

**Appendix 4: Key Performance Indicators for the Young Person’s Substance Misuse Service, 2020/21:**

**Numbers in specialist treatment:**

- 194 young people were in specialist treatment including 111 new presentations to the service. For young people under aged 18, education services are the main referral route.

**Time in treatment:**

Young people spend less time in specialist treatment than adults because substance misuse is not as entrenched. However, those with complex needs often require support for longer.

- The majority of young people in Manchester spend 13-26 weeks in treatment. This is 41% as a proportion of all exits, compared to 33% nationally.

**Successful completions (as a proportion of all exits):**

- 84% (72 young people) completed treatment successfully. This compares with 79% nationally.

**Appendix 5: Activity data for in-patient detoxification and residential rehabilitation, 2021/22:**

**Number of in-patient detoxification placements:**

- 178 drug users were admitted to in-patient detox (6% of the treatment population).
- 117 alcohol users were admitted to in-patient detox (17% of the treatment population).

**Number of residential rehabilitation placements:**

- 41 drug users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)
- 10 alcohol users were placed in residential rehab (1% of the treatment population. This compares with 2% nationally.)

**Appendix 6 – Summary of Supplementary Substance Misuse Treatment Grant menu of interventions:**

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| System Co-ordination & Commissioning | Additional posts with the substance misuse service and the Public Health Team to support local partnership coordination and strategic planning. This includes the interface between the treatment service, primary and secondary care, and a commissioning and safeguarding resource. The SSMRTG |
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|   | will also fund the continuation of the Manchester Drug Related Death Surveillance Panel.  |
| Enhanced harm reduction provision   | Dedicated Children and Young Person Exploitation Worker within the Young person's Specialist Substance Misuse Service to work directly with young persons and other agencies to provide additional capacity to resource multi-agency case management responses for young people with multiple of wider risk factors. Additionally, an Early Intervention Coordinator will provide a resource to support partners with training, education, and pathway development where there is an identified need for early intervention. We will expand the use of Naloxone and training. |
| Increased treatment capacity  | Additional posts within the treatment service to increase capacity to respond to need. This will include specialisms around non-opiates, prescribing and increasing the support available to children and family/carer members affected by substance misuse. The grant will also fund the wider roll-out of Buprenorphine.  |
| Increased integration and improved care pathways between the criminal justice settings and drug treatment | A Criminal Justice Project Manager within the treatment service will provide strategic support to develop pathways and partnerships between CGL and criminal justice settings. This will support the development and application of community service treatment requirements and support improved compliance with court mandated orders. This resource will also provide necessary oversight to continuity of care engagement and retention from secure estate to community treatment services and implement strategies to improve systems.                                   |
| Enhancing treatment quality   | Additional clinical support within both the substance misuse service and the newly developed alcohol care team, which will see a consultant clinical lead to oversee the ACT's and supportive outreach and engagement to support pathways into treatment services and multi-agency planning for vulnerable people who may have complex needs. The grant will also fund a specific post in CGL to support workforce development and recruitment to improve quality and reduce caseloads.   |
| Residential rehab and inpatient detox   | Additional inpatient detox and residential rehab placements. An additional social worker in Adult Social Care will provide a resource to respond to responsibilities under the Care Act 2014. The grant will also fund the continuation of a specialist criminal justice social worker.   |
| Better and more integrated responses to physical and mental health issues                                 | Priority work-streams will focus on the interface between the substance misuse service, primary and secondary care to respond to non-fatal overdoses and co-morbidities affecting both physical and mental health.  |
| Enhanced recovery support   | Development and expansion of a recovery community and peer support network, including in treatment, to sustain long-  |

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|  | term recovery and increase the visibility of recovery and social integration. This will include funding to build the capacity of community mutual aid and recovery groups, linked to the 5 ways of well-being.                            |
| Other interventions which meet the aims and targets set in the drug strategy | The substance misuse service aim to expand on the number of physical bases within the north and east of Manchester to increase accessibility to face to face interventions and specialist clinical provisions.                            |
| Expanding the competency and size of the workforce                           | The service will see an increase in the number of keyworkers delivering structured treatment, aligned both to local demand and unmet need. Alongside service managers and clinical staff, the grant will fund an addition 20 key workers. |