

From: Dr Faiza Khan, Deputy Director of Public Health

To: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Decision No: 14/00161

Subject: KDAAT – Realignment to Public Health Directorate

Classification: Unrestricted with exempt appendices

Future Pathway of Paper: Cabinet Member Urgent Key Decision

Electoral Division: All

Summary: The report provides the Cabinet Member with an overview of the work of the Kent Drug and Alcohol Action team (KDAAT). KDAAT transferred into Public Health on October 1st 2014, following a transfer into the Social Care Health and Wellbeing Directorate in April 2014.

The report outlines actions required for the integration of KDAAT into Public Health particularly in relation to current contracts.

Recommendation:

The Cabinet Member for Adult Social Care and Health is asked to :

- a) Authorise the signing or sealing as necessary any unsigned documentation required for the efficient, effective and lawful delivery of contracts already in place and relating to services already being delivered, as set out in the report, and retrospectively endorse those projects and contracts urgently to reduce any legal or constitutional risk to the Council.
- b) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

1. INTRODUCTION

1.1 KDAAT responsibilities and staff have recently been transferred from Strategic Commissioning to Public Health as part of the Top Tier Transformation review and this has resulted in some requirements for action. This report seeks agreement to urgent necessary actions by the Cabinet Member to ensure that legal and governance requirements are complete and that services to users are uninterrupted.

2. BACKGROUND

2.1 KDAAT is one of 151 drug and alcohol action teams (DAATs) across England. All are formed and funded by a variety of local and national

organisations which aim to reduce the harm of drug and alcohol misuse on individuals, families and communities.

2.2 As a partnership Kent Drug and Alcohol Action Team (KDAAT) makes sure a wide range of services are available and easily accessible to Kent residents.

2.3 The role of KDAAT is to:

- Undertake needs assessments for substance misuse services in Kent
- Plan and commission services to meet those needs
- Monitor performance and outcomes of drug and alcohol treatment services in Kent
- Communicate plans, activities and performance to key stakeholders
- Work with partners to deliver shared national and local priorities and targets relating to drug and alcohol misuse.

2.4 KDAAT is hosted by KCC and is overseen by an Executive Board chaired by Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing at Kent County Council. The Board liaises with the Adult and Young People Joint Commissioning Groups and elected Members and partner organisations to set the strategic direction for the partnership, and to identify and deliver commissioning strategies.

2.5 The KDAAT team is responsible for the day to day implementation of the strategies, working closely with colleagues from wider Public Health, across KCC and in partner organisations.

3. CURRENT POSITION

3.1 The following substance misuse contracts are currently in place in Kent, responsibility for which lies with KDAAT and therefore has transferred to the Public Health Directorate:

- East Kent Integrated Substance Misuse Service for Adults
- West Kent Integrated Substance Misuse Service for Adults
- Young Persons Early Intervention and Specialist Treatment Service
- Kent and Medway Prison Drug and Alcohol Treatment

3.2 Adult Services

Adult substance misuse services are provided both in the community and in custodial settings (prison and police custody). Services are delivered through fixed site hubs across Kent. In addition, satellites operate in, but are not limited to, GP surgeries, Healthy Living Centres and Gateways, along with Roving Recovery Vehicles in East Kent. Over 37 pharmacists provide supervisory dispensing and Needle and Syringe Programmes (NSPs) in partnership with community services.

3.3 Children's Services

Early intervention services for young people are provided on a one-to-one basis in youth hubs, integrated settings and in a group work basis in schools, youth offending services and children's homes. Both early intervention services and specialist treatment are offered.

4. ACTIONS RESULTING FROM TRANSFER

- 4.1 As part of the work to implement the transfer of these services to the Public Health Directorate, officers have assessed the documentation in place relating to current service delivery. Some of the documentation is currently unsigned and without proper authorisation from the Cabinet Member, therefore it is necessary to seek retrospective approval in order that the contracts can be correctly formalised.
- 4.2 An internal audit of the service was recently carried out and this gave an overall assurance rating of 'no assurance'. The report covered governance, legal and financial aspects of the service.
- 4.3 In addition, several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract itself, although already being delivered, need to be formally authorised for signature, for completeness and in order to have the strongest protection from any, unlikely, legal challenge. The budget for services provided under these contracts and related variations have been agreed on a yearly basis as part of the annual budget by County Council.
- 4.4 It is recommended that the Cabinet Member agree that any unsigned documentation necessary to the efficient, effective and lawful delivery of contracts already in place be signed or sealed as necessary, and that he retrospectively endorses those projects and contracts in full, as set out in Appendix A. It is recommended that this be carried out under statutory and local procedures for urgency.
- 4.5 It is recommended that the decision be taken in accordance with statutory and local procedures for urgency. It would not be reasonable to defer the decision in order to comply with normal procedures as to delay the decision would leave the Council at risk from not having complied with its internal decision-making processes, as some contract documentation was found to be unsigned, and without authorisation from the Cabinet Member it would remain so.
- 4.6 As required by the Constitution, the Corporate Director for Social Care and Wellbeing and the Chairman of the Scrutiny Committee have agreed that the decision should be taken without delay and the Chairman and the group spokespeople of the Scrutiny Committee and the ASC&H Cabinet Committee have been informed.
- 4.7 Governance arrangements relating to KDAAT have been reconfirmed and standardised as part of the ongoing work to transfer the team to ensure that all proposals put forward by the Board are not only discussed at Joint Commissioning Boards and other partnership bodies but are also considered by the Adult Social Care and Health Cabinet Committee to ensure that the expertise of Members is fully utilised to provide continually improved services in the future.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no new financial implications of the proposed decision as the actions consolidate and retrospectively authorise actions already undertaken under partnership arrangements.
- 5.2 The funding allocated to drug and alcohol services is, like all services, agreed as part of the budget by the County Council. In recent years this budget has then been allocated by the KDAAT Board in consultation with relevant partners. The detail of the budget will be reviewed as part of the transfer arrangements.
- 5.3 The KDAAT Board have already considered and agreed to increase investment in the West Kent service to ensure a safe, high quality service rather than to maintain the original payment mechanism which has been found to be flawed both locally and nationally.
- 5.4 Both the East and West Kent contracts are due to come to an end in 2016 when Members will be fully involved in any decision regarding continued, alternative or extended provision
- 5.5 Pilot projects in both East and West Kent are running for between 1 and 2 years and have been funded from unallocated KDAAT budget. Decisions on spending following the end of the pilot programmes will be brought before Members for consideration and comment.

6. LEGAL IMPLICATIONS

- 6.1 Legal Services have confirmed that the decision is required to endorse the existing contracts and variations, and that this should be taken as soon as possible to reduce risk to the Council.

7. CONCLUSIONS

- 7.1 The change of ethos from a partnership environment to a Directorate base has not been without challenges but the mechanisms are now in place and will be finalised by the agreement of the actions within this report, to ensure that KDAAT continues to provide excellent services for those people who rely on them in Kent. In addition new management arrangements are being put in place to strengthen future service planning, decision making and monitoring.
- 7.2 Substance misuse services being provided to adults in East and West Kent and to young people countywide deliver good outcomes for Kent residents and performance continues to be strong. The realignment to sit within the Public Health Directorate offers further opportunity to integrate the services with wider public health outcomes.

8. RECOMMENDATION:

The Cabinet Member for Adult Social Care and Health is asked to :

- a) Authorise the signing or sealing as necessary any unsigned documentation required for the efficient, effective and lawful delivery of contracts already in place and relating to services already being delivered, as set out in the report, and retrospectively endorse those projects and contracts urgently to reduce any legal or constitutional risk to the Council.
- b) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

9. BACKGROUND DOCUMENTS

9.1 None

10. CONTACT DETAILS

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