

**NORTH YORKSHIRE COUNTY COUNCIL**  
**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY**  
**COMMITTEE**

**4 NOVEMBER 2010**

**Drugs and Alcohol Team – In depth review**

**1.0 Purpose of Report**

- 1.1 To report the progress against the improvement recommendations outlined in an independent review of functions and effectiveness agreed by the Board and reported to the Committee earlier this year.
- 1.2 To invite the Committee to take a view on progress of this review and what the next step might be.

**2.0 Introduction**

- 2.1 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. Seamus Breen, who is now Chair of the DAAT Board, reported to the Committee on the nature and scale of substance abuse in the County and what the DAAT does to meet those challenges.

**3.0 Committee Interest**

- 3.1 You were advised of concerns that have been raised about DAAT performance. The following are 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. North Yorkshire Strategic Partnership, Safer Communities Forum, Children and Young Peoples Strategic Partnership, Crime and Disorder Partnerships;
  - Pressures on (shared) DAT support team;
  - Impending significant changes in Partnership Board membership.
- 3.2 These concerns were identified in an independent review carried out at the end of last year. You shared the Chairman's view that the significant concerns raised within it bring into question how well the community is

being served by the current arrangement. The Committee decided to seek reassurances 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.

#### **4.0 Assessment of Progress**

4.1 Angela Dixon from the PCT recently attended the Mid-Cycle Briefing to highlight the relevant Action Plan and progress (Appendix 1).

4.2 The Group Spokespersons agreed that progress against the recommendations had been both impressive and timely. They considered that the evidence submitted addressed the initial objectives of the Scrutiny review in that it:

- Provided reassurances of strategic level commitment of partner organisations; and
- Provided demonstrable evidence of activity and change.

#### **5.0 Future Work**

5.1 For the Committee this exercise covers the “short term” objectives of the review. For the medium to long term you agreed to consider broader more thematic issues 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. This is reflected in the attached Project Plan (Appendix 2).

5.2 The remaining Phase 1 issues were around how different stakeholders, especially providers and users and carers, understand the local landscape pattern and the aims of services and pressures faced.

5.3 Angela and colleagues have agreed to return to provide an update to the Mid-Cycle Briefing on 24 February – all members of the Committee are welcome to attend. In the meantime, arrangements are to be made so that we might assess progress with the benefits of an alternative perspective by engaging with users and practitioners on the ground and representatives of provider organisations in the County area.

5.4 Phase 3 of this review is intended to be more thematic and wide ranging in nature looking at the corrosive effects of substance abuse and service delivery especially in relation to the alcohol commissioning agenda. This is to be tackled jointly with representatives of the Corporate and Partnership Overview and Scrutiny Committee. In the first instance it is suggested that invites to all future meetings and consultation sessions be routinely made to those representatives.

**6.0 Recommendations**

- 6.1 The Committee comment on the conclusions arising out of the mid cycle briefing that the evidence of progress against the recommendations of the independent review addresses the initial objectives of Phase 1 of the Scrutiny review
- 6.2 Note that arrangements are to be made to complete the review

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**25 October 2010**

**Background Documents: Nil**

## Introduction:

## Appendix 1

North Yorkshire DAAT Board commissioned an independent review of its functions and effectiveness in 2009. There were 30 recommendations arising from this review.

## Progress report:

Overall, North Yorkshire DAAT Partnership has made significant progress against the 30 recommendations. Of note, North Yorkshire now has a dedicated support team (North Yorkshire Substance Misuse Commissioning Team) employed by North Yorkshire PCT. The team took effect on 1<sup>st</sup> July 2010 and has responsibility for supporting the partnership (now Substance Misuse Partnership Board) to effectively commission treatment services for those with drug and alcohol misuse across North Yorkshire.

<b>Recommendation</b>	<b>Progress report (as at Sept 2010)</b>
The NYDAAT Board to draw up a short strategic statement to emphasis its leadership role as a strategic partnership board	Completed. Terms of reference, including Mission Statement, revised and ratified at the September 2010 Board meeting.
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)	Adult drug treatment needs assessment 2010/11 currently underway; all partnership organisations contributing to collation of information to inform assessment of need via an Information Leads Group chaired by the North Yorkshire Substance Misuse Commissioning Team. An Expert Group comprising representation from the Council, Police, PCT Public Health Team and North Yorkshire Substance Misuse Commissioning Team overseeing critical appraisal and interpretation of findings.
The NYDAAT Board to agree a small number of key strategic objectives focused on outcomes for 2009/10 – 2011/12	The Adult Drug Treatment Plan is currently being revised in conjunction with the National Treatment Agency. This will focus the work of the Partnership Board and the Commissioning functions. This will be further refined following completion of the needs assessment process.

Recommendation	Progress report (as at Sept 2010)
The NYDAAT Board to adopt revised Terms of Reference	Completed. See point 1 above.
Local accountability of the NYDAAT Board to be established in discussion with partner organisations and associated strategic committees.	Completed. Strategic link into the NYSP and relevant thematic groups achieved via Chair of the Board.
The NYDAAT Board to address succession planning for later 2009 and beyond	New dedicated team with a remit for commissioning treatment services for substance misusers in place, with effect from 1 <sup>st</sup> July 2010.
The JCG to review its meeting arrangements, to meet monthly during 2009/10 and 2010/11, frequency to be reviewed thereafter.	Completed. JCG now has a responsibility for overseeing commissioning arrangements for treatment of substance misusers. Terms of Reference ratified at the August 2010 meeting.
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.	Completed. Terms of Reference for both groups ratified. Governance arrangements agreed with PCT Medical Director, within existing PCT systems.
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.	Budget analysis completed and reported to DAAT Board. Section 75 agreement outstanding.

Recommendation	Progress report (as at Sept 2010)
<p>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.</p>	<p>Completed. New team came into effect on 1<sup>st</sup> July 2010.</p>
<p>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&amp;Y PCT.</p>	<p>Completed. Host PCT: under Vulnerable Peoples Commissioning Team.</p>
<p>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</p>	<p>Underway for both drug and alcohol treatment, see point above.</p>
<p>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.</p>	<p>See above.</p>
<p>The DAT support team to report progress against the work plan at each NYDAAT Board.</p>	<p>See above.</p>

Recommendation	Progress report (as at Sept 2010)
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.	See above.
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.	Undertaken in May 2010.
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.	Responsibility clarified in revised Terms of Reference, ratified in Sept 2010.
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.	Model for joint working between the DAAT Partnership and Community Safety Partnerships (x7) currently being agreed, led by the Substance Misuse Commissioning Team and Community Safety Partnership Managers.
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.	Completed. Regional Leads for drug treatment and alcohol are represented at the Substance Misuse Commissioning Group.
The JCG to review its Terms of Reference and membership (based on the NYDAAT Board strategic statement and reviewed NYDAAT Board ToR.)	Completed, ratified in August 2010.

Recommendation	Progress report (as at Sept 2010)
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.	Completed, ratified in August and September 2010. County Substance Misuse Forum has formal responsibility for consulting with locality community, including service users and carers.
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.	See above.
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.	See above re. County Substance Misuse Forum. Service users have also been invited to inform the development of the needs assessment process in 2010/11. 350 questionnaires were circulated and 300 were returned. The findings will be reported in the needs assessment document.
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.	Underway, currently being finalised in conjunction between the Substance Misuse Commissioning Team, PCT Contracts Team and commissioned Providers.
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.	Now combined with the County Substance Misuse Forum – with a service improvement and consultation focus.
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.	Commissioning (including contracting) standards in line with wider PCT practice.



Recommendation	Progress report (as at Sept 2010)
In reviewing the DAT support team roles, to identify clear arrangements for user and carer liaison in the DAT support team.	Completed. Clarified within new structure.
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.	To be reviewed as implications of structure and budget changes become clear.
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.	Completed, clarified in revised Terms of Reference ratified in August 2010.
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.	In place. Alcohol Harm Reduction Strategy refresh currently being drafted, led by lead commissioner for alcohol treatment and the PCT Public Health team.

## Care and Independence O&amp;S Committee

Drugs and Alcohol  
Project Plan

<b>1.0</b>	<b>BACKGROUND</b>
1.1.	Drugs and alcohol misuse is both a major and growing national problem and is seen to impact upon North Yorkshire significantly.
1.2.	A Drugs Action team is the formal partnership responsible for delivering the local implementation of the National Drugs Strategy.
1.3.	Historically there has been one DAT team covering 2 partnerships – NYCC & CYC. Separation is in train.
1.4.	An Independent review of NY partnership performance summer 09 highlighted the failings of the current arrangement(s) and proposed actions with timescales to address poor performance and shortcomings.
<b>2.0</b>	<b>PURPOSE OF WORK</b>
2.1.	The rationale for work by Scrutiny Members' on this stems from their community leadership role. Councillors, as democratically elected strategic leaders are encouraged to look across all public services, not just those that are the responsibility of the authority they represent.
2.2.	The Committee has chosen this topic essentially to ensure that the recommendations are acknowledged; are recognised; are indeed owned by the DAAT Board and that progress, according to the timescale outlined is maintained. The justification (if any be needed) is quite clearly the community is not being well served by the current arrangement, nor has it been able to influence the agenda
2.3.	These are the "short term" objectives of any review, the Committee intends to go on to consider broader more thematic concerns around the balance of activity between drugs awareness and treatment and alcohol, which is seen by most to be the more urgent and wider problem for North Yorkshire.
<b>3.0</b>	<b>MEMBERSHIP</b>
3.1.	Yet to be defined number of Care and Independence Scrutiny Members - involvement of Corporate and Partnerships Scrutiny to be determined.
<b>4.0</b>	<b>SCOPE - Phase one</b>
4.1.	Focus around the strategic assessment on the fitness of the DAAT to deliver against its core objectives.
4.2.	Evaluate whether 30 recommendations that emerged from the Strategic review are acknowledged and owned by the DAAT Board and that progress, according to the timescale outlined, is maintained.

4.3.	Assess whether change had not just happened but that the results for the community were positive		
<b>5.0</b>	<b>OBJECTIVES</b>	<b>ACTION</b>	<b>TIMESCALE</b>
5.1.	Seek reassurance of that strategic level commitment from leaders of partner organisations	Initial meet informally with leaders of organisations that represent the partnership.	September 2010 informal meeting Scrutiny Members and reps DAAT Board and NTA
5.2.	Identify and assess demonstrable evidence of change.	Examine information on Action taken – report/briefing to Elected member group. Seamus B and Amanda Bloor	October 2010 - date to be agreed
5.3.	Effectiveness with which implementation of the recommendations being approached	Meetings (on site?) with <ul style="list-style-type: none"> <li>▪ DAAT Team</li> <li>▪ Practitioners on the ground.</li> <li>▪ Representatives of the provider organisations in the county area.</li> </ul>	November - December 2010 - dates to be agreed
5.4.	Understanding of Local Landscape, pattern of and access to services and pressures faced		
5.5.	Involvement/Engagement service users	<b>To be determined</b>	January 2010
5.6.	Initial findings re Progress of DAT etc		
<b>6.0</b>	<b>SCOPE - Amalgamating Phases Two and Three</b>		
6.1.	Review of the structure of how the corrosive effects of substance abuse in the North Yorkshire is tackled in the county area. This would entail a wider thematic view of the service delivery arrangements in the County; were the correct range of services in place; were funding arrangements sensible and working well and an assessment of the effectiveness of multi-agency working.		
6.2.	Wider analysis of the balance of activity and relationship between alcohol and drug use in our communities – <b>especially in relation to alcohol commissioning agenda, with the aim of identifying real and significant service improvement and potential savings opportunities.</b>		
<b>7.0</b>	<b>OBJECTIVE</b>	<b>ACTION</b>	<b>TIMESCALE</b>
7.1.	Role of wider partnership agencies - Feed in understand relationship to total place	Connection with Total Place Pilots – meeting/representation/visit?	January/February
7.2.	Desktop research - compare other DATs understanding of national picture etc Role of the NYSP	Another Meeting with organisations that represent the partnership.	February

7.3.	Relative spending/priority in relation to treatment and		
7.4.	Considerations of options relating to reducing the social and financial costs of alcohol misuse in a sustainable and long term way		
7.5.	Reach Conclusions	Draft Initial account - agreed by members and shared with key DAT players.	End February 2010
8.0	<b>COMMITTEE POSITION REACHED</b>	<b>REPORT TO C &amp; I</b>	<b>17 MARCH 2010</b>