

Alternative Service Delivery Models for Young People's Substance Misuse Service

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1. Feasibility Study

The purpose of this feasibility study is to consider, explore and propose options for future delivery options with regards to the children and young people's substance misuse service (YPSMS). The timely review of the Adult Substance Misuse Service delivery model has presented an opportunity to assess and consider whether the amalgamation of the children and adult services delivered by one external provider is a more suitable option, or whether the children's service should continue to be delivered in-house within the Council, but with a more coordinated and strategic interface with the adult service.

There are two options to be considered in this report:

- Option 1 – Retain the service in house.
- Option 2 – Outsource the YPSMS to an external specialist substance misuse provider.

Other options such as wholly owned trading company and social enterprise, were also considered at the beginning of the study; however, these were not deemed as suitable or viable alternatives.

1.1. Historical Background

The YPSMS was historically delivered through outsourcing arrangements. Previous providers include The Barn, Addaction and Lifeline.

In June 2017 the service was brought back into the Council at short notice due to the administration notice of the provider at that time (Lifeline). The YPSMS was situated within the Youth Justice Service on their initial return to BMBC on the basis that there was an existing relationship between the YPSMS provider and a seconded YPSMS practitioner and that both services had previously been accommodated within the same premises – therefore presenting some immediate economies of scale. However, the service alignment with the Youth Justice had some unintended negative connotations in terms of the profile and identify of the YPSMS which have left some legacy issues for the service.

In January 2023, the YPSMS was moved from the Youth Justice Service into the Targeted Youth Support Early Intervention and Prevention Service. The move was intentionally structured to expand the YPSMS reach into communities and to improve linkages with Early Help remodelling and contextual safeguarding arrangements. The move aimed to strengthen prevention pathways and early identification and intervention which would help to signpost children and young people and increase numbers into treatment through the initiation of earlier relationships and brief engagement and intervention work.

As part of the alternative service delivery model process and feasibility study, a review of the current service has been undertaken with colleagues in BU8, who commission the adult substance misuse service. Findings from this review have informed the strengths,

weaknesses, opportunities, and threats (SWOT) analysis and the completion of the Alternative Service Delivery Matrix that have been undertaken against both options.

1.2. Current Position

The YPSMS is currently situated within the Targeted Youth Support Service structure, part of the Early Start, Prevention and Sufficiency Service Business Unit (BU1). This structural move out of the Youth Justice Service was intended to create broader opportunities to focus on prevention work and since then, the service has embarked on building a more collaborative relationship with the adult substance misuse service.

This is mainly due to the establishment of the Combatting Drugs Partnership and the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) received via the Office for Health Improvement and Disparities (OHID). However, the scrutiny through the SSMTRG and Combatting Drugs Partnership has exposed some of the underlying weaknesses in the drug and alcohol service delivered by the council.

At the time of transfer into the council and to the present day, the staffing structure has exempted the service from CQC registration and inspections. However, the location of a specialist substance misuse service delivering regulatory health activity within what is a children's services environment has proven difficult to balance at times, particularly around structured treatment, due to a lack of expertise and a clear quality assurance and governance infrastructure.

Transferring the service back into the council presented a gap in terms of the expertise that is necessary to provide a robust clinical governance framework for the provision of medical interventions that are required as part of the service offer. This has been addressed somewhat through a sub contractual arrangement for clinical support with Humankind who are the local provider of the adult drug and alcohol service. However, dependent on future service needs and current presentations (i.e., a suggested increase in young people using opiates) there is the potential that the cost of the subcontract will increase should more complex and higher need cases present to the service requiring clinical support.

Key pressures within the YPSMS that relate to data reporting system and case management functionality have been an issue since the service was brought in-house. The case management system that was adopted (Core+) has never been widely used amongst other drug and alcohol providers and as such, the investment in ongoing support, reporting requirements and minor configurations are minimal and ineffective. This has led to an increased requirement in terms of human resources to ensure that data collection and performance reporting is accurate and reflective of service activity.

It has also become apparent that there is a training and development gap within the service in terms of the specialist training that staff require to ensure they have the appropriate skills and workforce competencies to deliver the most up to date evidence-based interventions in

line with best practice and national standards. This and other underlying inherited capacity issues continue to impact what is a relatively small team of practitioners and whilst the subcontract with Humankind make some provision for training, this is not sufficient to bring the service up to the standard required within the short timescale.

In July 2022, Children's Commissioning also undertook a review of the YPSMS. This review coincided with a wider Drug and Alcohol Needs Assessment for Children and Young People in Barnsley (June 2022) undertaken by Public Health.

The service review identified several key findings and areas for improvement as set out below:

- Better opportunities for integration with other strategic plans.
- Development of an approach for service users/lived experiences/case studies to inform service developments.
- Remodel of the service to strengthen and connect other services.
- Undertake required HR processes to recruit and restructure the team.
- Update training and development plans for staff.
- Review IT systems to establish improved case management recording to reduce the burden on the service for manual data manipulation.
- Review and revise the contact with Humankind to provide the right services and support.
- Contribute to the Healthy Schools Model to enable schools to deliver school-based prevention and early intervention.

Findings from the Young People's Drug and Alcohol Needs Assessment in relation to the young people's service highlighted there needed to be:

- Increased access into early intervention and preventative services.
- Increase in the identification of those using and not using substances where there are increased vulnerabilities.
- Clear and robust referral pathways into the Young People's Substance Misuse Service should be provided and widely promoted.
- Services to refer young people to the young person's substance misuse service in a timely manner.
- Wider promotion, engagement, and training should be developed for services to refer into the YPSMS, as well as helping partners to understand mutual understandings of alcohol, drugs and mental health.
- Better integration of services to provide multiple support offers/'pop up' offers to young people.
- Increase in the number of young people accessing structured treatment.

The above are underpinned by a need for wider service awareness and promotion across partners and settings and a broader service integration within Barnsley's children's service agenda.

1.3. SWOT Analysis

As part of the service review, a SWOT analysis has been undertaken against each of the options being explored. This has provided a clear understanding of the strengths, weaknesses, opportunities, and threats of the current YPSMS service and the option to outsource.

1.3.1. SWOT Analysis in relation to retaining the YPSMS in-house.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Embedded relationships structurally within the council and external partners – particularly Early Help providers, Children’s Social Care, Barnsley Hospital, Healthier Communities Commissioning team to support prevention work around substance misuse and make longer term generational changes through early awareness and identification arrangements. • Increased joint working with Healthier Communities commissioning team to join the children and adults’ agendas where appropriate – i.e., transition pathways, prevention, hidden harm agendas and OHID targets and investment opportunities. • Service move to Targeted Youth Support is positive and places the service in a better position to build relationships and links to improve performance, governance, partnership working and outcomes. 	<ul style="list-style-type: none"> • Both the service review and needs assessment undertaken in July 2022 did not examine the structured treatment element of the service in much detail so the focus on improvement has primarily been around early intervention. • Data collection, business intelligence and performance information are fragile due to system capacity and sufficiency from current case management system which is not fit for purpose. • Absence of a quality assurance framework - audit and assurance activity is weak and has lacked an overarching governance to check, challenge and address any issues around working practice, policies, or protocols and staff competency. • No internal clinical expertise and infrastructure. This element of service is currently purchased through a contractual arrangement with Humankind at a cost of £30,000 per annum. • Potential for cost pressures to increase in line with more complex presentation needs as evidenced in recent caseloads. • Lack of a distinct service identity or brand that compounds a lack of recognition of the service offer for young people, families and some wider agencies. • Given that the YPSMS is a Council service, corporate branding guidelines are sensitive to communications around the target audience which is a barrier to promotion and recognition. • Governance and structural composition within the council are more rigid than if externally sourced. This can make it more difficult to respond to grant opportunities in the same way the voluntary sector can. • Lack of adequate workforce training and development specific to substance use.

	<ul style="list-style-type: none"> • The subcontract with Humankind includes one training session per quarter which is not sufficient. • Lack of a visible and physical ‘location’ for the YPSMS post pandemic to support service awareness and identity.
Opportunities	Threats
<ul style="list-style-type: none"> • Opportunities to strengthen pathways and partnerships as part of Early Help System realignment, Supporting Families and Family Hubs framework leading to increases in earlier identification of numbers requiring intervention or treatment. • Potential to explore clinical governance and quality assurance framework under the auspices of Public Health which would align with System1 migration and quality assurance however this would be dependent on capacity and any increased cost. • Opportunity to re-launch the service linking in with adult services and wider partners to re-build the brand identity and increase referrals and awareness. • Continuing opportunities through the OHID grant to invest in service remodeling and capacity building however this would be an enhancement to the service and is not a replacement for the appropriate workforce specialist training which are still required. • OHID Grant has been secured to support improvement measures, address capacity and measure performance against targets. • Opportunity to re-launch service under Targeted Youth Support – direct work in schools and communities as part of service offer and to build identity. 	<ul style="list-style-type: none"> • Risk of loss of grant funding from OHID if performance targets around numbers in treatment and recovery outcomes are not met. • Reputation impact if children’s needs are not met through an ineffective service response and/or a failure to deliver the statutory duty under the “Working Together” legislation. • Reputational and financial impact if targets are not achieved. • Service fails to make improvements in the required timescales and risks further challenge/scrutiny. • Inherited workforce issues are impeding performance and the capacity of the service. Whilst these are being more widely supported through the move to Targeted Youth Support, these are still a threat to service delivery, data and performance reporting and resilience. • No existing self-assessment or internal audit process is in place to ensure quality standards are being met. • Lack of specific substance misuse training and development will de-skill staff over time. • The development of a national workforce development strategy will introduce a Capability Framework for staff that cannot currently be met by the Council as a provider. • Unsuccessful system transfer to System1 could jeopardise case management provision and NDTMS reporting requirements that underpin the service performance.

1.3.2. SWOT Analysis in relation to outsourcing the YPSMS to an external provider.

Strengths	Weaknesses
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<ul style="list-style-type: none"> • An all-age service delivery model with robust contractual monitoring arrangements in place. • This option would be the least disruptive alternative delivery model given that there is an existing relationship in place with the adult provider who is already contractually providing clinical supervision to the YPSMS Service and Team Manager. • The all-age service model will draw on economies of scale through the existing provider infrastructure to address short term capacity or need whilst implementing the new model. • Clinical framework, quality assurance, training and governance would be secured through the selected provider with no further need to procure additional clinical support and expertise. • Integrating the adult and young person's services allows for a whole family approach and improved transition arrangements. • Service user feedback and involvement is intrinsically linked to service improvement and developments as part of expected contractual arrangements. • Relationships are in place with schools and colleges through the existing external provider and this will address any gaps. • Existing IT infrastructure, data /information governance team who have specialist IT and analytical skills. • IT Specialists have in-depth knowledge of the NDTMS reporting definitions to ensure the case management system is reconfigured in line with the mandatory data set that is updated each year by OHID. • There is an existing relationship with the YPSMS and adult provider through the delivery of the clinical interventions sub-contract. In the event of a TUPE transfer service users would maintain some relationships with existing professionals. • The provider has secure and positive relationships with agencies across the borough and has experience in co-locating / joint working to provide holistic support. 	<ul style="list-style-type: none"> • Possibility of further disruption for staff and service users given that the service has been through various internal and external delivery models. • Temporary disconnection with children's services as an external provider may have difficulties navigating services, developing referral pathways and service knowledge in the interim until relationships are built and embedded.
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Opportunities	Threats
<ul style="list-style-type: none"> • Having an all-age provider would support transition and mitigate drop out between children and adults. Transition from YPSMS to adult services would be more streamlined and more likely to be successful when both parts of delivery are provided under the same organisation. • Continuing opportunities through the OHID grant to invest in service capacity and quality. • Opportunity to increase numbers accessing structured treatment through an all-age service. • External provider would have existing case management and reporting infrastructure secured therefore representing potential economies of scale. • As part of the Barnsley contract, the adult provider sub-contracts with local pharmacies and GPs, there are already good working relationships built, of which the YP service provision can be incorporated. • Opportunity to re-brand and promote the service. 	<ul style="list-style-type: none"> • Continuity of service offer through further changes – impact and effect on service users and performance / targets. • Disconnection in relationships between BMBC and the ‘added value’ of in-house model if the service was to be externally delivered. • Potential loss of staff during TUPE transfer impacting on the service once outsourced. • Any unintended financial consequence or impact of TUPE or redundancy costs.

2. Options Appraisal Activity

The purpose of the options appraisal activity is to ensure that all options have been considered and a comprehensive assessment undertaken to determine the most appropriate option for the service.

2.1. Benchmarking

Young People accessing structured treatment from April 2022 to March 2023

The table below shows the number of young people accessing structured treatment in various services in 2022/2023 across the Yorkshire & Humber region. Barnsley has the third lowest number of people accessing structured treatment (n30) when compared to other areas. Leeds has the highest number of young people in structured treatment in South Yorkshire at 188, along with Calderdale at 122 and North Yorkshire at 118.

Leeds, Calderdale and North Yorkshire all offer an all-age service and are delivered by Humankind.

Name of Provider	Area	Number of Young People in Service	All Age / Stand Alone Service
Humankind	Leeds	188	All Age
Humankind	Calderdale	122	All Age
Humankind	North Yorkshire	118	All Age
CGL	Kirklees	114	All Age
CGL	Sheffield	108	Stand Alone
Refresh Hull	Hull	74	Stand Alone
Wakefield Turning Point	Wakefield	65	All Age
DELTA YPS	North Lincolnshire	58	Stand Alone
We Are With You	North East Lincolnshire	51	All Age
CGL	Rotherham	44	Stand Alone
Project 3 YP Health and Wellbeing Doncaster	Doncaster	34	Stand Alone
Bridge YP	Bradford	31	Stand Alone
Barnsley Council YPSMS	Barnsley	30	Stand Alone
East Riding Young Persons Service	East Riding of Yorkshire	27	All Age
Changing Lives Young People York	York	25	All Age

To enable a clear comparison, the two areas below hold a similar area population to Barnsley, both areas also have the same service provider. When comparing to Barnsley, both Oldham and Trafford have a higher number of people accessing structured treatment.

Early Break Oldham YP	Oldham	126	Stand Alone
Early Break Trafford YP	Trafford	52	Stand Alone

Average Treatment Length

Barnsley has the highest average treatment length compared to other areas; the national average is 21 weeks. There are a number of explanations as to why Barnsley is illustrated as having a high number for example, reporting errors due to the case management system not being fit for purpose, a lack of robust caseload management, staff not appropriately discharging clients for which there may be a correlation to wider children's services workforce issues (i.e., increased complexity of cases).

	Average Treatment Length (Weeks)
Leeds	21
Calder dale	21
North Yorkshire	22
Kirk lees	21
Sheffield	15
Hull	20
Wakefield	15
North Lincolnshire	34
North East Lincolnshire	30
Rother ham	17
Doncaster	23
Bradford	32
Barnsley	35
East Riding of Yorkshire	22
York	27

Oldham	24
Trafford	22

Overview of Interventions

Barnsley figures show a similar picture to other areas depending on the numbers in treatment.

Area	YP Harm Reduction	Pharmacological	Psychosocial	YP Multi Agency Working	No Intervention
Leeds	181	0	184	132	0
Calder dale	122	1	121	111	0
North Yorkshire	132	0	132	133	0
Kirk lees	125	1	124	93	0
Sheffield	107	0	108	85	0
Hull	39	0	70	64	2
Wakefield	11	0	61	2	2

North Lincolnshire	132	0	132	133	0
North East Lincolnshire	22	0	50	28	1
Rotherham	44	1	45	3	0
Doncaster	33	0	29	0	1
Bradford	30	2	35	31	1
Barnsley	30	0	30	30	0
East Riding of Yorkshire	3	0	30	29	0
York	17	2	24	0	0

Oldham	122	0	125	106	1
Trafford	48	0	39	35	4

Psychological Sub Interventions

The table below shows that Calderdale and North Yorkshire have the highest figures in all interventions listed. Both these areas commission Humankind to provide and an all-age service delivery model.

	Cognitive & behavioural interventions	Motivational interventions	Structured family interventions	Multi component programmes	Contingency management	Counselling
Leeds	87	151	9	16	23	21
Calderdale	128	130	43	48	47	47
North Yorkshire	138	139	4	19	40	12
Kirklees	87	159	9	4	1	1
Sheffield	89	100	9	11	26	69
Hull	60	63	0	0	0	0
Wakefield	3	67	1	0	0	1
North Lincolnshire	138	139	4	19	40	12
North East Lincolnshire	14	116	0	0	0	1
Rotherham	28	32	1	1	1	1
Doncaster	7	28	1	0	0	3
Bradford	14	24	1	1	2	16
Barnsley	39	39	16	0	2	0

East Riding of Yorkshire	42	42	1	0	1	0
York	5	30	0	0	15	3

Oldham	90	98	0	5	30	6
Trafford	3	40	0	0	1	29

Treatment Exits & Discharge Reasons

The treatment exits and discharge reasons reflect the number in treatment.

Area	Planned	Treatment completed – drug free	Treatment completed – occasional user	Unplanned	Incomplete - Dropped out	Incomplete – retained in custody	Incomplete – treatment declined by YP	Transferred – Not in Custody
Leeds	108	32	76	32	21	1	6	4
Calderdale	71	27	44	11	10	0	0	1
North Yorkshire	53	12	41	33	13	0	16	4
Kirklees	78	18	60	17	13	0	1	3
Sheffield	68	12	56	0	0	0	0	0
Hull	37	14	23	7	4	0	3	0
Wakefield	34	13	21	10	7	0	3	0
North Lincolnshire	28	6	22	0	0	0	0	0
North East Lincolnshire	27	7	20	6	6	0	0	0
Rotherham	15	6	9	30	6	0	0	24
Doncaster	12	6	6	7	6	0	0	1
Bradford	7	3	4	4	3	0	0	1
Barnsley	11	9	2	1	1	0	0	0
East Riding of Yorkshire	19	4	15	0	0	0	0	0
York	8	3	5	5	5	0	0	0

Oldham	57	18	39	10	9	0	0	1
Trafford	27	17	10	10	8	0	1	1

Visit to Branching Out Service in Calderdale (Young People's Substance Misuse Service)

As part of the options appraisal activity, a commissioner within Public Health and Communities arranged a visit to 'Branching Out' which is the young people's substance misuse service in Calderdale. As part of the visit, there were key areas identified which could be reflected Barnsley:

- Calderdale have a current caseload of seventy in structured treatment which is spread between 4 YP practitioners, each YP practitioner would usually manage a case load of around twenty in structured treatment whilst also delivering early intervention to other clients.
- Calderdale aims for weekly visits with each young person in structured treatment.
- In the last quarter, Calderdale has provided information, advice, and awareness to around twenty young people in non-structured treatment.
- The staffing structure at Calderdale consists of:
 - Service manager
 - Lead practitioner
 - 4 YP practitioners
 - Hope worker
- Each YP practitioner covers a geographical area, as well as leading on areas such as family support and youth justice support.
- The YP service and adult service is an integrated service which means the clinical element and harm reduction is shared across both services.
- The Hope worker within the service is responsible for providing training and awareness raising.
- The service is delivered from the 'Orange Box' which is a young person's centre located in the town centre. The Orange Box is managed by the YP service and the Youth Justice Services, this is a well-known hub for young people delivering a range of services and projects.
- Calderdale's YP service is called 'Branching Out' this has been the branding for many years and is well established with all partners. The providers work closely with schools and have yearly visits to schools to promote the service as well as delivering individual appointments for young people within school as part of their structured treatment offer.
- The YP service attends many panels with other partners, this ensures that they are involved and engaging with other partners to always pick up referrals.
- Calderdale YP service are part of the Blossom Team which is a team looking at 16–25-year-olds and the support around them. The Blossom Team consists of a youth worker and the lead practitioner from the YP service.

Benefits of an All-Age Service

Throughout the benchmarking activity it has become apparent that young people's substance misuse services that are integrated with adult substance misuse services have a higher number of young people accessing structured treatment. Based on the visit to Calderdale, the benefits of an all-age service are:

- Access to all elements of support is easier, there are shared skills, knowledge and resources which can work between both young people and adults.
- Transitional period is a smoother process for young people into adult service, more joint working can be done which provides better support for service users.
- Good working relationships with both adult and young people's substance misuse workers across the different elements of the service.
- Services are well known under the same provider.

The integration of the adult and young person's services will enable us to draw on economies of scale to provide a wider support offer which will increase the uptake of the service and help more young people to seek and access support for their drug and/or alcohol use (falling within the current YP funding envelope).

(Despite a smaller population size, Humankind's Calderdale YP service supports a far greater number of young people in treatment when compared to Barnsley despite no evidence of a greater prevalence of drug and alcohol use in the area).

Whilst the service would become all-age, there would be a separate pathway for children and young people which means young people will be seen separately from adults and in settings that are more suitable to meet their needs.

2.2. Review of Resourcing Overheads

The overall service budget for the YPSMS is £288,131 per annum. This includes contributions from other partners as set out in the table below. It should be noted that should these contributions cease or be reduced then the service budget would need to be reduced.

There is an additional sum of £30k not included within the service budget for clinical support and supervision which is currently provided currently through Humankind and funded through the Children's Services commissioning budget. Should the YPSMS transfer from the Council to an external provider, then it is proposed that this sum be included within the financial envelope for commissioning purposes.

	Substance Misuse Resource Envelope
	2023/24
Detail	Budget
<i>Employee Pay Costs Detail</i>	271,595
<i>Allowances / Overtime / Other Pay Detail</i>	1,500
<i>Employee Expenses Detail</i>	1,500
<i>Employees Detail</i>	274,595
<i>Transport Related Detail</i>	1,600
<i>Supplies and Services Detail</i>	11,936
Total Expenditure Detail	288,131
<i>ICB</i>	-50,000
<i>Public Health Grant</i>	-114,000
<i>OHID Grant *</i>	-57,652
Service Income Detail	-221,652
<i>Central Revenue Allocation Detail</i>	-66,479
Central Revenue Detail	-66,479
Total Income Detail	-288,131
Net Revenue Expenditure Detail	-0
<i>Number of employees</i>	6
<i>Human Kind Clinical contract</i>	30,000

As part of the National Drug Strategy, grant funding has been allocated from the government to local areas to help meet the priorities and requirements set out in the strategy and national outcome framework. The YPSMS OHID allocation for 2023/24 is £57,652 (which is variable subject to actual spend) which covers the costs of an additional Grade 7 Drug and Alcohol Worker up until the end of March 2024/25 and salary uplift support to increase the specific positions within the workforce.

In 2024/25, the OHID budget allocation for YPSMS would increase to £61,020 for the full year effect.

There is an additional £54k which is being contained from the Barnsley Youth Justice Service and this would be excluded from any commission / outsourcing arrangement.

2.3. Trends, Legislation & Developments

2.3.1. National Drug Strategy 2021

The 10-year National Drug Strategy 'From Harm to Hope' sets out how local areas build on existing plans to:

- Break drug supply chains.
- Improve treatment and recovery systems.
- Achieve a generational shift in the demand for drugs.

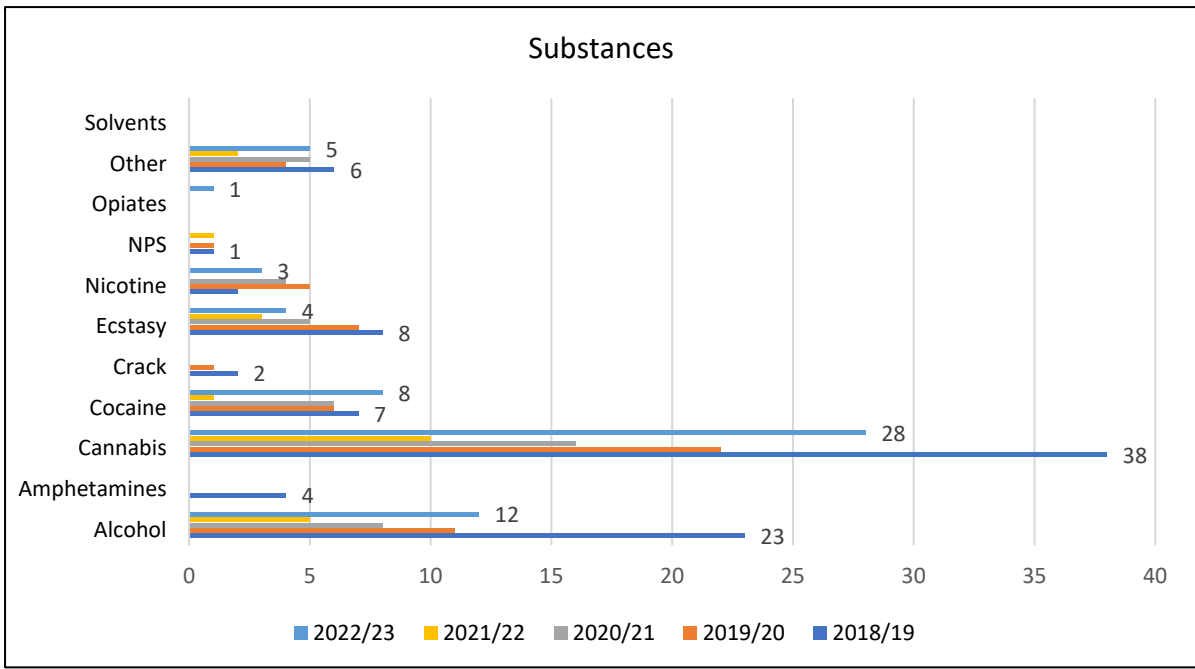
National and local partners will be expected to focus on delivering the strategic priorities to reduce drug-related crime, death, harm and overall drug and alcohol use. Success will be measured by the National and Local Outcomes Framework developed by the government's Joint Combatting Drugs Unit.

Other key documents:

- Council Plan
- Barnsley 2030 Strategy
- Barnsley's Children, Young People's and Families Plan 2023-2026
- Local Youth Justice Plan 2023-2024

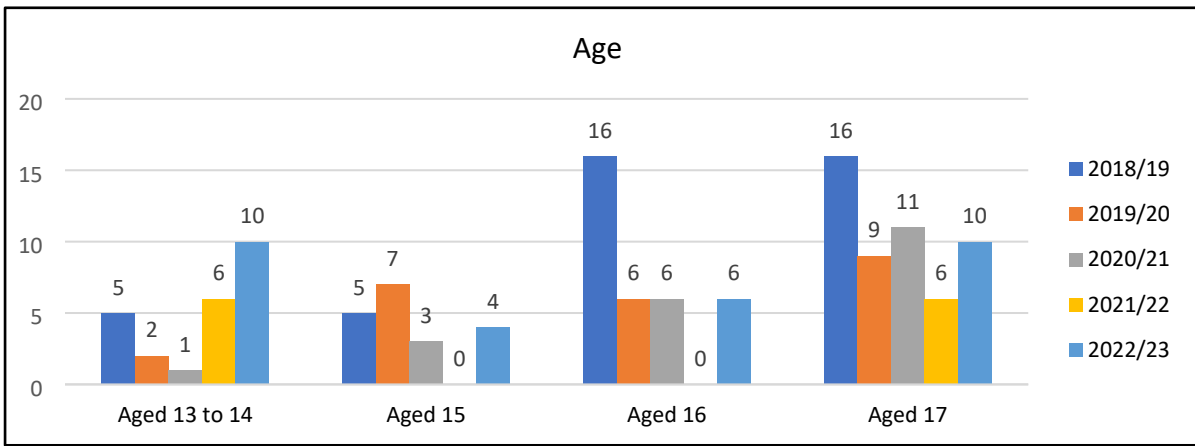
2.3.2. Trends

The graph below shows the substances cited for young people accessing structured treatment, cannabis and alcohol appear to be continuously higher year on year. In 2022/23, the graph indicates a rise in the use of cocaine as 28% of young people accessing structured treatment have cited cocaine.



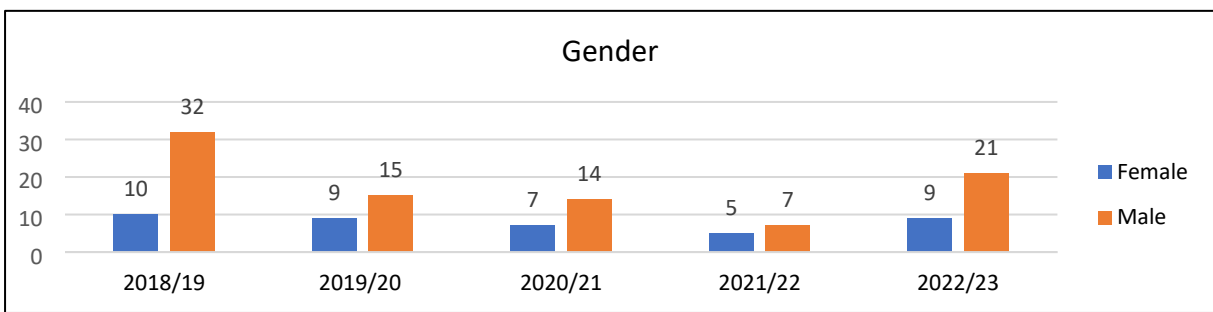
Source: YP Activity Report NDTMS

The graph below shows the age range of young people accessing the YPSMS for structured treatment. In 2022/23 there appears to be a rise in the number of those aged between 13 to 14 years old.



Source: YP Activity Report NDTMS

The graph below shows the gender of young people accessing structured treatment highlighting there are more males than females in structured treatment year on year.



Source: YP Activity Report NDTMS

The service now has two open cases and are utilising Humankind’s clinical expertise and support in relation to clinical interventions including prescribing of substitute medication. This is concerning and is potentially the start of a more prevalent trend.

2.4. Alternative Service Delivery Matrix

Based on the key findings from the service reviews and the SWOT Analysis, an impact assessment has been undertaken on both the options being explored utilising the recommended alternative service delivery matrix.

2.4.1. Alternative Service Delivery Matrix for the YPSMS to remain in house.

Trading Models	In House
	Impact Assessment
Council Influence and Control	<ul style="list-style-type: none"> • The service currently has no governance and quality framework in place which ensures performance and compliance against CQC expectations, clinical governance requirements, workforce development and quality assurance standards or caseload management and staff competency. • The council does not have the expertise or resources required to safely and effectively manage and/or deliver the service based on the above. • If this stays in house, the service will be subject to transformation review as part of Children’s Services which may impact on the service’s financial envelope longer term.
Pensions considerations	<ul style="list-style-type: none"> • Pensions will be unaffected although any potential redundancies resulting from a transformation review may have an impact on the Council balance.
Procurement considerations	<ul style="list-style-type: none"> • The service would still need to procure the clinical element of the service to enable the delivery of medical interventions such as prescribing and clinical supervision for staff.
Implications for other Council Services e.g., Central Support Functions (Payroll, HR, Finance, IT etc.)	<ul style="list-style-type: none"> • Would remain as is.
Potential impact on jobs in the area	<ul style="list-style-type: none"> • Reduced competitiveness will equate to job losses unless delivery of the service in house is on a more cost efficient and effective basis. i.e., introduction of changes to working practices.
Access to Social investment and grants	<ul style="list-style-type: none"> • None

<p>Impact on Current Staff in the Service</p>	<ul style="list-style-type: none"> • There is no quality assurance framework in place which impacts on the quality of support and direction that staff receive to enable them to deliver good quality interventions and support. • Service not registered with CQC, there is no registered manager identified who is responsible for compliance against the CQC standards which impacts on the delivery of the service and the ability of staff to undertake their role effectively. • OHID are developing a capability framework as part of a National Workforce Strategy. The council will need to ensure specialist workforce development and pathways are set up to support the necessary qualifications and skills required for staff working in substance misuse. This will be an added cost to the council to ensure that the framework is embedded. • Data collection and recording has a significant impact on staff and their ability to manage caseloads. The current system is not fit for purpose and requires added time to manage caseloads and upload reports to NDTMS which is a mandatory requirement. The implementation of the new system requires time and expertise, this has an impact on staff and their ability to continue to deliver an effective service to service users.
<p>Impact on customers and service users</p>	<ul style="list-style-type: none"> • There is no quality assurance and framework in place therefore the service management and delivery of the service is not being monitored, this has an impact on the quality of support that customers and service users receive. • Service user consultation is minimal within the current delivery model. • Data collection and recording has an impact on service users as the current system is not fit for purpose and affects caseloads. The implementation of the new system requires time and expertise, this has an impact on staff and their ability to continue to deliver an effective service to service users.
<p>Ability to trade services to other Authorities</p>	<ul style="list-style-type: none"> • Yes – but restricted by capacity and desire to operate outside of core geography.
<p>Ability to trade services to other public bodies e.g., the NHS and/or private companies and consumers</p>	<ul style="list-style-type: none"> • No

2.4.2. Alternative Service Delivery Matrix for Outsourcing

Trading Models	Outsource
	Impact Assessment
<p>Council Influence and Control</p>	<ul style="list-style-type: none"> • The council commissions Humankind to deliver the adult substance misuse service and already have a positive relationship with the provider. • Robust contractual arrangements would be implemented with regular contract and performance reviews taking place as already happens with the adult service. • A detailed service specification and performance framework would be introduced which the provider would be monitored against in terms of service delivery, performance against indicators and outcomes and continued development. • The YPSMS already work with Humankind via the subcontract for the delivery of their clinical interventions and therefore relationships are already built. • As a specialist substance misuse provider, Humankind is commissioned to deliver YP substance misuse services in other areas (approx. 17) and have a proven track record of delivering a range of service delivery models and interventions including education and prevention. • Integrating the adult and young persons' services allows for a whole family approach and will enable a wider support offer. This will increase the uptake of the service and help more young people to seek and access support for their drug and/or alcohol use. • Humankind also has a well-established outreach team who deliver early help and preventative interventions. • The adult service already has existing relationships with Barnsley schools and colleges and provides training to staff on the identification of drug and alcohol use. This can be easily developed to include interventions and awareness raising to pupils. • The provider also has good relationships with agencies across the borough and has experience in co-locating / joint working to provide holistic support which can be further developed to enhance support for young people. • Humankind has internal performance monitoring arrangements in place which supports robust caseload management whilst also promoting close alignment with NDTMS reporting requirements and data quality. This is not evident within the YPSMS, and it appears people are counted on workers' caseloads who are not receiving structured treatment interventions. • As a specialist substance misuse service Humankind has a robust governance and quality framework in place which ensures performance and compliance against CQC standards and

	<p>expectations, clinical governance requirements, workforce development, quality assurance audits and data quality.</p> <ul style="list-style-type: none"> • Service user feedback and involvement is intrinsically linked to service improvement and developments as part of expected contractual arrangements. • As an all-age service, the new Barnsley model would include the young person's service delivery in its existing CQC registration with a local Registered Manager accountable for the relationship, quality and performance. At the last inspection the adult service was rated 'Good' across all five key lines of enquiry (which are, Is the service: safe, effective, caring, responsive and well-led). • Existing IT infrastructure and data /information governance team who have specialist IT skills including in-depth knowledge of the NDTMS reporting definitions. This team ensures the organisational case management system is updated in line with the mandatory data set that is reviewed each year.
Pensions considerations	<ul style="list-style-type: none"> • Humankind would need to receive due diligence / TUPE information.
Procurement considerations	<ul style="list-style-type: none"> • Healthier Communities commissioners would develop a new specification outlining how the provider would deliver an all-age service. This would include working closely with colleagues in children's services in relation to the YP element.
Implications for other Council Services e.g., Central Support Functions (Payroll, HR, Finance, IT etc.)	<ul style="list-style-type: none"> • If outsourced there would be six members of staff that could possibly be transferred under TUPE – therefore there would be minimal (if any) impact on core/central services.
Potential impact on jobs in the area	<ul style="list-style-type: none"> • It is most likely that staff would transfer over, however Humankind would need to receive due diligence / TUPE information. • As part of the current Barnsley adult contract, 76% of the workforce employed are Barnsley residents.
Access to Social investment and grants	<ul style="list-style-type: none"> • As a third sector charity, Humankind has opportunities to apply/bid for various grants etc. to enhance the service delivery.
Impact on Current Staff in the Service	<ul style="list-style-type: none"> • Until due diligence / TUPE information is received it is impossible to say if all staff would TUPE over or if any redundancies would be made. • If managed appropriately with open and transparent communications staff morale may not be negatively affected. Humankind is experienced in mobilising new services and have robust mobilisation and communication processes to ensure staff do not experience any negative impacts during periods of change. • Humankind also provides on-going support through supervision, training and peer support practice groups and provides

	<p>continuing professional development to enable staff to conduct their roles confidently and effectively.</p> <ul style="list-style-type: none"> • A peer support network across the young people’s services delivered by Humankind is in place to support managers and staff members and to enable the sharing of good practice. • Humankind has a comprehensive package of training for frontline staff working within their substance misuse services. • Employee Assistance and Well-being Scheme is in place for all staff to access
Impact on customers and service users	<ul style="list-style-type: none"> • An all-age integrated service, merging the two services together, would allow for significant added value across Barnsley to support a whole system approach and increase the number of young people accessing the young people’s element of the service. • As a specialist substance misuse provider, Humankind is experienced in managing high quality integrated treatment services, and there would be significant benefits for Barnsley with this proposed model. • Feedback and involvement from services users/those with lived experience is also a key element of Humankind’s quality governance framework. Services and interventions developed to meet the needs of users are safer, more effective and deliver positive treatment outcomes when those that use them are involved. • If staff TUPE over to the new service, service users will maintain their relationships with the YPSMS staff.
Ability to trade services to other Authorities	<ul style="list-style-type: none"> • N/A
Ability to trade services to other public bodies e.g., the NHS and/or private companies and consumers	<ul style="list-style-type: none"> • As part of the Barnsley contract, Humankind sub-contract with local pharmacies to deliver community needle and syringe programmes (NSPs) and GPs to deliver shared care. Humankind have built up excellent relationships as part of the subcontract arrangements of which the YP Service provision can be considered and incorporated where appropriate.

3. Recommendation and rationale

3.1. Recommendation

With regards to the future of the YPSMS and the most appropriate and suitable delivery model, the two options below have been considered and explored in detail:

Option 1 - Retain the service in house.

Option 2 - Outsource the YPSMS to an external specialist substance misuse provider.

The recommended option is to outsource the current YPSMS to an external specialist provider. The decision has been based on the key findings of the alternative service delivery model process and the completion of the matrix and SWOT analysis. The rationale for this decision is outlined below:

3.2. Option 1 - Retain the service in house.

This option is not recommended. The content of the report, key findings from the service review, and the results of the SWOT Analysis and Impact Assessment have exposed underlying weaknesses and risks of retaining a specialist service in-house within a wider Council infrastructure. The weaknesses and risks clearly outweigh the limited strengths and opportunities that have been identified. Key points summarising this decision are:

- If the delivery of the service stayed within the council, a significant amount of strategic and operational improvement work is required to ensure that the service has the infrastructure in place to deliver safe and effective support.
- The current service is unstable particularly around reporting systems and case management, quality assurance processes and monitoring mechanisms and the lack of specialist knowledge around training and clinical interventions and supervision.
- Equally, there is some fragility within the workforce creating ongoing single points of failure which would take time to address.
- The existing case management system is not fit for purpose and the move to System1 is projected to be costly and resource consuming both in terms of the data migration, staff training and the longer-term system maintenance which will have additional future budgetary implications for the Council.
- The clinical support and staff supervision in relation to medical interventions delivered, would still need to be outsourced. However, dependent on future service needs and the profile of substance misuse, given the service are now seeing young people for heroin use, there is a risk that the contract value would need increasing if a substantial number of more complex and higher need cases present within the service that require a clinical response. This would be to minimize the impact of rising costs within the adult service budget that funds prescribing and supervised consumption costs.
- There is no specialist knowledge within the council to review and develop substance misuse interventions and care packages in line with national guidance and no mechanism to ensure the in-house service is delivering the most up to date practice.

Taking all of the above into account, the council does not have either the expertise or resources to develop and implement a quality assurance framework in place which ensures performance and compliance against CQC standards and expectations, clinical governance requirements, workforce development and specialist training requirements, quality assurance mechanisms including caseload management, case file audits and staff competency standards. These factors all compound the services ability to ensure young people have access to the right services of treatment and that performance standards and targets are adhered to and achieved.

3.3. Option 2 - Outsource the YPSMS to an external specialist substance misuse provider as part of an all-age service.

This option is recommended as it would address the following high-level concerns about the current council delivered service.

- Lack of expertise to deliver structured treatment,
- No clear quality assurance and governance infrastructure.
- Gap in expertise that is necessary to provide a robust clinical governance framework for the provision of medical interventions.
- Increased cost for medical interventions due to more complex and higher need cases and increased government targets for getting people in treatment.
- Key pressures that relate to data reporting system and case management functionality Core+ never been widely used.
- Specialist training and development gap in line with best practice and national standards.
- Low number of people in structured treatment (benchmark comparison)

The key findings from the service review, and the results of the SWOT Analysis and Impact Assessment show that this option has a significant number of strengths and very few weaknesses and threats when compared to option one. The risks that have been identified are low and contingency measures can be put in place to mitigate them. Key points summarising this decision are:

- The organisational infrastructures of specialist substance misuse services are fundamentally built around robust governance and quality frameworks to ensure performance and compliance against CQC standards and expectations, clinical governance requirements, workforce development and staff competence, quality assurance audits, risk assessments and data quality. These governance arrangements ensure quality, safety, accountability/oversight, supervision and support to managers and staff.
- The delivery of substance misuse interventions, including psychosocial interventions, is regulated activity whereby the service is registered and subject to the governance of the Care Quality Commission. As an all-age service, the new Barnsley model would include the young person's service delivery in its existing CQC registration with a local Registered Manager accountable for the relationship with CQC and for the quality and performance of the service.
- Performance monitoring arrangements are also in place which supports robust caseload management by giving strong visibility of the activity of staff, the numbers of service users supported by the service and individual workers and the outcomes they are achieving whilst also promoting close alignment with NDTMS reporting requirements and data quality.

- Robust contractual arrangements will be implemented with regular contract and performance reviews taking place as already happens with the adult service.
- A detailed service specification and performance framework would be introduced which the provider would be monitored against in terms of service delivery, performance against indicators and outcomes and continued development.
- The YPSMS already work with the adult provider via the subcontract for the delivery of their clinical interventions and therefore relationships are already built with the adult workforce.
- Supervision, appraisal and development frameworks are in place to ensure all staff, volunteers and peer mentors are appropriately supported and are working within the limits of their competency. To ensure the workforce has the necessary skills and competencies to deliver high quality interventions and support, comprehensive packages of training for frontline staff working within their substance misuse services are already in place.
- Humankind has a data/information governance team who have specialist IT skills including in-depth knowledge of the NDTMS reporting definitions to ensure the organisational case management system is updated in line with the mandatory data set which is revised by OHID each year. Data quality checks and audits also take place to ensure the monthly datasets uploaded to NDTMS are accurate, so this does not adversely affect performance reporting.
- Feedback and involvement from those with lived experience is a key element of the external provider's quality governance framework. Services and interventions developed to meet the needs of users are safer, more effective and deliver positive treatment outcomes when those that use them are involved.
- Integrating the adult and young people's services would achieve significant added value and benefits across Barnsley to deliver a whole family approach to support those most vulnerable in our communities. The integration of the two services will enable us to draw on economies of scale to provide a wider support offer which will increase the uptake of the service and help more young people to seek and access support for their drug and/or alcohol use as evidenced in the benchmarking data.
- Whilst the service would become all-age, there would be a separate pathway for children and young people which means young people would be seen separately from adults and in places that are more suitable to meet their needs.
- The adult service and its workforce already have existing relationships with Barnsley schools and colleges in place and provides training to staff around identification of drug and alcohol use. The integration of the young person's service will allow the work with schools and colleges to be extended to include direct interventions with young people and their families.
- Transfer between services by young people who need continued support as an adult is a point of potential drop-out from treatment services. Transition from YP to adult services would be more streamlined and more likely to be successful when both parts of delivery are provided by the same organisation.

3.4. Next Steps

Using the content of this report and its key findings a cabinet report will be developed seeking approval of the recommended option.

Prior to submission to cabinet the report will follow the required governance process of consultation with the task and finish group, Children's DMT, Public Health and Communities DMT and SMT.

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