

EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP

COMMITTEE- 22 NOVEMBER

ALCOHOL AND DRUG PARTNERSHIP

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1. The Alcohol and Drug Partnership Committee Sub Group has been identified as a group which shall report to the CHP Officer locality Group(s).

2. BACKGROUND

- 2.1. Alcohol and drug partnerships have existed in a number of forms since 1989. In 2007 the Scottish Executive published the Report of the Stocktake of Alcohol and Drug Action Teams (ADATs) which outlined a number of strengths and weaknesses in current arrangements.
- 2.2. In 2008 Ministers invited members of the Scottish Advisory Committee on Drugs Misuse and Scottish Ministerial Advisory Committee on Alcohol Problems to sit on a joint Delivery Reform Group to look at the future of alcohol and drugs delivery arrangements.
- 2.3. The report of the Delivery Reform Group informed A New Framework for Local Partnerships on Alcohol and Drugs which was jointly launched by the Scottish Government, NHS and CoSLA in April 2009.
- 2.4. The Framework is based on the following principles:
- Continuing need for multi-agency partnerships at the local level
 - Partnerships should be firmly based within existing structures
 - Governance and accountability arrangements consistent with current arrangements
- 2.5. In April 2009 a paper was submitted to the Community Planning Partnership (CPP) Board for consideration outlining the proposals for reviewing and reforming the strategic alcohol and drugs partnership planning arrangements in East Ayrshire.

3. PURPOSE

- 3.1. The Alcohol and Drug Partnership (ADP) will work to reduce the harmful effects of alcohol and drug misuse on service users, families and communities

4. REMIT

4.1. The remit of the committee will be to work in partnership to deliver key actions and outcomes within the Improving Health and Wellbeing Action Plan of the Community Plan, the Children and Young Peoples Services Plan and the Improving Community Safety Plan within the Single Outcome Agreement.

4.2. The principle responsibilities of the committee will be:

- a) Carry out an evidence based assessment of local need
- b) Develop and implement a comprehensive alcohol and drugs strategy. The strategy should include:
 - A clear assessment of local needs and circumstances, including both met and unmet needs;
 - Identify key outcomes relating to drugs and alcohol misuse, their place within the wider framework of priority outcomes contained within Single Outcome Agreements, and how their achievement will be measured
 - Set out clearly and openly the totality of resources that each partner is directing to the pursuit of alcohol and drugs outcomes;
 - Set out an outline of the services to be provided and/or commissioned reflecting the local assessment of need, including developing a service map which identifies all services available locally;
 - Consider issues such as workforce development and ensuring the workforce is equipped with the skills to deliver; and
 - Set out an approach to the commissioning and delivery of services, including preventive interventions, in pursuit of the outcomes identified.

4.3. Act as advocate of the Strategy within Community Health Partnership regarding priority and investment.

5. MEMBERSHIP

5.1 The membership reflects the continuing need for a multi-agency partnership at a local level focused on alcohol and drug problems and is representative of the wide range of partners engaged in community planning.

5.2 The Committee shall comprise of:

East Ayrshire Council	Community Care Children and Families & Criminal Justice Community Learning and Development Housing Schools / Early years Leisure Legal and Regulatory
NHS Ayrshire and Arran	Mental Health Directorate Public Health Department Pharmacy
Justice	Strathclyde Police

	HMP Kilmarnock
Employability	Job Centre Plus / Condition Management
Voluntary Sector	Representation from voluntary sector organisations in East Ayrshire
Other partnership representatives	Improving Community Safety Implementation Group Community Justice Authority Child Protection Committee
Other organisations	District Procurator Fiscal Scottish Childrens' Reporters Administration Strathclyde Fire Service
In Attendance	Partnership Development Officer CHP Facilitator EAC and NHS A&A Finance Department representatives ADP Support Team secretary (minute taker)

- 5.3 One third of the committee members shall constitute the quorum. For the meeting to be quorum representatives from NHS, Local Authority and Justice must be present. Non quorate meetings can still proceed with the agreement of those present with decisions ratified at the next full scheduled meeting.
- 5.4 When joining the ADP each member will be required to formally nominate a named representative to attend ADP meetings if the member is not available to attend.
- 5.5 Members and nominated representatives will be responsible for taking issues between the ADP and their organisations/forums for information, comment action.
- 5.6 The Committee may co-opt additional advisors as required with approval of the chair

6. APPOINTMENT OF CHAIRPERSON AND VICE CHAIRPERSON

- 6.1 The ADP Chairperson will be nominated by members of the CPP Board.
- 6.2 The Chairperson will act as independent representative for the duration of the office.
- 6.3 A Vice Chairperson will be appointed from the members of the ADP. The Vice Chairperson will preside at ADP meetings in the absence of the Chairperson.
- 6.4 The Chairperson and Vice Chairperson will be rotated between NHS and Local Authority with these organisations represented in either role at one time.

7. EXECUTIVE MEMBERS

- 7.1 The Chairperson, Vice Chairperson and a representative from the local authority and/or NHS if neither organisation is represented by the Chairperson or Vice Chairperson will comprise the Executive Members.
- 7.2 The Executive will be empowered to consult and make recommendations on behalf of the ADP where decisions are required before the next meeting. The Executive must report all such decisions to the ADP for ratification.

8. FREQUENCY OF MEETINGS

- 8.1 The Committee shall meet on a no less than quarterly basis.
- 8.2 The Chair may, at any time, convene additional meetings of the Committee.

9. CONDUCT OF BUSINESS

- 9.1 A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members.
- 9.2 The agenda and supporting papers shall be sent to members at least five working days before the date of the meeting.
- 9.3 Administrative support shall be provided by the Alcohol and Drug Partnerships Support Team.
- 9.4 Meetings of the ADPC are not open to the general public. Ratified minutes of ADP meetings will be available.

10. AUTHORITY

- 10.1 The Committee is authorised on behalf of the Officer Locality Group(s) to investigate any matter that falls within its Terms of Reference and obtain professional advice as required.

11. DUTIES

- 11.1 The Committee shall be responsible for the oversight of alcohol and drug related issues within the CHP.

12. DECISION-MAKING PROCEDURES

- 12.1 The ADP will operate on the basis of consensus. Consensus, in respect of any particular item under consideration will be taken to constitute a majority rather than unanimity and the Chairperson will be the sole judge of consensus in respect of any item of business.
- 12.2 If there is dissent from agreement on a significant issue, the dissenting partner(s) may ask for that dissent to be recorded in the minute of the meeting.

12.3 The ADP may not take a final decision on any matter which is the statutory responsibility of any member organisation, and may not take any final decision on the allocation of funds which are the responsibility of any member organisation, unless given the authority by that member organisation to do so. The ADP may however make recommendations on such matters.

13 CONFIDENTIALITY

13.1 All member of the ADP will be responsible for maintaining the confidentiality of relevant documents. The Chairperson will rule where necessary to advise on the confidentiality of documents

14 REPORTING ARRANGEMENT

14.1 Minutes shall be kept of the proceedings of the Committee, and circulated in draft form within five working days to the Chair of the Committee, and within five working days thereafter to members, prior to consideration at a subsequent meeting of the Committee.

14.2 The Chair shall provide assurance on the work of the Committee and the draft minutes will be submitted to the Officer Locality Group(s) for information.

14.3 The Chair of the committee will complete and submit a performance proforma on the following dates 1st July 2009, 26th October, 2009 and 26th February 2010.

14.4 The Chair of the Committee will complete the annual performance report by 31st May 2010.

15 REVIEW OF THE ADP TERMS OF REFERENCE

15.1 The Terms of Reference will be submitted to the CHP Committee for approval.

15.2 The Terms of Reference will be reviewed by members of the ADP after the first 6 months of business commencement, thereafter on an annual basis

15.3 Amended Terms of Reference will be submitted to the CHP Committee for approval.

16. RECOMMENDATIONS

16.1 It is recommended that CHP

- i) Approve the Terms of Reference
- ii) Otherwise note the content of the report

Eddie Fraser

Chair of East Ayrshire ADP- (Updated by CHP Facilitator November 2010)