

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Andrew Scott-Clark, Interim Director of Public Health  
Andrew Ireland, Director of Social Care Health and Wellbeing

**To:** Adult Social Care and Health Cabinet Committee  
15 January 2015

**Subject:** Drug & Alcohol Service Commissioning

**Classification:** Unrestricted

**Future Pathway of Paper:** none

**Electoral Division:** All

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

The report outlines action required for the integration of KDAAT into Public Health, including the urgent decision taken on the 18 December 2014.

**Recommendation:**

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

- a) Note the report and attached Record of Decision

## 1. INTRODUCTION

1.1 The purpose of this report is to inform the Cabinet Committee of the recent transfer of the KDAAT responsibilities and team from Strategic Commissioning to Public Health, as part of the Top Tier Transformation review. It provides background information on the role and responsibilities of KDAAT and describes the services that have transferred and related performance. The report also provides detail about the recent urgent decision taken by the Cabinet Member for Adult Social Care and Public Health.

## 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 the County Council and is overseen by an Executive Board chaired by Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing. 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 Public Health colleagues in the County Council and in partner organisations.

## 3. CURRENT SERVICES

3.1 The following substance misuse contracts are currently in place in Kent and the commissioning has therefore 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.

Early Intervention work includes:

- Assertive Outreach
- Brief interventions and enhanced brief interventions in service settings testing and satellites
- Harm Minimisation Interventions – Blood Borne Viruses (BBV) screening and vaccination including dry blood spot
- Needle and Syringe Programmes
- Referral to smoking cessation

Structured Treatment work includes:

- Arrest Referral Scheme
- Alcohol Treatment Requirement
- Drug Rehabilitation Requirement
- Alcohol and Cannabis Diversion Scheme
- Drug Testing on Arrest
- Structured Psycho-social interventions
- Intensive Key working
- Structured Group work programmes
- Harm Minimisation Interventions
- Pharmacological Interventions
- Community Detoxification
- Ambulatory Detoxification
- Access to inpatient stabilisation and detoxification
- Access to Residential Rehabilitation
- Access to mutual aid and recovery communities including Alcoholics Anonymous, Narcotics Anonymous and Smart
- Recovery groups.
- Tailored Interventions to improve social functioning and enhance life skills
- Family-focused interventions (including support to carers/significant others)
- Initiatives to promote general physical improvement.

### 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.

Early Intervention work with Children includes:

- One-to-one brief interventions (linked to key referral pathways i.e. Police)
- Group work including RiskKit, targeted at those who are likely to engage in risk-taking and problematic behaviour

Specialist Treatment work includes:

- One-to-one psycho-social interventions
- Intensive one-to-one support
- Specialist Prescribing
- Work with parents / carers
- Sexual health screening
- Smoking cessation

## **4. PERFORMANCE**

- 4.1 Performance of these services is generally strong and continues to improve.
- 4.2 The key metric within the Public Health Outcomes Framework (PHOF) for substance misuse treatment services concerns the proportion of all in treatment (opiate and non-opiate users are counted separately) who left drug treatment successfully and did not re-present for treatment within 6 months. This outcome demonstrates a significant improvement in health and well-being and aligns with the Government strategy of increasing the number of individuals recovering from addiction.
- 4.3 Presented annually in the PHOF, this measure is however, monitored monthly. The most recent figures available on the PHOF show Kent as significantly better on this outcome than national, at 10.9% for opiate clients and 49.2% for non-opiate clients in 2012, compared to national at 8.2% and 40.2%, respectively. Kent has decreased from previous levels of 14.6% for opiate clients in 2010 and 2011 but remained stable for non-opiate clients. Monthly figures which use rolling 12 month data from April 2012 onwards show little variation from 10% for opiate clients and a slight variation between 45% and 50% for non-opiate clients.
- 4.4 Future reporting will expand further on this measure and explore how Kent compares to other similar local authorities and trend data, with a focus on Kent's position compared to the top quartile range for comparator local authorities.

## **5. ACTIONS RESULTING FROM TRANSFER OF COMMISSIONING**

- 5.1 As part of the work to implement the transfer of these services to the Public Health Directorate, an internal audit of the contracts has been carried out. Officers have assessed the documentation in place relating to current service delivery and a detailed action plan is in progress to address a series of governance and contract issues
- 5.2 Several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract need to be formally authorised for signature, for completeness. 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.
- 5.3 The Cabinet Member has recognised the gravity of this issues and consequently took an urgent decision, under statutory and local procedures, to agree that all necessary actions should be taken and any unsigned documentation necessary to the efficient, effective and lawful delivery of contracts already in place be signed or sealed as necessary. The Record of Decision is Appendix A.
- 5.4 The Cabinet Member has also commissioned a review of governance arrangements relating to KDAAT, 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.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 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.
- 6.2 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.

## **7. LEGAL IMPLICATIONS**

- 7.1 The County Council's Legal Services have been fully involved in the recent urgent decision process.

## **8. CONCLUSIONS**

- 8.1 The transfer of KDAAT to Public Health has not been without challenges, but the mechanisms are now in place 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.
- 8.2 Substance misuse services being provided to adults in East and West Kent and to young people countywide, to deliver good performance and outcomes for Kent residents, continue to be strong. The realignment to sit within the Public Health Directorate offers further opportunity to integrate the services with wider public health outcomes.

## **9. RECOMMENDATION:**

### **Recommendation:**

The Adult Social Care and Health Cabinet Committee is asked to:

- a) Note the report and attached Record of Decision

## **10. BACKGROUND DOCUMENTS - None**

## **11. CONTACT DETAILS**

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### **Relevant Directors:**

Andrew Scott-Clark, Interim Director of Public Health  
Andrew Ireland, Director of Social Care, Health and Wellbeing.

## Appendix A

### KENT COUNTY COUNCIL – RECORD OF DECISION

<b>DECISION TAKEN BY</b> Cabinet Member for Adult Social Care and Public Health	<b>DECISION NO.</b> 14/00161
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*If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972*

**Subject :** KDAAT – Realignment to Public Health Directorate

**Decision:**

As Cabinet Member for Adult Social Care and Health, I agree:

- a) To 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.

**Any Interest Declared when the Decision was Taken**

None

**Reason(s) for decision, including alternatives considered and any additional information**

As part of the work to implement the transfer of KDAAT 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 authorisation from the Cabinet Member it would remain so, thereby leaving the Council at risk from not having complied with its decision-making processes. 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 signed, for completeness and in order to have the strongest protection from any, unlikely, legal challenge.

**Background Documents:**

None

**Cabinet Committee recommendations and other consultation:**

The 15<sup>th</sup> January 2015 Adult Social Care and Public Health Cabinet Committee will receive a report on the decision.

Local and statutory procedures for urgency have been undertaken and a briefing held with opposition group leaders.

It was considered that the decision could not be deferred in order to undertake the normal procedures owing to the extended risk that the Council would be exposed during the delay.

**Any alternatives considered:**

None - Legal Services have confirmed that the decision is required and that this should be taken as soon as possible to reduce risk to the Council.

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

None

  
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signed

18 December 2014  
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date