

**ORIGINATOR: Public Health
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PAPER NO. AP13/69

**SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL –
5 December 2013**

SUBJECT: Performance Monitoring against PCC'S Police & Crime Plan Objectives from
Young People's Substance Misuse Service in Suffolk – **Outreach Element**

SUMMARY:

The Police and Crime Commissioner now holds a proportion of the budget for both the Criminal Justice and Outreach elements of the Young People's Specialist Substance Misuse Service. This reports details performance against the **outreach** element of the substance misuse service, which receives funding as part of the PCC contribution to Suffolk Public Health.

RECOMMENDATION:

The PCC is recommended to note the information within this report and endorse the progress made to date.

DETAIL OF THE SUBMISSION

1. KEY ISSUES FOR CONSIDERATION:

The data shown in the table below is taken from the National Data Treatment Monitoring System (NDTMS) Quarter 1 & 2 2013-14 reports. The service provider (The Matthew Project) submits data to NDTMS on a monthly basis in accordance with strict quality control and nationally set criteria, which allows for validation and benchmarking. NDTMS data is reported quarterly and the table below shows Q1 and Q2 data to enable comparison.

Quarter 1 & 2 data – Young People Specialist Substance Misuse Service – Criminal Justice element

	Number in treatment year to date	Number of new referrals	Received a care plan within 2 weeks	Received first intervention in less than 3 weeks	Planned exits	Planned exits who met goals agreed on care plan at exit
Q1	55	17	92%	100%	74%	91%
Q2	70	16	100%	92%	67%	94%

Sources of referral

	Children & Family Services	Education services	Health & B Mental health services	Substance misuse services	Family, friends and self	YP Housing Provider
Quarter 1	3	13	0	0	0	1
Quarter 2	4	5	2	1	4	0

The target for planned exits is 79% to be in line with national achievement. It is noted that the service did not achieve this in Q1 and sadly has dropped further in Q2. We are working with the provider to address this and it is acknowledged that the service had experienced staff vacancies during Q1 which is a key factor contributing to the under-performance. Where there are staff vacancies there is less capacity available to follow up clients who have completed their support / treatment goals but fail to turn up for their last appointment, which then has to be recorded as an unplanned discharge. In this situation, the worker endeavours to telephone contact the young person directly to ensure their well being and draw their engagement with the service to a managed conclusion, i.e. a planned discharge.

It is also worth noting the small numbers of YP in the service which manifests as a larger change in the percentage in relation to a small change in number.

The service is now fully staffed and an emphasis is being put on ensuring the data relating to how a young person leaves the service in being recorded correctly and reviewing how these young people are encouraged to complete their intervention goals.

We are unable as yet to give a validated measure demonstrating the behaviour change in the young people completing treatment – although completion of their agreed goals does in part suggest that this has taken place, given that goals are focussed on reducing substance misuse, reducing links to offending behaviour, re-engaging with positive activities, learning and relationships.

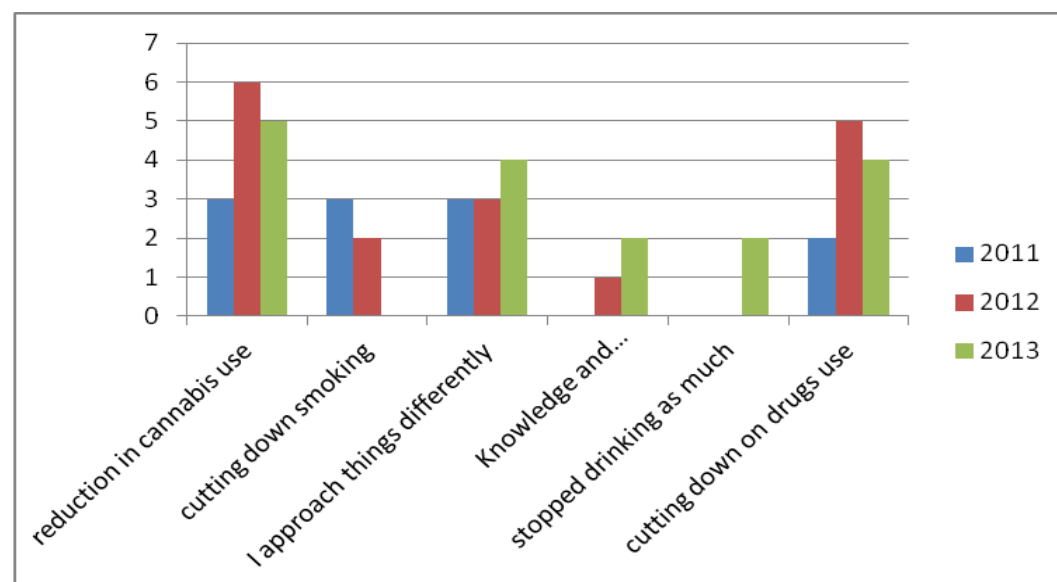
The new outcomes tool for use by substance misuse services working with young people is due to be introduced in November of this year but it is unlikely that we will receive reports from NDTMS for this until early in 2014. As an interim strategy, we will work with the provider to collate the information arising from use of the new tool at the service level and report to the Accountability & Performance Panel on the findings.

The substance misuse service does, however, ask all young people it works with to complete an evaluation form on exit. This is purely voluntary for the young person and only a small proportion of young people do so but it does give some indication of the outcomes achieved by the Service. The attached spreadsheet gives a breakdown of the responses received in 2011, 2012 and up to September 2013.

From the responses of the young people worked with by an outreach substance misuse worker, who completed a form it can be seen that:

- the Service is well thought of with quality ratings being almost 100% good or excellent
- the elements of the service found to be most helpful were having someone to talk to and talking with someone who understood about drugs and alcohol and the information received about drugs and alcohol and consequences of use.
- the changes in behaviour in those young people include cutting down on smoking, reduction in cannabis use, other drugs and alcohol and an increase in their understanding about drugs and alcohol.

Behaviour change reported on evaluation forms completed by young people 2011- 2013 Outreach Service



It is also good to see the positive comments given by young people and parents and also those of other professionals in relation to their perception of the one to one and group work done with young people by the Service.

The NDTMS reports give additional information such as the level of vulnerability and the demographic make-up of the young people engaging with the service. If the Panel would benefit from this additional information we would be happy to provide it.

2. FINANCIAL IMPLICATIONS:

The funding from the PCC as contribution towards the service is £47,507.

3. OTHER IMPLICATIONS AND RISKS:

Not applicable