NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 JUNE 2010

Scrutiny of Drugs and Alcohol Action Team

1. At your last meeting you added the work of the Drugs and Alcohol Action Team (DAAT) to your work programme. The DAAT comprises a multi-agency partnership arrangement overseen by the DAAT Board. It is responsible for delivering drugs and alcohol services in the county area.

2. Seamus, who is now Chair of the DAAT Board, will take the lead on this issue at the meeting. He will cover the nature and scale of substance abuse in the county and what the DAAT does to meet those challenges. He will highlight the concerns that have been raised and the following local drivers for change:

   - Under performance and under spend year on year;
   - Lack of local needs assessment;
   - Lack of user, carer, service provider engagement;
   - Concerns about governance and accountability;
   - Concerns about commissioning approach;
   - Missed opportunities for closer joint working with eg. NYSP, Safer Communities Forum, CYPSP, CDRPs;
   - Pressures on (shared) DAT support team;
   - Impending significant changes in Partnership Board membership.

3. These concerns were highlighted in an independent review carried out at the end of last year. The review is attached.

4. The Chairman’s view is that the significant concerns raised within it bring into question how well the community is being served by the current arrangement.

5. The Committee is invited to take a view on the level of involvement it would wish to have. One aim might be to seek reassurance and evidence that the 30 recommendations that emerged from this review are acknowledged and owned by the DAAT Board and that progress, according to the timescale outlined, is maintained.

6. These might be the “short term” objectives of any review, for the medium to long term it could be the Committee consider broader more thematic concerns around the balance of activity between drugs awareness and

treatment and alcohol misuse, which is seen by many as the more urgent and wider problem for North Yorkshire.

7. Because of this cross cutting community aspect, your Chairman has invited two other Chairmen of scrutiny committees, Cllrs Liz Casling and David Jeffels.

8. In recognition of the conclusion in the review report that service involvement is an underdeveloped area, your Chairman has invited representatives of the provider organisations in the county area.

HUGH WILLIAMSON
Head of Scrutiny and Corporate Performance

County Hall
NORTHALLERTON

25 June 2010

Background Documents: None

Strategic review and assessment of the North Yorkshire Drug and Alcohol Action Team Partnership Board

Final draft report (1)

12th September 2009

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Summary and key points

1 Local context and purpose of the strategic review

A Drug Action Team (DAT) is the formal partnership responsible for delivering the local implementation of the National Drugs Strategy. A DAT partnership combines representatives from Local Authorities (education, social services, and housing) health, police, probation, the prison service and the voluntary sector.

In North Yorkshire, the formal partnership is the North Yorkshire Drug and Alcohol Action Team Partnership Board, the NYDAAT Board. As it's name implies, this partnership has taken the decision to oversee the wider substance misuse agenda including drugs and alcohol. The NYDAAT Board is supported by a Joint Commissioning Group (JCG). The North Yorkshire and York DAT support team is the team of employed 'officers' who support the formal NYDAAT partnership board and JCG. A chart is given as appendix 8 to depict in simple terms the current formal links between the North Yorkshire DAAT Board and related committees.

This report has been prepared in response to the North Yorkshire Drug and Alcohol Action Team Partnership Board's requirement to address local performance issues. The local drivers for change that were highlighted included:

- Continued under performance on key national DAT targets, as well as year-on-year budget under-spend;
- Lack of comprehensive local needs assessment to underpin service planning and performance monitoring;
- Recommendations from the 2007/08 Health Care Commission improvement review (including changes to Partnership Board structures and processes);
- Requirement for systematic user and carer input to the work of the NYDAAT Partnership Board and JCG;
- Requirement for (and concerns about) systematic service provider engagement at NYDAAT Partnership Board and JCG;
- Future risks looming in the absence of clear commissioning and performance frameworks systematically applied across the range of NYDAAT work;
- The requirement for clearer 'governance' arrangements across and between key committees to ensure transparency and accountability;
- Lack of effective relationships with the CDRPs;
- Missed opportunities for closer working with the North Yorkshire LSP and the Safer Communities forum;
- Pressures on the DAT team, it being shared across North Yorkshire and York, working with several County Wide organisations, seven district authorities and the City of York unitary authority (now with its own JCG), leading to concerns about efficiency and effectiveness;
- Impending significant changes in Partnership Board membership.

2 Approach to the review

The review has engaged with a range of local professionals and stakeholders and has drawn on recent local work. A stakeholder workshop is planned to discuss and take forward the outputs from the review.

The methodology for the review comprised:

- Documentary analysis – referring to local and national material;
- Discussions with individuals and groups, with structured questions around the themes identified in the terms of reference;
- Collation and consideration of the key issues that arose from the analysis and discussion;
- The preparation and presentation of this report including clear recommendations and early steps for an action plan.

This review briefly refers to a range of national policy and guidance that is specific to commissioning drug services and that sets the context for the commissioning of such services. This national guidance includes, for example, work by the National Treatment Agency and Health Care Commission on improving DAT commissioning and systems management and the Home Office guidance on closer working between DATs and Crime and Disorder Reduction Partnerships (CDRPs) and Local Strategic Partnerships (LSPs).

3 Local position and findings

This report provides an overview of the facts and figures as described in reports and discussions, and of the local views and opinions expressed in one-to-one and small group discussions undertaken as part of the review. Appendices to the report provide additional details of these engagement processes.

North Yorkshire has a geographical coverage of 3,200 square miles and a population of 595,000. Nationally derived statistics[1] estimate that there are 2,196 adult problem drug users in North Yorkshire. There is a gap at local level in the systematic needs assessment work that is required to understand the detail behind these figures, identify the local challenges posed and inform the required work programme.

There is a great deal of work going on across North Yorkshire to improve the commissioning and provision of drugs services. However, systems and processes to lead, co-ordinate and focus this activity are lacking. At a strategic level, there is potential to better develop opportunities to work effectively in partnership across shared agendas. Proposals to work towards improved strategic alliances are included in the recommendations.

Engagement of service users and carers and of service providers is patchy. There is no shortage of local ideas for systematic engagement; these ideas inform the recommendations for sub-groups, stakeholder events and consistent joint working.

The business processes supporting the work of the NYDAAT Board and its associated Joint Commissioning Group (JCG) are in need of a 'refresh.' During the course of the review there were many suggestions about improvements

[1] The 'Glasgow prevalence' referring to users of opiates and/or crack cocaine aged between 15 and 64; 2006/07 'smoothed' figures provided by the National Treatment Agency.

that could be made, for example, changes to committee terms of reference, membership, accountability and governance arrangements to bring things in line with the systems and processes of associated committees and groups. These suggestions inform the recommendations of the review.

The support needs of the NYDAAT Board and its sub-committees were considered as part of this review. National guidance on DAT support team roles is presented and cross referenced with current local arrangements. This information and the views expressed in the discussions highlighted areas of support that need to be strengthened. These are identified in some detail in the recommendations.

4 Moving forward

As the outcome of this review, 30 recommendations are proposed to support the development of both the strategic and operational work of the North Yorkshire DAAT, through effective partnership working and optimum use of skills and other local resources. The recommendations arise from the synthesis of national guidance, existing local good practice and the views and ideas that arose in the discussions during the review.

The recommendations are in many cases inter-related. They are presented by theme in section 5 of the main report, initially focusing on actions for the NYDAAT Board, the JCG and associated task groups and committees and then on the support needs of the NYDAAT Board. The same recommendations are then presented according to timescale and lead in tabular form in section 6.

Closer alignment between the NYDAAT Board and the North Yorkshire Local Strategic Partnership (NYSP) and the Safer Communities Forum would underpin improved joint working towards the achievement of better outcomes for service users and wider communities and improved accountability of the NYDAAT Board to local partner agencies. This desired closer alignment is depicted in a chart at appendix 14. Alongside this, the support needs of the NYDAAT Board have been considered to deliver against the stated strategic direction, in the form of, for example, a clear and purposeful work programme.

The report will now be considered by the NYDAAT Partnership Board and the Joint Commissioning Group as a basis for moving forward. It is intended to share outputs from the review, in the form of this report and associated presentation material, at a stakeholder workshop in September to build on and develop joint working in implementing the recommendations.

1 Introduction and background

1.1 Terms of reference for the review

The strategic review and assessment of the current functioning of the North Yorkshire Drug and Alcohol Action Team Partnership Board was commissioned in June 2009.

The purpose of the review was to provide North Yorkshire Drug and Alcohol Action Team Partnership Board with a clear set of recommendations on the changes and improvements that are required to existing arrangements for the Board and its support functions to work more effectively and efficiently to achieve best outcomes for service users, their families and the wider community in North Yorkshire.

The terms of reference are summarised below and given in full at appendix 1.

'The North Yorkshire Drug and Alcohol Action Team Partnership Board has commissioned WSP to undertake a full and objective review to enable the Partnership Board to work more effectively and efficiently. This review comprises:

- *Partnership Board terms of reference, membership and work programme;*
- *Relationships between the Partnership Board and associated groups, strategic partnerships and key regional stakeholders;*
- *Relationships between the Partnership Board and users and carers and service providers;*
- *The support needs of the Partnership Board to ensure the successful delivery of the agreed work programme.*

A full written report will be presented to the Partnership Board.'

1.2 What is a Drug Action Team?

The Drug Action Team (DAT) is the formal partnership responsible for delivering the local implementation of the updated National Drugs Strategy (NDS). A DAT combines representatives from local authorities (education, social services, and housing) health, police, probation, the prison service and the voluntary sector.

Where a DAT has taken the decision to address the drugs and alcohol agenda locally, they may have re-badged themselves as a Drug and Alcohol Action Team (DAAT).

In the guidance and literature, the term DAT is used to indicate both the *formal partnership* (usually a DAT partnership Board comprising representatives of the relevant organisations) and the DAT *team* (the 'officers' employed and hosted by one organisation to take forward the day-to-day DAT work).

The DAT Partnership Board is responsible for local implementation of national guidance; the DAT support team essentially carries out work on behalf of the formal partnership.

1.3 Local context for the North Yorkshire DAAT Partnership Board and the North Yorkshire and York DAT Support Team

In North Yorkshire, the formal partnership is the North Yorkshire Drug and Alcohol Action Team Partnership Board, the NYDAAT Board. As it's name implies, this

partnership has taken the decision to oversee the wider substance misuse agenda including drugs and alcohol. This formal partnership is referred to in this review report as the NYDAAT Board.

The NYDAAT Board is supported by a small team, the North Yorkshire and York DAT support team. As it's name implies, the DAT support team works across North Yorkshire and the City of York. It covers drugs but not alcohol. In this review report this officer team is referred to as the DAT support team.

The North Yorkshire DAAT Partnership Board has recognised the continued inability to address the historic underperformance, which has led to this review. Key factors causing concern and emerging as drivers for change were identified during the course of the review. The local drivers for change highlighted included:

- Continued under performance on key national DAT targets, as well as year-on-year budget under-spend;
- Lack of comprehensive local needs assessment to underpin service planning and performance monitoring;
- Recommendations from the 2007/08 Health Care Commission improvement review (including changes to Partnership Board structures and processes);
- Requirement for systematic user and carer input to the work of the NYDAAT Partnership Board and JCG;
- Requirement for (and concerns about) systematic service provider engagement at NYDAAT Board and JCG;
- Future risks looming in the absence of clear commissioning and performance frameworks systematically applied across the range of NYDAAT work;
- The requirement for clearer 'governance' arrangements across and between key committees to ensure transparency and accountability;
- Lack of effective relationships with the CDRPs;
- Missed opportunities for closer working with the North Yorkshire LSP and the Safer Communities forum;
- Pressures on the DAT team, it being shared across North Yorkshire and York, working with several County Wide organisations, seven district authorities and the City of York unitary authority (now with its own JCG), leading to concerns about efficiency and effectiveness
- Impending, significant changes in Partnership Board membership.

1.4 Approach to the review

The methodology for the review comprised:

- Documentary analysis – referring to local and national material;
- Discussions with individuals and groups, with structured questions around the themes identified in the terms of reference;
- Collation and consideration of the key issues that arose from the analysis and discussion;
- The preparation and presentation of this report including clear recommendations and early steps for an action plan.

2 National context – roles and functions of Drug Action Teams and associated formal partnerships

More detailed information about a DAT is given in appendix 2, including a table summarising the performance framework for DATs. This section refers to the national context of DATs; hence the term DAT (rather than DAAT) is used.

2.1 What is a DAT and what does it do?

Drug Action Teams (DATs) are the partnerships responsible for delivering the local implementation of the updated National Drugs Strategy (NDS). They combine representatives from local authorities (education, social services, and housing) health, police, probation, the prison service and the voluntary sector. The current NDS was published in 2008 and is reviewed annually.

The DAT Board ensures that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. DATs take strategic decisions on expenditure and service delivery to meet the four areas of the National Drugs Strategy – treatment, young people, communities and supply.

The work of the DAT Board therefore covers these main areas;

Commissioning services

The DAT is responsible for the process of commissioning appropriate services, based on identified needs and service quality and effective services.

Monitoring and reporting on the performance framework

The performance framework for DATs is well developed (compared to many health and social care based service performance frameworks) and is based on recognised good practice for the delivery of strategic needs led outcome based commissioning. Service providers in this area are familiar with the changing requirements to provide evidence of the outcomes for service users.

Communicating and consulting with stakeholders

DATs are required to develop and maintain effective ways of communicating and consulting with all stakeholders, particularly service users to ensure that appropriate and effective services continue to be commissioned.

Useful pointers on what a DAT should be achieving are set out in inspection guidance, the key headings and content are;

- Auditing local need, specifically methods and approaches to interpreting and applying data and information;
- Reducing supply, specifically methods of analysis of data, and the development of strategies;
- Communities, specifically methods to understand and interpret information about drug use in the local community;
- Treatment, specifically methods to understand and interpret information about the impact of treatment services on drug misuse;
- Working with local Children and Young Peoples Strategic Partnerships (CYPSPs) / Children's Trusts to support their work, specifically on transitional arrangements and in safeguarding the children of substance misusing parents;

- Producing a local strategy, specifically setting the expected configuration.

The DAT Board is supported by a Joint Commissioning Group (JCG) or similar (more about the JCG below, section 4.2.2) and by a DAT support team.

2.2 What is a DAT support team and what does it do?

The work of the DAT Board is carried out by the DAT support team on a day-to-day basis. The role of the DAT support team is to put into operation the DAT Board's strategic intent in line with the direction set out by the JCG, working within national guidelines and requirements. The DAT support team is a dedicated resource for the DAT board and the associated JCG, with knowledge and expertise about national and local drug services issues. It is the main point of contact between the DAT Board / JCG and external stakeholders, including service providers, service users and carers, partner organisations and regional and national inspection and monitoring bodies.

Based on NTA guidance and referred to again alongside figure 1, section 3.2, below, the core tasks of the DAT support team may be summarised as:

- To map local need;
- Service planning;
- Commissioning and service development;
- Performance monitoring/management and quality assurance;
- Financial management;
- Information management, including liaison and consultation;
- Progress reporting.

To undertake this range of functions effectively, a DAT support team would need to include posts to cover the following:

Commissioning lead, with necessary support according to the range of services commissioned and the number of providers and geography of the area covered. This post holder would lead on needs assessment, preparation of the treatment plan, contract management and performance monitoring, working with other colleagues from the DAT support team and from the Local Authority and PCT commissioning and public health teams.

Service development lead, for example to include Models of Care work. This post holder would link into national and local service development work (e.g. with the NTA and with local PCT and Local Authority) and would typically lead on engaging service providers to inform the development work of the DAT Board/JCG.

User and carer engagement lead, to work with service users and with carers, their representatives and the wider community to ensure that the work of the DAT Board and the JCG is underpinned by service user and carer views. This post holder would link with and seek to influence wider user and carer work, for example through established Local Authority, PCT, Probation, Police, LSP and CDRP community and service user/carer engagement programmes.

Criminal justice lead, for example to include Drug Intervention Programme (DIP) work. This post holder would link with national and local criminal justice work, including liasing with probation and police and working with the criminal justice steering group. Where appropriate, the post holder would link into the prison agenda locally.

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Performance analyst. This post holder would be responsible for data quality and performance figures with a key role in the needs analysis work, in pulling together quantitative information for the development and monitoring of the treatment plan and in performance management reports. The post holder would link into other national and local data sources, for example the Joint Strategic Needs analysis, public health observatory work and local crime and disorder statistical analysis.

Administrative support, to maintain a wide range of administrative systems for the DAT Board, JCG, DAT support team and usually to act as the first point of contact for all stakeholders and inquirers.

Specific local commissioning leads. Based on the local needs analysis, DAT support teams will include lead officers for locally identified service user groups. This may be, for example, integration and equality lead, prison service lead etc.

To meet the range of functions, DAT support team posts are configured locally; there is no 'blue-print.' In line with local service needs, with local partnership arrangements and with available resources (including money and skills), posts can be combined, can be full-time or part-time, filled by secondees and/or shared through formal arrangements (e.g. with LSP or 'Safer' partnership support teams.) The organisation and management of the DAT support team, e.g. hosting arrangements and line management arrangements, is for local determination.

2.3 Funding and relationships with the National Treatment Agency (NTA)

DATs are responsible for using available funding to commission services from NHS and voluntary sector organisations. The National Treatment Agency (NTA) is a special health authority, established in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England. To do this the NTA concentrates on:

- Ensuring that the national Pooled Treatment Budget (in 2009/10 the total national allocation is £406m of which £381.3m is for adult treatment) is spent on running and developing effective, well-managed and appropriate drug treatment services, based on assessed local needs;
- Promoting best practice in drug treatment; and
- Improving the performance and availability of drug treatment workers.

The NTA Models of Care for the Treatment of Adult Drug Misusers (NTA, 2002, 2005, 2006) is the national framework for the commissioning of adult substance misuse treatment within the scope of 'Drug Misuse & Dependence; Guidelines on clinical management (2007)'. Through a network of nine regional teams, the NTA provides guidance and support and monitors the performance of DATs to ensure that they are able to provide drug misusers with a full range of services. This would typically include access to advice and information, needle exchanges, structured psychosocial interventions, community based prescribing, inpatient detoxification and residential rehabilitation and promoting the recovery and reintegration of drug misusers to enable them to leave treatment. Alongside quantitative measures, qualitative issues are considered, including effectively treating more people every year, providing appropriate services to the diverse range of people who need treatment, reducing waiting times for treatment and recruiting and training more staff to run services.

Underpinning the commissioning of effective drug services is comprehensive needs assessment. The NTA provides guidance and significant data resources for DATs on this. The requirement for the completion of Joint Strategic Needs Assessments jointly

by PCTs and Local Authorities is a significant context for DATs in the completion of audits of local need.

2.4 Crime and Disorder Reduction Partnerships

There is a duty for the Responsible Authorities (local authorities, police authorities, fire authorities and Primary Care Trusts) to work with other agencies, organisations and in partnerships to undertake audits and to develop and implement strategies to tackle crime and disorder and substance misuse in their area. The overarching partnership (usually) formed locally to do this is the Crime and Disorder Reduction Partnership (CDRP). Each Local Authority area has a CDRP, hence in a two-tier authority there are CDRP arrangements at both county and district level. More information about CDRPs in given in appendix 3.

2.5 Local Strategic Partnerships

The Comprehensive Area Assessment (CAA) is the national framework of service delivery and performance required of Local Authorities and their partner agencies. The Local Strategic Partnership (LSP) is the community engagement arrangement, decision making and accountability structure that brings together a range of statutory and local voluntary sector agencies to ensure appropriate services for communities. Each Local Authority area has an LSP, hence in a two-tier authority, there are LSP arrangements at both county and district level.

2.6 The wider commissioning context

Alongside the need to contribute to the delivery of LSP and CDRP work and other strategic partnerships, (such as the local CYPSP/Children's Trusts, with whom they have a shared responsibility around issues such as transitional arrangements for Young People moving to adult services at 18 and on the 'Hidden Harm' agenda i.e. safeguarding children of substance misusing parents), DATs operate in the wider context of their partner organisations. Congruency is expected between DAT commissioning decisions and other 'authority wide' approaches to commissioning and service delivery. The work of the DAT, for example, is set in the context of current policy for local authorities, such as the personalisation agenda and of primary care trusts, such as the aims and objectives of the World Class Commissioning agenda.

3 Identifying and meeting good practice standards

3.1 Meeting good practice standards

The NYDAAT Board wish to work more effectively and efficiently to achieve best outcomes for service users, their families and the wider community in North Yorkshire, as set out in the terms of reference for the review. This approach will be informed by the policy context, set out above and by recognised 'good practice'

Each Drug Action Team partnership has to determine the arrangements that best suit its local circumstances. There are no 'models of best practice' promoted by the national agencies. There are, however, a number of sources to draw on.

3.2 National report 'Commissioning Drug Treatment and harm reduction services' (NTA/HCC 2006)

The National Treatment Agency and (former) Health Care Commission conducted themed reviews that identify key findings and provide benchmarks. The NTA/HCC report 'Commissioning Drug Treatment and harm reduction services' (2006) is of particular relevance. This report provides a framework for the assessment of commissioning and system management arrangements. This framework is reproduced below as figure 1.

As illustrated, this model advocates a step-wise approach to commissioning and systems management, encompassing effective strategic partnerships, needs assessment, adoption of National Frameworks, best practice in contract and performance management and purposeful, informed commissioning. The full report gives more detail about each standard, which would enable a partnership to self assess.

3.3 Crime and Disorder Reduction Partnerships

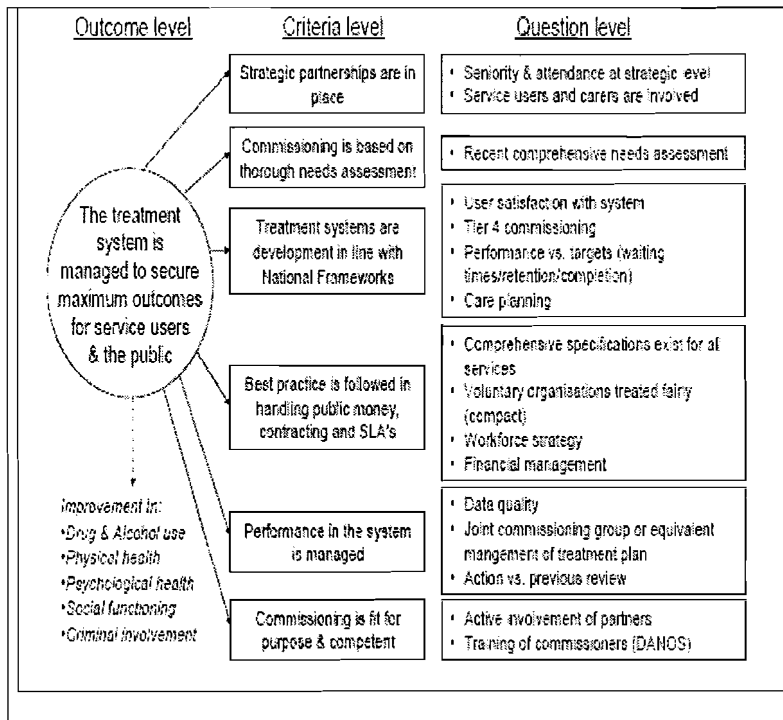
CDRPs are established to enable joint working to undertake audits and to develop and implement strategies to tackle crime and disorder and substance misuse in their area. This agenda is closely aligned to the DAT agenda. There are seven CDRPs in North Yorkshire.

The Home Office promote closer joint working between DATs and CDRPs. In many areas the DAT partnership board and the CDRP board operate as one body. Home office guidance in November 2003 on integration between DATs and CDRPs referred to options in two-tier authorities. In recognising that integration is not always the feasible option, the guidance observed that DATs and CDRPs should aim towards joint structures, for example:

have a joint performance and accountability structure - for example, all new groups should have clear terms of reference, a structural map should be drawn up which clearly identifies responsibilities and accountability lines. There should be a clear and consistent monitoring structure in place for all plans, including the use of timelines and milestones. This will be more difficult for DATs and CDRPs in two-tier authorities, but a joint accountability structure should be considered, for example to ensure joint accountability for local crime and disorder and drugs audits.

Source: http://www.crimereduction.homeoffice.gov.uk/integration.htm

Figure 1 – Commissioning and systems management[2]



3.4 Models elsewhere

During the course of researching DA(A)T Board arrangements elsewhere and drawing on previous experience it is clear that there has been significant movement toward integration of local DA(A)T programmes and organisational arrangements with corresponding CDRP arrangements, under the 'community safety' banner. Members of the NYDAAT Partnership Board referred to this, as does national policy and guidance. The level and form of joint working and integration varies.

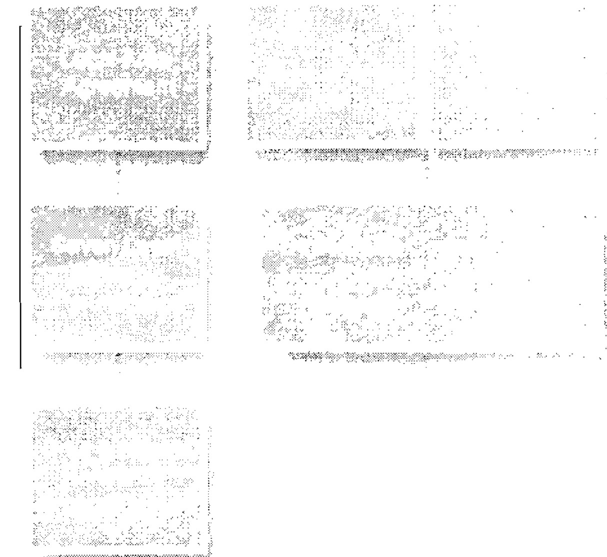
[2] Source: NTA/HCC report, Commissioning and Systems Management (2006) http://www.nta.nhs.uk/areas/standards_and_inspections/2006-07_review/key_messages.aspx http://www.nta.nhs.uk/areas/standards_and_inspections/2006-07_review/docs/Healthcare%20Commission_NTA%202006_7%20service%20review_commissioning%20&%20harm%20reduction.pdf

There are many examples of CDRP/DAT Board integration as a Community Safety Partnership. Equally valid are the examples of integration and closer joint working built on the combining of 'back-office' and support arrangements, the combining of local intelligence from different authorities to support the ongoing needs analysis and the practical sharing of information (within confidentiality agreements) about incidents where multiple issues arise, for example crime, drugs and domestic violence.

During the course of the review, references were made to the Nottinghamshire DAAT model, as an example of a high performing DAAT in similar (but not the same) circumstances as North Yorkshire. Nottinghamshire is a two-tier authority, facing the challenge of working with a range of local and county-wide organisations to develop and deliver effective drug and alcohol services, alongside a partner unitary authority.

The Nottinghamshire DAAT has located itself in the wider Nottinghamshire Partnership, reproduced below as figure 2.

Figure 2 – Nottinghamshire County DAAT in wider partnership model[3]



[3] Source; Nottinghamshire DAAT website http://www.nottscountydaat.co.uk/index.htm Accessed: July 2009

In Nottinghamshire, relevant, formal partnerships are set in a framework of 'Drugs, Crime and Community Partnership'. There is an alignment between the DAAT and the Community Safety Partnership (part of the LSP.) Drug and Alcohol Local reference groups support the district-wide CDRPs. This is one model of developing local engagement and strategic alignment.

4 Current position – facts as presented

Using the North Yorkshire DAAT Partnership Board as the start point, this section sets out the background *facts* of the key groups in North Yorkshire and explores the current inter-relationships. It also includes the background facts of the North Yorkshire and York DAT support team.

This section is followed by a summary of the *views* about the current position as expressed by stakeholders, including views about how to effect improvement.

4.1 Drug services funding and activity in North Yorkshire

North Yorkshire has a geographical coverage of 3,200 square miles and a population of 595,000. HMP Northallerton provides services for Young Offenders.

Nationally derived statistics estimate that there are 2196 adult problem drug users in North Yorkshire (the 'Glasgow prevalence' referring to users of opiates and/or crack cocaine aged between 15 and 64; 2006/07 'smoothed' figures provided by NTA)

The NTA 2008/09 data set data set shows 1119 'Problem Drug Users' (PDUs) in effective treatment that year; the North Yorkshire target for 2008/9 was to engage 1146 PDUs in effective treatment.

The 2009/10 North Yorkshire DAAT Treatment Plan (based on 2007/08 out-turn) refers to:

- 69% treatment penetration levels;
- A decrease in the number of clients in treatment or known to treatment services and
- Almost one third of persistent drug users (PDUs) who could benefit from structured drug treatment services but are not yet engaged.

The 2009/10 annual drugs commissioning budget for the North Yorkshire DAAT Partnership is £3.9m, see table 1, below. This does not include 2008/09 under-spend that was carried forward non-recurrently. It does not include the allocation for Children and Young People, as that is the responsibility of the Young People's Misuse Strategy Group. North Yorkshire and York PCT manage the pooled budget on behalf of the partnership, under a Section 75 (NHS Act 2006) agreement.

This 2009/10 budget is summarised in table 1, below:

Table 1 – drug services funding in North Yorkshire.

Funding source	Annual budget (2009/10) £
Pooled treatment budget	2,669,640
Drug Intervention Programme	369,471
NY&Y PCT mainstream funding	740,654
IDTS	120,000
TOTAL FUNDING	**3,899,765**

Source: information provided by NY&Y PCT

4.2 Relationships with other groups

4.2.1 North Yorkshire Drug and Alcohol Action Team Partnership Board

The terms of reference (ToR) for the North Yorkshire DAAT Board are given as appendix 4. The ToR were agreed in 2007. In September and December 2008 the NYDAAT Board discussed revised ToR and the need to consult on this within partner organisations. This discussion remains to be concluded.

The ToR summarise the mission and purpose of the DAAT Board:

- *North Yorkshire Drug and Alcohol Team (NYDAAT) is a Partnership Board convened to manage and reduce the harmful effects that drug misuse causes to individuals and communities within North Yorkshire. (Section 1, ToR)*
- *NYDAAT Partnership Board is responsible for delivering the National Drug Strategy and Alcohol Strategy in North Yorkshire. The NYDAAT Partnership Board brings together key partners to identify, prioritize and respond to drug and alcohol related issues in North Yorkshire. (Section 2, ToR)*

In terms of accountability the ToR state:

NYDAAT Partnership Board reports to the Home Office and the National Treatment Agency

Working groups are referred to (ToR, section 3) but there is no specific reference to the Joint Commissioning Group. Financial governance is referred to (ToR, section 4). In section 6, membership, it is stated that '*Each member will be responsible for reporting back to their organisation on the work of the Group.*' Other issues of local accountability and governance are not stated.

4.2.2 North Yorkshire DAAT Joint Commissioning Group

As indicated in the HCC/NTA model, reproduced as figure1 above, it is recommended that a Joint Commissioning Group or equivalent support the DAT Board.

The terms of reference (ToR) for the North Yorkshire DAAT Joint Commissioning Group are given as appendix 5. The ToR document is dated June 2007. In the stated purpose, the JCG ToR indicate:

The members of the Joint Commissioning Group (JCG) have collective responsibility to co-ordinate the strategic commissioning of drug and alcohol treatment services for adults over the age of 18 years.

Whilst these terms of reference state that the JCG covers drugs and alcohol services, this was reviewed so that the JCG did not cover alcohol services commissioning. However, to address this gap the recently identified NY&Y PCT alcohol commissioning lead is now a member of the JCG. The JCG has discussed the need for revised ToR; this discussion remains to be concluded.

4.2.3 North Yorkshire Substance Misuse Forum

The terms of reference for the North Yorkshire County Wide Substance Misuse Forum are given as appendix 6. These ToR were reviewed in November 2008. The purpose of this forum is *'to advise on the implementation of all initiatives regarding drug and alcohol treatment'* (taken from ToR). Its membership includes chairs of the

five Locality treatment groups, user representative, carer representative and a number of senior substance misuse workers (e.g. consultant psychiatrist, substance misuse nurse). The forum *oversees the work of the five locality treatment groups* (taken from ToR). It reports to both the North Yorkshire and the York JCGs.

4.2.4 North Yorkshire and York Safer Communities Forum

North Yorkshire and York Safer Communities Forum is one of six thematic partnerships of the North Yorkshire Local Strategic Partnership (NYSP). The forum brings together a range of organisations committed to tackling crime and disorder and its causes. It has a duty to produce an annual community safety agreement; drawing on the local Crime and Disorder Reduction Partnership's needs assessments. In North Yorkshire there are currently nine stated priorities for the forum, including one of alcohol and one of substance misuse (information taken from the NYSP website, safer communities theme page, reference http://www.nysp.org.uk/html/thematic-partnerships/safer-communities/)

The terms of reference for the Safer Communities Forum are currently being reviewed. Membership of the forum includes partner organisation representatives, district council representatives and CDRP chairs. The structure chart, showing the Joint Co-ordinating Groups and the reporting relationships of the forum is given at appendix 7.

The Chair of the NY DAAT Board is a member of this North Yorkshire and York Safer Communities forum. The DAT Team co-ordinator is a member of the safer communities joint officer working group.

4.3 North Yorkshire DAAT Board and relationships with other committees - governance and accountability

A chart is given as appendix 8 to depict in simple terms the current formal links between the North Yorkshire DAAT Board and related committees. This illustrates that there are opportunities for improved joint working. The NYDAAT Board appears to be somewhat isolated from the work of the wider partner organisations and from the closely associated functions of the NYSP and the CDRPs. As can be seen from the local and national LSP, Safer Communities Forum and CDRP references (above) there is significant congruity of aspiration.

There is important potential to better align NYDAAT Board work with the associated NYSP and Community Safety work to optimise the synergy across the shared agenda and better assess and meet local needs.

4.4 Current arrangements for the North Yorkshire and York DAT support team

As indicated in section 2.2, above, a DAT support team is a dedicated resource for the DAT board and the associated JCG, with knowledge and expertise about national and local drug services issues. It is the main point of contact between the DAT Board / JCG and external stakeholders. The core tasks of the DAT support team are summarised as: to map local need, service planning, commissioning and service development, performance management, financial management, information management, including liaison and consultation and progress reporting.

To undertake this range of functions effectively, also as indicated in section 2.2, a DAT support team is configured locally to meet identified service needs within available resources and to include posts to cover the following: commissioning lead,

service development lead, user and carer engagement lead, criminal justice lead, performance analyst, administrative support and, if required, specific local service commissioning leads, for example, prison service lead, integration and equality lead.

The North Yorkshire and York DAT support team covers the local authority areas of both North Yorkshire and City of York, supporting the two DAAT Boards and two JCGs. North Yorkshire and York PCT hosts the NY&Y DAT support team. This includes arrangements for employment contracts, accommodation and support systems such as ICT, HR, training and development. The NY&Y DAT support team covers the commissioning of drugs services but not alcohol services. NY&Y PCT has recently identified a separate alcohol commissioning lead, an experienced PCT commissioner who has incorporated alcohol into a wider mental health commissioning portfolio.

The organisation chart at appendix 9, provided by NY&Y PCT, shows the current organisational arrangements for the NY&Y DAT support team. Posts in the team cover co-ordination, analysis, service development, commissioning and criminal justice. One post holder is part-time; one is seconded-in from the probation services. There are vacancies in the team at present, covered by a combination of acting-up arrangements and agency staff. The team is based at the Emergency Planning College at Easingwold and is not, therefore, co-located with other PCT or related LSP/CDRP functions.

The NY&Y PCT provides financial management services and support for the NY&Y DAT support team. Financial transactions are carried out in line with NY&Y PCT Standing Orders and associated procedures (as per the NYDAAT Board and JCG terms of reference). Regular finance reports are prepared for the NYDAAT Board.

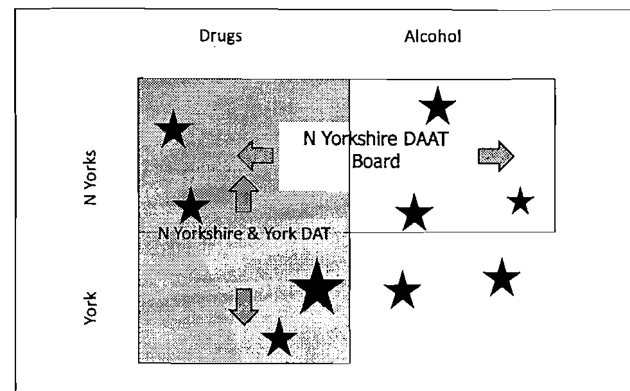
A brief over view of the DAT support team roles outlined in guidance and the current NY&Y DAT support team roles (taken from the chart in appendix 9) is given in table 2 below.

Table 2 – Over view of the DAT support team roles outlined in guidance and the current NY&Y DAT support team roles

Posts as identified in NTA guidance	Posts in current NY&Y DAT support team
	Substance misuse co-ordinator and head of service
Commissioning lead	Senior commissioning manager and two commissioning managers
Service development lead	Service development manager (part-time)
User and carer engagement lead	
Criminal justice lead	Criminal Justice Manager
Performance analyst	Partnership analyst
Finance support	Function provided by named post holder at NY&Y PCT
Administrative support	Administrative officer and team assistant
Identified service lead e.g. prison service lead	

The alignment of arrangements of the NYDAAT Board and the NY&Y DAT team is depicted in figure 3. This shows areas of congruency and areas where the responsibilities of the NY&Y DAT support team and the NYDAAT Board have become misaligned.

Figure 3 – alignment of arrangements, NYDAAT Board and NY&Y DAT support team



Source: from WSP presentation to DAAT Board, 13 July 2009

5 Current position – emerging recommendations

People whose views and input were included in this review are listed in appendix 10. People who were approached to participate in the review willingly gave of their time and expertise; this was greatly appreciated by those commissioning and conducting the review. The DAT office facilitated the meeting arrangements; their support in this was also appreciated.

Discussions during the course of the review have often referred to 'micro' issues, set in the context of the 'macro' environment. In commissioning the review, the NYDAAT Board wish to: 'work more effectively and efficiently to achieve the best outcomes for services users, their families and the wider community in North Yorkshire.' (Taken from review terms of reference.)

This section summarises the views expressed. More detail from the discussions is given in appendix 11.

This section also introduces the recommendations arising from the review, in the context of local views expressed and the national and local drivers for change, as discussed above. The recommendations as summarised below are presented in section 6 with recommended time scales and leads.

5.1 NYDAAT Partnership Board terms of reference, membership and work programme

The NYDAAT Board is described as **lacking leadership, strategic direction and purpose.** There is no document that pulls together the NYDAAT Board strategy and associated work plan.

There were different views expressed about the scale and nature of the drug problem across North Yorkshire. Commissioning must be based on up-to-date comprehensive needs assessment (reference the HCC/NTA model, reproduced as figure1 above and other commissioning guidance, such as NHS World Class Commissioning). The lack of robust, locally owned and understood needs assessment undermines the strategic direction and operational delivery of the NYDAAT work. **The need for the 2010/11 Treatment Plan to be based on sound locally owned needs assessment requires urgent attention.**

The North Yorkshire DAAT Board terms of reference (ToR) are given as appendix 4 and discussed briefly above. There is local recognition that the terms of reference need to be reviewed and **a desire to see locally relevant ToR.**

In line with good practice guidance, (reference the HCC/NTA model, reproduced as figure1 above) Board members are to be of 'sufficient seniority to represent their organisation in the partnership'. The NYDAAT Board members are now senior, experienced and well linked into other senior level groups both within their own organisations and county-wide. The table at appendix 12 shows membership as at July 2009, including recent and impending changes. **Succession planning for the NYDAAT Board members is a pressing issue.**

The NYDAAT Board terms of reference require members to report back to their own organisation on the work of the group. There is no evidence that **members facilitate an exchange between the NYDAAT Board and their organisation.**

There is potential for confusion about the respective responsibilities for the NYDAAT Board, the JCG and the DAT support team about responsibilities for commissioning

alcohol services. The NYDAAT is committed to addressing the **wider substance misuse agenda**, including drugs and alcohol. This is in line with the responsibilities of the constituent partners and the NYSP agenda.

An acknowledged gap in the work of the NYDAAT Board is the lack of systematic input from users and carers and from service providers.

The associated recommendations are:

1. The NYDAAT Board to draw up a short strategic statement to emphasis its leadership role as a strategic partnership board.

Communicating this statement would be the first step in regular (e.g. quarterly) communications with stakeholders, referring to discussions and decisions as NYDAAT meetings.

2. The NYDAAT Board to urgently direct the JCG to oversee rigorous needs analysis to inform the 2010/11 Treatment Plan.

[using the detailed guidance provided by the NTA,

http://www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2009_10/adult_drug_treatment_planning_and_needs_templates_and_guide.aspx]

3. The NYDAAT Board to agree a small number of key strategic objectives (4-6), focused on outcomes, for 2009/10 – 2011/12.

4. The NYDAAT Board to adopt revised Terms of Reference.

Proposed redrafted ToR are attached as appendix 13, based on existing local work

5. Local accountability of the NYDAAT Board to be established through discussion with partner organisations and associated strategic committees.

The chart attached as appendix 14 illustrates proposed accountability locally and nationally and alignments between NYDAAT and the NYSP and its themed partnerships.

6. To reinforce the inter-relationships between the NYDAAT Board priorities and single agency priorities, NYDAAT Board members to formally report a summary of the outcome of this review to the organisations that form the partnership and agree arrangements for regular exchange between the 'partner' and the NYDAAT Board.

7. A scheme of delegation to be prepared to clarify the respective roles and responsibilities of the NYDAAT Board and the JCG. This scheme to be based on the model used by the host organisation (i.e. NY&Y PCT) to embed governance and accountability arrangements in existing good practice.

8. The NYDAAT Board to address succession planning for later 2009 and beyond.

9. NY&Y PCT to continue, on behalf of the NYDAAT, to take a lead for the alcohol commissioning agenda for a period of 18 months from September 2009 to include a review of needs and of commissioning mechanisms including partnership working with CDRPs.

5.2 Relationships between the NYDAAT Partnership Board, associated groups and strategic partnerships

► Joint Commissioning Group

The Joint Commissioning Group (JCG) is a key part of the DAT mechanism. The terms of reference (ToR) are given as appendix 5 and discussed briefly above. The NY DAAT Board is supported by a well-established JCG. The JCG recognises that it needs to **review and agree revised ToR** and believes this should be informed through joint working between the JCG and the NYDAAT Board.

The HCC/NTA guidance refers to a 'performance management' role of the JCG (reference the HCC/NTA model, reproduced as figure1 above). There was pride in the work of the JCG as 'the engine of the NYDAAT Board' but also some disappointment. It was suggested that the **JCG should review the commissioning 'standards' adopted by the DAT team** on behalf of the NYDAAT Board to promote practice in line with good commissioning standards and the adoption of effective commissioning behaviours. Rigorous needs assessment would underpin all commissioning activity.

The committee cycle was referred to. The NYDAAT Board meets bi-monthly as does the JCG. This is seen as not facilitating the JCG to do its work in between Board meetings. A scheme of delegation for the NYDAAT Board and the JCG would clarify respective responsibilities, including decision making, for example, about the re-tender exercise.

The North Yorkshire **Young People's Substance Misuse Strategy Group** oversees the commissioning of Young Peoples Substance Misuse services. On behalf of the NYDAAT, the JCG needs to develop strong links this strategy group and the North Yorkshire Local Safeguarding Children Board.

The JCG is the only sub group of the DAAT Board. The JCG in turn has the county-wide substance misuse forum as it's only sub group (discussed above at section 4.2.3) The need for wider stakeholder engagement in the work of the NYDAAT Board and JCG is pressing particularly the **inclusion of service users and carers and service providers**. Local structures, such as the locality treatment groups referred to in the county wide substance misuse forum ToR are reportedly in various states of development / disrepair. The purpose and requirement for **local engagement and advisory mechanisms** is in need of review.

The associated recommendations are:

10. The JCG to maintain a focus on service development, planning, delivery and monitoring, in line with the requirements of the strategy set by the NYDAAT Partnership Board.

11. The JCG to review its Terms of Reference and membership (based on the NYDAAT Board strategic statement and reviewed NYDAAT Board ToR.)

12. The JCG to review its sub-groups, with arrangements for user/carer sub-groups and a provider sub-group to be put in place, alongside the county-wide substance misuse forum. Each sub group to be chaired by a named JCG member.

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13. The JCG to review its meeting arrangements, to meet monthly during 2009/10 and 2010/11, frequency to be reviewed thereafter.

14. The JCG to review the commissioning 'standards' adopted by the DAT support team on behalf of the NYDAAT Board to promote practice in line with good commissioning standards elsewhere (e.g. world class commissioning) and the adoption of effective commissioning behaviours.

► the county wide Criminal Justice Steering Group

The county wide Criminal Justice Steering Group covers North Yorkshire and York. There are clear links between the NYDAAT Board and this Group. The DAT support team member who leads on criminal justice (currently a secondee from the probation service) reports to this Group and maintains operational links.

► Crime and Disorder Reduction Partnerships (CDRPs)

There are seven Crime and Disorder Reduction Partnerships (CDRPs) in North Yorkshire.

The Home Office issued good practice guidance in November 2003 about the integration of DATs and CDRPs, as discussed briefly above (section 3.3). A CDRP Chair is currently on the NYDAAT Board. All the CDRPs Chairs are members of the NY&Y Safer Communities Forum.

To take the substance misuse agenda forward, it would be essential to develop closer joint working between the Safer Communities forum, the NYDAAT Board and the CDRPs. It would be timely to review with CDRPs the most effective way forward for joint working on the substance misuse agenda.

The associated recommendation is:

15. The Community Safety Directorate at the Government Office (Y&H) to be asked to facilitate a time-limited piece of work between the JCG and the CDRPs to explore the most effective ways to achieve closer joint working and local engagement across the shared substance misuse agenda.

► North Yorkshire LSP and the safer communities forum

The current arrangements between the NYDAAT and the NYSP the Safer Communities Forum are outlined above and depicted on the chart at appendix 8. There is greater potential for the NYDAAT work to contribute to the achievement of the outcomes that NYSP and its constituents are committed to achieving, but current structures miss the opportunity to develop effective partnerships at many levels to work together to deliver outcomes against the shared agenda. Proposed revised arrangements are depicted in the chart at appendix 13.

The associated recommendations are:

16. The NYDAAT Board Chair and vice chair and the JCG Chair to formally meet with the Safer Communities Forum Chair to share terms of reference (all are under review,) map out areas of strategic alliance and prepare a programme of closer joint working over the next 12 months.

17. From April 2011 revised NYDAAT partnership arrangements to be considered within the over-arching NYSP infrastructure following a review of options to be undertaken in the autumn of 2010.

5.3 Relationships between the NYDAAT Partnership Board and key regional stakeholders

The NYDAAT Board ToR explicitly refer to the accountability of the NYDAAT Board to the Home Office and the National Treatment Agency. DATs work with potentially many 'masters' including stakeholders, the partner organisations represented on the NYDAAT Board, the NTA, the Home Office and the Department of Health in the form of the local Strategic Health Authority.

The National Treatment Agency leads the performance management of DATs, working with other regional partners including the home office and the strategic health authority. The Community Safety Directorate and the NTA are active participants in the NYDAAT Board and JCG and participate in other local meetings as necessary.

Continued concerns about the under-performance against treatment targets and the poor rating of North Yorkshire in HCC/NTA reviews has prompted the NTA to work closely alongside partner agencies to seek to improve DAT outcomes through improved systems and processes.

The associated recommendations are:

18. The NYDAAT Board and the JCG to become more proactive in seeking the assistance and support that the regional organisations (HO, NTA, SHA) are able to offer.

See also recommendation 5, above, re accountability.

5.4 Relationships between the NYDAAT Partnership Board and users and carers and service providers

The active involvement of service users and carers and of service providers is integral to service commissioning (reference the HCC/NTA model, reproduced as figure1 above). This includes engagement of service users, carers and service providers in partnership working at all levels, seeking effective feedback on satisfaction with the system, having service specifications in place, treating service providers fairly and ensuring effective performance management of the system.

There was no mechanism currently in place for NYDAAT Board members or JCG members to **engage with service users** or carers or providers or to receive **systematic feedback** from them.

Service user representatives told us that they would like to engage with the NYDAAT Board and associated committees in a variety of ways. They appreciate it when managers who make decisions about drug services come to meet them locally to hear their views first hand. Service user representatives would like a **link person** identified to spend time with them **hearing** what the issues are from the service user perspective and **explaining** what the issues are from the NYDAAT Board perspective to aid mutual understanding. They would like the opportunity to **sit at the table** in their own right as service user representatives as well as having their views represented by an informed 3rd party 'link worker.'

The needs of carers differ from the needs of service users, as recognised in the guidance and literature. We were advised that **carers need their own space and their own voice** and should not be grouped together as 'service users and carers.' Carers would like the opportunity to sit at the table in their own right as carers and carer representatives as well as having their views represented by an informed 3rd party 'link worker.'

The County Wide Substance Misuse Forum (terms of reference provided at appendix 6) reports to both the North Yorkshire and the York JCGs. It's membership includes chairs of the five Locality treatment groups. It was explained that the Locality treatment groups vary in their effectiveness, as membership and engagement ebbs and flows. The NY&Y DAT support team do not participate in the Locality treatment groups.

There are perceived to be 'many' providers in North Yorkshire. The list provided for the review is given at appendix 15. This shows 10 **provider organisations** that vary in scale and service provided. The proposed county-wide re-tendering exercise is currently on hold, with recognition that this does need to be taken forward. Putting in place Service level Agreements (SLAs) and associated performance measures with each service provider and then monitoring contracts against this for at least one year would assist in highlighting where performance is falling short and inform what should take **priority in the re-tendering programme.**

SLA

There is broad agreement that there is a need for more effective engagement of service providers across the system, for clearer commissioning and contracting arrangements and for **more business-like relationships** between commissioners and service providers.

Relationships between commissioners and providers are multi-layered. Providers indicated that they do not expect direct access to the NYDAAT Board or to the JCG, but that they do require a systematic, trusted means of transferring qualitative and quantitative information across the system; this is seen to be lacking. Service providers described **opportunities to be more involved in the wider work** on substance misuse service planning and delivery. Service providers would like to feel that they are part of a **county-wide substance misuse network** where their work is valued.

The business relationship between commissioners and providers includes monthly monitoring meetings and quarterly performance meetings, an opportunity for benchmarking, networking, problem solving and 'whole system thinking'. It is seen as an opportunity missed and causes frustration on all sides. With the exception of the new arrangements in Harrogate, there are no clear service specifications / SLAs/ contracts in place. Many service providers have parallel contracting arrangements with NY&Y PCT on alcohol services and/or wider mental health services. **Meetings could be re-focused** to support the development of a 'county wide substance misuse network' approach to service delivery.

The associated recommendations are:

19. The NYDAAT Board and JCG to proactively explore and agree with users and carers, effective and systematic ways for users and carers to be more effectively engaged in the wider DAAT agenda, including but not limited to the JCG Service User and Carer sub groups.

20. The NYDAAT Board annual meetings programme to be developed to include at least one stakeholder engagement event annually, to include service users and carers, service providers and JCG members (part of NYDAAT Board revised ToR, recommendation 4), facilitated by the DAT support team.

21. SLAs and performance measures to be in place for each service provider with contract monitoring for 12 months against this to inform the next steps in the re-tendering programme.

22. The county-wide quarterly performance management meeting to be re-focused as themed service provider engagement events, facilitated by the DAT support team as an integral part of the work of JCG Service Provider sub-group.

This programme to promote greater engagement of service providers across the system, with clearer commissioning and contracting arrangements and business-like relationships between commissioners and service providers.

23. In reviewing the DAT support team roles, to identify clear arrangements for user and carer liaison in the DAT support team.

See also recommendation 12, above, establishing JCG sub-groups

See also recommendation 14, above, regarding commissioning standards

See also recommendation 15, above, working with CDRPs

5.5 The support needs of the NYDAAT Partnership Board to ensure the successful delivery of the agreed work programme

The NYDAAT Board operating arena is challenging. The geography of North Yorkshire (and York) is significant and towns in the same 'patch' can be over an hour's drive apart and can therefore have different substance misuse issues. However, it can also be demonstrated that service commissioners face similarly complex problems across many areas of their work.

An identified, funded, co-located, managed NY&Y DAT support team supports the NYDAAT Board to deliver its work programme. The current organisational arrangements for the NY&Y DAT support team are given as appendix 9 and discussed above, section 4.4.

The current systems and processes around the NYDAAT Board and JCG leave the NY&Y DAT support team exposed. The NY&Y DAT support team account to a formal NYDAAT partnership; these **accountability arrangements lack clarity** thus leaving the work of the team seemingly outside clear governance and accountability structures. Processes for decision making between the NYDAAT Board, the JCG and the DAT support team are unclear. There is no 'escalation' process. This in turn leaves the JCG, the DAAT Board and the partnership organisations exposed. The scheme of delegation (recommendation 7, above) will go some way to addressing this.

City of York and the partner organisations that form Safer York (which encompasses the DAT) are reconsidering their DAT support team needs. That is outside this review. However, the intention of York to take forward revised arrangements as early as the 2010/11 finance year will impact on the existing shared North Yorkshire and York DAT support team arrangements. To determine the support team needs of the NYDAAT Board, their **strategic intention** must be set out, their **strategic alliance** requirements (with, for example, NYSP, CDRPs) clarified and the work programme and business processes required to deliver against this programme quantified.

Table 2, section 4.4 above, compares the roles in a DAT support team with the posts in the current NY&Y DAT support team. There are gaps, most noticeably in the service user and carer engagement and in analysis. These gaps are felt locally. This is indicated in the difficulties with systematic user and carer engagement, as outlined in section 5.4 above and in the lack of robust data analysis in the needs assessment and treatment planning work.

There is no local evidence of the **systematic annual work programme** for the NYDAAT Board, JCG and the NY&Y DAT support team as would be required to support delivery against the performance requirements of the NYDAAT Board in line with the established national performance management cycle. There are strategies (e.g. the county wide alcohol strategy) and action plans (e.g. the HCC action plan) but no NYDAAT Board annual work programme, leaving the NY&Y DAT support team activity sometimes unfocused. DAT Team members have a challenging timetable of meetings, performance targets and delivery plans. There were frequent references to a need for more **facilitative business processes** to underpin the work of the NYDAAT Board and JCG. The pressing requirement for robust needs assessment to underpin the 2010/11 Treatment Plan is discussed above.

There was inconsistency in the discussions during the course of the review about the **finances** being overseen by the NYDAAT Board. The 2008/09 summary out-turn position as discussed at the July NYDAAT Board is given in appendix 16. This shows the 2008/09 annual budget of £4.65m, with an outturn of £263k under spend. The 2009/10 budget is summarised in table 1, section 4.1 above. Budget reports are available at every meeting of the NYDAAT Board. Working within NY&Y PCT financial procedures, **clarity on finances is required to support the NYDAAT Board and JCG to oversee the drugs and alcohol budget.**

For the DAT support team, supporting two DAAT Boards and JCGs across part of but not their entire agenda (see figure 3, above) increases the potential for confusion and over-load. The line management arrangements for the DAT Team co-ordinator include accountability to both of the DAT Partnership Board Chairs and the NY&Y PCT Lead Director. Alongside **clarifying the management responsibility for the team co-ordinator post, the management arrangements for the other posts in the DAT team** could be reviewed, including arrangements for objective setting, appraisals, training and development and forging positive links with the host organisation. This would tie-in with the work described above for the JCG to support the adoption of effective commissioning approaches.

The location of the DAT support team at Easingwold is historical. Having a discreet team located away from a main base is not unusual in a large county. However, the **DAT support team is seen to be isolated** from all of the partner organisations, lacking easy access to 'mainstream' commissioning processes whilst not being co-located with NY&Y PCT, NYCC, NYSP or other partnership teams. When agreeing the DAT support team needs of the NYDAAT Board, the location (and co-location) of the DAT support team will need to be factored in, informed by the aspirations of the NYDAAT Board for closer alignment with relevant partners.

Several recommendations outlined above impact directly on the DAT support team:

Recommendation 2 - The NYDAAT Board to urgently direct the JCG to oversee rigorous needs analysis to inform the 2010/11 Treatment Plan.

Recommendation 12 - The JCG to review its sub-groups, with arrangements for user/carer sub-groups and a provider sub-group to be put in place, alongside the county-wide substance misuse forum.

Recommendation 17 - From April 2011 revised NYDAAT partnership arrangements to be considered within the over-arching NYSP infrastructure following a review of options to be undertaken in the autumn of 2010.

Recommendation 20 - The NYDAAT Board annual meetings programme to be developed to include at least one stakeholder engagement event annually, to include service users and carers, service providers and JCG members (part of NYDAAT Board revised ToR, recommendations 4), facilitated by the DAT support team.

Recommendation 21 – SLAs and performance measures to be in place for each service provider with contract monitoring against this for 12 months to inform the next steps of the re-tendering programme.

Recommendation 22 - The county-wide quarterly performance management meeting to be re-focused as themed service provider engagement events, facilitated by the DAT support team as an integral part of the work of JCG Service Provider sub-group.

Recommendation 23 - In reviewing the DAT support team roles, to identify clear arrangements for user and carer liaison in the DAT support team.

The recommendations for the DAT support team that arise overall are:

24. The DAT support team to be re-aligned to meet the needs of the NYDAAT Board and JCG and in line with national guidance on roles and functions: namely to introduce a user and carer engagement lead, to strengthen the performance analyst function and to be clear about the core purpose of every post in the team. The host PCT, on behalf of the partner organisations, to propose options to the NYDAAT Board on resourcing this re-alignment, including options for deleting posts, combining posts where workloads and skills allow and for the development of new posts as required.

25. The line management arrangements for all DAT support team posts (including for example, training and development) to be clarified, in discussion with team members and lead director (or nominee) from the employing NY&Y PCT.

26. The DAT support team to draft, for approval by the NYDAAT Board, a systematic annual work programme with key milestones for the NYDAAT Board, the JCG and the DAT support team. The work programme would be informed by the agreed scheme of delegation (recommendation 7) national guidance and local requirements

27. Based on the agreed annual cycle, the DAT support team to draft a detailed work plan for the remainder of 2009/10 and for 2010/11 for presentation to and approval by the NYDAAT Board.

28. The DAT support team to report progress against the work plan at each NYDAAT Board.

29. The DAT support team to prepare a risk assurance framework and risk register, set out in the style of the host organisation and based on the strategic statement and objectives set out by the NYDAAT Board (recommendations

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1&3.) This risk assessment work to be reviewed by the NYDAAT Board quarterly, in accordance with a pre-agreed timetable.

30. A time-limited piece of work to be undertaken jointly by the JCG Chair, NYDAAT Chair (or vice chair), the DAT Team Co-ordinator and the finance manager to document in detail the drugs budget that is managed by the NYDAAT Board and to report this to NYDAAT Board members, JCG members and DAT support team members, including the formal Section 75 (NHS Act 2006) partnership arrangements reporting arrangements and delegated authorisation limits.

Recommendations with proposed timescales and lead responsibilities are set out in the table below, section 8.

5.6 Next steps

It is the intention of the NYDAAT Board to consult on the findings of the review as set out in this report during September 2009, including a stakeholder event, to inform the action plans that is adopted and implemented.

6 Recommendations with proposed timescales and leads

Suggested timescale				Suggested lead			
Immediate (by end 2009)	**Short/medium term (by end 2009/10)**	**Medium/longer term (2009/10 and beyond)**	**Recommendation** **(numbering refers to recommendation number in section 5 of this report)**	**NYDAAT Board**	**JCG**	**DAT support team**	**NY&Y PCT (host)**
■			1. The NYDAAT Board to draw up a short strategic statement to emphasis its leadership role as a strategic partnership board	■			
■			2. The NYDAAT Board to urgently direct the JCG to oversee rigorous needs analysis to inform the 2010/11 Treatment Plan (using the detailed guidance provided by the NTA)	■	■	■	
■			3. The NYDAAT Board to agree a small number of key strategic objectives focused on outcomes for 2009/10 – 20011/12	■			
■			4. The NYDAAT Board to adopt revised Terms of Reference	■			
■			5. Local accountability of the NYDAAT Board to be established in discussion with partner organisations and associated strategic committees.	■			
■			8. The NYDAAT Board to address succession planning for later 2009 and beyond	■			
■			13. The JCG to review its meeting arrangements, to meet monthly during 2009/10 and 2010/11, frequency to be reviewed thereafter.		■		
■			7. A scheme of delegation to be prepared to clarify the respective roles and responsibilities of the NYDAAT Board and the JCG. This scheme to be based on the model used by the host organisation (i.e. NY&Y PCT) to embed governance and accountability arrangements in existing good practice.				■
■			30. A time-limited piece of work to be undertaken jointly by the JCG Chair, NYDAAT Chair (or vice chair), the DAT Team Co-ordinator and the finance manager to document in detail the drugs budget that is managed by the NYDAAT Board and to report this to NYDAAT Board members, JCG members and DAT support team members, including the formal Section 75 (NHS Act 2006) partnership arrangements reporting arrangements and delegated authorisation limits.		■		■

Suggested timescale				Suggested lead			
Immediate (by end 2009)	**Short/medium term (by end 2009/10)**	**Medium/longer term (2009/10 and beyond)**	**Recommendation** **(numbering refers to recommendation number in section 5 of this report)**	**NYDAAT Board**	**JCG**	**DAT support team**	**NY&Y PCT (host)**
■			24. The DAT support team to be re-aligned to meet the needs of the NYDAAT Board and JCG and in line with national guidance on roles and functions: namely to introduce a user and carer engagement lead, to strengthen the performance analyst function and to be clear about the core purpose of every post in the team. The host PCT, on behalf of the partner organisations, to propose options to the NYDAAT Board on resourcing this re-alignment, including options for deleting posts, combining posts where workloads and skills allow and for the development of new posts as required.				■
■			25. The line management arrangements for all DAT support team posts (including for example, training and development) be clarified, in discussion with team members and lead director (or nominee) from the employing NY&Y PCT.				■
■			26. The DAT support team to draft, for approval by the NYDAAT Board, a systematic annual work programme with key milestones for the NYDAAT Board, the JCG and the DAT support team. The work programme would be informed by the agreed scheme of delegation (recommendation 7) national guidance and local requirements			■	
■			27. Based on the agreed annual cycle, the DAT support team to draft a detailed work plan for the remainder of 2009/10 and for 2010/11 for presentation to and approval by the NYDAAT Board.			■	
■			28. The DAT support team to report progress against the work plan at each NYDAAT Board.			■	
■			29. The DAT support team to prepare a risk assurance framework and risk register, set out in the style of the host organisation and based on the strategic statement and objectives set out by the NYDAAT Board (recommendations 1 &3.) This risk assessment work to be reviewed by the NYDAAT Board quarterly, in accordance with a pre-agreed timetable.			■	■

Suggested timescale			Recommendation	Suggested lead			
Immediate (by end 2009)	**Short/medium term (by end 2009/10)**	**Medium/longer term (2009/10 and beyond)**	**Recommendation** **(numbering refers to recommendation number in section 5 of this report)**	**NYDAAT Board**	**JCG**	**DAT support team**	**NY&Y PCT (host)**
	■		20. The NYDAAT Board annual meetings programme to be developed to include at least one stakeholder engagement event annually, with service users and carers, service providers and JCG members (part of the NYDAAT Board revised ToR, see recommendation 4) facilitated by the DAT support team.	■			
	■		6. To reinforce inter-relationships between NYDAAT Board priorities and single agency priorities, NYDAAT Board members to formally report a summary of the outcome of this review to the organisations that form the partnership and agree arrangements for regular exchange between the 'partner' and the NYDAAT Board.	■			
	■		16. The NYDAAT Board Chair and vice chair and the JCG Chair to formally meet with the Safer Communities Forum Chair to share terms of reference (all are under review,) map out areas of strategic alliance and prepare a programme of closer joint working over the next 12 months.	■	■		
	■		18. The NYDAAT Board and the JCG to become more proactive in seeking the assistance and support that the regional organisations (HO, NTA, SHA) are able to offer.	■	■		
	■		11. The JCG to review its Terms of Reference and membership (based on the NYDAAT Board strategic statement and reviewed NYDAAT Board ToR.)		■		
	■		12. The JCG to review its sub-groups, with arrangements for user/carer sub-groups and a provider sub-groups to be put in place, alongside the county-wide substance misuse forum. Each sub group to be chaired by a named JCG member.		■		
	■		15. The Community Safety Directorate at the Government Office (Y&H) to be asked to facilitate a time-limited piece of work between the JCG and the CDRPs to explore the most effective ways to achieve closer joint working and local engagement across the shared substance misuse agenda.		■		

Suggested timescale			Recommendation	Suggested lead			
Immediate (by end 2009)	**Short/medium term (by end 2009/10)**	**Medium/longer term (2009/10 and beyond)**	**Recommendation** **(numbering refers to recommendation number in section 5 of this report)**	**NYDAAT Board**	**JCG**	**DAT support team**	**NY&Y PCT (host)**
	■		19. The NYDAAT Board and JCG to proactively explore and agree with users and carers, effective and systematic ways for users and carers to be more effectively engaged in the wider DAAT agenda, including but not limited to the JCG Service User and Carer sub groups.		■		
	■		21. SLAs and performance measures to be in place for each service provider with contract monitoring for 12 months against this to inform the next steps in the re-tendering programme.		■	■	
	■		22. The county-wide quarterly performance management meeting to be re-focused as themed service provider engagement events, facilitated by the DAT support team as an integral part of the work of JCG Service Provider sub-group.		■	■	
	■		14. The JCG to review the commissioning 'standards' adopted by the DAT support team on behalf of the NYDAAT Board to promote practice in line with good commissioning standards elsewhere (e.g. world class commissioning) and the adoption of effective commissioning behaviours.		■	■	
	■		23. In reviewing the DAT support team roles, to identify clear arrangements for user and carer liaison in the DAT support team.		■	■	
		■	17. From April 2011 revised DAAT partnership arrangements to be considered within the over-arching NYSP infrastructure following a review of options to be undertaken in the Autumn of 2010.	■			
		■	10. The JCG to maintain a focus on service development, planning, delivery and monitoring, in line with the requirements of the strategy set by the NYDAAT Partnership Board.		■		
		■	9. NY&Y PCT to continue, on behalf of the NYDAAT, to take a lead for the alcohol commissioning agenda for a period of 18 months from September 2009 to include a review of needs and of commissioning mechanisms including partnership working with CDRPs.				■

List of appendices (available in a companion document)

1. Full terms of reference for this review.
2. The National Context of DAT work
3. Roles and functions of Crime and Disorder Reduction Partnerships
4. Terms of reference for North Yorkshire Drug and Alcohol Action Team Partnership Board (NYDAAT)
5. Terms of reference for NYDAAT Joint Commissioning Group
6. Terms of reference for NY Substance Misuse Forum
7. Structure Chart for the NY Local Strategic Partnership and associated forum
8. NY DAAT Board and related committees
9. NY&Y DAT support team structure
10. People involved in the review
11. Views expressed by local stakeholders
12. Current membership of the NYDAAT Board – July 2009
13. Proposed, redrafted Terms of Reference for NYDAAT Board
14. Proposed reporting arrangements for NYDAAT Board
15. List of NYDAAT service providers
16. 2008/09 budget summary out-turn position