

RE-COMMISSIONING OF CHILDREN AND YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICES.

To: **Health Committee**

Meeting Date: **September**

From: **Liz Robin, Director of Public Health**

Electoral division(s): **Those divisions affected by the decision / proposal, All**

Key decision **Yes**

*Forward Plan
Ref:*

2018/043

Purpose: **What is the Committee being asked to consider?**

The purpose of this report is to present an options appraisal to the Health Committee regarding the service model and approach for re-commissioning of the Young People's Substance Misuse Treatment Service for Cambridgeshire.

Recommendation:

- a) Approve one of the following options for the approach to be adopted for the commissioning of Young People's Drug and Alcohol Services.

Option 1: A Section 75 agreement with the current provider of Young People's Drug and Alcohol Treatment Services which includes the following.

- Approval for the development and implementation of a Section 75 agreement.
- Approval for the development of a new service specification in collaboration with the Section 75 provider.
- Authorisation of the Director of Public Health in consultation with the Chair and Vice Chair of the Health Committee to complete the negotiation of the proposed Section 75 agreement, finalise arrangements and enter into the proposed agreement.
- Authorisation of LGSS Law to draft and complete the necessary documentation to enter into the agreement.

Or

Option 2: A Competitive Tender which includes the following.

- Approval of the commencement of a competitive procurement process.
- Authorisation of the Director of Public Health, in consultation with the Chairman and Vice Chairman of the Health Committee to award a contract to the successful provider subject always to compliance with all required legal processes.
- Authorisation of LGSS Law to draft and complete the necessary contract documentation to enter into the agreement.

- b) Approve one of the following service model options

Option 1: Maintain the current separate community young people's specialist drug and alcohol treatment service and Youth Offending Service (YOS) service model.

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service

Option 3: Integrate the community young people's specialist drug and alcohol treatment service with other young people's health provision.

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1. BACKGROUND

1.1 Drug and alcohol prevention and treatment services are included in the local authority public health commissioning categories that fall under the Public Health Grant. The services are not specifically mandated, as mandated services are generally those which central government wants to be delivered in a standard way across the country. But the public health grant conditions include the following statement: A local authority must, in using the grant, "...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services..."

1.2 Young People's Drug and Alcohol specialist treatment provision across Cambridgeshire falls into two separate arrangements.

The countywide Young People's Drug and Alcohol Treatment Service is provided by Cambridgeshire and Peterborough Foundation Trust (CPFT) through its service known as CASUS. The current service model has been in place since 2013 and provides prevention, early help, targeted interventions for 'at risk' groups and specialist clinical treatment provision for young people across Cambridgeshire. The service is closely aligned with Child and Adolescent Mental Health services (CAMHs) and the current team includes a child and adolescent psychiatrist.

There is however a separate Youth Offending Service (YOS) Specialist Drug and Alcohol service which is provided by Cambridgeshire County Council. This forms part of the wider Youth Offending Service (YOS) and it works closely with the main CASUS service. The YOS Drug and Alcohol team currently consists of three workers, employed by Cambridgeshire County Council. They deliver Tier 3 interventions to young people on Out of Court and Court Disposals and provide advice to YOS Officers on their delivery of Tier 1 and 2 interventions. Higher level Tier 3 and complex cases are referred to the CASUS specialist staff. This model was originally developed to enable the YOS substance misuse team to work within a statutory, enforceable system with easy information sharing and joint working with the YOS officers. They provide a 'substance misuse treatment presence' within the entire team, developed due to the high prevalence of substance misuse issues amongst young offenders.

1.3 Both contractual arrangements will shortly expire, the CASUS contract commenced on 1st April 2013 and is due to terminate on the 31st March 2019. The YOS contractual arrangement is reviewed on an annual basis.

1.4 Only the Cambridgeshire Young People's specialist Drug and Alcohol Treatment Services are in scope for the re-commissioning. The Peterborough treatment contracts were let in 2015/16 with its new integrated treatment service (young people and adult) commencing on the 1st April 2016 and the new Cambridgeshire Specialist Adult Drug and Alcohol treatment service procurement has concluded with the new contract commencing on 1st October, 2018. Going forward, break clauses in the new Cambridgeshire contracts (Adult and Young People) will be aligned with Peterborough's contract to provide future options for integration across both geographical areas.

1.5 A key objective for the re-commissioning CYP's Substance Misuse Service in Cambridgeshire is to use it as an opportunity for service developments that will more effectively address the emerging needs found in the recent Drugs and Alcohol Joint

Strategic Needs Assessment and National Drugs Strategy. This includes the changing demographic of service users who have different needs, vulnerabilities and complexities. The aim is to secure evidence based services that reflect the underlying principles of Public Health England's underlying principles for young people's substance misuse services and have the following deliverables.

- An integrated specialist drug and alcohol young people's treatment system across Cambridgeshire, in which young people and their needs are at the centre of the services.
- Services that reflect the specific needs of people and families that use them.
- Increased alignment and integration with related services to ensure that multiple vulnerabilities, complex needs and risky behaviours are addressed holistically and in a child centred way (including mental health, sexual health, domestic abuse, child sexual exploitation)
- A service reflecting the intrinsic differences, and transitional requirements, between adults and children and between children of different ages
- A service rooted in a strengths approach, delivering interventions focused on substance misuse itself and also developing confidence and enhancing personal resilience.
- Targeted interventions to young people at risk of developing problems with substances (alongside specialist services)
- Early intervention and harm reduction interventions.
- Underpinned by a robust quality governance system

1.6 The funding allocated to the Cambridgeshire tender comprises of £315,267 currently allocated to CASUS. If the £95,000 annual funding allocated to the YOS service is included this will bring the total annual tender value to £410,267. The proposed contract will start on April 1st 2019 and will be for 3 years with the option of extending it for one or two years, which will align it with the Peterborough contract.

1.7 A paper was presented to both the Health Committee and the Joint Commissioning Board in May 2018 regarding the re-commissioning of the CYP Substance Misuse Service. Both the Committee and the Board were asked to consider the following.

- Initiating a competitive tender for the procurement of a Cambridgeshire young people's drug and alcohol service
- The scope of service to be included in the tender.
- A transformational aligned approach that reflects the findings of the recent Drugs and Alcohol Joint Strategic Needs Assessment and the National Drugs Strategy, is evidence based and holistically addresses the needs of young people.
- Increased integration with other young people's services to provide both universal prevention and a targeted approach for 'at risk' and vulnerable young people.

1.8 Both the Health Committee and the Joint Commissioning Board agreed that the services would need to be re-commissioned. However following consideration they concluded that the following areas should be further reviewed prior to any decision being taken regarding the service model and commissioning approach

1. Review the strengths of the current service including benchmarking the current service against other services in terms of outcomes and cost

2. Consider the evidence for increasing the integration of the Young People's Drug and Alcohol services with other related children and young people's services including different service and commissioning models. This would include consideration of the commissioning opportunities afforded by the 10-19 commissioning agenda.
3. Review the evidence for alternative models for service delivery to identify opportunities for improving outcomes and increasing cost-effectiveness.
4. Assess the appropriateness of following two methods for commissioning the Service
 - Competitive tender (going out to the market).
 - A section 75 is a partnership agreement made under section 75 of the NHS Act 2006 between a local authority and an NHS body in England. The council delegates to the NHS body (and the NHS body agrees to exercise) on the councils behalf health related functions where these functions are likely to lead to an improvement in the way these functions are exercised. Joint arrangements are possible under section 75 and are used extensively by health bodies and local governments to support and underpin more effective joint working and help to drive integration across health and social care.

- 1.8 The information included in this paper has already been reviewed by the Joint Commissioning Board which made the following recommendations.
- Its preferred commissioning approach was a Section 75 agreement, but it requested that it provided scope for innovation and movement towards aligning substance misuse with other young people's health provision.
 - It further advised that the Section 75 agreement should be coterminous with the adult/CYP treatment contracts in Cambridgeshire and Peterborough as this would open up options for an integrated Young People's Treatment Service across both authorities. This would mean a 3 (to match first break clause) or 5 year agreement commencing in April 2019.

2. MAIN ISSUES

2.1 Review of the Current Service

The following strengths of the current service model have been identified through looking at the evidence for these services, service outcomes, benchmarking with other services, market research and consultation with stakeholders through a small number of interviews, a countywide event and surveys.

2.2 Stakeholder Consultation

Young People's Survey: The Survey questions focused upon what type of service young people prefer with only one question relating to the current service. There were 73 responses, 9 were from young people accessing the specialist Drug and Alcohol Service through the YOS.

None of the non YOS respondents reported that they had or that they knew of anyone who had been in contact with CASUS. Of the YOS respondents 5 rated it as very good, 3 as good and 1 as don't know.

A face to face service was consistently considered to be the preferred service model by the majority of respondents followed by telephone and then online contact. Also preferred was having one worker, contact at time and places that fit young people along with advice and information.

In terms of drug and alcohol services being offered alongside other services, 40 of the non YOS respondents thought this should with mental health services, 26 with stop smoking services and 23 with sexual health services. Of the YOS respondents the figures were 6 for mental health, 2 for sexual health and 6 for stop smoking services.

Professionals' Survey: 48 respondents completed the survey and 91% considered themselves to be professionals. Over 50% thought that the current service met the needs of young people and 64% thought that it met the needs of wider family. There were also comments praising the CASUS use of the AMBIT model.

In terms of the specialist drug and Alcohol workers being employed by the YOS or as part of the main Service working alongside the YOS staff the questions did not enable any conclusion to be drawn. However 47% thought that having a drug and alcohol service presence in the YOS was very good, although 34% of respondents answered that they did not know if it was advantageous.

With regard to interaction with other services there were mixed views with a total of 42 respondents providing additional comments. There was a strongly held view that was good joint working between the YOS and CASUS. Of the 48 respondents 23 said that the drug and alcohol treatment service should be more closely aligned with other services with mental health services being the most cited. It was observed that if mental health, sexual health and smoking cessation services were under one roof, it would reduce the taboo that young people might feel about accessing them as individual services.

There were also however reservations expressed about integrating services which included the view that drugs are normally only part of young people's problems and there was concern that too many professionals working with a young person could be overwhelming. Other respondents' feared integration could dilute specialisms and also not meet the needs adequately of young people who do not have multiple needs. It was observed that both mental health and substance misuse services have young people with high level needs and combining the services might focus on dual diagnosis to the detriment of young people who only have one diagnosis.

Stakeholder event: There 20 attendees who were professionals from a range of services working with young people. There was general support for the service overall and useful information was secured regarding service development. Again the attendees did not differentiate between whether the specialist drug and alcohol were employed by the YOS or CASUS. The important factor that clearly emerged was that staff from different organisations should work alongside each other to address holistically the complex needs of the young people in the YOS.

Summary Points form the Stakeholder Consultation:

- The majority of both professionals and YOS service users consider CASUS to offer a good service that addresses the needs of young people.
- It was not possible to identify from the questions and the responses from participants in the consultation whether the respondents were aware that the current specialist drug and alcohol staff are employed as part of the YOS. The focus in the responses was on the importance of having a close relationship between the YOS and Drug and Alcohol Services because of the advantages of working together to address the complex needs of young people in the YOS Service.
- Integration or close working relationship with other young people's services was generally considered to be an advantage by both young people and professionals. Although it was noted that a number of reservations were expressed by some professionals. A theme from a small number of interviews with key stakeholder professionals was that co-location must not be seen as universal panacea and it can result in complacency with a perception that it would automatically increase the effectiveness of services. It was observed that there will always be a need to refer in and out of services irrespective of how many agencies are together.
- The consultation provided useful information for ongoing service development and gaps especially in the area of prevention that stakeholders thought were missing in the current services provided in the area.

2.3 CASUS Service Model Delivery

A rapid review of the evidence base for young people's drug and alcohol services was undertaken. Staff from the Public Health Joint Commissioning Unit reviewed CASUS against the evidence presented in the review confirmed the current service model as meeting the evidence base for young person's drug and alcohol services.

The evidence review did find support for closer alignment of services but did not identify one particularly effective way of doing so; instead, it recommended that local services work effectively within the local health and care system and local context to deliver joined up and accessible services.

As CASUS is part of the Cambridgeshire and Peterborough Foundation Trust (Mental Health) (CPFT) there is easy access to any related mental health records and also pathways across to the wider CPFT health provision. The majority of young people requiring its services have mental health issues so this model ensures that both substance misuse and mental health issues can be addressed simultaneously. This enables CASUS to mitigate pressures upon CAMHs due to the early intervention work that it is able to undertake. In addition CASUS utilises the evidence based AMBIT (Adolescent Mentalization Based Integrative Therapy) model which is an integrated approach to working with the most hard to reach adolescents with complex mental health needs.

JCU staff also reviewed the current CASUS and YOS provision. This two service model

was found to have clinical governance and communication structures are in place. Whilst there are for two different cohorts of young people, the approach was found to be flexible and puts the needs of the young person at the centre. The in house YOS provision facilitates engagement with offenders as the specialist substance misuse workers understand the structures of youth justice. However the Treatment Services and Criminal Justice system have different approaches in relation to some aspects of data sharing and clinical governance.

The CASUS/YOS two service model was compared with other areas. Only three geographical areas were identified in the country with a similar model of delivery. Young people's drug and alcohol treatment services were found on the whole to have one integrated delivery model for young people's services. Any differences in performance and outcomes were not identified.

2.4 Performance Benchmarking

The National Drug Treatment Monitoring System (NDTMS) is the national system which collects information from drug and alcohol services about their treatment outcomes. However it does not compare and benchmark young people's drug and alcohol services. Consequently the ten comparator areas that are found in Children's Services Statistical Neighbour Benchmarking Tool (NSSNBT) on the Public Health England Fingertips website were used for the benchmarking exercise. <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133228/pat/6/par/E12000006/ati/102/are/E10000003/iid/92196/age/2/sex/4/nn/nn-3-E10000003>

The performance of the services in each of these comparator areas were taken from the NDTMS dataset and compared to the performance of the Cambridgeshire CASUS service which provided the following positive comparisons.

- Numbers in treatment: Casus has the second highest percentage of numbers in treatment amongst the comparator areas.
- Start and exit measures: Cambridgeshire has similar start and exit scores to the majority of its comparator areas (measures improvements in drug use levels, drinking patterns, happiness scores, anxiety scores).
- Planned exits: Amongst the comparator areas the average rate of planned exits is 83% which is the same as the Cambridgeshire rate. (A planned exit refers to a treatment exit completed in a planned way whereby the client is either drug free or an occasional user).
- Average length in treatment: The average length of treatment time in the CASUS service is 12 weeks. 50% of the comparator areas have the same average length of treatment. The other 50% of comparator areas have average treatment times of between 13 to 52 weeks.

2.5 Value for Money

For every £1 invested on young's people alcohol and drug intervention can bring benefits up to £6-8 per person that completes the treatment. However unlike adult treatment provision there is no nationally developed financial benchmarking tool for young people's treatment provision. The Public Health England Spend and Outcome Tool (SPOT) is not

for these services a robust tool for benchmarking.

However a crude analysis undertaken recently by the CCG indicates that spend per head on young people's services in general in Cambridgeshire is 0.43p which is a significantly smaller amount than the average national spend per head.

2.6 Options for a Preferred Delivery Model

The following are the three options that have been identified for delivering Young People's Drug and Alcohol Treatment Services in Cambridgeshire

Option 1: Maintain the current separate community young people's specialist drug and alcohol treatment service and Youth Offending Service (YOS) service model.

Option 2: Integrate the YOS provision into the community young people's specialist drug and alcohol treatment service

Option 3: Integrate the community young people's specialist drug and alcohol treatment service with other young people's health provision

Table 1 summarises the advantages and disadvantages of the different delivery model options.

Table 1: Summary of the Service Delivery Options

Service Delivery Model	Advantages	Disadvantages
Option 1: Maintain the current two service model of a separate community specialist drug and alcohol treatment service and Youth Offending Service (YOS) delivery model.	<ul style="list-style-type: none"> The overall CASUS model is well evidenced and benchmarks well in terms of outcomes. It has good pathways with other related services throughout the system. If the two service model is retained there is less risk of de-stabilising current provision and pathways. The two service model functions effectively as the specialist drug and alcohol staff understand the criminal justice system and the complex needs of the young people. 	<ul style="list-style-type: none"> Reduces potential for innovation and transformation. The stakeholder consultation found that amongst young people and stakeholders there was strong support for CASUS and the YOS working closely together. However it was not possible to say whether this view was dependent on there being a two service model. Currently the specialist drug and alcohol staff employed in the YOS have support from CASUS but are not subject to its clinical governance. Although there is data

		sharing there are some instances when different approaches are adopted to the sharing of information.
Option 2: Integrate the YOS provision into the community specialist drug and alcohol treatment service	<ul style="list-style-type: none"> • Opportunity to integrate with the main provider but maintain a dedicated, co-located resource in the YOS. • More efficient use of staffing resources. • Strengthened clinical governance and increased opportunities for the development staff skills. • Consistency of practice and workforce development across the whole substance misuse workforce. • The vast majority of young people's drug and alcohol treatment services across the country do not operate the two service model. No evidence from other services was found that indicated any difference in performance between integrated and non-integrated models. 	<ul style="list-style-type: none"> • Potential challenges with information sharing between the main treatment provider and YOS. • There is the potential to weaken the links and understanding by the treatment service of the criminal justice system. This could lead to a less holistic approach to meeting the multiple needs of young people in the YOS.
Option 3: Integrate the community specialist drug and alcohol treatment service with other young people's health provision	<ul style="list-style-type: none"> • Opportunity for innovation and transformation. • Opportunity to meet the multiple complex needs of young people within one service. • Increased alignment could increase the efficient use of resources. 	<ul style="list-style-type: none"> • Currently commissioning cycles for substance misuse and sexual health are not aligned. (Potential for alignment in the longer term) • Currently the integrated commissioning of children's and young people's services is being developed. It will be important that any new service works closely with

	<ul style="list-style-type: none"> • Consistent evidence based approach to addressing the holistic needs of young people • Aligns with the current focus on a strategic integrated approach service delivery. 	<p>this agenda to identify opportunities for alignment in the future.</p> <ul style="list-style-type: none"> • Some professionals expressed concerns about more integrated models as it has the potential to undermine specialist areas and dilute skills.
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2.7 Commissioning Options

Table 2 summarises the advantages and disadvantages of adopting the following two commissioning approaches.

- A competitive tender
- Establishing a Section 75 agreement with the current provider.

Table 2: Summary of Commissioning Approach Options

Commissioning Approach	Advantages	Disadvantages
Competitive Tender	<ul style="list-style-type: none"> • Provides an opportunity for innovation and transformation • Potential for securing cost efficiencies. 	<ul style="list-style-type: none"> • Procurement processes require resources in terms of staff time and specialist support. • An exemption for a contract extension would be required to allow time to undertake the procurement. • Potential for destabilizing the service provided to vulnerable service users during and after the procurement period. • Potential loss of a service that benchmarks well in terms of performance, cost and outcomes.

Section 75	<ul style="list-style-type: none"> • Removes risk of de-stabilising current provision and pathways. • Current service performs strongly and is well regarded. • The Service is based on a sound evidence base and meeting need. • There are effective pathways in place with related services in particular with mental health services. 	<ul style="list-style-type: none"> • A competitive tender is more likely to drive cost down • Innovation and transformation relies upon good effective partnership working.
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2.8 Summary of the Service Model and Commissioning Options

1. There are different types of evidence for the CASUS service model which includes effectiveness, quality, outcomes and support from different stakeholders that all indicate that it is a good service that meets the needs of its users. Although it is difficult to demonstrate that CASUS offers value for money we know that the treatment services for young people are cost saving.
2. Similarly there is substantial support from stakeholders for a close working relationship between the treatment and YOS services which strengthen the treatment intervention. However there is no substantial evidence that integrating the current specialist treatment workers into the mainstream treatment service would compromise the working relationship. This is also supported by the fact that nearly all of the rest of the country does not operate the two service model and no difference in outcomes between the two models was found.
3. The integration of the specialist workers into the main treatment service would strengthen clinical governance and encourage any outstanding information governance issues to be resolved.
4. There is evidence and strong support from stakeholders for more integrated working with related services. However this needs to be explored further in the context of the evolving integration of children's services. Any new service should be working with other services to develop options for closer alignment of services.
5. Although a competitive tender could drive down costs and is associated with innovation and transformation there are examples of collaborative partnership working between

commissioners and providers that has produced robust innovative cost effective services.

6. Services that are complex and depend on close working relationships with related services can take time to develop and embed into local systems. Frequent competitive processes can destabilize services as resources are diverted into the procurement process.
7. Tenders are costly in themselves in terms of the resources that are required to undertake them.

3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

3.1 Developing the local economy for the benefit of all

The report above sets out the implications for this priority in 1.5 and the Appendix

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraph 1.5, 1.6, 2.3 and the Appendix

3.3 Supporting and protecting vulnerable people

The report above sets out the implications for this priority in paragraph 1.5, 1.6, 2.3 and the Appendix

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out implications for resources in details of significant implications in 1.5

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The report above sets out implications for Procurement/Contractual/Council Contract Procedure Rules Implications in details of significant implications in 2.3

The Cambridgeshire and Peterborough Joint Commissioning Board has been asked to approve the proposal.

4.3 Statutory, Legal and Risk Implications

The report above sets out implications for Statutory, Legal and Risk implications in details of significant implications in 1.2, 1.3, and 2.3

4.4 Equality and Diversity Implications

The report above sets out implications for Equality and Diversity implications in details of significant implications in 2.3 and the Appendix

4.5 Engagement and Communications Implications

The report above sets out implications for engagement and communications implications in details of significant implications in 2.3

4.6 Localism and Local Member Involvement

The report above sets out implications for Localism and Local Member Involvement implications in details of significant implications in 2.3

4.7 Public Health Implications

The report above sets out implications for Public Health implications in details of significant implications in 1.2, 1.4, 1.5, 2.3 and the Appendix

The following bullet points set out details of other significant implications identified by officers:

- Failure to provide effective young people's drug and alcohol treatment services will increase the risk of significant poor health and social outcomes for those affected.
- Patterns of alcohol and drug use have changed in recent years and different types of interventions and integrated models are required if treatment and management of all associated needs are to be effective.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Clare Andrews
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Allis Karim
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin

Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Dr Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Dr Liz Robin

Source Documents	Location
<i>Cambridgeshire Drugs and Alcohol Joint Strategic Needs Assessment</i>	http://www.cambridgeshireinsight.org.uk/jsna
<i>National Drugs Strategy 2017, Home Office</i>	https://www.gov.uk/government/publications/drug-strategy-2017
<i>Public Health England: Guidance Alcohol and drug prevention, treatment and recovery: why invest? 2018</i>	https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
<i>Young People's Drug and Alcohol Treatment Services Rapid Evidence Review (CCC and PCC Public Health 2018)</i>	..\\..\\Public Health JCU DASH\\TENDER EXERCISES\\Young Persons re-tender 2018-19\\evidence review\\Childrens DA Evidence Review 180615.docx

