

Joint Public Health Board

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Dorset County Council



Date of meeting	6 November 2014
Officer	Director for Public Health
Subject of Report	Options for drug and alcohol commissioning in Bournemouth, Dorset and Poole
Executive Summary	<p>In November 2013, the Joint Public Health Board agreed that the existing arrangements for commissioning of drug and alcohol services should be reviewed, and an external review of the existing arrangements was completed in early 2014.</p> <p>This paper describes the preferred option from the Pan-Dorset Drug and Alcohol Commissioning Strategic Group to optimise the efficiencies that could be achieved by rationalising existing commissioning arrangements.</p>
Impact Assessment:	<p>An equalities impact assessment will need to be completed if the Board agrees the proposed model in principle. The business case referred to in the recommendation will be informed by the findings of an equality impact assessment.</p>
	<p>Use of Evidence:</p> <p>This report has been developed using the findings of a external review completed earlier in 2014, which examined the current commissioning arrangements for drug and alcohol services.</p>
	<p>Budget:</p> <p>Budgetary risks will need to be explored in more detail with the development of a business case.</p>

	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: None identified to date</p>
Recommendation	<p>The Joint Public Health Board is asked:</p> <ul style="list-style-type: none"> To support in principle the proposed model outlined in this paper, subject to a business case to be brought back to the Board in February 2014.
Reason for Recommendation	<p>The Pan-Dorset Drug and Alcohol Commissioning Strategic Group have considered this report and recommend that the option outlined within the report will give a good balance between centralisation of commissioning to deliver efficiencies whilst maintaining an appropriate focus on local needs.</p>
Appendices	<p>Appendix 1: Proposed governance model</p>
Background Papers	
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Options for Drug and Alcohol Commissioning in Bournemouth, Dorset and Poole

1. Background

1.1 In November 2013, the Joint Public Health Board agreed that the existing arrangements for commissioning of drug and alcohol services should be reviewed. Subsequently, a review of the current arrangements for drug and alcohol commissioning was conducted by the Institute of Public Care, and the draft report initially discussed at the June meeting of the Pan-Dorset Drugs and Alcohol Commissioning Strategic Group.

1.2 Two main options from the report for the future arrangements for commissioning were considered as viable by the group:

- Integration of one commissioning team for Bournemouth, Dorset and Poole within Public Health Dorset.
- A small central commissioning team for commissioning and overall strategy functions but with local services housed and managed within each local authority.

1.3 At the June meeting, referred to in 1.1, a number of principles were agreed as the basis upon which any changes to existing commissioning arrangements should be made:

- where we gain strategically from joint commissioning we should do it;
- needs to draw back into local authority services for children's and adults and be integrated into everything else which was delivered;
- efficiency savings are required;
- equity in access and outcomes recognising delivery and structures may be different in different local authorities;
- needs to work with offender management system;
- needs to work with health services;
- deliverability, feasibility and pragmatism;
- needs to have benefits over where we are now;
- service user engagement is essential.

1.4 Subsequently the four Heads of Service from Bournemouth Borough Council, Borough of Poole, Dorset County Council, including staff from DAAT and Public Health Dorset, held two workshops exploring the options in more detail.

A number of areas of collective agreement were identified:

- Existing local governance arrangements should be replaced by a pan-Dorset governance structure;
- Some commissioning functions would be best done centrally to deliver economies of scale in terms of commissioning capacity, and optimise the opportunities for efficiency savings;
- There are some areas of commissioning, particularly in relation to the recovery agenda which align well with the broader local authority commissioning functions (e.g. safeguarding issues, housing, troubled

families, employment) and which could be improved by integrating this commissioning within the three local authorities;

- Issues around the highly political nature of these services in relation to access and local connections (particularly in Bournemouth);
- There are efficiencies to be made around the commissioning activity currently undertaken by DAAT staff:
 - Whilst there are currently very good relationships between the DAATs and providers and there is agreement that this is maintained, some functions currently undertaken by the DAATs reflect historic expectations from the NTA, and are not part of a commissioner's core role.
 - Current arrangements for needs assessment are time consuming and not adequately targeted to influence commissioning decisions.
 - There are significant opportunity costs associated with the multiple pan-Dorset meetings requiring attendance from three sets of DAAT commissioners.
- There needs to be a greater focus on the current arrangements for young people services through the Children's Joint Commissioning Partnership.

2. Recommendation for preferred commissioning model

- 2.1 Based on the agreed points outlined above the following model is proposed as a pragmatic way forward to optimise the potential efficiencies through changing the way that services are commissioned, whilst maintaining and improving quality and outcomes for service users and their families:

Pan-Dorset Governance Group

- 2.2 Dissolve the existing local authority governance arrangements for the DAAT function, and develop the existing Pan-Dorset Drugs and Alcohol Commissioning Strategic Group (with representation from all pan-Dorset stakeholders including Police, Probation, Dorset CCG and PCC) to take on the governance function for the commissioning arrangements with responsibilities to include:

- Agreeing strategy (including roles and responsibilities of stakeholders)
- Reviewing and challenging performance.
- Holding all stakeholders to account for delivery of agreed strategy and priorities.
- Oversee and review the allocation of resources and make recommendations to the Joint Public Health Board.
- Ensuring consistency of approach where services interlink.
- Developing and supporting co-ordinated working across all partners.
- Involvement from both Adult and Children's Services for Dorset County Council and generally to ensure that a wider family view of drug and alcohol issues is taken, as well as responses to service users who are children, young people or adults.

Jointly Commissioned Services

- 2.3 Where appropriate the three local authorities will recommend a lead commissioning organisation to commission a service or services at a pan-Dorset level. Proposals for pan-Dorset commissioning will be developed through a lead commissioner group with representation from the relevant heads of service of each of the three local authorities and Public Health Dorset.
- 2.4 In this instance the Governance Board will agree the level of resource that will be made available to the organisation for this activity. This allocation will include an allocation for the initial commissioning process and ongoing service review, support and monitoring. The Governance Board will then hold the lead organisation accountable for the performance of the service or services. In undertaking a lead commissioner role organisations will:
- Use their own local commissioning, procurement, legal, HR and other support services and guidelines.
 - Hold the single contract for the delivery of the service on behalf of the three local authorities.
 - Ensure through effective commissioning that the service meets the needs of all customers and effectively interface with other local or pan Dorset services.
 - Involve other partners in all aspects the commissioning process.
 - Deal with any contractual or other legal dispute relating to the service.
 - Provide appropriate data to the Governance Board and partners to enable effective monitoring of service delivery.
- 2.5 In summary, the key parts of the commissioning cycle to be supported at this level are:
- Needs assessment and policy development;
 - Strategy Development;
 - Delivery plan including clarification of what needs to be done at what geographical level, and identification of lead organisations;
 - Allocation of resources to support delivery activity, which includes transparency at the geographical level and between children's and adult services;
 - Performance monitoring, review and evaluation.
- 2.6 It is assumed that the pan-Dorset Governance Group will be involved at appropriate stages in the commissioning cycle.

Individual Commissioning Organisations

- 2.7 Where services are not jointly commissioned resources will continue to be allocated to individual organisations to meet local need. This may be due to the need to integrate services as effectively as possible at a local level or due to significantly different levels or types of need in each area. The Governance Board will hold each organisation separately accountable for the performance of these services.

- 2.8 In this instance it will be for each individual organisation to decide how best to arrange its commissioning function. This may be through a separately identified commissioning function or as part of a more integrated service. Once again the allocation of resource will take into account the need for such functions, but will be undertaken on a consistent formulaic basis not necessarily reflecting individual organisation arrangement. Each organisation will be responsible for:
- Putting in place appropriate arrangements to ensure effective commissioning of services
 - Using their own local commissioning, procurement, legal, HR and other support services and guidelines.
 - Ensuring through effective commissioning that the service meets the needs of all customers and effectively links with other local or pan Dorset services.
 - Involving other partners in all aspects the commissioning process.
 - Dealing with any contractual or other legal dispute relating to the service.
 - Providing appropriate data to the Governance Board and partners to enable effective monitoring of service delivery.
- 2.9 A graphical representation of the model is included as Appendix 1.

3. Joint Commissioning Recommendations

- 3.1 If the above commissioning model is agreed it is suggested that the most appropriate lead organisation for the clinical pathway elements of commissioned services would be Public Health Dorset, building on their existing commissioning responsibilities for clinical services to treat drug and alcohol dependence.
- 3.2 An initial scoping suggests that the following services could be considered as ethical pathways for inclusion in such a joint commissioning arrangement, although further work and discussion would be required to agree a final recommended list:
- Undertaking specific pan-Dorset needs assessment where appropriate to influence commissioning decisions;
 - Inpatient and Residential Care;
 - Open access services including needle exchange and harm minimisation services focused on transmission of blood borne viruses;
 - Prescribing services including GP contracts;
 - Pharmacy contracts (including needle exchange and supervised consumption);
 - Work with acute hospitals;
 - Setting and monitoring of clinical standards and clinical governance;
 - Working with prisons and police (e.g. assertive inreach into prisons, arrest referral services).
- 3.3 As indicated in the commissioning model there is recognition this would have resource implications to enable Public Health Dorset to carry out this lead commissioner function.

4. Legal Considerations

- 4.1 It is clear that the responsible authorities under The Crime and Disorder Act are also responsible for producing and implementing a strategy to combat the misuse of drugs, alcohol and other substances in their area as well as a crime reduction strategy and that they are required to undertake a review (e.g. needs assessment) before doing this.
- 4.2 Section 17 of The Act (duty by responsible authorities, including local authorities, to consider crime and disorder implications) was also amended (by the Police and Justice Act 2006) to include the misuse of drugs, alcohol and other substances. This makes substance misuse work a formal responsibility of the whole authority which must strive to affect it through the delivery of its mainstream (as well as commissioned) services as well as its policies and practices. In other words alignment with local authority mainstream business is required.
- 4.3 In order to progress this we will need to understand and consider the wider legal and statutory duties of partner agencies which will impact on the commissioning of drug and alcohol services.

5. Recommendations from the Pan-Dorset Drug and Alcohol Commissioning Strategic Group

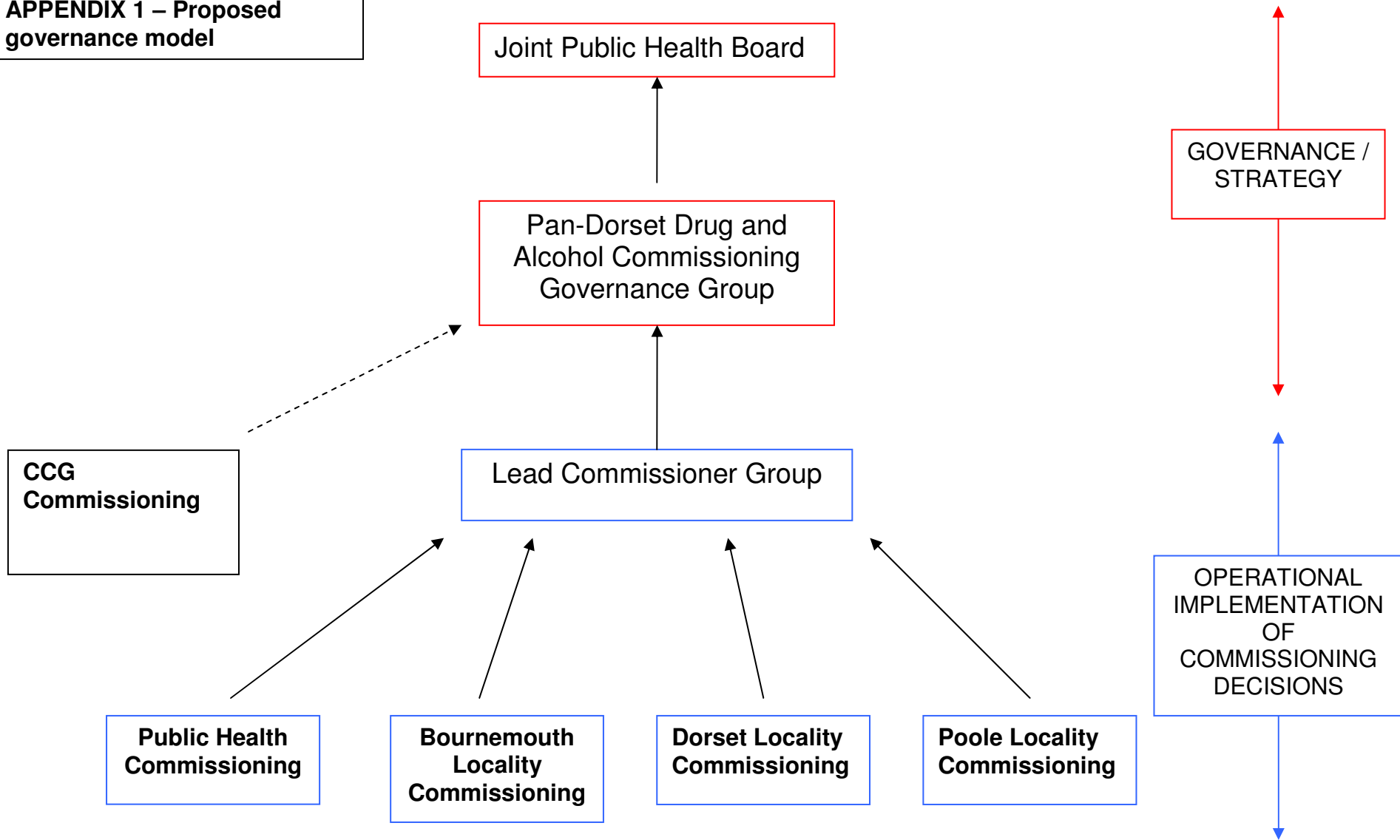
- 5.1 The Strategic Group considered the recommendations about the proposed model at its last meeting in October 2014, and agreed that this proposed model appears to strike the right balance between centralisation of commissioning to deliver efficiencies whilst maintaining an appropriate focus on local needs. They recognised that further work was required to build a business case; including to:
- understand the financial and workforce implications in more detail;
 - agree the principles of the lead commissioning organisation role where services are commissioned jointly and the implications for the transfer of budgets, resources and contracts;
 - consult with the three existing DAAT boards around the proposed model;
 - develop draft terms of reference for the Pan-Dorset Governance Board.

6. Recommendation

- 6.1 The Joint Public Health Board is therefore asked:
- To support in principle, the model outlined in this paper, subject to a business case to be brought back to the Board in February 2014.

Dr David Phillips
Director of Public Health
November 2014

APPENDIX 1 – Proposed governance model



This is not intended to be fully comprehensive and does not include the wider relationships with other commissioning and partnership activities such as the Community Safety Partnerships.