

Memorandum of Understanding between DCSF and NTA on Young People's Specialist Substance Misuse Treatment FINAL

**Memorandum of Understanding
between
Department for Children, Schools and Families and
National Treatment Agency for Substance Misuse
On Young People's Specialist Substance Misuse Treatment
September 2008**

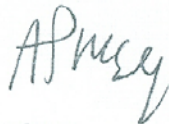
Preface

The Department for Children, Schools and Families (DCSF) and the National Treatment Agency for Substance Misuse (NTA) developed a Memorandum of Understanding in May 2007 to set out their commitment to work in partnership to achieve the common goal of ensuring that every young person in England has access to high quality specialist substance misuse treatment provision when they need it.

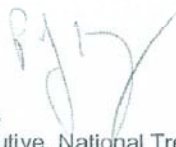
This Memorandum of Understanding (MoU) has now been refreshed in order to reflect key strategic documents that have been launched since the first MoU was developed, namely the 10 year drug strategy, *Drugs: Protecting families and communities* (Feb 2008), an updated version of PSA 14, *Increase the numbers of children and young people on the path to success* (April 2008), the alcohol strategy, *Safe. Sensible. Social.* (June 2007), PSA 25, *Reduce the harm caused by alcohol and drugs* (October 2007), the Children's Plan (December 2007) and the Youth Alcohol Action Plan (June 2008).

The overall aim of the agreement between DCSF and NTA is to ensure that through partnership working with local authorities, Primary Care Trusts, Government Offices and other key stakeholders, we deliver substantial improvements in the effectiveness, quality and accessibility of young people's substance misuse treatment systems across England, and ensure that these services are commissioned and delivered within an integrated children's services framework.

Signatories to the Agreement



Andrew McCully
Director, Department for Children, Schools and Families



Paul Hayes
Chief Executive, National Treatment Agency

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Vision:

Our vision is that every young person (aged under 18) in England should have access to specialist substance misuse treatment provision when they need it. This specialist treatment provision should be effective, of high quality, and aim to address young people's needs. Local delivery of young people's specialist substance misuse treatment should be integrated into broader children and young people's services provision; with planning and commissioning an integral part of joint strategic needs assessments, Children's Trusts and Children and Young People's Plans; and delivery integrated within plans for targeted youth support for vulnerable young people.

Context:

The Government's Drug Strategy and the Youth Alcohol Action Plan, support the ambition set out in PSA 14, to reduce the number of young people misusing drugs, alcohol and volatile substances (glue, gas and solvents) and to reduce the harm caused to children and young people by either their own or a parent's substance misuse.

The DCSF Children's Plan highlights, in section 6.56, the cross-cutting need for children's partnerships, "to improve the quality and coverage of specialist drug treatment for the young people who experience the most serious harm from drugs, building on progress to date".

The relevant key aims of the Drug Strategy are to mainstream prevention into the wider children's services agenda; to shift the focus of intervention to an earlier point by working with families at risk rather than waiting for drug problems to start; and to allow areas the freedom to develop a needs-led local approach, whilst ensuring that there is quality treatment provision for all under 18s who need it.

PSA 14 sets out in more detail how local areas should best approach reducing young people's substance misuse, alongside other linked issues for young people. In relation to young people's treatment, this must be considered in tandem with PSA 25, which states that: "Government will work to ensure that there is sufficient capacity in the system, both for those referred to treatment via the Criminal Justice System (CJS) and for those who self refer, to ensure we intervene early and appropriately with priority groups such as prisoners, young people and drug users who are parents. Treatment provision includes harm reduction, medical and psycho-social drugs treatment."

This will be supported by the following main delivery levers:

- NI 40, the effective treatment indicator in PSA 25, which also applies to young people under 18 using opiates or crack, and NI 115 which relates to reducing young people's substance misuse;
- Performance management of Local Strategic Partnerships by Government Offices against designated targets negotiated in Local Area Agreements;

- Performance management of Primary Care Trusts by Strategic Health Authorities against indicators in local PCT delivery plans; and
- Work with regional government office and regional NTA staff to address sustained poor performance where remedial action is thought to be required.

Supported by assurance of local drug partnership plans via a process of annual agreements and quarterly reviews by the NTA. The publication of monthly performance management information through the National Drug Treatment Monitoring System (NDTMS), the provision of dedicated resources via a joint Department of Health and Ministry of Justice pooled treatment budget and independent assessment and review by the Healthcare Commission, Commission for Social Care Inspection, and the Audit Commission.

DCSF and NTA have agreed that this Memorandum of Understanding is in place to ensure closer working at national, regional and local level, with the aim of providing specialist support and challenge to Children's Trusts, local authorities and PCTs involved in the commissioning and delivery of specialist substance misuse treatment for under 18s.

Roles and responsibilities

DCSF

DCSF have the policy lead on young people and substance misuse across Government, to include drugs, alcohol and volatile substances and specialist substance misuse treatment for under 18s.

National

1. Drive delivery of reductions in young people's substance misuse through PSA 14, the drug and alcohol strategies, the Youth Alcohol Action Plan and the relevant indicators in the National Indicator Set.
2. Be the principal link to Ministers with regards to priorities and actions on young people and substance misuse, and will work alongside Department of Health and Home Office in the Official and Ministerial accountability reviews of the NTA.

Regional

3. Ensure that relevant regional Government Office staff are involved in work to challenge poorly performing areas and support improvements in treatment provision as part of the wider delivery of children and young people's services.
4. Ensure that the implementation of Targeted Youth Support fully reflects the need for integration with specialist substance misuse treatment systems.

NTA

NTA will lead a process of delivery support and advice to assist local partnerships to identify their local need for young people's treatment and the services and systems they need to deliver it as part of the children's planning process. To fulfil this obligation the NTA will undertake the activities below:

National

1. Develop a range of guidance on the types of treatment likely to be most effective with young people, based on evidence and a clear definition of treatment, intended to improve clinical governance and the provision of treatment services. This includes:
 - a) Needs analysis and commissioning guidance – developed for local partnerships to assist in the needs assessment process for young people's treatment, as part of the wider planning and commissioning of children's services, with clear care/referral pathways, service level agreements; examples of effective commissioning and descriptions of the treatment system;
 - b) Prescribing guidance - that is consistent with the Department of Health's clinical management guidelines; and
 - c) Strategic planning guidance – to assist local partnerships in integrating substance misuse planning processes with broader children and young people's planning.
2. To drive forward all relevant actions from the Drug Strategy and the Youth Alcohol Action Plan through delivery of NTA Business Plan.
3. To provide data, such as regular NDTMS reports and summaries of progress in the treatment planning process, and support to DCSF officials as required regarding policy development.

Regional

4. NTA regional teams will work with partners at a regional level, including Regional Improvement and Efficiency leads, DCSF and other relevant staff in Government Offices and at regional level (e.g. YJB), to ensure that policies and guidance relating to young people's specialist substance misuse treatment are integrated into the Children and Young People's agenda.
5. Between June and September 2008, NTA regional teams will provide support to local partnerships in order to ensure that the demand for young people's specialist substance misuse treatment, as identified in local needs assessments, is reflected and integrated into local Children and Young People's Plans. This should include the various elements as set out in DCSF commissioning guidance.
6. NTA will provide local partnerships with monthly data on young people's treatment from the National Drug Treatment Monitoring System (NDTMS). This will enable NTA regional teams to work with partnerships to review progress against plans at their regular quarterly meetings.
7. Sustained poor performance, where remedial action is thought to be required, will be reported back to DCSF and local partners.

This programme of work forms part of the NTA's business plan as agreed between the NTA and the Department for Health, Home Office and DCSF. Progress will be reported to Accountability Reviews convened by the sponsoring departments.

Joint Action by DCSF and NTA

This Memorandum of Understanding, in conjunction with the three year action plan in the Drug Strategy and the NTA 3 year business plan, will form the basis of a joint work plan that NTA and DCSF will regularly review progress against, in addition to a summary of National Drug Treatment Monitoring System (NDTMS) quarterly reports.