

**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health

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**To:** Health Reform and Public Health Cabinet Committee

**Date:** 1 November 2019

**Subject:** **Contract Monitoring Report – Young Person’s Drug and Alcohol Service**

**Classification:** Unrestricted

**Previous Pathway:** None

**Future Pathway:** None

**Electoral Division:** All

**Summary:**

This report provides the Cabinet Committee with an overview of the Young Person’s Drug and Alcohol Service that is commissioned by Kent County Council (KCC) Strategic Commissioning. It includes details of the purpose, performance, outcomes and value for money of the contract.

The Young Person’s Drug and Alcohol Service is delivered by Addaction; a national mental health, drug and alcohol charity that covers the whole of Kent. The service was recommissioned in late 2017, with the new service commencing from January 2018 and due to run until December 2022.

Performance is monitored regularly to ensure achievement against the contract and Key Performance Indicators. The contract performs well and KCC works with Addaction to continuously improve service quality and outcomes.

**Recommendation:**

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of the Young Person’s Drug and Alcohol service.
- The contractual performance to date and work to deliver continuous improvement.

**1. Introduction**

1.1 Kent County Council (KCC) commissions a range of services for both adults and young people to support Kent residents who suffer from drug and/or alcohol dependence.

1.2 Since April 2013 KCC have been responsible for commissioning drug and alcohol services to residents of Kent as part of its wider Public Health duties. Prior to this KCC commissioned drug services as part of the Kent Drug and Alcohol Action Team (KDAAT).

- 1.3 The current young person's contract is £3,945,622 over a 5 year period and is funded by the Kent Public Health grant and a contribution from the Kent Police and Crime Commissioner of a yearly total of £92,627.
- 1.4 This paper forms part of the regular contract monitoring report presented to this Cabinet Committee and provides an overview of the performance, outcomes, value for money and future direction of the service.

## 2. Background - Why Invest?

- 2.1 The Young Person's Drug and Alcohol service aligns to the KCC Strategic Outcomes set out below and is part of the council's Strategic Delivery Plan<sup>i</sup> (Outcome 2, number 43),
- Kent Communities feel the benefit of economic growth by being in work, healthy and enjoying a good quality of life; and
  - Children and young people in Kent get the best start in life.
- 2.2 KCC commissions the specialist Young Person's Drug and Alcohol Service to reduce the harm caused by drugs and alcohol and to improve the health and wellbeing of children and young people in Kent. KCC also has a statutory duty to improve the health and wellbeing of Kent residents.
- 2.3 Using Home Office and Health statistics<sup>ii</sup> it was estimated that in Kent there were approximately 37,651 young people aged between 11-24 who had used drugs or alcohol in 2016. A further breakdown of this data can be found in Appendix A.
- 2.4 A Department for Education cost-benefit analysis found that for every £1 invested saved £1.93 within two years and up to £8.38 in the long term<sup>iii</sup>(PHE). The service engages young people with the majority of whom leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions for young people is a cost-effective way of securing long-term outcomes, both nationally and locally.
- 2.5 Drug and alcohol misuse pose a significant risk to a young person's physical and psychological health and development. In particular the adolescent brain is known to be highly susceptible to alcohol harms. By delaying the age at which young people start drinking, they are less likely to engage in health risk behaviours and be less likely to become dependent on alcohol<sup>iv</sup>(KCC, 2016).
- 2.6 Children who experience four or more adverse childhood experiences (experiences that directly harm a child such as suffering physical, verbal or sexual abuse and physical or emotional neglect), are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin<sup>v</sup>.
- 2.7 The consumption of alcohol by young people has wider impacts on society,

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<sup>i</sup> [https://www.kent.gov.uk/\\_data/assets/pdf\\_file/0003/93711/Strategic-Delivery-Plan-summary.pdf](https://www.kent.gov.uk/_data/assets/pdf_file/0003/93711/Strategic-Delivery-Plan-summary.pdf), pg. 13, (accessed 20<sup>th</sup> September 2019)

<sup>ii</sup> [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf), Kent Needs Assessment (2016), pg.5, (accessed 20<sup>th</sup> September 2019)

<sup>iii</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182312/DFE-RR087.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf), Specialist drug and alcohol services for young people – a cost benefit analysis, pg. 9 (accessed 20<sup>th</sup> September 2019)

<sup>iv</sup> [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf), Kent Needs Assessment (2016), pg. 4 (accessed 20<sup>th</sup> September 2019)

<sup>v</sup> <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>, NHS Health Scotland (2019) (accessed 01/10/2019)

which this service aims to reduce through substance misuse interventions. Alcohol and drug consumption in young people is associated with violence, committing criminal offences, absenteeism and exclusion from school, increased use of drugs and decreased use of contraceptives.

### **3. Service Overview**

- 3.1 The vision for the Kent Young Person's Drug & Alcohol Service is to improve long-term emotional, mental and physical health, well-being, and quality of life for young people, their parents and carers and their families, affected by substance misuse.
- 3.2 The service is delivered across Kent by Addaction, a large charity focused on supporting individuals with substance misuse and mental health issues. The staff required to run this service are qualified in tackling substance misuse and have received training in child protection and safeguarding.
- 3.3 The core service is open to those aged 11-17, with an additional targeted offer for 18-24 year olds whose needs would be better met by the young person's service.
- 3.4 The service includes:
  - a targeted early intervention for vulnerable young people most at risk of substance misuse;
  - a specialist programme, known as RiskIT, designed to help young people address a range of risk-taking behaviours delivered in schools;
  - a training programme for external practitioners and family members around a drug use screening tool (DUST) for young people with substance misuse issues;
  - a youth diversion scheme, Kent Youth Drug Intervention Scheme (KYDIS), aimed at reducing criminality in young people found in possession with illegal substances by Kent Police;
  - specialist substance misuse interventions / treatment for young people with more problematic substance misuse problems. This includes close integration and co-location with Youth Offending Teams;
  - one to one evidence based parenting programmes.

Addaction operate peripatetically, meeting young people in locations, and at times, that are convenient to them and where they feel comfortable to discuss the issues affecting them. They also have an online instant chat facility and provide text messages and follow ups to support the young person's treatment and recovery journey. For more information on the service Addaction have produced a video titled 'Getting to know Young Addaction in Kent' which can be accessed via [https://www.youtube.com/watch?v=C3RzwCuEh\\_U](https://www.youtube.com/watch?v=C3RzwCuEh_U).

- 3.5 The service works with multi-agency partners to ensure young people are supported with all the issues they are facing. In situations where they believe the young person requires specialist tier 3 intervention (or above), they refer cases to Integrated Children's Services Front Door. Other commissioned services, such as Sexual Health and the Mind and Body Service often contribute to RiskIT or Early Intervention group work.
- 3.6 When the service was recommissioned in January 2018, an 18-24 year old

provision was included, allowing young people to continue, or start their treatment with the Young Person's Service instead of being seen by the adult services. The decision over which service is most appropriate for the young person is dependent on the severity of the young person's substance misuse, in conjunction with the views of the young person. National evidence suggests that this age group tend to have a large drop-out rate from adult services and by having this provision within the Young Person's service should lead to more young people remaining in or accessing treatment.

- 3.7 Young people are involved in development of all parts of the service and are consulted with over changes in and are part of the recruitment panel for staff interview as standard.

#### 4. Service Costs

- 4.1 The annual value of the service is up to £798,115 which is funded by the KCC Public Health grant and a contribution from the Police Crime Commissioner. The maximum total contract value over 5 years is £3,945,622.
- 4.2 In the last financial year, KCC has spent £794,733 on this contract. The following table shows an estimation of how much was spent per head for the 2018/19 financial year on specific interventions.

Table 1: Estimated costs per head

Intervention Name	Number of YP engaged with	Cost per head
Early Intervention Groups	1769	£89.19
RisKit Programme	170	£785.17
KYDIS	67	£785.17
Specialist Treatment	412	£1,101.09
<b>Total</b>	<b>2418</b>	<b>£328.67</b>

#### 5. Does the Contract Perform Well?

- 5.1 **Activity** – Addaction provide various interventions depending on the young persons needs. Further detail on these interventions can be found in Appendix B. The numbers accessing these interventions in 18/19 are detailed in the table below.

Table 2: Numbers in treatment, RAG rated against targets

Intervention	KPI	2018/19
RisKit	120	170 (g)
EI Groups	1,500	1769 (g)
Structured Treatment	400	412 (g)

- 5.2 There were just over 20, 18-24 year olds that have been seen through structured treatment and 117 through early Intervention groups, in 2018/19. Although these numbers are small when compared to the 11-17 year olds, these are young people who may have otherwise not have had any contact with a drug and

alcohol service.

- 5.3 The KYDIS programme worked with 101 young people over a 14-month period (June 2017-August 2018). Referrals to this programme are dependent on Kent Police and work is continuing to increase the number of appropriate referrals from the Police.
- 5.4 **Quality** – The Service submit quarterly quality returns and has maintained very good levels of access to treatment over recent years. The average waiting time between referral and contact being made is less than three days (2.25 days) and young people are then seen on average, in just over 2 weeks (14.9 days). The national average wait for young people accessing services had to wait 3 weeks or under<sup>i</sup>.
- 5.5 Young People accessing the services provide feedback, and the provider completes case studies on the young person experiences and treatment within the service. Individuals who successfully complete treatment report satisfaction levels of more than 90%. More information on Q4 2018/19 service satisfaction rates can be found in Appendix C. A selection of case study is included in Appendix D.
- 5.6 Addaction ensure there is follow up, with 100% of young people leaving services being contacted after 6 weeks from the end of treatment. Addaction's re-representation rate remains low, in 2018/19 with an average of 2% of service users needed treatment again within 6 months of treatment end.
- 5.7 More information about service quality can be found in the Annual Public Health Quality Report<sup>ii</sup>.
- 5.8 **Outcomes** – Data from the National Drug Treatment Monitoring System (NDTMS) shows that Kent's treatment outcomes compare well to national outcomes, in respect of the percentage of young people completing treatment in a planned way.
- 5.9 Addaction performs well against its Key Performance Indicators and has exceeded targets in; the number of practitioners trained in the use of the drug use screening tool (DUST), training delivered, number of young people accessing Riskit and proportion of young people who are referred who go on to start structured treatment.
- 5.10 The KYDIS programme engaged 101 young people over a 14-month period, with 81 (80.2%) did not re-offend in the 6 months following intervention.
- 5.11 This service contributes to the Public Health Outcome Framework (PHOF) indicator for admission episodes for alcohol-specific conditions - Under 18s. Kent is slightly below the England average of 32.9 per 100,000 at 29.3 per 100,000. Appendix E shows that Kent admission rates for Kent compared to other areas in the South East.

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<sup>i</sup> <https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2017-to-2018/alcohol-and-drug-treatment-for-young-people-statistics-summary-2017-to-2018>. (Accessed 20th September 2019)

<sup>ii</sup> <https://democracy.kent.gov.uk/documents/s86568/Item%208%20Quality%20in%20PH%20Annual%20Report.pdf>.

5.12 **Value for money** – The PHE Spend and Outcomes Tool (SPOT) for local authorities highlights drugs and alcohol as being one of the key Public Health programmes that has lower spend and better outcomes than other local authority areas. Kent spends 63p compared to nationally which spends 97p to get similar outcomes.<sup>i</sup> These estimates suggest that specialist interventions for young people’s substance misuse are effective and provide value for money.

5.13 The contract also delivers value for money through its interventions leading to potential cost avoidances in the future. All Addaction’s programme’s inform young people around the potential dangers if they continue with their risky behaviours, allowing them to make informed choices and potentially avoid the need for high cost interventions.

## **6. Improvements and Developments for 2019/2020**

6.1 Addaction are working alongside Commissioners on a wide range of initiatives to improve the quality and effectiveness of the service. Below are some of the key areas of development for 2019/20:

- In 2018/19 Addaction became a Trauma Informed organisation<sup>ii</sup> and an advocate of working in a Trauma Informed way with clients. KCC will work alongside Addaction to develop this further and use the learning from Addaction’s journey to help inform the embedding of this ethos into other Kent commissioned services.
- Further development of pathways into the 18-24 service; ensuring that vulnerable young people entering adulthood with substance misuse issues are able to access treatment which meets their needs. Key vulnerable groups such as Care Leavers, Young Parents and Students will be focussed upon initially.
- Develop support for young people from families with substance misuse issues. This is an important area to develop as there is evidence which suggests a high correlation between parental substance misuse and young people developing addiction in later life.
- Further linking with KCC’s new Integrated Children’s Services to improve the young person journeys through both services and strengthening of working relationships.
- Build upon the existing relationship with Youth Justice Teams to continue joint training and partnership when working with individuals who have substance misuse issues and involvement with criminal justice services.

6.2 Each of these improvement initiatives involves working with Addaction and with a wide range of partners across Kent. Commissioners expect that each will help to sustain and continue improving the outcomes that the services and service users have achieved in recent years.

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<sup>i</sup> <https://www.gov.uk/government/publications/spend-and-outcome-tool-spot>., Kent, spine 2 (accessed 20<sup>th</sup> September 2019)

<sup>ii</sup> <https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf> (accessed 20th September 2019)

## **7. Risks**

7.1 Risks are logged, and mitigation measures are put into place through the contract monitoring framework. There are some potential risks, which are detailed below, that may impact upon the success of the contract:

- Brexit – Due to the expected travel disruption that could be caused by Brexit there is a concern that staff will not be able to get to locations to meet service users. To mitigate this staff, have all been equipped with the ability to work from home and/or undertake appointments via telephone or using Skype.
- 18-24 service reduces capacity of staff for the core 11-18 service – Through targeting key vulnerable groups Addaction have been able to slowly build the cohort for this service and ensure that it does not detract from their main service. Commissioners have worked through a capacity modelling exercise with Addaction which is monitored on a quarterly basis. The developed joint working protocol with adult providers will ensure that the service is receiving appropriate referrals which will reduce wasted time and paperwork.
- An internal restructure to Addaction has led to vacancies in Director of Operations and Contract Manager posts, Addaction have advertised both positions and ensured that main duties are covered by existing staff. As these roles are not front-line there has been no impact on delivery to date.
- Risk associated with working with vulnerable young people – as a national charity with multiple contracts around supporting vulnerable young people, the organisation has multiple policies and procedures in place to support this cohort and ensure that these risks are mitigated. Staff are given extensive training and recruited based upon having undertaken previous child safeguarding training.
- New and emerging drugs appear on the black market continuously, which can have serious consequences to people exposed to them. The service works proactively to ensure they are aware new substances and can support education around the risks.

## **8. Conclusion**

8.1 There is a clear and compelling case for KCC's investment in the Young Person's Drug and Alcohol Service as set out in this paper. The service is funded jointly by the Public Health grant and Kent Police and Crime Commissioner and national evidence has demonstrated a substantial return on investment.

8.2 The service performs well, delivers good value for money and has illustrated ongoing development to meet needs of children and young people. Comparisons with national data suggests that Kent delivers similar or better outcomes to national rates at substantially lower cost.

8.3 Commissioners and the service are working with partner agencies on a range of

initiatives which aim to further improve service quality and sustain the outcomes that are achieved.

- 8.4 The risks of changing patterns of substance misuse and increases in demand are managed through close monitoring of service data and effective commissioning.
- 8.5 The current service contract is due to run until December 2022 and any changes will be informed by children and young persons the need's assessment which is due March 2020.

## 9. Recommendations

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- The commissioning and provision of a Young Person's Drug and Alcohol Service in Kent
- The contractual performance to date and work to deliver continuous improvement

## 10. Contact Details

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**Background documents:** none