

TERMS OF REFERENCE

Leeds Drug & Alcohol Partnership

1. Purpose

The Leeds Drug & Alcohol Partnership will lead and oversee the delivery of the [Leeds Drug & Alcohol Strategy and Action Plan 2019-2024](#) and the national drugs strategy [From Harm to Hope](#).

The new 10 year national drug strategy sets out how local areas will build on existing plans to:

- Break drug supply chains
- Improve treatment and recovery systems
- Achieve a generational shift in the demand for drugs

The vision of the Leeds Drug and Alcohol Strategy is that:

“Leeds is a compassionate city that works with individuals, families and communities to address the harms caused by drug and alcohol use.”

This will be achieved by promoting a responsible attitude towards alcohol use and, where individuals, families and communities affected by the use of drugs and alcohol, can reach their full potential and lead safer, healthier and happier lives.

The Partnership will provide strategic leadership to deliver this vision by supporting five key outcomes:

- ❖ Fewer people misuse drugs and/or alcohol and where people do use, they make better, safer and informed choices
- ❖ Reduce crime and disorder associated with drug and/or alcohol misuse
- ❖ Breaking drug supply chains
 - ❖ Addressing specific emerging issues – *to ensure that we can respond quickly and effectively to new and emerging issues.*
- ❖ Increase in the proportion of people recovering from drug and/or alcohol misuse
- ❖ Reduce the impact of harm from drugs and alcohol on children, young people and families

These outcomes and the key deliverables are detailed in the Leeds Drug & Alcohol Strategy 2019 – 2024 and Action Plan. The Partnership will regularly review the strategic outcomes, to ensure that they align with emerging need, national strategy, and relevant local and regional partnerships.

2. Geography

The Partnership will provide a multi-agency setting for understanding and addressing shared challenges related to the use of drugs and alcohol in the area coterminous with the boundaries of Leeds City Council. The Partnership will also work closely with the West Yorkshire Police and Crime Unit and provide a representative to attend regional partnership meetings. The

Partnership, will, wherever possible and advantageous, seek wider partnerships that help to support delivery of the outcomes detailed above.

3. Responsibilities

The Partnership will:

- Produce a joint local needs assessment (reviewed at least every three years), reviewing local drug and alcohol data and involving all relevant partners
- Agree a local Drug and Alcohol Strategy and Action Plan, ensuring it reflects local and national strategic priorities, including developing data recording and sharing at a local level that will enable effective monitoring of progress
- Annually review progress against agreed local and national outcomes, reflecting on local delivery of the strategy and current issues and priorities
- Address delivery challenges in a constructive and supportive way to ensure that outcomes are delivered
- Share good practice, at a local, regional and national level.

4. Governance Arrangements

The Partnership will be chaired by the Director of Public Health for Leeds as the appointed Senior Responsible Owner. The Partnership Board will appoint a Deputy Chair to facilitate continuity if the Chair is unable to attend a meeting.

The SRO will be responsible for reporting to the national Combatting Drugs Unit and Office of Health Improvement and Disparities (OHID), as well as locally to the following Boards:

- Health and Wellbeing Board
- Safer Leeds Executive
- Children and Families Partnership

The Board will also appoint, either from their membership or from officer support:

- **A partnership lead** – named lead for overseeing delivery of local programmes and co-ordinating partnership.
- **A public involvement lead** – named lead to ensure the voices of a range of members of the public are heard, whether they are people who have lived or living experience of using drugs and/or support services, are family members of those who do, or are affected by drug-related harm in other ways
- **A data and digital lead** – named lead on data, data protection, information governance and outcomes measurement

The following named individuals will be appointed in these three roles as follows:

Partnership Lead – Anna Frearson, Chief Officer Consultant in Public Health (Healthy Living) Leeds City Council.

Public Involvement Lead – Nick Rank, Assistant Director, Forward Leeds.

Data and Digital Lead – Frank Wood, Chief Analytical Officer.

The Partnership may establish such sub-groups / working groups as it deems necessary to ensure the effective delivery of its responsibilities.

5. Membership

The Core Members of the Leeds Drugs & Alcohol Partnership Board are:

Name	Role	Organisation
Victoria Eaton	Leeds Director of Public Health Victoria.Eaton@leeds.gov.uk	Chair / SRO
Cllr Salma Arif	Gipton and Harehills Cabinet Member Public Health & Active Lifestyles Salma.Arif@leeds.gov.uk	LCC Elected Member
Anna Frearson	Partnership Lead Chief Officer Consultant in Public Health (Healthy Living) Leeds City Council anna.frearson@leeds.gov.uk	Leeds City Council
Julie Staton	Head of Commissioning Adults and Health Directorate Leeds City Council Julie.Staton@leeds.gov.uk	
Claire Smith	Head of Service (Safer Neighbourhoods and ASB) Leeds Anti Social Behaviour Team Safer Stronger Communities Team Leeds City Council Claire.M.Smith@leeds.gov.uk	
Simon Hodgson	Head of Community Safety Services Safer, Stronger Communities Team Leeds City Council Simon.Hodgson@leeds.gov.uk	
Rebecca Gilmour	Service Manager Leeds Youth Justice Service rebecca.gilmour@leeds.gov.uk	
Michelle Kane	Health Improvement Principal (Children and Families), Public Health.	
TBC	Children's Social Care	
Frank Wood	Chief Analytical Officer Adults and Health Directorate Leeds City Council Frank.Wood@leeds.gov.uk	
Daniel Burn	Additional:	
Daniel Burn	Health Improvement Principal (Drugs, Alcohol, Tobacco and Gambling) (Healthy Living) Daniel.Burn@leeds.gov.uk	
Ian Street	Commissioning Programme Leader Adults and Health	

	ian.street@leeds.gov.uk	
Emily Griffiths (with Neil Maguire as deputy)	emily.griffiths4@nhs.net Associate Director of Pathway Integration Integrated Care Board	NHS
Lucy Jackson	Public Health Lead /Consultant in Public Health, Leeds Community Healthcare NHS Trust/Leeds, Teaching Hospitals NHS Trust/Leeds GP Confederation lucy.jackson32@nhs.net	
TBC	LYPFT	
Chris Joyce or Stephanie Kendall	Operations lead for Leeds Chris.N.Joyce@dpw.gov.uk Stephanie.kendall@dpw.gov.uk	Jobcentre Plus
Lee Wilson	Regional Director, Humankind Lee.Wilson@humankindcharity.org.uk	Substance misuse treatment providers
Sharon Fargher	Area Manager, St, Anne's Mental Health, Substance Misuse & homelessness Service Leeds & Sheffield Email sharon.fargher@st-annes.org.uk	
Nick Rank	Assistant Director, Forward Leeds Nick.Rank@forwardleeds.co.uk	Public Involvement Lead
Paula Gardner	Operations Director, Complex Health & Housing, Barca paula.gardner@barca-leeds.org	Voluntary and Community Sector
James Entwistle	DCI james.entwistle@westyorkshire.police.uk	West Yorkshire Police
Iain Yates	Acting Head of Policy & Delivery (Policing and Crime) Iain.Yates@westyorks-ca.gov.uk	Police & Crime Commissioner
Vikki O'Brien: nominated by Lynda Marginson	Head of Probation Delivery Unit, Leeds	National Probation Service
Forward Leeds to nominate two individuals	TBC	People affected by drug-related harm.
Micha Bradley	Head of Health and Justice (Yorkshire and Humber) NHS England & NHS Improvement (North East & Yorkshire)	Prisons, YOI's

Named deputies, with delegated decision-making responsibility, may attend on behalf of Core Members.

The Chair may co-opt named individuals, to attend specific meetings, to provide specialist/ expert input, relevant to specific areas of the partnership's work, as and when needed.

6. Quorum and attendance

The Chair will be expected to be present at all meetings, and in circumstances where the Chair cannot attend the Deputy Chair will assume the Chair.

A quorum will require the Chair (or Deputy Chair) plus five other Core Members to be present. This must include representation from Leeds City Council, with at least three external members. In the event that the Partnership is not quorate the meeting may be postponed, at the discretion of the Chair, and in the absence of a quorum no decisions will be made.

The Chair may act on urgent matters arising either at, or between, meetings of the Partnership Board to ensure delivery is maintained. In this event, where possible, the Chair or their delegate should attempt to ascertain the views of Board members and should inform Board members of the actions taken at the earliest possible opportunity. Where appropriate / possible, the Chair may authorise the convening of further meetings beyond those scheduled, subject to a quorum being reached.

Apologies must be given in cases of non-attendance. Where a member fails to provide apologies for non-attendance, this will be referred to their organisation with a request to ensure that the member attends or, where absence is unavoidable, a suitably senior delegate with decision-making powers is substituted. In the event of a member failing to attend the Chair of the Board will ask that they be replaced with a suitably senior colleague who will attend future meetings on behalf of the agency / organisation.

7. Frequency of meetings

Meetings will be held quarterly and may be convened in person, virtually or hybrid.

Meeting times and dates for the following year will be identified at the end of each year, to maximise attendance.

8. Resources

Administrative support for the Partnership Board will be provided by Public Health, Leeds City Council.

Requests for agenda items should be made a minimum of 14 days before the next meeting.

The agenda and papers will be prepared and circulated a minimum of 5 days before each meeting.

An accurate record of discussions, decisions and actions will be made at each meeting.

The action log will be updated, following review, at each meeting.

Minutes of the meeting and the updated action log will be produced and approved within 14 days of the meeting. Upon approval they will be circulated to all members of the Board.

9. Document management

These Terms of Reference (ToR) have been produced in consultation with the Leeds Drug & Alcohol Partnership Core Members.

They will be reviewed on an annual basis to ensure that they remain fit for purpose.

DRAFT