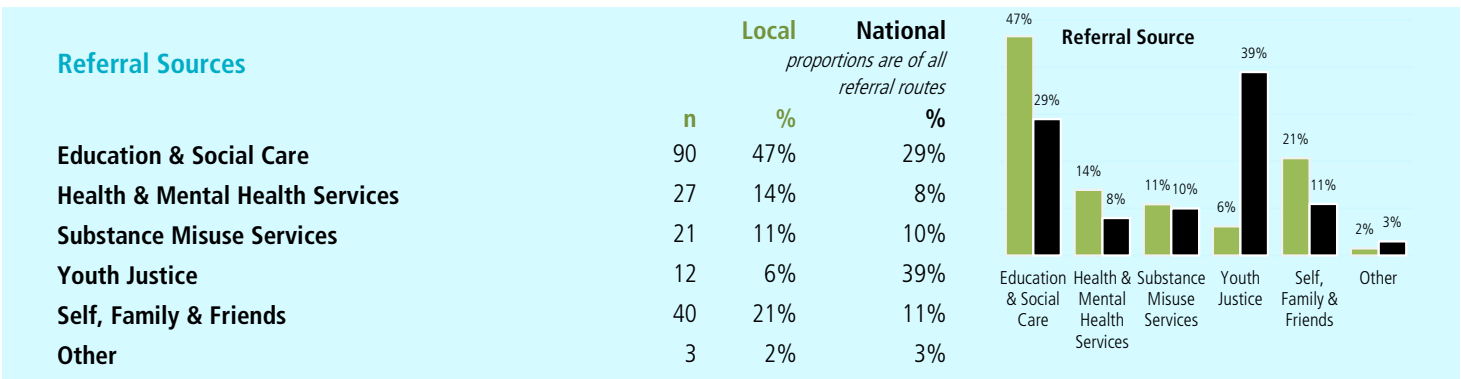
The numbers of young people accessing specialist substance misuse interventions during 2010-11

	Local		National
	<i>proportion is of national figure (so percentage of all YP nationally in the local area)</i>		
	n	%	n
Total young people receiving specialist substance misuse interventions	185	1%	21955

REFERRAL SOURCES

Local ● National ●

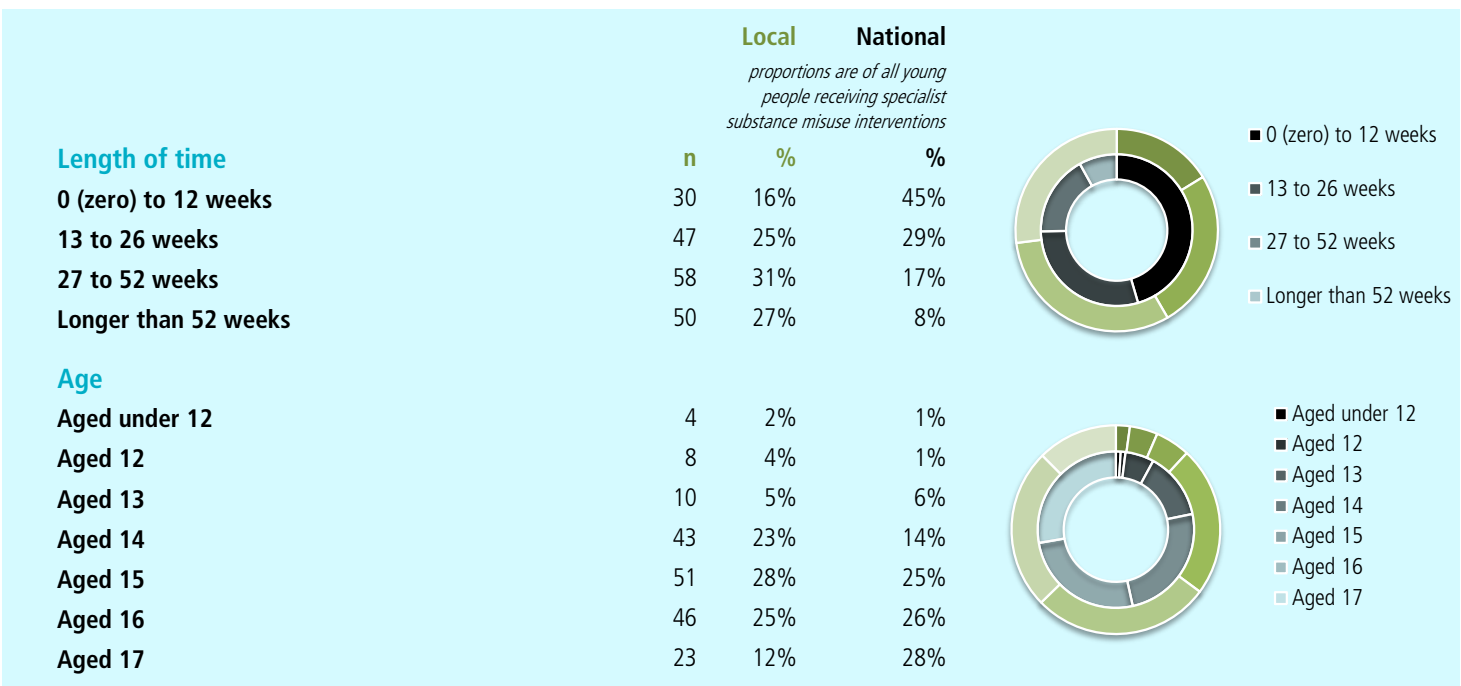
Young people can come into specialist services through various routes but are typically referred by children & family services, youth justice, and schools and colleges. If your local performance differs significantly from the national figure, you may need to refer to further local NDTMS data to identify any shifts in the volume and sources of referrals. Changes in universal and targeted young people services may affect screening, referrals and demand for specialist substance misuse interventions.



RECEIVING SPECIALIST SUBSTANCE MISUSE INTERVENTIONS

Local ● National ●

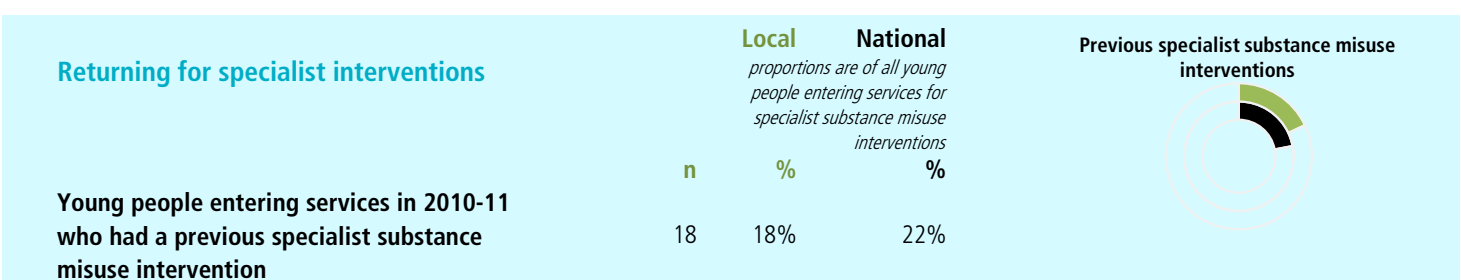
This is a breakdown of young people in your area by the time they spent receiving a specialist substance misuse intervention (latest contact) and by age. Most of these young people need help for alcohol and/or cannabis problems. They generally spend less time in specialist interventions than adults because their substance misuse is not entrenched. The intensity of these interventions is determined by age, risk and severity of drug use.



PREVIOUS SPECIALIST SUBSTANCE MISUSE INTERVENTIONS

Local ● National ●

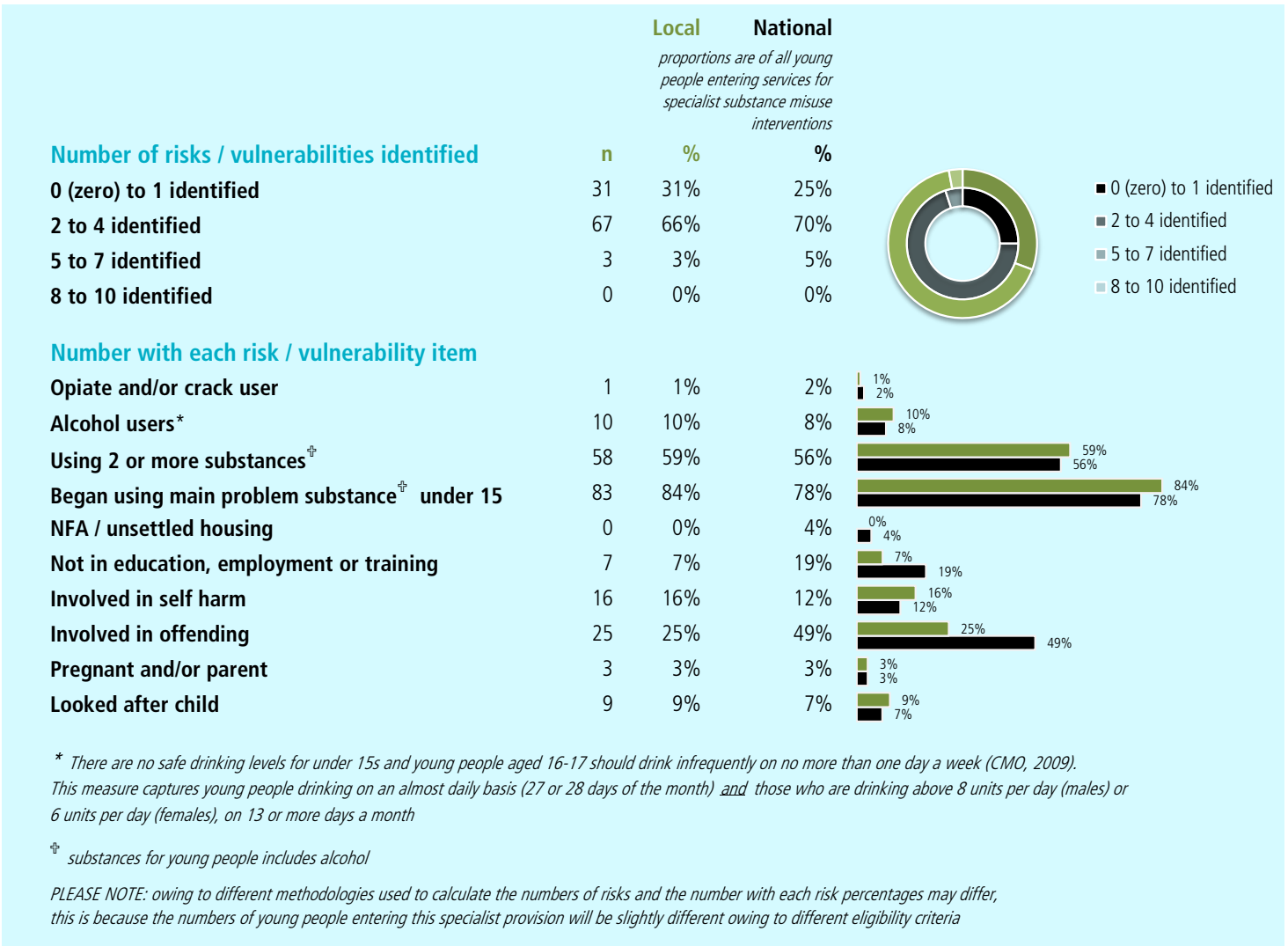
The proportion of young people who have previously received a specialist intervention is set out below. It may help your local needs assessment and planning to look at this alongside the volume of under-18s who subsequently present to adult specialist treatment. These figures can give you an insight into the effectiveness of your local system.



RISK HARM PROFILE

Local ● National ●

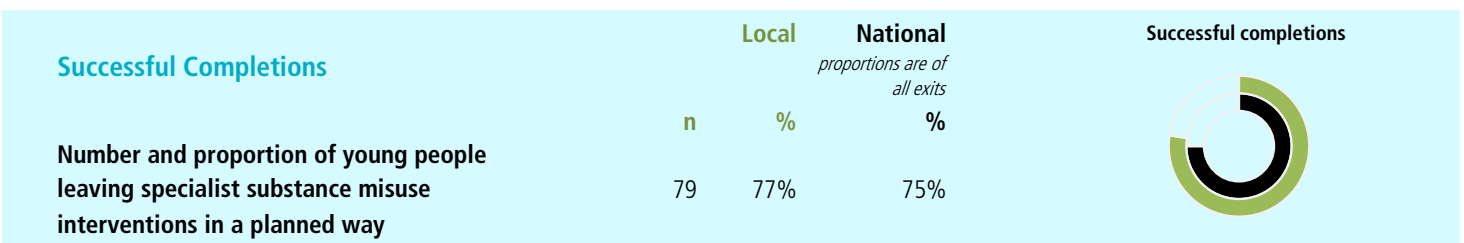
This helps partnerships to gauge the vulnerability of young people accessing specialist substance misuse interventions. The higher the score the more complex the need. Many young people receiving an intervention have a range of vulnerabilities. They are more likely to be NEET, half as likely to be in full-time employment, more likely to have contracted a sexually transmitted disease, have a child, be in contact with the youth justice system and be receiving benefits by the time they are 18.



SUCCESSFUL COMPLETIONS

Local ● National ●

This data shows the number of young people who leave specialist interventions having successfully achieved the aims of their substance misuse care plan. It is compared against national performance. This information is a measure of how effectively your system helps young people address their substance misuse. Improvements are more likely to be sustained if other vulnerabilities continue to be addressed.



Please note that the percentages given in this pack are rounded to the nearest per cent. Totals may not add up to 100 due to rounding.

RESTRICTED STATISTICS

Please be aware that the data in this release has not been suppressed and therefore all figures are classified as restricted statistics. Any onward distribution must be carefully monitored to ensure that any figures under 5 (and any areas where a figure under 5 could be derived from other data items in the report) are suppressed. In addition, the data relating to risk/vulnerability items and previous contact provided in this document are official statistics to which you have privileged access. Such access is carefully controlled and is provided for management, quality assurance, and briefing purposes only. Release into the public domain or any public comment on these statistics would undermine the integrity of official statistics. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including descriptions such as "favourable" or "unfavourable". If in doubt you should consult Malcolm Roxburgh or Jonathan Knight, via ndtmsadmin@nta-nhs.org.uk, who can advise. Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others who have not been given prior access and use it only for the purposes for which it has been provided.