Public Health England

NDTMS provider survey February 2014

Regional report – North West

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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Contents

Table of figures

Introduction

The National Drug Treatment Monitoring System (NDTMS) captures data on the number of people presenting to English services with problematic drug and alcohol misuse. There are eight regional NDTMS teams based across the country supporting the processes required for ensuring that the ongoing primary data collection is maintained and that monthly deadlines and quality targets are met.

In January 2014, all drug and alcohol treatment providers in England reporting to NDTMS were requested to complete a national survey relating to topic areas as agreed with the central and regional NDTMS teams. The survey included questions around software providers, information governance, business continuity, the frequency of reviews and mutual aid referrals. It also recorded the respondent's name, contact details, NDTMS region, parent organisation and agency codes.

Aims

The aim of the survey was to provide information to regional and central NDTMS teams, PHE Alcohol & Drug team colleagues and individual partnerships with regards to the ongoing timely delivery of high quality data around drug and alcohol treatment in England.

Objectives

To gather information on a national, regional, DAT and organisational level in relation to:

- Systems: To verify software systems used, how they are accessed and to obtain information in relation to planned migrations of data from or to NDTMS or Case Management systems.
- Information Governance: To verify awareness and use of the NDTMS Consent and Confidentiality Tool Kit V6.3 and to assess password security.
- Business Continuity: To verify the presence of a Business Continuity plan for each provider, including a timetable for backups and information in relation to the resilience of data entry.
- Frequency of Reviews: To verify the frequency of Sub Intervention Reviews and Outcomes Records.
- Mutual Aid: To verify that agencies are referring clients to mutual aid organisations and that these referrals are being recorded on NDTMS systems.

This report will be made available to NDTMS teams, PHE alcohol and drug leads and alcohol and drug commissioners.

Unless otherwise stated, this report includes all English alcohol and drug treatment providers in the community, for young people and adults reporting to NDTMS.

Please note, percentages may not always add up to 100% due to rounding. Percentages are based on the denominator of the number of providers completing the survey.

Overall survey completion rates

Table 1: National survey completion rates

Region	Number of providers	Number of providers with completed surveys	Completion rate %
Northern & Yorkshire – Yorkshire & Humber	187	124	66.3
Northern & Yorkshire – North East	98	68	69.4
North West	149	118	79.2
South East	148	126	85.1
South West	79	66	83.5
London	247	158	64
West Midlands	103	80	77.7
East Midlands	67	22	32.8
Eastern	94	50	53.2
Total	**1172**	**812**	**69.3**

Where returns have been made, there can be some reassurance to the commissioning local authority that there is less chance of system changes being made or planned without the knowledge and involvement of regional NDTMS teams and any resulting discontinuity in national statistics and monitoring information.

This survey has followed on from practice prior to NDTMS transition to PHE of varying degrees of information gathering at regional level and has been the first year that a national survey has been completed. It is hoped that there will be an improvement in completion of this survey next year and teams are continuing to pursue completion for this year outside of this analysis.

A full list of North West providers who completed the survey can be found in Appendix 1.

Provider profiles

What client group does your provider treat?

Regionally, of the 118 providers who completed the survey, 75% report that they treat adult clients and 25% report that they treat young people. This distribution is generally consistent across other NDTMS regions and nationally there is an 81:19 ratio.

What treatment service/s do you provide?

Of the providers that completed the survey, 10% offer alcohol only treatment, 8% offer drug only treatment and 81% offer both drug and alcohol treatment. This latter figure is the third highest when compared with other NDTMS regions.

Do you have a Care Quality Commission (CQC) registration number?

Twenty nine percent of survey respondents stated that they have a CQC registration number, with 15% stating that they did not have a number. Of those that responded, 56% stated that they did not know about their CQC registration. Due to the number of providers who reported that they did not know whether they had a CQC registration number, caution should be exercised when interpreting these results. We will endeavour to improve on this information in next years' survey.

It should be noted that all residential drug and alcohol treatment providers should be registered and all community-based providers with nurses, doctors, social workers or psychologists employed as such are also required to be CQC registered.

NDTMS systems

What software system does your treatment service use to collect NDTMS data?

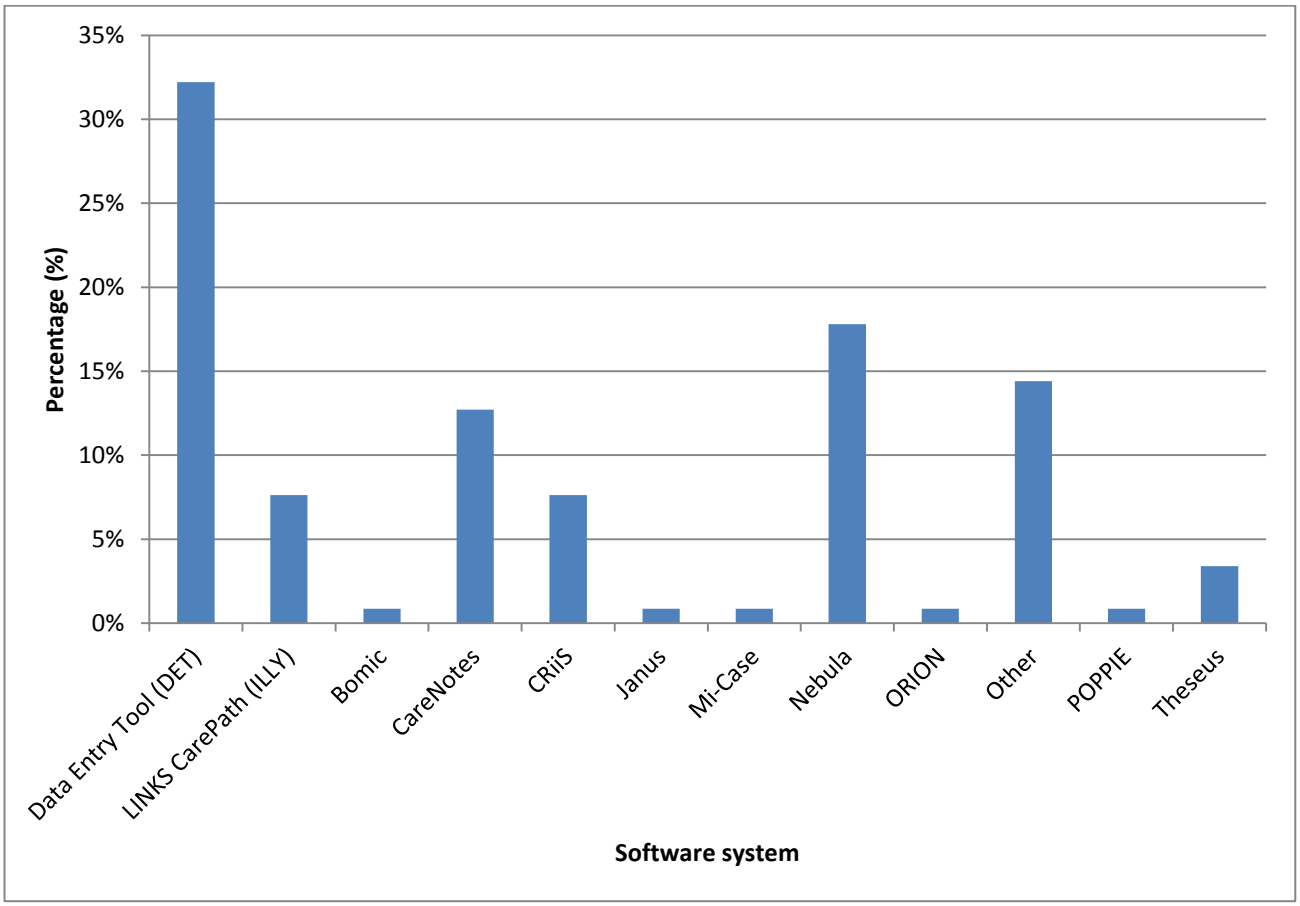

Figure 1: Software provider for North West region

Nationally, there are at least 12 systems apart from the NDTMS Data Entry Tool (DET) reported as in use to generate a data extract for NDTMS purposes. There was wide variation in the use of these software systems regionally. The DET was used by 32% of respondents, with 18% stating the use of Nebula and 13% using CareNotes. Of those that responded, 14% stating the use of an 'other' software system, which includes ICIS.

From where can staff access the system that you use to submit your NDTMS data?

Regionally, the most common method to access the system that is used to submit NDTMS data was from anywhere over the internet (n=114, please note, respondents could select as many options as applicable for this question, therefore the categories were not mutually exclusive). Where necessary answers have been corrected for DET Users who are able to access DET from anywhere over the internet..

An NDTMS extract system that is able to provide access from anywhere over the internet may be less vulnerable to disruption following certain types of critical incidents requiring the short term relocation of administrators/key workers.

Responses from DET users indicated that there are misconceptions about the capabilities of DET, which may in fact be accessed from anywhere over the internet. It would be beneficial for managers of DET system services to understand this and factor it into their own business continuity planning.

Are you considering changing your NDTMS systems?

Regionally only 10% of providers reported currently considering changing their software system. This is comparable to the figure of 11% nationally, and gives the NDTMS team some confidence that software use remains relatively stable in the North West.

Are you considering changing your Case Management System?

Only 16% of providers regionally are currently considering changing their case management system (CMS) which is slightly higher than the national percentage of 11%. This gives the North West NDTMS team some confidence that CMS system choice remains relatively stable.

Information governance

Respondents were asked whether staff at their organisation allowed other people to use their login details for the following systems (n/a indicates that the provider does not have access to that system).

It is strongly recommended that staff are not permitted to share passwords to any of these systems in the interests of security.

Drug and Alcohol Monitoring System (DAMS)

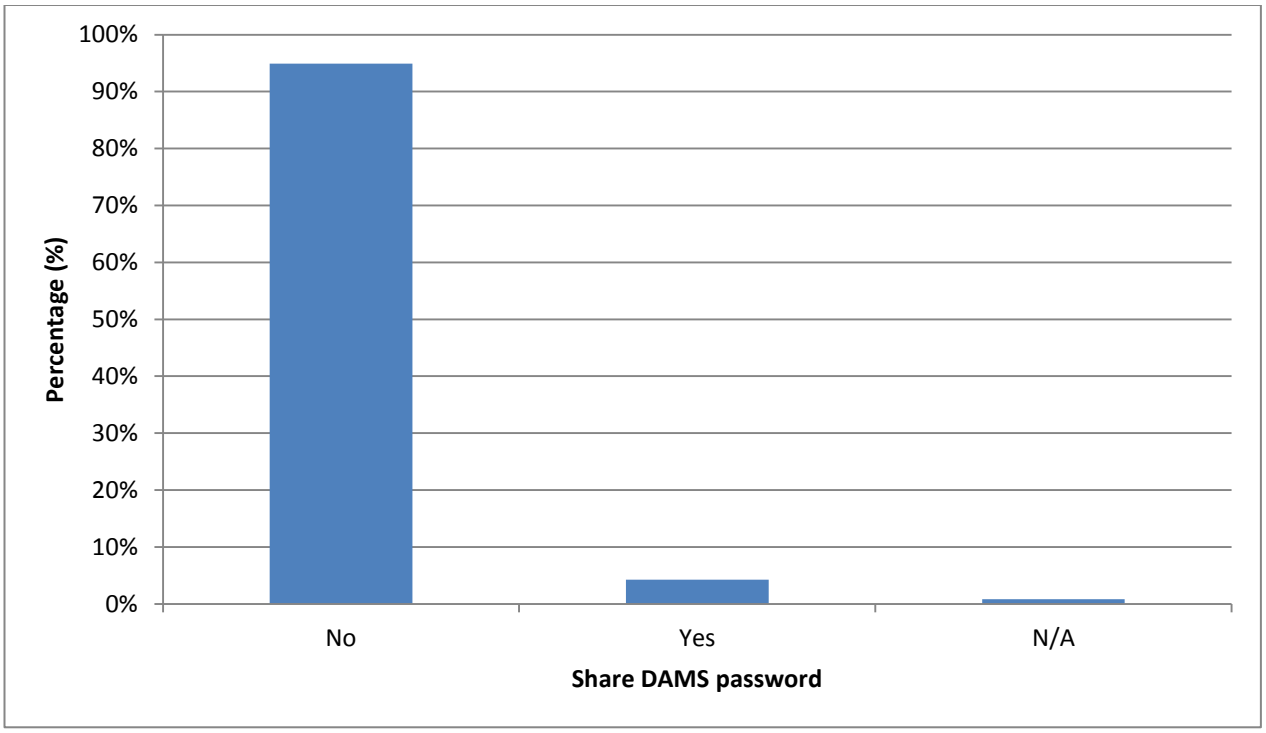

Figure 2: DAMS password sharing among staff by North West region

Regionally, only 4% of respondents stated that DAMS passwords were shared amongst staff at their organisation. Whilst this figure is low, and comparable with national responses, this practice is not appropriate and should cease as it poses an information governance risk. Those respondents who have stated that they do share passwords have been contacted by the NDTMS team to provide support and guidance if required including the creation of new DAMs accounts where needed.

It was also noted that some 1% of services stated that they do not have access to DAMS. As this is the sole way of submitting data to the NDTMS it seems likely that these respondents are mistaken. Again, this may highlight a training need and those respondents who stated 'N/A' to this question have been contacted to see if the NDTMS team is able to provide further training on DAMS.

A full list of actions from the NDTMS team as a result of responses to the survey can be found in appendix 2.

Data Entry Tool (DET)

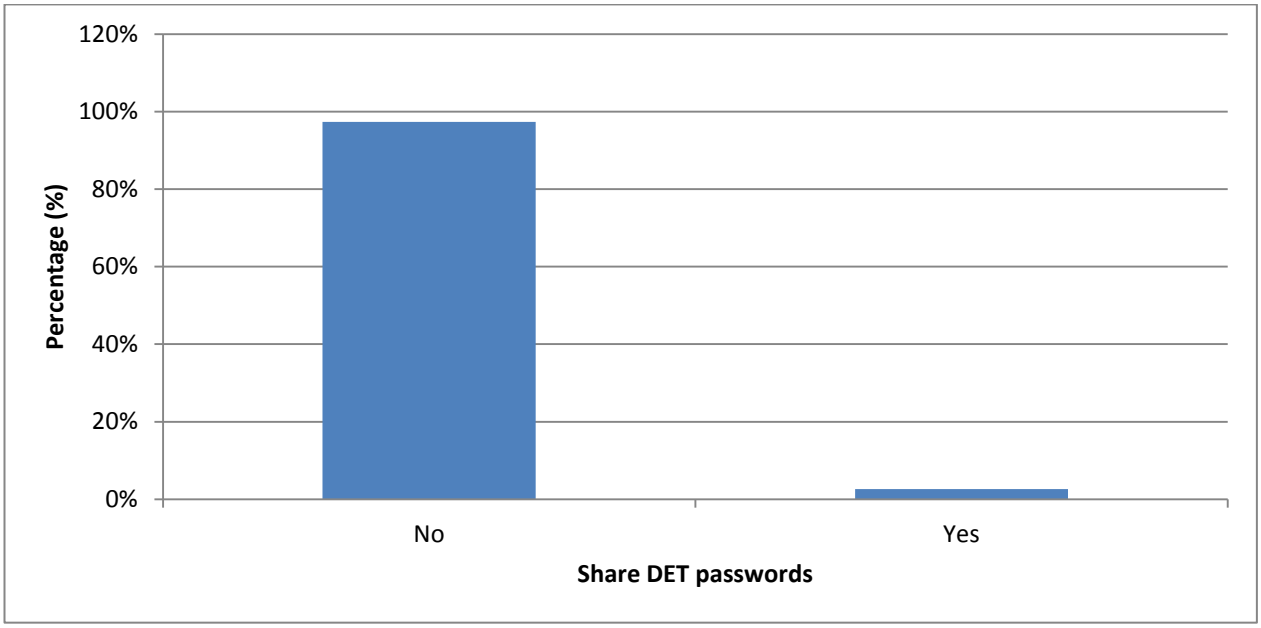

Figure 3: DET password sharing among staff by North West region

For the majority of respondents, this question was not applicable as they were on a system other than the DET (please note, for those who stated they were on a system other than DET their responses have been corrected to N/A where necessary, n = 38).

Of respondents who are on DET, 97% stated that DET password sharing does not occur within their organisation. Whilst it is positive that this figure is so high, the fact that 3% reported that staff do share their DET password with other staff members is cause for concern as this could become an information governance issue. The NDTMS team has followed up this issue to provide support and guidance if required.

A full list of actions from the NDTMS team as a result of responses to the survey can be found in appendix 2.

Prison DET

The majority of respondents (86%) stated that they did not have access to Prison DET. One hundred percent of respondents who did have access to prison DET stated that passwords were not shared among staff.

CJIT Data Entry Tool (DIRDET)

Similarly, the majority of respondents (78%) reported that this question was not applicable to them as they did not have access to the CJIT DET system as they were not CJIT providers. Of those who did have access to CJIT DET, 98% reported that staff did not share passwords, with 2% stating that they did share passwords.

PHE Secure File Transfer System (SFT) (aka DropBox)

Thirty one percent of respondents stated that this question was not applicable to them as they did not have access to the SFT.

Of those who did have access to the SFT, 98% stated that they did not share their password with other staff members. However, 2% stated that they did. As above, those services where password sharing has been reported have been contacted by the NDTMS team to offer support and guidance.

A full list of actions from the NDTMS team as a result of responses to the survey can be found in appendix 2.

Needle Exchange Monitoring System (NEXMS)

The majority of respondents (74%) reported that they did not have access to NEXMS. One hundred percent of respondents who did have access to NEXMS stated that passwords were not shared among staff.

Information governance - consent

Does your organisation's consent policy include the latest version of the NDTMS Consent and Confidentiality Tool Kit version 6.3?

Of those that responded, 94% stated that they included the latest version of the Consent and Confidentiality toolkit. Unlike most health datasets, NDTMS is a 'consented-to' dataset and it is extremely important that clients' data on NDTMS is appropriately used according to the consent provided by individuals. The use of the most recent wording for consent is an intrinsic element of the agreement between the NDTMS programme and the Confidentiality Advisory Group (CAG) in granting Section 251 permission for the programme's continued use of the data following transition into PHE. The NDTMS team has followed up this issue, contacting those who stated that they do not include the Consent and Confidentiality Tool Kit in their consent policy to provide support and guidance on the issue.

A full list of actions from the NDTMS team as a result of responses to the survey can be found in appendix 2.

Business continuity

Does your organisation have an effective Business Continuity plan covering how your agency will continue to provide NDTMS data if your NDTMS system should fail?

Regionally, 25% of services have a potential risk of non submission due to Business Continuity plans either not being in place or not being known to the member of staff who completed the survey.

Local authority areas where there is no Business Continuity plan should seek reassurance with regard to the continued capability of these services to provide NDTMS data on behalf of their treatment systems in a timely fashion regardless of the impact of staff absences, power shortage, structural damage to premises, etc. The NDTMS regional team can assist with such planning if required. Organisations which do not currently have a Business Continuity plan have been contacted by the regional NDTMS team.

Does your Business Continuity plan incorporate a timetable for taking backups of your NDTMS data?

Regionally, 65% of respondents have a timetable for data backups (including DET users. Please note, responses have been corrected for DET users where necessary).

Data entered on the DET is backed up nationally, overnight on a daily basis by the NDTMS central team. This may provide some reassurance to service managers using the DET. Those managers, however, might also consider that if their agency operates a ‘paperless’ office policy, whereby paper forms get shredded after they are input, then the data input during the previous days may risk being lost forever. Such loss might occur if the central team’s backup processes were to fail or if they had to restore data back to an earlier point in time. Similar considerations may apply to users of other systems (although those users may have greater control over backup and restoration processes).

How many people in your organisation are expert system users whose role includes maintaining the NDTMS data extraction system and DAMS, or supporting other system users?

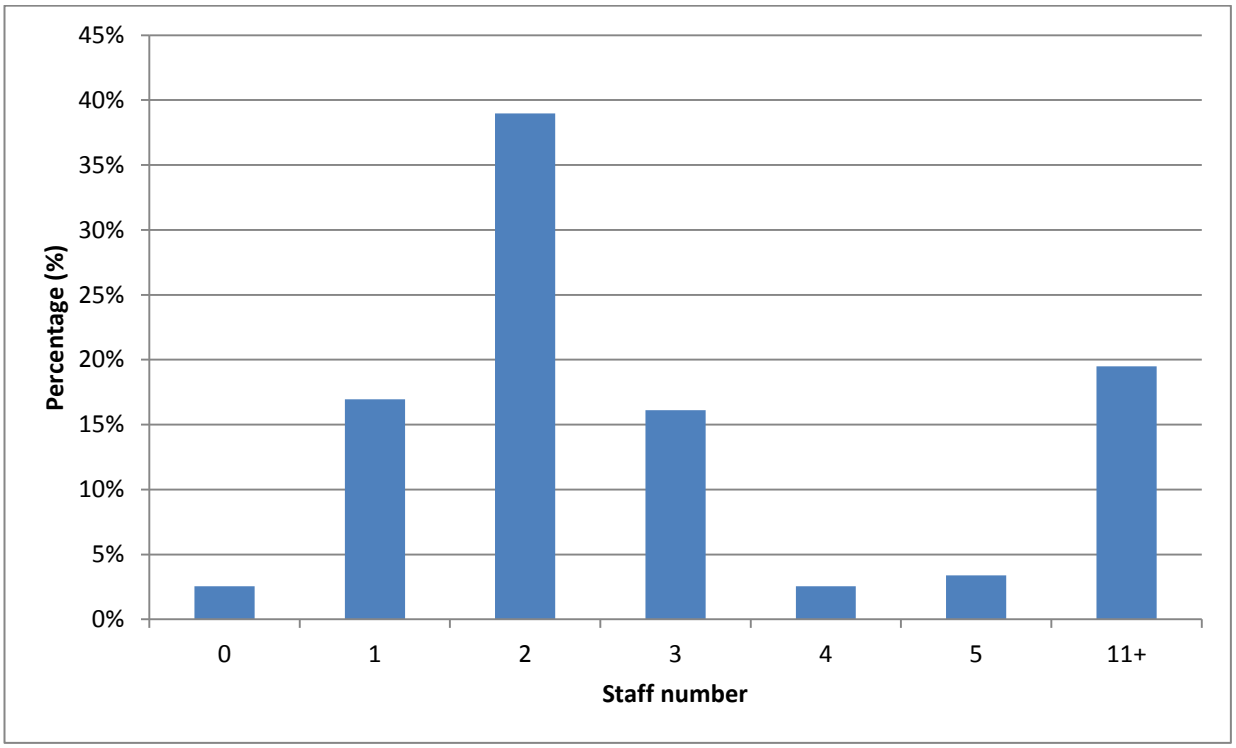

Figure 4: Number of expert NDTMS system users per provider for North West region

At least 80% of providers regionally have at least two staff members responsible for NDTMS systems and 17% of providers only have one person responsible for NDTMS systems. This lack of resilience to cover systems in the case of staff sickness and leave means that NDTMS data may be at risk of non-submission from these providers.

Is your organisation able to continue to update and submit NDTMS data in the absence of the person(s) usually tasked with doing so?

Of particular concern, 14% of respondents stated that in the absence of the person usually responsible for submitting their NDTMS data, they would not be able to continue to submit to NDTMS. As staff absence cannot always be anticipated this means that NDTMS is at risk of non submission from these providers.

Frequency of reviews

Approximately how frequently does your organisation complete Sub Intervention Reviews?

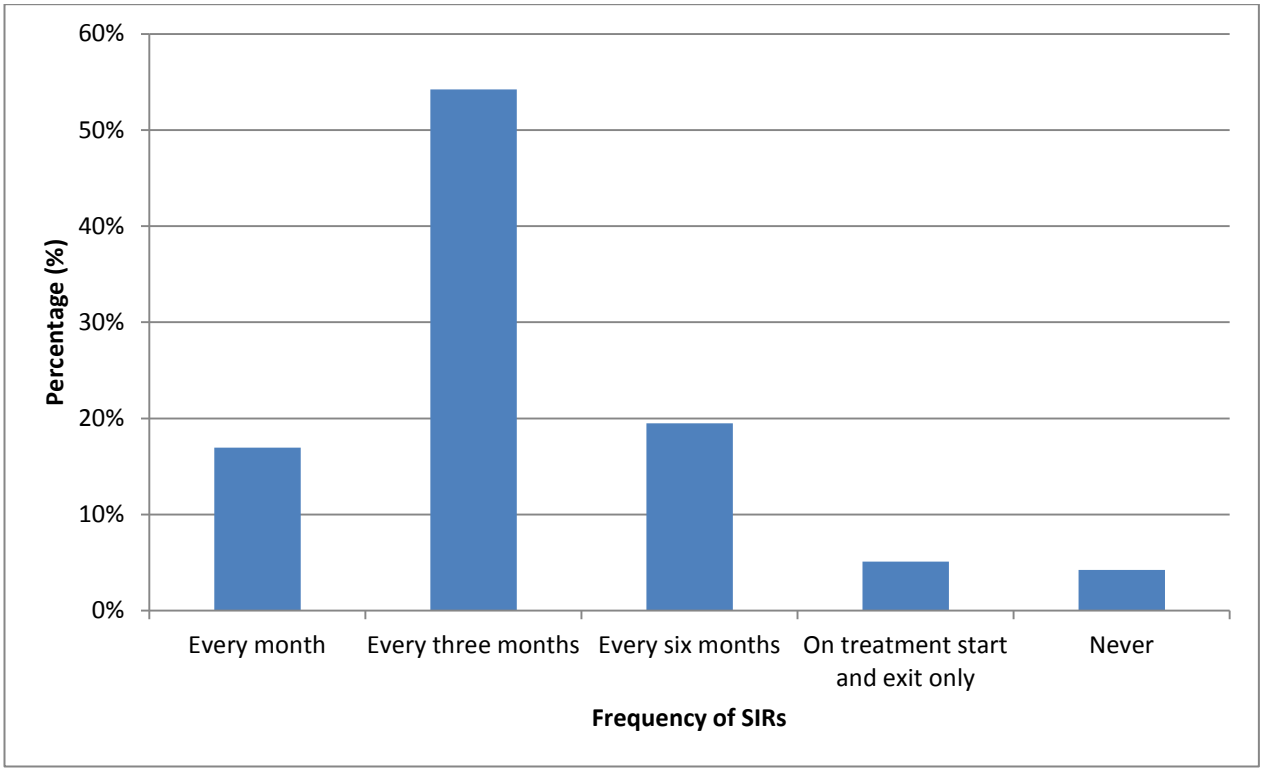

Figure 5: Frequency of Sub Intervention Review (SIR) completion, for the North West region

NDTMS guidance states that Sub Intervention Reviews should be completed at least every six months, but facilitates more frequent reporting.

Regionally, 91% of respondents complete SIRs at least every 6 months, and 71% complete them at least every 3 months. Five percent complete them on start and exit only, with 4% stating that they never report this information.

It should be noted that due to individual treatment system configuration, some services may not be completing SIRs due to arrangements for their completion by peer services.

Approximately how frequently does your organisation complete TOP?

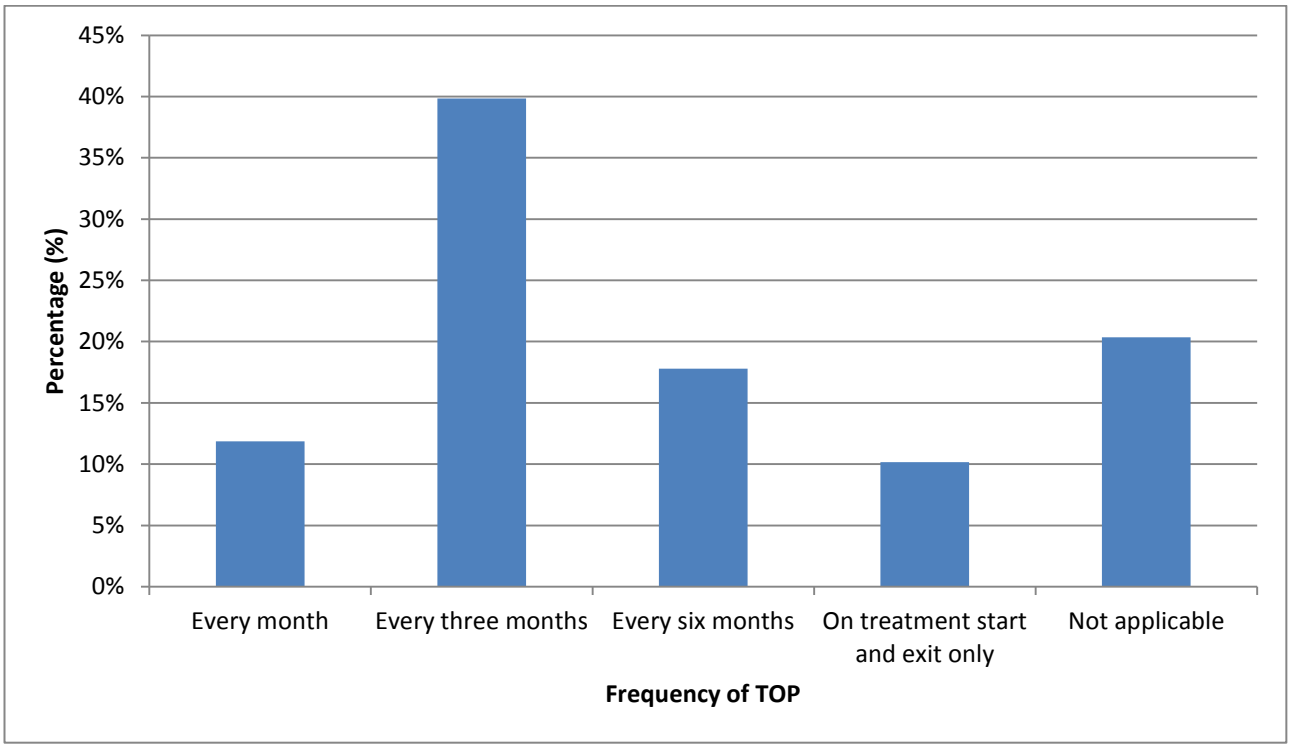

Figure 6: Frequency of Treatment Outcome Profile (TOP) completion for North West region

(n=94)

NDTMS guidance states that Treatment Outcome Profiles (TOPs) should be completed at least every six months but facilitates more frequent reporting.

Twenty percent of respondents stated that TOP are not applicable for their service (suggesting they use AOR or YPOR instead).

Of those who do use TOP 87% stated that they complete them at least every six months whilst 65% reported that they submit TOPs at least every three months.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services.

Approximately how frequently does your organisation complete AOR?

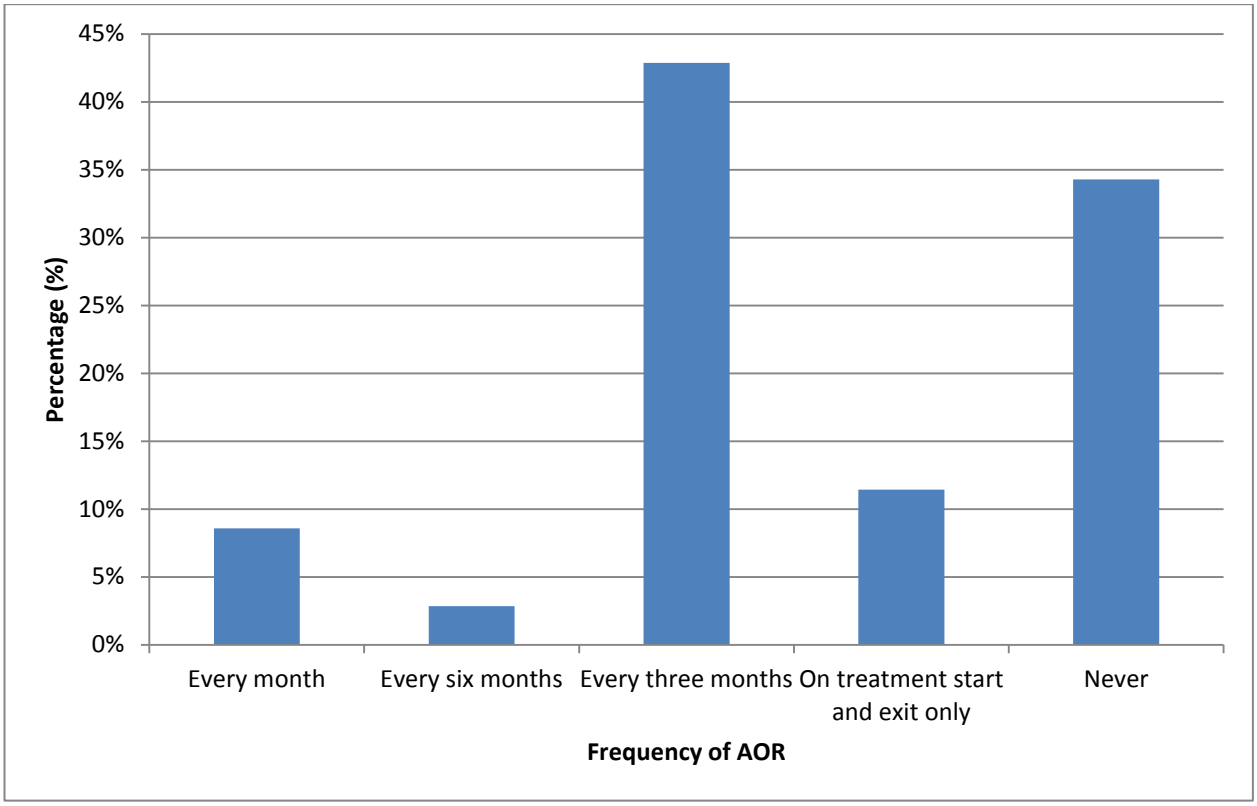

Figure 7: Frequency of Alcohol Outcome Record (AOR) completion, for the North West region

(n=35)

NDTMS guidance states that Alcohol Outcome Records (AORs) should be completed at treatment start and exit and more frequently if required. They are required for adult clients whose primary problematic substance is alcohol.

Seventy percent of respondents in the North West region stated that the AOR form is not applicable to them (suggesting that they use TOP or YPOR instead).

Of those who do use the AOR form (n = 35), 55% of services reported completing them on at least a six month basis, with 11% completing these at treatment start and exit only. Thirty-four percent of services stated they never completed them.

It should be noted that due to individual treatment system configuration, some services may not be completing TOPs due to arrangements for their completion by peer services.

Approximately how frequently does your organisation complete YPOR?

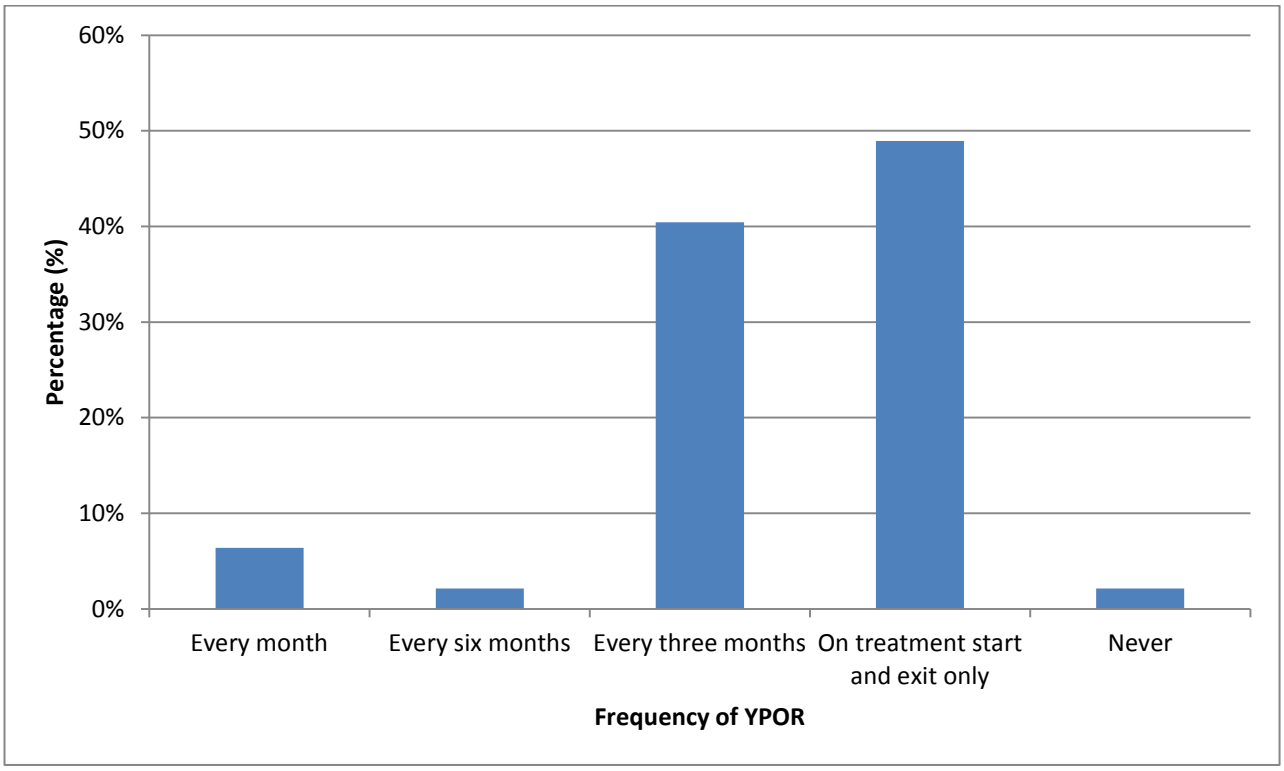

Figure 8: Frequency of Young Person Outcome Record (YPOR) completion, for the North West region

(n=47)

NDTMS guidance states that Young Person Outcome Records (YPOR) should be completed at treatment start and exit, and more frequently if required.

Sixty percent of respondents from the North West region stated that the YPOR was not applicable to them (suggesting that they use TOP or AOR instead).

Of those who do use the YPOR 49% complete them at start and exit and only 2% reported 'never' completing them.

Mutual aid referral

Do you refer clients to mutual aid organisations?

Regionally, 75% of services reported that they refer clients to mutual aid. Seventeen percent of respondents reported that they are not referring to mutual aid organisation and 8% reported that there were no mutual aid services to refer to locally.

.

Do you record mutual aid referrals on NDTMS?

Of those that responded to this question, 43% reported that they do record this on NDTMS systems. Of concern, 41% reported that they do not record mutual aid referrals on NDTMS systems as they are unable to do so.

It is possible that respondents misinterpreted this question and were referring to not being able to record the date and where the referral was made to, however, given that the numbers are so high this highlights a general training need which the NDTMS regional teams will look to address.

Given the priority applied to the national Drug Recovery agenda and the intrinsic part that mutual aid is expected to play, regional NDTMS teams will be prioritising discussions with those services who are unable to report this activity to provide support and guidance either to the service or to the system supplier as appropriate.

A full list of actions from the NDTMS team as a result of responses to the survey can be found in appendix 2.

Appendix 1

Table 2: North West agencies who completed the NDTMS provider survey 2014

DAT area	Parent organisation	Agency
Blackburn with Darwen	Greater Manchester West NHS Mental Health Trust	W0004 GMW Blackburn CDT
Blackburn with Darwen	Greater Manchester West NHS Mental Health Trust	W1001 GMW Blackburn Criminal Justice Team
Blackburn with Darwen	Lifeline	W0036 Lifeline E Lancs
Blackburn with Darwen	TTP Communties Ltd	M1072 TTP Recovery Communities - Blackburn
Blackpool	Addaction	W0065 Addaction Blackpool
Blackpool	ADS	W0047 ADS Blackpool
Blackpool	Drugline	M0121 Drugline Coast
Blackpool	Drugline	W0057 Drugline Blackpool
Blackpool	Lancashire Care NHS Foundation Trust	W0002 LCT Blackpool CDT
Blackpool	The Hub	M0267 The hub â€“ Young People under 18
Blackpool	The Hub	M0265 The hub â€“ Adult 18+
Blackpool	The Hub	M0266 The hub â€“ Adult Alcohol
Blackpool	Unspecified	M0280 Springboard
Blackpool	Unspecified	M0281 Springboard YP
Bolton	Project 360	W0037 Project 360
Bury	Early Break	W0076 Early Break
Bury	Unspecified	M0319 ADS Bury Drug & Alcohol Service
Cheshire East UA	Addaction	M0109 Addaction Cheshire
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0123 CWP South Cheshire YP Service
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0006 CWP Macclesfield CDT East Cheshire
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0008 CWP South Cheshire Drug Service
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0161 East Cheshire Alcohol Services
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0263 CWP South Cheshire Alcohol Service
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0283 CWP Vale Royal Community Drug Team
Cheshire East UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0094 CWP East Cheshire YP
Cheshire East UA	Cheshire East Council	M0299 Cheshire East Youth Offending Service
Cheshire East UA	TTP Communities	M0295 TTP Communities Cheshire
Cheshire East UA	Addaction	M0268 Addaction Cheshire Alcohol

Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	W0027 CWP Ellesmere Port CDT
Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0178 Chester Alcohol Service
Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0192 CWP Chester YP
Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0193 CWP Ellesmere Port YP
Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0179 Ellesmere Port Alcohol Service
Cheshire West and Chester UA	Cheshire and Wirral Partnership NHS Foundation Trust	M0032 CWP Chester CDT
Cheshire West and Chester UA	Turning Point	M0036 Turning Point Chester Residential
Cumbria	Greater Manchester West NHS Mental Health Trust	M0290 GMW Cumbria Community
Cumbria	Unspecified	M0083 Turning Point Stanfield House
Halton	Addaction	W0096 Addaction Halton YP
Halton	CRI	M0278 Halton Recovery Service
Knowsley	CRI	M0313 ENGAGE Knowsley
Knowsley	CRI	M0312 Knowsley Integrated Service
Knowsley	Knowsley Youth Offending Service	M0087 Knowsley Youth Offending Service
Lancashire	Addaction	M0050 Young Addaction South Lancashire
Lancashire	Addaction	M0182 Young Addaction North Lancashire
Lancashire	CRI	M0251 Inspire â€“ Community
Lancashire	CRI	M0314 Inspire North Lancs
Lancashire	CRI	M0252 Inspire â€“ Criminal Justice
Lancashire	Greater Manchester West Mental Health NHS Foundation Trust	M0296 Discover Central Lancs
Lancashire	Harvey House Social Enterprises	M0285 Harvey House Social Enterprise Limited
Lancashire	Holgate House	M0119 Holgate House
Lancashire	Shardale St.Annes	M0310 Shardale St Annes Limited
Liverpool	Action on Addiction	W0083 Sharp Liverpool
Liverpool	Addaction	M0236 Liverpool Gateway Addaction
Liverpool	Addaction	M0234 Liverpool Primary Care Addaction
Liverpool	Addaction	M0235 Liverpool Croxteth Addaction
Liverpool	Addaction	M0264 Addaction Croxteth Alcohol Project
Liverpool	Addaction	W0074 Young Addaction Liverpool
Liverpool	Addaction	M0237 Liverpool Criminal Justice Addaction

Liverpool	Liverpool YOS	W0089 Liverpool YOT
Liverpool	Mersey Care NHS Trust	M0010 MERC North Liverpool CDT
Liverpool	Mersey Care NHS Trust	M0052 MERC Kevin White Unit
Liverpool	Mersey Care NHS Trust	M0092 MERC DRR
Liverpool	Mersey Care NHS Trust	M0001 MERC DART
Liverpool	Mersey Care NHS Trust	M0168 Windsor Clinic
Liverpool	Merseyside Youth Association	M0045 OK UK
Liverpool	Park View Project	M0062 Park View Project
Liverpool	The Social Partnership	M0071 Transit
Manchester	ADS	M0141 ADS Residential Service Bennet House
Manchester	ADS	M0142 ADS Residential Service Bridge House
Manchester	CRI	M0288 RISE Manchester Clinical Service
Manchester	Greater Manchester West NHS Mental Health Trust	M0243 The Chapman-Barker Unit
Manchester	Greater Manchester West NHS Mental Health Trust	M0146 Manchester Community Alcohol Team
Manchester	Lifeline	W0062 Eclypse
Manchester	Lifeline	M0291 Lifeline Project Ltd
Manchester	Manchester Mental Health and Social Care Trust	M0159 Brian Hore Unit
Manchester	Manchester Mental Health and Social Care Trust	M0248 Manchester Dual Diagnosis Service
Manchester	Turning Point	W0444 Turning Point Smithfield Detox
Oldham	ADS	W0067 ADS Oldham
Oldham	Pennine Care NHS Foundation Trust	W0068 Oldham Alcohol
Oldham	Pennine Care NHS Foundation Trust	W0014 PENC Oldham CDT
Oldham	Positive Steps	M0211 ACCE Oldham
Oldham	Positive Steps	W0058 OASIS
Rochdale	ADS	W0055 ADS Rochdale
Rochdale	CRI	M0282 CRI Rochdale Recovery Service
Rochdale	CRI	M0214 Rochdale Cri
Rochdale	Highlevel	M0027 Highlevel
Rochdale	Pennine Care NHS Foundation Trust	W0015 PENC Rochdale CDT
Rochdale	Turning Point	M0289 Turning Point Leigh Bank
Rochdale	Turning Point	M0200 Turning Point Richards House
Salford	Greater Manchester West	M0311 Salford Drug & Alcohol Service
Salford	Lifeline	W0222 Salford YP
Salford	THOMAS	M0297 THOMAS Community Recovery Salford
Sefton	Independence Initiative	M0070 Independence Initiative

Sefton	Lifeline Project Ltd	M0318 Sefton Treatment and Recovery Service (South)
Sefton	Lifeline Project Ltd	M0317 Sefton Treatment and Recovery Service (North)
St Helens	Addaction	M0284 Addaction St Helens
St Helens	St Helens YP	W0030 St Helens YP
Stockport	ADS	W0111 ADS Stockport
Stockport	MOSIAC	W0052 Stockport YP
Stockport	Pennine Care NHS Foundation Trust	M0155 Stockport Community Alcohol Team
Stockport	Pennine Care NHS Foundation Trust	W0017 PENC Stockport CDT
Tameside	ADS	W0050 ADS Tameside
Tameside	Lifeline Project Ltd	W0073 TP Branching Out - Lifeline
Tameside	Pennine Care NHS Foundation Trust	W0018 PENC Tameside CDT
Trafford	Cheshire and Wirral Partnership NHS Foundation Trust	M0255 Trafford Drug Intensive Treatment Service
Trafford	Phoenix Futures	M0287 Trafford Young Peoples Service
Trafford	Turning Point	M0260 Turning Point Community Detox Service
Trafford	Unspecified	M0293 Trafford Youth Offending Service
Warrington	Warrington Borough Council	W0051 Warrington YP
Wigan	Addaction	M0308 Addaction Wigan Case Coordination & Recovery
Wigan	Greater Manchester West NHS Mental Health Trust	M0307 GMW Wigan & Leigh Intake & Clinical
Wigan	THOMAS	M0298 THOMAS Community Recovery Wigan
Wigan	WIGAN CHILDREN AND YOUNG PEOPLES SERVICES	W0069 Wigan YP
Wirral	Cheshire and Wirral Partnership NHS Foundation Trust	W0063 Wirral CAHMS
Wirral	Cheshire and Wirral Partnership NHS Foundation Trust	M0181 Wirral Alcohol Service
Wirral	Cheshire and Wirral Partnership NHS Foundation Trust	M0030 CWPT Drug Service
Wirral	Wirral Youth Service, Children and Young People's Department	M0555 Response