



Alcohol and Drug Action Team

Steering Group

Date: 10 December 2008

Report by Ruth Shepherd

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Title:- Delivery Reform Stakeholder Event Report and proposals.

Purpose of Report :- To set out the background and provide a range of detailed proposals for the move towards Alcohol and Drug Partnerships within Ayrshire and Arran.

Recommendations

ADAT Steering Group is asked to:

- Note the content of this paper
- Make suggestions for changes and or amendments as appropriate
- Identify which models are acceptable and unacceptable to member organisations.
- Identify the criteria to evaluate the models against.
- Agree which content is suitable for dissemination to organisations invited to the Stakeholder Event.

Background to Scottish Alcohol and Drug Action Teams

Alcohol and Drug Action Teams (ADATs) have been in existence in various forms for over 18 years.

Alcohol Action Teams

Alcohol and drug problems are recognised today as both major public health and social issues in Scotland. The history and consequences of alcohol and drug problems have been well documented over the years. Treatment for individuals with alcohol and /or drug problems prior to the late 1980's tended to be based on a medical model of intervention and as such services to detoxify people were provided by the NHS and the treatment goal was abstinence. From the late 1980s changes began to take place driven by government policy which showed a shift away from purely focusing on the substance use as the problem.

As a consequence, there has been a gradual shift towards joint cross boundary working commenced when the then Scottish Office issued NHS Circular 1989 (GEN) 28. This circular invited health Boards, local authorities, other public bodies and voluntary and private sector organisations to review their roles in tackling the problem of alcohol misuse. In addition it contained guidance on the development of co-ordinated strategies and effort at a local level through the formation of Alcohol Misuse Co-ordinating Committees (AMCCs). These local partnerships involved representatives from all key interests including health, local authorities, police, licensing, the drinks industry and the voluntary sector. Progress was monitored through the submission of Annual Reports from AMCCs across Scotland. Their remit was:

- to assess and keep under review the nature and extent of alcohol misuse and alcohol-related problems in their area;
- to develop local strategies for the prevention of alcohol misuse and to promote their implementation, including the provision of the necessary resources by the relevant authorities or agencies;
- to assess the provision of services in their area for people with alcohol-related problems and to develop and promote the implementation of proposals for improvements in services where needed;
- to promote co-ordination between local statutory and voluntary agencies and the private sector and industry in both prevention and treatment of alcohol misuse;

- to assess the education and training needs of professionals and voluntary workers concerned with the prevention and treatment of alcohol misuse, and to develop and promote the implementation of proposals for meeting these needs;
- to work, and to share information and experience, with other Co-ordinating Committees and national agencies as appropriate;
- to co-ordinate strategic plans for alcohol misuse with those for other areas of substance misuse.

The NHS and Community Care Act followed in 1990 which required for the first time Local Authority Social Work Departments and Health Boards in consultation with relevant voluntary sector organisations with specialist knowledge to prepare community care plans for people with alcohol problems.

A United Kingdom report was published in December 1991 titled Action Against Alcohol Misuse. The Scottish Office then published a national policy statement Health Education in Scotland which identified alcohol misuse as a priority issue. A national target was set for the first time which was to reduce by 20% by the year 2000 the number of people who drink more than the recommended weekly sensible limits, which were up to 21 units for men and 14 units for women per week.

The National Plan for Action on Alcohol Problems was published in January 2002. It recommended a wider remit for AMCCs and better co-ordination with other substance misuse issues. In addition AMCCs were required to have at least one forum or group to ensure that community, third sector and individual views were heard.

A Scottish Executive circular in March 2002 announced the setting up of Alcohol Action Teams (AATs) to replace AMCCs. The membership was to be similar to that of AMCCs and the importance of having representation at a senior level was emphasised. AATs were charged with local implementation of the *National Plan for*

Action on Alcohol Problems. They were to do this by drawing up and publishing by April 2003, a local 3 year Alcohol Action Plan strategy.

Drug Action Teams

In 1987 the Scottish Office issued advice to health boards and local authorities on the development of local arrangements for monitoring the extent and nature of drug misuse in their areas and for co-ordinating action around prevention and treatment. The Scottish Office advised that a local Drug Liaison Committee (DLC) should be set up covering each regional council with the exception of Strathclyde Regional Council which should cover health board areas.

Drugs in Scotland: meeting the challenge Report of Ministerial Drugs Task Force followed in 1994. The report stated '*Drug misuse is a serious and escalating problem in Scotland. For the individual, drugs can provide a quick boost, but at the risk of prosecution, damage to health, a drift into destitution and, in a significant and worrying number of cases, even death. For the families of misusers - their parents, spouses and children - drugs can mean anguish, social conflict and break-up, and poverty. For the wider community, drug misuse imposes heavy demands on services, is a major contributor to crime levels, gives rise to public health hazards and, in relation to drug trafficking, is closely associated with organized crime, intimidation and violence.*'

It terms of the response the report was explicit in stating the multi-faceted organisational response required. '*It is not a problem which can be left to the NHS, the social work services and the police, though they have important roles to play. The response needs to be multi-agency and multi-disciplinary. Vigorous, imaginative, co-ordinated action is required at local and Scottish level.*'

The report set out the requirements of local areas including the setting up of health board area Drug Action Teams (DATs)

'Drug Action Teams should be set up to lead and co-ordinate local efforts to tackle drug misuse. These teams, which should be based on

health board areas, should consist of very senior people from the local agencies concerned. They should draw up, by autumn 1995, strategic plans for tackling drug misuse. Thereafter they will be responsible for driving the plan and securing its delivery. Each team should be supported by a drugs development officer and be able to refer to a wider group - the drugs forum - which will bring together a wide range of community-level experience.' Drugs in Scotland: meeting the challenge Report of Ministerial Drugs Task Force (1994)

The responsibilities placed on the DAT were:

- to ensure that information is collected and shared to enable an assessment to be made of the extent of, and trends in, the illicit use of drugs in its area;
- to ensure that effective drug prevention measures are developed with a view to reducing both demand (through information, education and other approaches) and supply (through a rigorous enforcement policy); and that these measures are co-ordinated across the relevant agencies represented;
- to assess whether the quality and range of services for drug misusers and their families meet identified needs (including physical, psychological and social welfare needs); and to plan and initiate improvements where they do not;
- to ensure that mechanisms are in place to take account of the advice provided by the community Drugs Forum; and
- to ensure that regular evaluation and reviews are undertaken of the services and activities of all agencies working in the field with a view to improving efficiency and effectiveness.

Alcohol and Drug Action Teams

Links between alcohol and drug problems often meant the same people were members of the AAT and DAT, and as such many have merged over time to become ADATs.

There are currently 22 Action Teams across Scotland with many different structural and operational arrangements. Of those 22 areas, 12 are based on local authority boundaries, 6 are co-terminous with both health board and local authority and 4 are based on health board boundaries.

Many directives, reports and periodic guidance have come from the Scottish Office / Executive / Government since the creation of AMCCs/DLCs/AATs/DATS/ADATs. Each new directive, research report and guidance from the Government has taken the focus of the work of the ADATs in a slightly different direction from the original remit first set down for these partnerships.

Ayrshire and Arran Alcohol and Drug Action Team

The partnership in Ayrshire and Arran is made up of representation from NHS Ayrshire and Arran, North, South and East Ayrshire Councils, Procurators Fiscal Office, Strathclyde Police, Her Majesty Prison (HMP) Kilmarnock and the voluntary sector represented by Scottish Drugs Forum and Alcohol Focus Scotland.

The role of ADAT is to co-ordinate strategy in order to reduce the harm arising from alcohol and drug misuse. ADAT sets the strategic direction, whilst the operational responsibilities lie with the partner organisations.

The guiding principles of ADAT are:-

- to raise awareness
- to promote best practice and set standards
- to maximise the use of inter agency resources
- to promote health and seamless health/social care
- to promote user and carer participation.

The Terms of Reference of ADAT states that in order to achieve this, ADAT will:

- through its partners, maximise available resources to develop services which best suit the needs of the local population
- draw together the key players who have the capacity to act on or influence the agencies at the forefront of tackling alcohol and drug misuse.

- set a coherent overall drugs and alcohol strategy across Ayrshire and Arran.
- use the ADAT Strategy and Strategic Implementation Plan to identify the specific agencies responsible for carrying out a particular task. This may take place on a pan-Ayrshire or Local Authority basis and may initiate short-life working groups, which will be accountable for ADAT and key partner's use of existing and new resources in delivering local and national objectives and targets.
- monitor the performance of the ADAT Action Plan and Strategic Implementation Plan.

The Ayrshire and Arran ADAT partnership is a constituted body with a terms of reference. It does not have any statutory functions and accountability is through constituent member organisations. Crucial to the success of the partnership is the extent to which the ADAT partners can reach a common focus for action across the multiple agencies or understanding and agreement on the topics of importance and relative priority within their own organisations.

Scottish Government Deliver Reform

Stocktake report recommendations

The Stocktake Review had previously concluded that this partnership model was necessary to tackle substance misuse at a local level, and that ADATs had made a positive difference. It also highlighted a number of areas for improvement:

- a greater clarity and consistency about the role and purpose of ADATs was required, including among some of the organisations themselves;
- there was a lack of satisfactory accountability, particularly between ADATs and national Government;
- there was an inconsistency in the degree to which ADATs were able to demonstrate how they have developed local strategies, overseen provision of services in their area, or to show what impact they have had;
- there was a clear view that current arrangements did not secure the provision

of an appropriate range of services, particularly services which seek to rehabilitate, rather than simply treat, those suffering from alcohol problems and drug addiction;

- there was evidence of significant variability in performance, including the extent to which ADATs engage in wider aspects of delivery of strategy, such as prevention and enforcement;
- there was concern about the number and size of ADATs, and whether some of the smaller partnerships have sufficient expertise, capacity and buying power to be effective.

The following proposals rest on a number of key premises set out by Scottish Government which are:-

- Tackling alcohol and drugs effectively requires dedicated and effective partnership at the local level with the authority to develop and take forward effective multi-agency strategies (Alcohol and Drugs Partnerships);
- That there is a need for a strategic vision of how to direct multi-agency public expenditure at a local level, based on a clear assessment of local circumstances, including prevalence;
- That the key players in this process are NHS Boards and local authorities, working closely with other actors such as the police, the voluntary sector and others;
- That the development of the Concordat and Single Outcome Agreement with Community Planning Partnerships (CPPs) represents real opportunities for local partners to work more effectively at the local level, and for Alcohol and Drugs Partnerships (ADPs) to work more closely with other bodies in the CPP structures in the pursuit of shared outcomes;
- That there is no prospect of an imminent change in the funding arrangements whereby the Scottish Government directs hypothecated expenditure to NHS Boards for the provision of alcohol and drug treatment services (and that this represents the minimum expectation of expenditure at the local level).

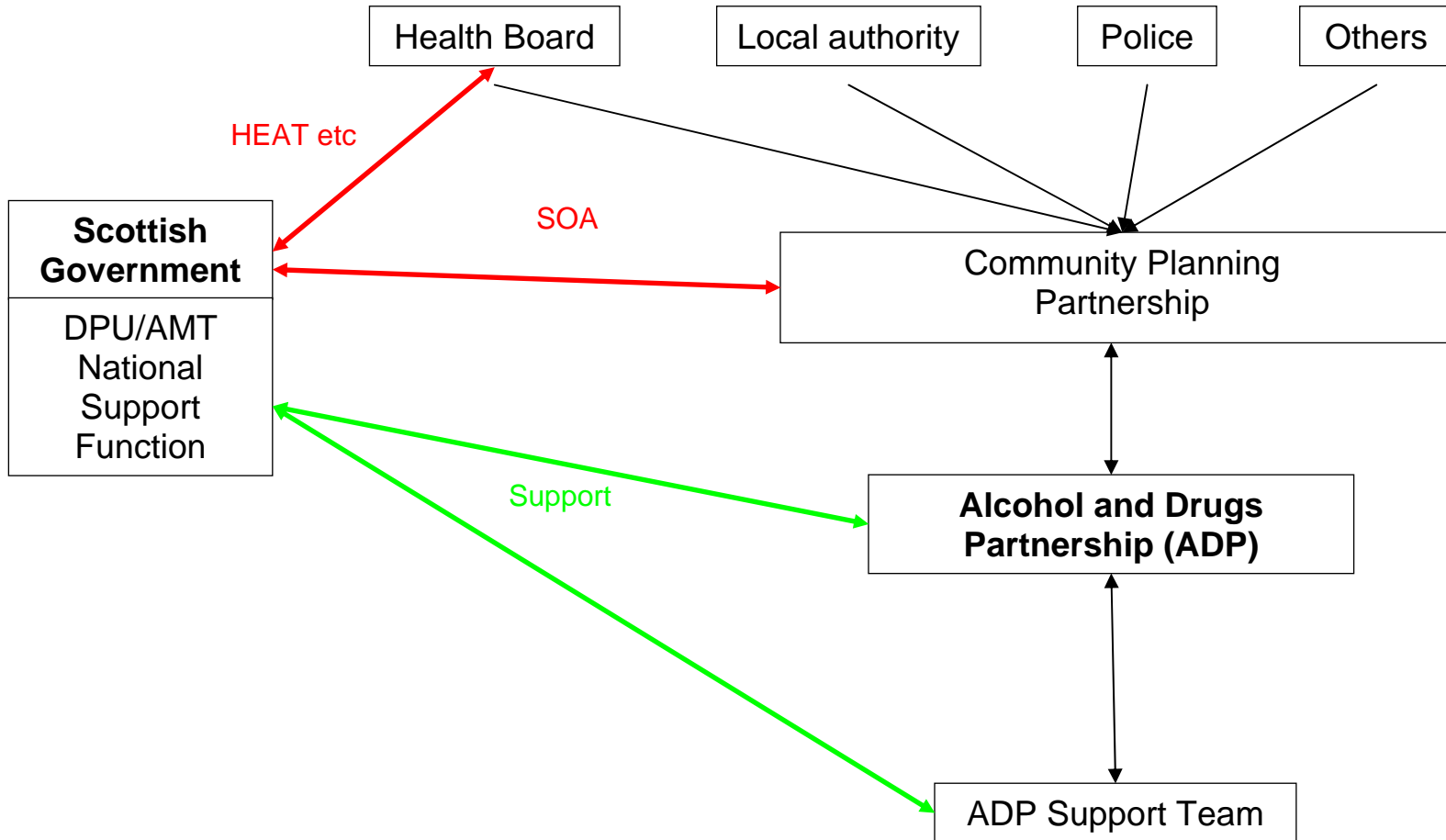
National Delivery Reform proposals

In view of the above, the National Delivery Reform Group proposes that:

- Community Planning Partnerships should ensure that their CPP structure includes a strategic partnership dedicated to action to tackle alcohol and drug problems, in a manner similar to other dedicated partnerships such as Community Safety Partnerships. This is depicted in the attached diagram. (It should be noted, however, that such a partnership may cover more than one local authority area, as discussed further below);
- to emphasise this new arrangement, Alcohol and Drug Action Teams should be renamed Alcohol and Drugs Partnerships;
- as is currently the case with ADATs, Alcohol and Drugs Partnerships should be supported by a dedicated team, funded by the Scottish Government through NHS Boards. No change to this aspect of current arrangements is proposed;
- Alcohol and Drugs Partnerships should be accountable to Community Planning Partnerships and thus, through the Single Outcome Agreement process, to the Scottish Government. There should be no direct accountability process between Alcohol and Drugs Partnerships and the Scottish Government (such as CAPs);
- the Scottish Government should make greater use of the existing NHS performance management arrangements to support accountability between the Scottish Government and NHS Boards. A HEAT target based on access to drugs services should be developed for consideration, to stand alongside the existing developmental HEAT target on alcohol;
- the relationship between Government and Alcohol and Drug Partnerships themselves should be entirely one of support, through the national support function
- the key functions of the alcohol and drugs partnerships should be to:
 - ◆ carry out evidence-based assessments of local needs (including workforce development needs);
 - ◆ identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process (see “outcomes” section);

- ◆ develop a strategy for the delivery of these priority outcomes, for agreement by the full Community Planning Partnership(s). Such a strategy should bring together and make clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector);
- ◆ to act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).

Scottish Government Delivery Reform Proposed Structure



Local Context

Community Planning Partnerships in Ayrshire and Arran

There are three Community Planning Partnerships within the NHS Ayrshire and Arran area. North, South and East Community Planning Partnerships are co-terminous with the Local Authority area. ADAT's main relationship with the Community Planning Partnership has been through a long involvement in the Community Safety Partnerships.

Strategic Alliance

A Strategic Alliance has been established between NHS Ayrshire and Arran and the three local authorities.

The Strategic Alliance meets every six weeks and is attended by from the NHS:-

Associate Director of Health Promotion and Equalities

Director of primary care development

Director of policy, development and performance

Service Director (Mental health, learning disabilities, addictions)

Service Director (Care for older people, specialist care, unscheduled care)

Service Director (Care for women and children, community nursing, specialist care)

From Local Authorities

Two chief officers nominated by the Chief Executive of each local authority.

The overall aim of the Strategic Alliance is to ensure partnership working in the delivery of services.

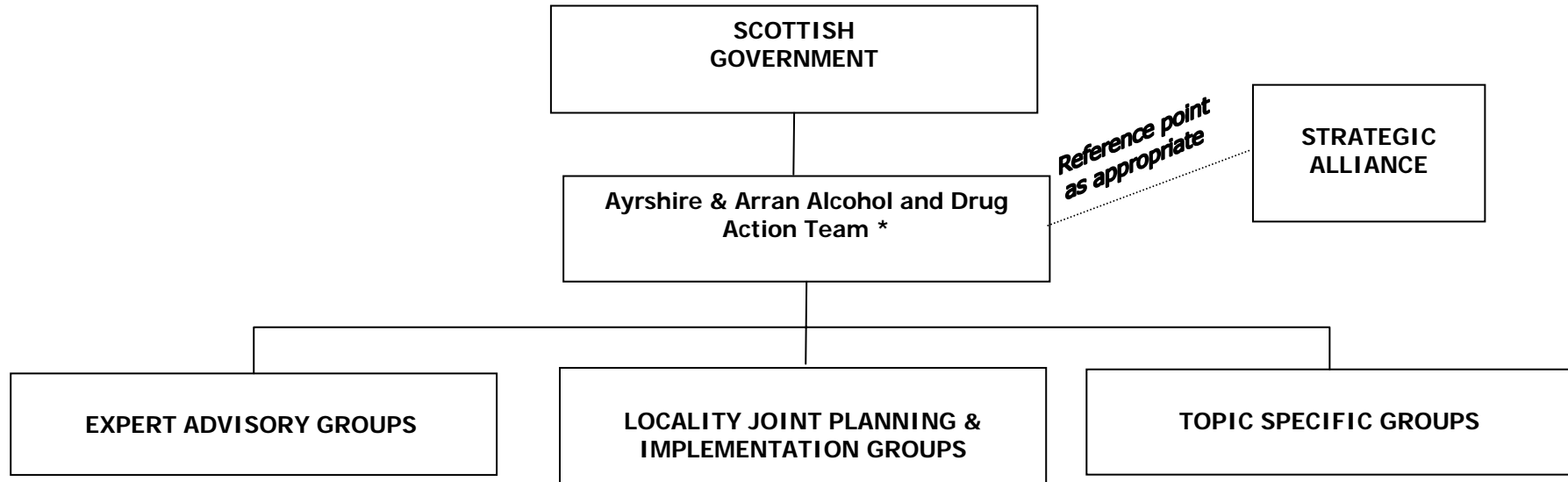
The function of this group is to agree pan-Ayrshire policy issues between partners, resolve partnership issues escalated to them and ensure that the general direction of partnership meets the strategic intent of the four partners.

ADAT had cause to refer an issue to the Strategic Alliance earlier in 2008.

Community Justice Authority

The Community Justice Authority is a member-led partnership, with responsibility to co-ordinate strategic and delivery activity, but does not deliver services. The CJA works through its partner organisations to deliver its objectives. The CJA has had sporadic contact with ADAT in Ayrshire and Arran. Informal links exist between the CJA Chief Officer and the ADAT Co-ordinators in both Ayrshire and Arran and Dumfries and Galloway.

MODEL 1 – Status Quo



Links to other groups via the ADAT Support Team:-

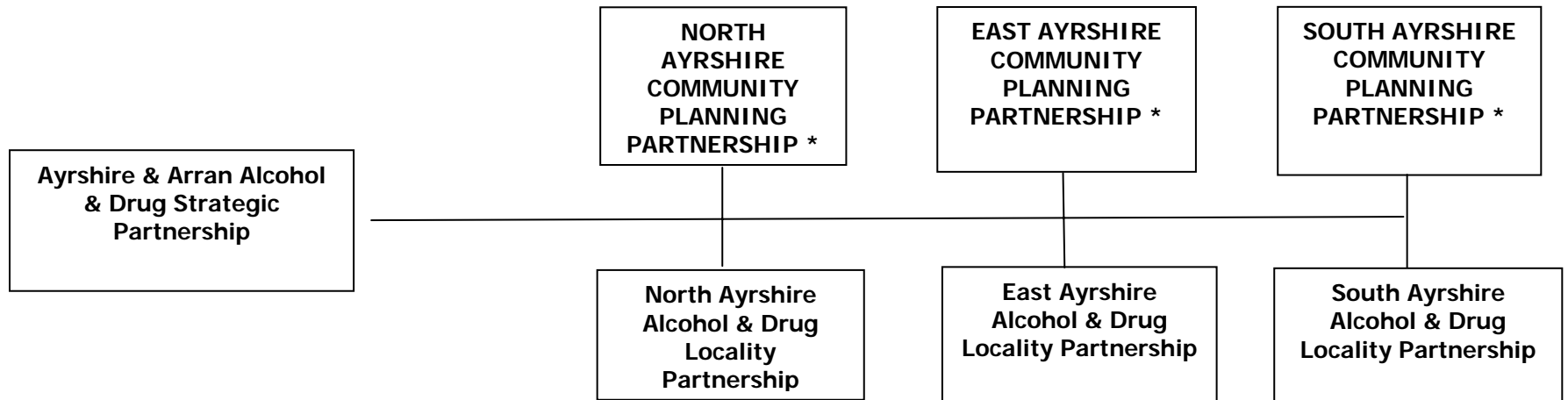
- Licensing Forums x3
- HAHAFIG
- Children's Services Groups
- Youth Justice
- Community Justice Authority
- Community Safety Partnerships x3
- Choose Life
- Employability forums
- GINA
- SAADAT

MODEL 1 – Status Quo

Accountability	Positives	Negatives
Accountability is through the ADAT Chairperson to the Scottish Government.	<ul style="list-style-type: none"> • Specific alcohol and drug focus • Pan Ayrshire and locality focus • Good record of partnership working • Members committed to delivering agenda • Covers all aspects of alcohol and drug agenda. • Links made to other structures and agendas as appropriate to avoid duplication. 	<ul style="list-style-type: none"> • Accountability issue • Formal links/reporting to other planning structures not in place which has make ADAT seem remote. • Value placed on ADAT by partners organisations at times i.e. level of organisational representative
Function		
<p>Lead and co-ordinate local efforts to tackle alcohol problems drug misuse.</p> <p>Local ADAT function detailed on page 6.</p>		

MODEL 2 – Joint Pan Ayrshire & Locality Model

- * Route into CPP Groups for example
 - Children's Services Groups
 - Community Safety Partnership
 - Adult Service Planning Groups Via CHP

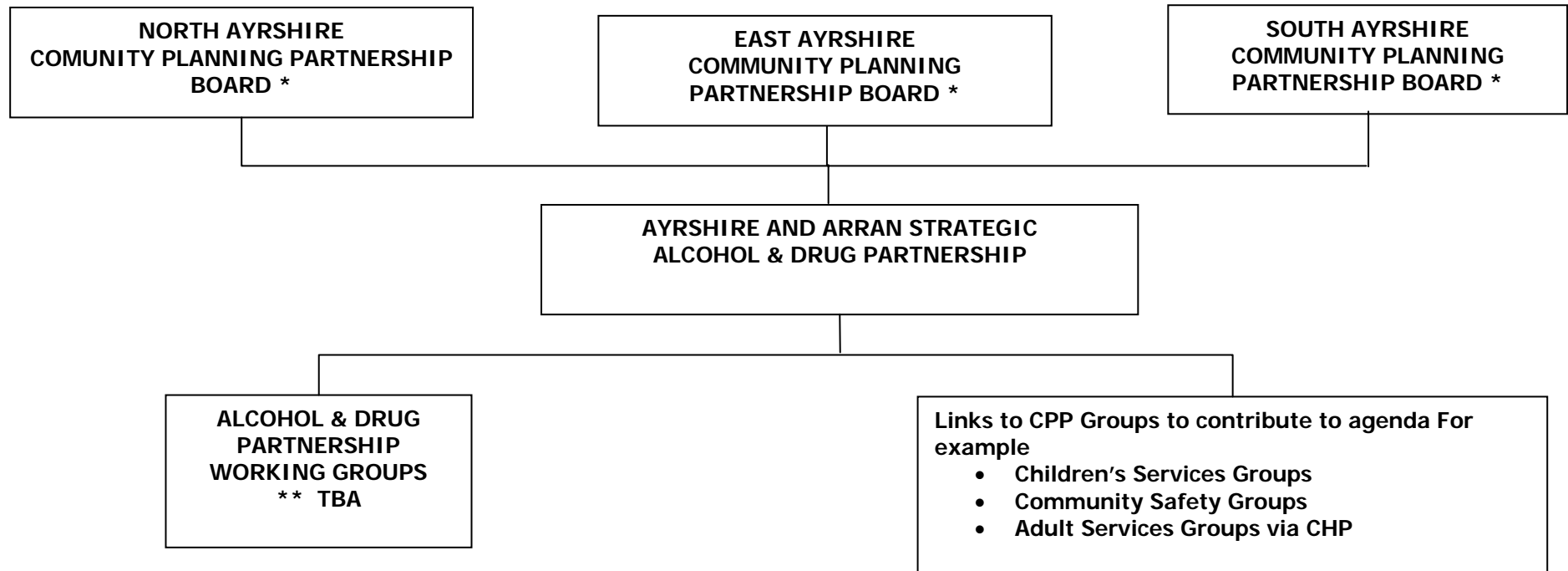


MODEL 2 – Joint Pan Ayrshire & Locality Model

Accountability	Positives	Negatives
<p>Through Community Planning Partnership Single Outcome Agreements NHS Local Delivery Plan</p>	<ul style="list-style-type: none"> • Specific alcohol and drug focus • Pan Ayrshire and locality focus • Covers all aspects of alcohol and drug agenda • Enables strategic planning at a Pan Ayrshire level • Enables strategic planning and implementation at a local level. 	<ul style="list-style-type: none"> • Potential for duplication of agendas • Potential for difficulty and confusion with decision making • Potential for difficulty in having clear reporting structures
<p>Function</p>		
<p>NEED TO IDENTIFY WHICH WOULD BE CARRIED OUT IN A PAN AYRSHIRE OR LOCALITY AREA.</p> <p>Scottish Government suggested function Carry out evidence-based assessments of local needs (including workforce development needs); Identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process. Develop a strategy for the delivery of priority outcomes, for agreement by the full Community Planning Partnership(s). Making clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector); To act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).</p>		

* CPP Boards for reporting or other appropriate group in CPP structures

MODEL 3 – Pan Ayrshire Model



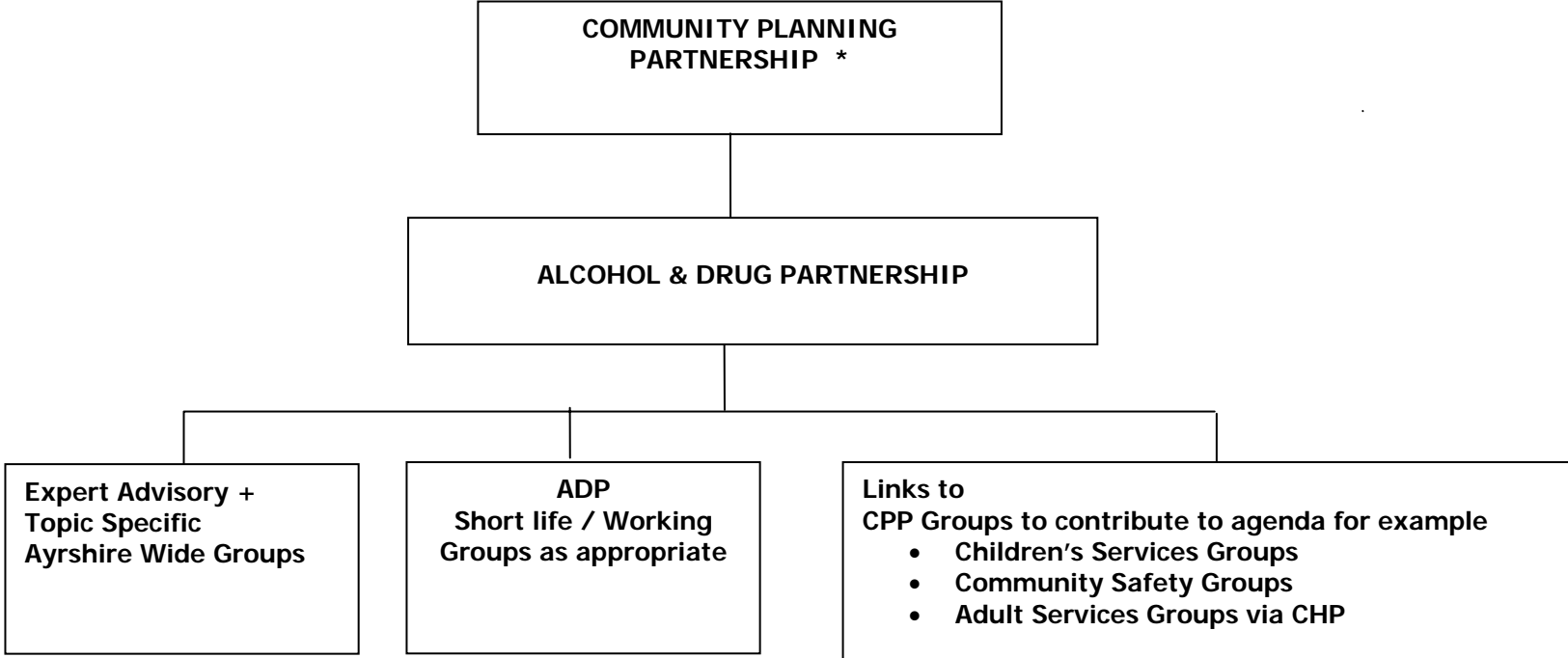
** For Example Topic specific or Expert Advisory

MODEL 3 – Pan Ayrshire Model

Accountability	Positives	Negatives
<p>Accountability for delivery is through member organisations</p>	<ul style="list-style-type: none"> • Specific alcohol and drug focus. • Pan Ayrshire perspective in terms of agenda and required attendance at meeting, may be positive for some partner organisation. • Covers all aspects of alcohol and drug agenda. 	<ul style="list-style-type: none"> • Risk of losing locality focus • May be requirement to work in three different ways. • One ADP will need to recognise and accommodate three different reporting structures.
<p>Function</p> <p>Scottish Government suggested function Carry out evidence-based assessments of local needs (including workforce development needs); Identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process. Develop a strategy for the delivery of priority outcomes, for agreement by the full Community Planning Partnership(s). Making clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector); To act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).</p>		

MODEL 4 – Locality wide Model

* Board for reporting or other appropriate group in CPP structure

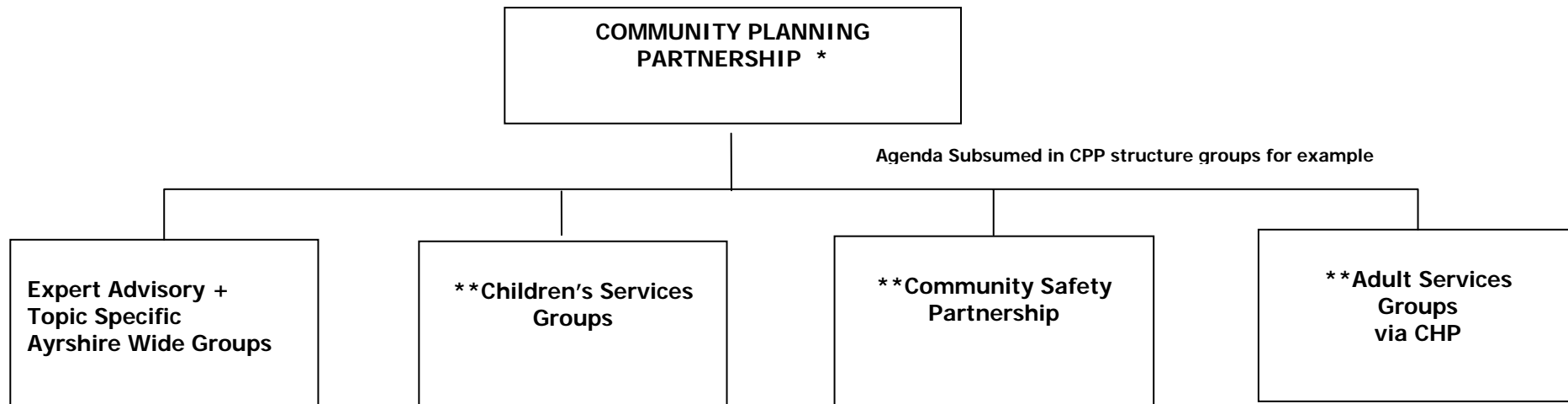


MODEL 4 – Locality wide Model

Accountability	Positives	Negatives
<p>Through Community Planning Partnership Single Outcome Agreements NHS Local Delivery Plan</p>	<ul style="list-style-type: none"> • Specific alcohol and drug focus. • Locality perspective in terms of agenda and required attendance at meeting, may be positive for some partner organisation. • Covers all aspects of alcohol and drug agenda. • Service planning can be very specific to local needs 	<ul style="list-style-type: none"> • Risk of losing pan Ayrshire perspective which could make planning difficult for some organisations. • May be requirement to work in three different ways which could present difficulty for some organisations. • Some organisations may need to field staff to attend several meetings to discuss similar agendas. • Potential for duplication of effort. • Potential for disparity in equity of service provision across the wider NHS Ayrshire & Arran Area
<p>Function</p> <p>Scottish Government suggested function Carry out evidence-based assessments of local needs (including workforce development needs); Identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process. Develop a strategy for the delivery of priority outcomes, for agreement by the full Community Planning Partnership(s). Making clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector); To act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).</p>		

MODEL 5 – Locality wide Model
No dedicated Alcohol & Drug Partnership

* Board for reporting or other appropriate group in CPP structure



** Based on assumption these groups have a strategic function and would cover the four themes of the National Drug Strategy

- Prevention
- Recovery
- Children affected by parental substance misuse
- Enforcement and availability

Accountability	Positives	Negatives
<p>Through Community Planning Partnership Single Outcome Agreements NHS Local Delivery Plan</p>	<ul style="list-style-type: none"> • As this would be CPP potential for agenda to be placed high on list of priority areas in terms of planning and service delivery. • Locality perspective in terms of agenda and required attendance at meeting, may be positive for some partner organisation. • Service planning can be very specific to local needs. 	<ul style="list-style-type: none"> • Potential for alcohol and drug agendas to become sidelined. • Potential for agenda to become very disparate if no central co-ordination took place. • Risk of losing pan Ayrshire perspective which could make planning difficult for some organisations. • Risk of losing locality focus also if partnerships tasked with aspects of the agenda didn't have a central reporting requirement. • Some organisations may need to field staff to attend several meetings to discuss similar agendas. • Potential for duplication of effort. • Potential for agendas to be missed. • Potential for disparity in equity of service provision across the wider NHS Ayrshire & Arran Area
<p>Function</p> <p>Carry out evidence-based assessments of local needs (including workforce development needs); Identify priority outcomes relating to drugs and alcohol, and their contribution to deciding and achieving the local and national outcomes contained within the Single Outcome Agreement process. Develop a strategy for the delivery of priority outcomes, for agreement by the full Community Planning Partnership(s). Making clear the roles and contributions of relevant agencies, bodies and programmes across the community planning partnership (including the Third Sector); To act as advocate for this strategy, and to argue for it being given the necessary priority and investment within the Community Planning Partnership(s).</p>		

Alcohol and Drug Action Team Support Staff

ADAT Support staff posts have been around since 1992, commencing with the then Scottish Office providing funding for the first of the posts to be created namely the Alcohol Development Officer post (ADO). Drug Development Officer (DDO) posts followed in 1995. Senior co-ordinator posts followed in 1998. ADAT Support staff are employed in local areas by either the NHS or local authority.

There is also the need to separate out the role and expectations of ADAT Support Team from expectations and role of the ADAT partnership. Many see the ADAT partnership and ADAT Support Team as one and the same thing. The ADAT Support Team currently provides support to the ADAT Steering Group and all the groups within the ADAT structure. This includes organisational and secretariat support, progressing or co-ordinating the work of the groups and providing a conduit between the ADAT Steering Group and other meetings within and outwith the ADAT structure. In addition the support team staff have individual responsibility for developing and delivering activity within a range of portfolios associated with the alcohol and drug agendas.

In addition the ADAT Support Team also have a number of functions required by Scottish Government, these include the collection, management and submission of service waiting time data and populating and monitoring annual ADAT strategic plans. Progress on objectives is reported to the ADAT Steering Group on a quarterly basis and annually to Scottish Government.

As is currently the case with ADATs, it is the Scottish Government's intension that Alcohol and Drugs Partnerships should be supported by a dedicated team.

Below is a range of options to identify how the suggested models of Alcohol and Drug Partnerships could be supported by a dedicated team.

Option 1 – Status Quo	
Role and function	
<p>Pan-Ayrshire dedicated Support Team</p> <p>Supports all ADAT structure meetings plus attends and inputs into others outwith ADAT structure</p> <p>Individual support team members are responsible for a range of portfolio areas.</p> <p>Locality role relates to attendance and support within Joint Planning and Implementation Group and Community Safety Partnership meetings.</p>	
Accountability	
Line Management and terms and conditions of employment through NHS Ayrshire and Arran.	
Options appraisal	
Model 1	This option can support model 1
Models 2 - 5	This option couldn't support models 2-5 without changes being made to how the team operates.
Positives	Negatives
<p>Pan Ayrshire perspective.</p> <p>'Expertise' available across all portfolio areas.</p> <p>Good use of limited resources in terms of how agendas are managed.</p> <p>Ability to provide cover for staff absence etc</p>	<p>Cannot always link up activities / information across portfolio areas.</p> <p>Limited locality focus.</p>
Resource implications	
None	

Option 2	
Role and function	
<p>Pan-Ayrshire dedicated Support Team with designated areas i.e. locality and pan Ayrshire</p> <p>Supports all Alcohol and Drug Partnership meetings plus appropriate others.</p> <p>Locality role relates to attendance and /or support within all agendas which have a local focus but main agendas will still have a designed person to maintain a level of expertise which the other support staff members can use as appropriate.</p>	
Accountability	
<p>Line Management and terms and conditions of employment through NHS Ayrshire and Arran but staff members could be co-located in area</p>	
Options appraisal	
Model 1-3 & 5	This option can support model 1,2,3 and 5
Model 4	This model couldn't support model 4 as there is no requirement for a pan Ayrshire focus.
Positives	Negatives
<p>Pan Ayrshire and local perspective.</p> <p>Wide knowledge base across local and pan Ayrshire agendas</p> <p>'Expertise' available across main portfolio areas.</p> <p>Ability to provide cover for staff absence</p> <p>etc</p>	<p>Staff focused with locality will have limited knowledge of what is happening across Ayrshire and Arran</p> <p>Staff 'covering' absence will have limited knowledge of local areas agenda.</p>
Resource implications	
<p>Need additional allocation to fund additional Partnership Development Officer post or delete existing current staff structure and restructure team to achieve this option within existing budget.</p>	

Option 3**Role and function**

Locality focused dedicated Support Officer with no central pan Ayrshire Co-ordination. Officer based within each local area.

Supports all ADP structure meetings plus attends and inputs into others outwith ADP structure

Locality role relates to attendance and /or support within all agendas which have a local focus. May also be required to input into Pan Ayrshire meetings from a locality perspective.

Accountability

Line Management and terms and conditions of employment through NHS Ayrshire and Arran i.e. CHP Facilitator or Local Authority

Options appraisal

Models 1-3

This option cannot support models 1 – 3

Model 4 & 5

This option can support models 4 & 5

Positives

Wide knowledge base and focus across local agendas.

Negatives

No or limited Pan Ayrshire perspective.
No cover for staff absence.
Potential for post holder to be subsumed within 'host' organisations agendas which could affect partnership working.
Continuity or information could be lost.

Resource implications

None

Delete existing current staff structure and restructure to achieve this option within existing budget.

Option 4 –	
Role and function	
No dedicated Support Team Work would be taken forward by existing NHS / Local authority / other staff within partner organisations either as part of their existing role or as an additional role with potential for backfill.	
Accountability	
Line Management and terms and conditions of employment through NHS Ayrshire and Arran.	
Options appraisal	
Model 1-5	This model could support all of the models detailed <u>providing</u> partner organisations identified both staff and time to fulfill the roles_required to make the partnerships effective.
Positives	Negatives
Potential for financial savings if existing staff used. 'Expert' staff could be identified to fulfill appropriate aspects of agenda.	No or limited Pan Ayrshire perspective. No cover for staff absence. Limited partnership facilitation Continuity or information could be lost.
Resource implications	
None	

Stakeholder Event

A stakeholder event is being planned for early January to consult on the models of Alcohol and Drug Partnerships detailed within this paper. This stakeholder event is being hosted along with Community Planning Partnership colleagues.

It is anticipated that the event will consist of presentations and workshops which will be used to gather views of the way forward to ensure all appropriate organisations are represented and involved in the work of Alcohol and Drug Partnerships.

Recommendations

The ADAT Steering Group is asked to:-

- Note the content of this paper
- Make suggestions for changes and or amendments as appropriate
- Agree the content as suitable for dissemination to organisations invited to the Stakeholder Event.