

Joint Public Health Board

Agenda Item:

9

Bournemouth, Poole and Dorset councils working together to improve and protect health

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| Date of meeting | 3 February 2015 |
| Officer | Director for Public Health |
| Subject of Report | 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 presents the finalised business case which was discussed and agreed with the Pan-Dorset Drug and Alcohol Commissioning Strategic Group to optimise the potential efficiencies that could be achieved by rationalising the existing commissioning arrangements.</p> |
| Impact Assessment: | An equalities impact assessment screening process has been completed and no concerns identified. |
| | <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 implications are outlined within the paper.</p> |
| | <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management</p> |

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| | <p>methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW</p> |
| | <p>Other Implications: None identified to date</p> |
| <p>Recommendation</p> | <p>Recommendation 1:</p> <p>The Joint Public Health Board is asked to approve the business case with the expectation that the changes will be implemented from April 2015.</p> <p>Recommendation 2:</p> <p>The Joint Public Health Board is asked:</p> <ul style="list-style-type: none"> • To comment on the draft terms of reference for the Drug and Alcohol Services Governance Board. • To consider what level of reporting the Joint Public Health Board requires from the Governance Board. • To agree to the development of proposals for a scheme of delegation from the Joint Public Health Board to the new Governance Board for consideration at the Joint Public Health Board meeting in June 2015. |
| <p>Reason for Recommendation</p> | <p>The Pan-Dorset Drug and Alcohol Commissioning Strategic Group have considered the business case and recommend that the changes 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> |
| <p>Appendices</p> | <p>Appendix 1: Business Case Appendix 2: Draft Terms of Reference of the Drug and Alcohol Services Governance Board</p> |
| <p>Background Papers</p> | <p>Options for drug and alcohol commissioning in Bournemouth, Dorset, and Poole. Joint Public Health Board, November 2014.</p> <p>Review of Commissioning Structures and Arrangements for Drug and Alcohol services in Bournemouth Borough Council, Dorset County Council and Poole Borough Council. <i>Institute of Public Care</i>, July 2014.</p> |
| <p>Report Originator and Contact</p> | <p>Name: Nicky Cleave, Assistant Director of Public Health Tel: 01305-225879 Email: n.cleave@dorsetcc.gov.uk</p> |

1. Background

- 1.1 This paper presents the business case for the proposal to rationalise the existing arrangements for drug and alcohol commissioning pan-Dorset by:
- Extending the current remit of Public Health Dorset to develop a more comprehensive central commissioning function, whilst any remaining specific DAAT officer functions will be integrated within broader local authority commissioning functions.
 - Replacing the existing local authority specific governance arrangements with a Pan-Dorset Drug and Alcohol Service Governance Board.
- 1.2 The Joint Public Health Board considered the proposal at their meeting in November 2014, and agreed this in principle subject to the business case.
- 1.3 The business case has been developed collaboratively by the three local authorities and Public Health Dorset, and was considered and supported by the Pan-Dorset Drug and Alcohol Strategic Commissioning Group at their meeting in January 2015.
- 1.4 This paper covers two areas:
- The business case
 - The draft terms of reference for the proposed Drug and Alcohol Services Governance Board.

2. The business case

- 2.1 The business case outlines the rationale for the proposed changes together with the anticipated impacts on staffing structures across the four teams, and the high level impacts on the budget management.
- 2.2 Prior to implementation additional work will be required by partner organisations to finalise the human resources process and to agree the detailed budgetary implications with finance leads.

Recommendation 1:

The Joint Public Health Board is asked to approve the business case with the expectation that the changes will be implemented from April 2015.

3. Draft terms of reference for the Drug and Alcohol Services Governance Board

- 3.1 Draft terms of reference for the proposed board are outlined in appendix 2.
- 3.2 The Governance Board will report to the Joint Public Health Board in relation to the commissioning arrangements for drug and alcohol services by the three local authorities. Other stakeholder representatives within the Governance Board will be individually responsible to their own organisations for financial

and contractual decisions where these fall outside of the remit of the Joint Public Health Board

- 3.3 Governance Board meetings will take place quarterly in advance of the Joint Public Health Board to facilitate the decision making process. Further clarity is required to define what level of reporting the Joint Public Health Board requires from the Governance Board.
- 3.4 It may also be helpful for the Joint Public Health Board to consider whether a scheme of delegation to the Governance Board would be helpful to ensure that the demands of drug and alcohol commissioning do not dominate the agendas of the Joint Public Health Board.

Recommendation 2:

The Joint Public Health Board is asked:

- **To comment on the draft terms of reference for the Drug and Alcohol Services Governance Board**
- **To consider how reporting arrangements from the new Governance Board can be optimised**
- **To agree to the development of proposals for a scheme of delegation from the Joint Public Health Board to the new Governance Board for consideration at the meeting in May 2015**

Dr David Phillips
Director of Public Health
February 2015

Future commissioning arrangements for Drugs and Alcohol Services in Bournemouth, Dorset and Poole

Business case

1. Background

A review of the current arrangements for drug and alcohol commissioning in Bournemouth, Dorset and Poole was conducted by the Institute of Public Care earlier this year, and following consideration of the commissioning options agreed in the report the Pan-Dorset Drugs and Alcohol Commissioning Strategic Group recommended this option:

A small central commissioning team for commissioning and overall strategy functions within Public Health Dorset with a retained integrated commissioning function within each Local Authorities Commissioning Arrangements.

At that meeting a number of principles were agreed as the basis upon which any changes to existing commissioning arrangements should be made. These principles were:

- we should consider joint commissioning where we can gain strategically
- where we do not commission jointly, drug and alcohol commissioning needs to draw back into local authority services for children's and adults and be integrated into all other commissioning and service activity
- efficiency savings are required
- equity in access and outcomes recognising delivery and structures may be different in each of the three local authorities
- needs to work and communicate with the offender management system
- needs to work and communicate with health services
- needs to be deliverable, feasible and pragmatic
- needs to demonstrate benefits over previous arrangements
- needs to engage effectively with service users

Subsequently the Joint Public Health Board agreed to accept the recommended option above subject to a detailed business case.

They also agreed that:

- The three current DAAT partnerships would be disbanded to be replaced by a pan Dorset Drug and Alcohol Governance Board.
- This Board will report to the Joint Public Health Board.
- The Governance Board will be supported by a Lead Officer Commissioning Group to involve the service leads from the three Local Authorities and Public Health Dorset, and representatives from Dorset CCG, National Probation Team, Community Rehabilitation Company, and the Office of the Police and Crime Commissioner.

2. Aims of Commissioning Changes

- To deliver management and commissioning efficiencies
- To improve the drug and alcohol prevention and treatment system across Dorset to ensure the principles of equity, efficiency and cost effectiveness agreed by the Joint Public Health Board.
- To maintain existing good local links and partnerships whilst engaging stakeholders at a pan Dorset level to deliver gain from a pan Dorset commissioning approach.

3. Rationale for Proposed Model

These proposals will deliver improved effectiveness as well as efficiencies.

Changes to national policy and monitoring.

The changes from the National Treatment Agency to the new roles taken on by the Local Authorities and Public Health England have set a new framework for the management and commissioning of drug and alcohol systems. The implications of this are a lessening of bureaucracy in terms of reporting and external performance management, and a recognition of the importance of alcohol harm reduction as well as drug misuse prevention and treatment.

Locally the three authorities working with Public Health Dorset have recognised the impact of alcohol misuse in the area and the importance of integrated prevention strategies across all stakeholders.

The impact on children of parental drug and alcohol misuse and effective interventions to improve outcomes for children is now better understood and is also a priority for an integrated approach.

Governance

Existing local governance arrangements should be replaced by a pan-Dorset governance structure to reduce duplication for partner agencies in attending meetings and more efficient use of officer time. This also provides the forum to identify pan Dorset strategic opportunities for joint commissioning. The new joint governance arrangements for Public Health Dorset provide the framework for these joint commissioning proposals and the oversight of funding and budgets.

For children and young people there will be a specific commissioning link to the pan Dorset Children's Joint Commissioning Partnership.

Central Commissioning Function

The extended Public Health commissioning team will provide a more efficient way of delivering some key functions; namely the need analysis, overall performance management of the system and quality assurance of the treatment system. At present these functions are partially duplicated across all three DAAT teams.

Lead commissioning on a pan Dorset basis has the following advantages;

- The ability to hold volatile and high cost residential and inpatient treatment budgets across a wider population to reduce risk for individual local authorities.
- To identify parts of the treatment and prevention system where a pan Dorset provider would provide efficiencies and equity for service users.
- To ensure consistency of quality of care and treatment.
- To facilitate engagement with key pan Dorset partners such as the Police and Crime Commissioner, Police, Probation, the Clinical Commissioning Group and NHS Provider Trusts as appropriate.

Integrating the remaining Local Authority Commissioning Arrangements

There are some areas of commissioning particularly in relation to the prevention and recovery agenda which align well with the broader local authority commissioning functions (e.g. safeguarding issues, housing, troubled families, employment) which will be improved by integrating this commissioning within the three local authorities.

The very different and complex nature of service delivery models and population need between the three authority areas, and the linkages with key local partnerships for children require a continuing local commissioning approach to young people's drug and alcohol commissioning (treatment is a relatively small part of this agenda).

4. Detailed Staffing Structure Proposals

Further work is required with HR colleagues to understand in more detail the implications for current staff and the HR process to support the workforce changes. The changes outlined below will not increase overall staffing costs, and will almost certainly deliver savings - although as yet it has not been possible to fully quantify the impacts on workforce it is anticipated that the operational workforce across the four teams will fall from 13wte to 10.5wte.

Public Health Dorset

The agreed functions of the Public Health Dorset team will be:

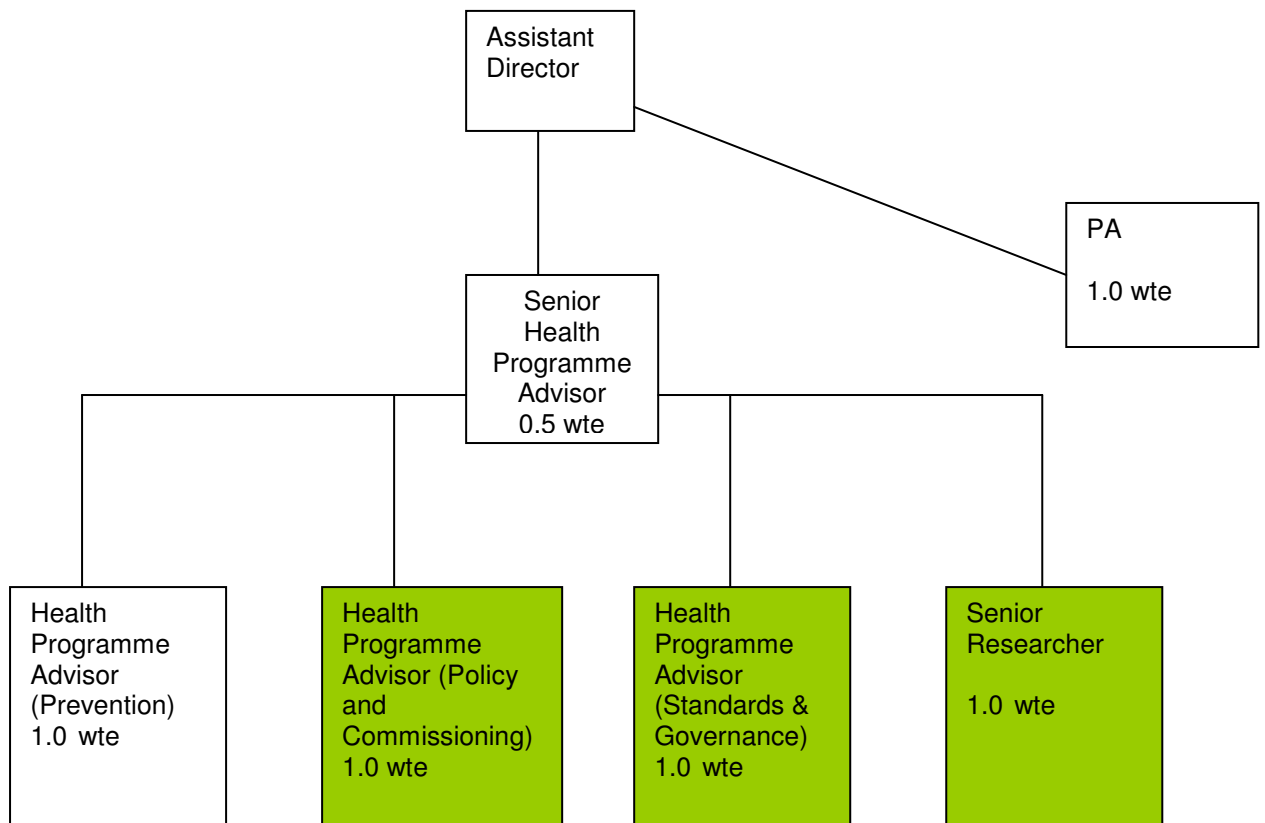
- Undertaking pan-Dorset needs assessment where appropriate to influence commissioning decisions
- Setting clinical standards and monitoring quality
- Data management and performance
- Commissioning of:
 - Inpatient and Residential Care
 - Open access services including needle exchange and harm minimisation services focused on transmission of Blood Borne viruses
 - Prescribing services including GP contracts
 - Pharmacy contracts (including needle exchange and supervised consumption)
 - All other treatment services for Dorset County Council

APPENDIX 1

- Lead on work with NHS organisations including NHS trusts and Primary Care, including communication to ensure a clear understanding of the treatment system across the county.
- Lead on work with prisons, police and probation (e.g. assertive inreach into prisons, arrest referral services)
- Ensuring strategic communication with Health and Wellbeing Boards and Crime and Safety Partnerships

The Public Health commissioning function will be enhanced by the addition of three posts.

The new posts within the structure chart below are marked in green. There are existing in-house generic job descriptions for the Health Programme Advisor posts, which would determine that these posts are a Grade 10, and the senior researcher posts are Grade 10/11. It is proposed that the new structure is run as a pilot for an initial period of 6-12 months after which time responsibilities within the team will be clearer, and will allow a clearer definition of posts including grading. There will also need to be ongoing review of capacity within the team to ensure that sufficient capacity has been identified to meet service needs



Dorset Local Commissioning Arrangements

The current DAAT Joint Commissioning Group (JCG) will cease with main responsibilities moving to the Pan Dorset Drug and Alcohol Governance Board.

The current JCG support roles sit in Adult and Community Services with attendance from an appropriate colleague from Children's Services at JCG meetings.

An overall restructure in Adult and Community Services positions this service in the Partnerships and Performance area of the Directorate. Within the safeguarding and quality service area there is a post of Community Safety and Drug Action Manager and a post of Substance Misuse Business Manager. Roles and work identified as remaining with the County Council include:

- Overview and integration of what outcomes the council wants to achieve and development of strategy and action plans to do this.

It is judged that there is potential for greater collaboration between Adult and Community Services and that this needs further work to develop it in the context of the new Pan Dorset working and the new Public Health commissioning lead.

This narrative from the County Council perspective together with the Public Health lead on commissioning the treatment system raises an issue as to how best to support the Board in its work to set the scope, ambition and for the broad substance misuse agenda and strategy for Bournemouth, Dorset and Poole.

Recognising that the Pan Dorset approach is new and it will need time to settle down and for there to be further discussions between the partners about how the whole system is working a pragmatic approach to the Dorset County Council Pooled Treatment Budget (PTB) is proposed by Dorset. The Dorset PTB is primarily focussed on supporting drug and alcohol treatment (rather than support staff funding) it is proposed to passport this to Public Health in its entirety on the understanding that it will be appropriate for a modest amount to be given back to the council to support the refreshed approach to substance misuse work in the light of experience.

Bournemouth Local Commissioning Arrangements

The existing Bournemouth DAAT Executive Board will cease to meet and the responsibilities of the Board passed to the pan Dorset governance arrangements. At the final meeting of the Board in March 2015, the continuation of effective arrangements for service user engagement in Bournemouth will be considered. The functions of the DAAT officers will be reviewed to embed these more effectively in the broader Adults and Children commissioning function. The commissioning of Drug and Alcohol services will remain a discreet function, with an identified and dedicated staffing resource. However, this will be undertaken as a cross cutting theme to reflect the complexity of the multiple needs of service users. Overall responsibility for Clinical Governance and Needs Analysis will pass to the Dorset Public Health Team. Any residual or additional requirement for these services will be considered locally and amalgamated with existing functions within Bournemouth.

Poole Local Commissioning Arrangements

The current DAAT Partnership will discontinue with the functions passing to the pan Dorset governance structure.

The two posts in the current structure related to clinical governance and needs analysis and performance will be deleted and the bulk of the functions will move to the pan Dorset Public Health Team.

The current DAAT co-ordinator will continue in a local commissioner role, integrated within the People Theme commissioning arrangements based in the Commissioning and Improvement People Services unit. The part time contract officer role and the administrative support role will remain unchanged.

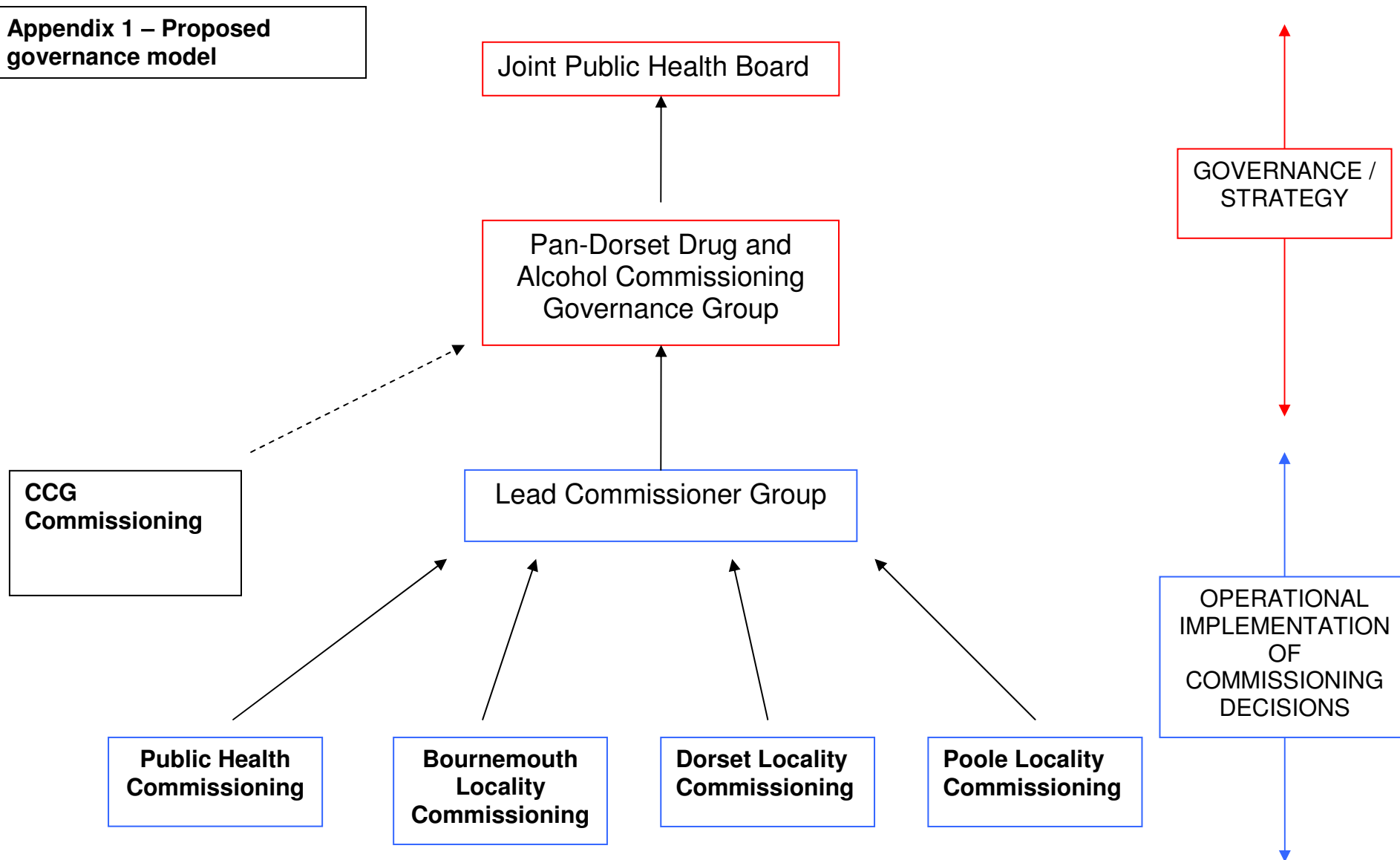
5. Finance

The proposed financial arrangements which support these commissioning changes are to extend the overall existing agreement between the three local authorities in relation to the pooling of Public Health allocations managed by Public Health Dorset. It is therefore anticipated that no further agreements will be required to validate the proposed changes to commissioning. These principles would also apply to the allocation of additional staffing costs incurred by Public Health Dorset i.e. Dorset 55%, Bournemouth 25%, Poole 20%.

A summary of contracts and transfers of financial responsibility is attached in appendix 2.

**Nicky Cleave, Neil Goddard, Paul Leivers, Nick Wharam
January 2015**

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, and the pan Dorset Children’s Joint Commissioning Partnership.

Appendix 2 - Finance

| | Proposed Commissioning responsibilities/budgets to be transferred to Public Health Dorset for 2015/16 | Net budget transfer to PHD (contracts) for 2015/16 * | Share of Public Health Dorset additional staffing costs |
|------------------------------------|---|---|--|
| Bournemouth Borough Council | Pharmacy needle exchange Specialist Prescribing Shared care – GPs Primary Care Support Team Drug and Alcohol community detoxification Residential Rehabilitation | £682,613 | 25% |
| Dorset County Council | All contracts except Young People | £1,959,000 | 55% |
| Poole Borough Council | Supervised consumption Needle Exchange Residential Rehabilitation | £135,500 | 20% |

*** These are indicative budgets only and further work will be required to agree these with Finance teams**

Appendix 3

Equality Impact Assessment screening record

Service: Commissioning arrangements for Drug and Alcohol services in Bournemouth, Dorset and Poole

Officers involved in the EqIA screening: Nicky Cleave (PHD), Paul Leivers (DCC), Nick Wharam (BOP), Neil Goddard (BBC)

What are you impact assessing?

Service

Significant change to service delivery (eg. an office move)

Strategy (Is it an existing or a new strategy?)

Policy (Is it an existing or a new policy?)

A large-scale project

Q1 – What is the title of your service, strategy, policy or project?

Commissioning for Drug and Alcohol Services in Bournemouth, Dorset and Poole

Q2 – Who does/will it have an impact on – eg. public, visitors, staff, members, partners?

This is a pan-Dorset piece of work to optimise the arrangements for commissioning to maximise efficiencies whilst maintaining an appropriate focus on local needs.
This will impact on the 9 staff currently working within the three DAAT teams, with some staff potentially transferring employer to work within the Public Health Dorset team hosted by DCC, and other staff experiencing changes in roles and responsibilities.

Q3 – Does or could the service, strategy, policy or project have a negative impact on people when you consider the equality strands below?

| | Negative impact | Positive/ No impact | Don't know |
|-----------------------|--------------------------|---------------------|--------------------------|
| Age | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Economic disadvantage | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Gender re-assignment | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Race | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Religion or belief | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Rural isolation | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |
| Sexual orientation | <input type="checkbox"/> | ✓ | <input type="checkbox"/> |

Q4 – Has research or consultation data, broken down by equality strand informed this service, strategy, policy or project?

The project has been informed by a review of the current commissioning arrangements which looked at each local authority separately and involved existing staff. However with the small number of staff involved it is not feasible to to break this down by equality strand.

| | No | Yes | Don't know |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic disadvantage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender re-assignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Race | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Religion or belief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rural isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If your answers to questions three and four are mostly ‘negative’, ‘no’ or ‘don’t know’, you need to do a full EqIA

If your answers to questions three and four are mostly ‘positive / no impact’ or ‘yes’ forward this screening record to your lead equalities officer for approval.

Q5 – Proportionately, does the workforce affected have a higher percentage of staff with any of the following protected characteristics when compared with the profile of the total workforce?

| | No | Yes | Don't know |
|-----------------------|----|--------------------------|--------------------------|
| Age | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic disadvantage | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender re-assignment | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Race | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Religion or belief | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Rural isolation | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual orientation | ✓ | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered ‘yes’ or ‘don’t know’ in your responses to question five above, you need to do a full EqIA

If your answers to question five are ‘No’, forward this screening record to your HR Business Partner for approval.

Screening approved by:

Date:

13th January 2015

Drug and Alcohol Services Governance Board

Draft Terms of Reference

Role:

The role of the Drug and Alcohol Services Governance Board is to provide leadership and governance of the pan-Dorset drug and alcohol agenda to improve efficiency, address unmet need and issues of equity, and improve outcomes, and to report to the Joint Public Health Board.

Objectives:

- To ensure that there is an effective strategy to address all aspects of substance misuse – prevention, harm minimisation and treatment.
- To improve outcomes for service users and their families
- To contribute to the reduction of substance misuse related crime and anti-social behaviour

Responsibilities:

- To provide leadership and governance for the commissioning arrangements across all partners and make recommendations to the Joint Public Health Board where appropriate;
- To make decisions about local authority commissioning arrangements where these have been delegated by the Joint Public Health Board;
- To work to the principles of equity, efficiency and cost-effectiveness as adopted by the Joint Public Health Board;
- To develop and agree strategies to address all aspects of substance misuse.
- To strengthen the relationship between all partner organisations to ensure a coherent approach to address all aspects of substance misuse;
- To monitor and drive performance against key priorities and targets;
- To review the needs identified through needs assessment/JSNA and ensure that these inform the development of strategy and commissioning decisions;
- Through the constituent membership to ensure that there are effective services in place to meet all service user needs across all aspects of substance misuse – prevention, harm minimisation and treatment;
- To be responsible for and approve the methodology and recommendations of the annual strategic assessment and delivery plan;

- Share good practice, explore and identify further opportunities to work together, share resources and expertise.
- To ensure that the drug and alcohol agenda is fully linked in with all aspects of the safeguarding agenda, including links to all relevant boards and partnerships;
- To ensure effective links to the Community Safety and Criminal Justice Board and Health and Wellbeing Boards;
- To ensure that the Board works together to make effective use of all available funding and resources;
- To ensure that it engages with services users and carers in all aspects of the work.

Membership

- Director of Adult Services, Dorset County Council
- Strategic Director – People Theme, Borough of Poole
- Executive Director – Adults and Children, Bournemouth Borough Council
- Director of Public Health, Public Health Dorset
- Head of service, Bournemouth Borough Council
- Head of service, Borough of Poole
- Head of service, Dorset County Council
- Assistant Director of Public Health, Public Health Dorset
- Lead Councillor from Dorset County Council
- Lead Councillor from Borough of Poole
- Lead Councillor from Bournemouth Borough Council
- Dorset CCG GP representative
- Dorset CCG Executive Director Representative
- Police and Crime Commissioner representative
- Dorset Police representative
- Probation Services Representatives – National Probation Service and Community Rehabilitation Company
- Public Health England representation
- Service user representative from each locality treatment system
- ? *Prison representative*

Other partners will be invited to attend meetings on an as and when basis depending on the nature of business to be covered on the agenda, and allowing opportunities for stakeholders and service users involvement as appropriate.

Members of the group agree to:

- Attend the meeting regularly
- Ensure that there is appropriate representation from their organisation at the meeting if they are unable to attend.
- Link with stakeholders within their own organisation to ensure that the business of the Board is communicated appropriately.

- To be transparent about the commitment of resource across the breadth of the alcohol and drug agenda.

Reporting

The group will report to the Joint Public Health Board in relation to the commissioning of drug and alcohol services by the three Local Authorities. Members will be individually responsible to their own organisations for financial and contractual decisions where this falls outside of the remit of the Joint Public Health Board.

Meeting Frequency, Location and Administration

The group will meet quarterly and the location will be rotated across the county, ensuring that arrangements are in place to facilitate attendance from services users. Exceptional meetings can be called with agreement from core members. Any Task and Finish group activity will be carried out between meetings. Agenda and associated papers shall be sent out to members prior to the meeting; admin support will be provided by Public Health Dorset.