

TERMS OF REFERENCE:**Drug and Alcohol Board**

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Name of author:	Vic Clarke-Dunn
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1. Purpose

- 1.1 The purpose of the Drug and Alcohol Board is to provide strategic leadership and ensure effective partnership work to deliver a city-wide Drug and Alcohol Strategy and Action Plan to achieve the following vision:

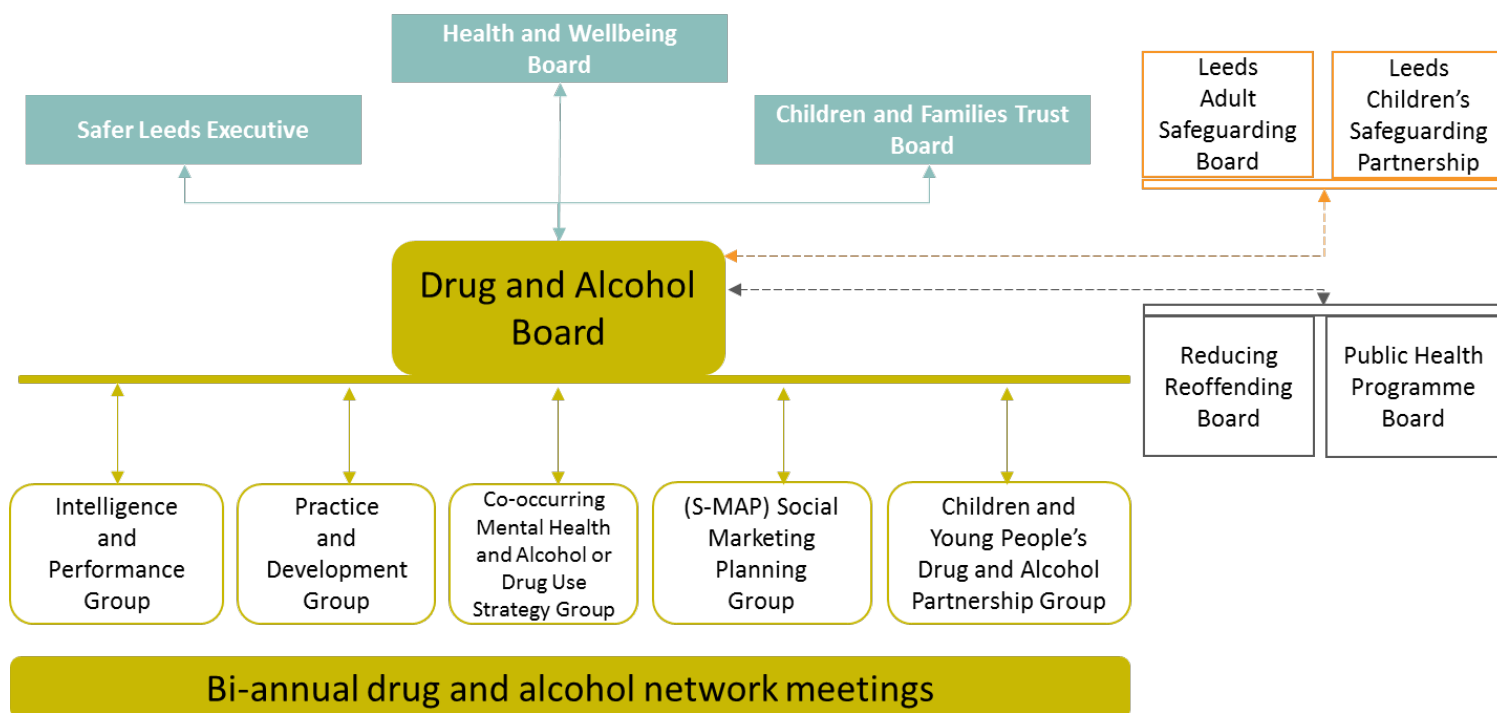
Leeds is a compassionate city that works with individuals, families and communities to address drug and alcohol misuse.

- 1.2 Outcomes from the Drug and Alcohol Board will inform subsequent required reports and provide assurance to the Safer Leeds Executive, the Health and Wellbeing Board and the Children's Board on strategies in place to deliver the Drug and Alcohol Strategy and Action Plan.

2. Summary of the Drug and Alcohol Board priorities

- Have oversight on delivering outcomes on the Drug and Alcohol system in Leeds, setting the direction of travel and keeping the strategy alive
 - Identify exceptions, issues, risks and items for escalation to the Safer Leeds Executive, the Health and Wellbeing Board and the Children and Families Trust Board
 - Ensure that alcohol and drug related needs and priorities are identified across Leeds
 - Promote integration and partnership working to deliver service changes and priorities
 - Raise awareness of, and tackle, drugs and alcohol harm across all the partnership structures
 - Develop an effective governance framework to develop, implement and monitor the drug and alcohol strategy and deliver the accompanying action plan
 - Oversee the reporting of progress on the action plan towards meeting the targets
 - Monitor progress of the plan, raising issues and risks to delivery through the governance structure
 - Use the best available evidence, data and intelligence to inform citywide decisions on drug and alcohol misuse actions and ensure effective use of resources
 - Annually review the action plan, acknowledging what has been achieved, and review and set actions for the following year(s)
 - Be aware of new and emerging issues and establish mechanisms to be able to quickly and effectively respond and make plans
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- Encourage innovation and seek additional funding opportunities through business, private enterprise and academia
 - Influence local, regional and national government policy that affects drugs and alcohol harm in Leeds
 - Influence and inform investments and commissioning around drugs and alcohol

3. Reporting arrangements:



3.1 Purpose of the reporting groups

3.2 Intelligence and Performance Group

- The Intelligence and Performance Group of the Drug and Alcohol Board is established to provide the most accurate and up to date intelligence to support the delivery of the Drug and Alcohol Strategy and Action Plan

3.3 Practice and Development Group

- The Practice and Development group of the Drug and Alcohol Board is established to ensure best practice is delivered in drug and alcohol services, and that robust systems are in place to support the delivery of the Drug and Alcohol Strategy and Action Plan

3.4 Co-occurring Mental Health and Alcohol or Drug Use (COMHAD) Strategy Group

- The COMHAD Strategy Group is established to provide city wide strategic direction to ensure the development and delivery of excellent practice in working with services users with co-existing substance misuse and mental health problems. It

will report to both the Mental Health Partnership Board and the Drug & Alcohol Board

3.5 Drug and Alcohol Social Marketing Planning (S-MAP) Group

- The Drug and Alcohol Social Marketing Planning (S-MAP) Group of the Drug and Alcohol Board is established to provide the campaigns and promotional activity to support the delivery of the Drug and Alcohol Strategy and Action Plan

3.6 Children & Young people's Drug & Alcohol Partnership Group

- The Children & Young people's Drug & Alcohol Partnership Group of the Drug and Alcohol Board is established to provide oversight and delivery of the areas of the strategy and action plan that relate to children and young people

3.7 Reducing Reoffending Board

- The Reducing Reoffending Board (ROB) has a remit wider than that of drugs and alcohol and reports to the Safer Leeds Executive. All items considered by the ROB that relate to the Drug and Alcohol Strategy and Action Plan will be brought to the Drug and Alcohol Board

3.8 Public Health Programme Board

- The Public Health Programme Board (PHPB) has a remit wider than that of drugs and alcohol and reports to the Public Health Leadership Team. All items considered by the PHPB that relate to the Drug and Alcohol Strategy and Action Plan will be brought to the Drug and Alcohol Board

4. Membership, roles and responsibilities

4.1 The following constitutes core membership:

Role	From
Consultant in Public Health (Chair)	LCC Public Health
Head of Safeguarding and Partnership Development (Deputy chair)	LCC Safer Leeds
Health Improvement Principal Drug and Alcohol Lead	LCC Public Health
Lead Commissioner for Drug and Alcohol Services	LCC Adults and Health
Police Superintendent Partnerships	West Yorkshire Police
CCG Safeguarding Lead	CCG
Deputy Director of Nursing	LYPFT
Consultant Hepatologist	LTHT
Chief Officer Children's Social Work	Children's Social Work Services
Head of Service Adult Social Work	Adult Social Work
Assistant Chief Probation Officer	NPS
Director of Operations	CRC
Operational Lead – Commissioned Services	St. Anne's Community Services

Operational Lead – Commissioned Services	Forward Leeds
Chair of Children and Young People’s Drug and Alcohol Partnership Group	LCC
Head of Health and Justice (Yorkshire and Humber)	NHS England & NHS Improvement
West Yorkshire Reducing Reoffending Lead	Office of the Police and Crime Commissioner

- 4.2 Named deputies, with delegated decision making responsibility, may attend on behalf of core members.
- 4.3 The following constitutes co-opted Drug and Alcohol Board membership. Co-opting a member into the meeting will be a two-way process to ensure co-opted members:
- are invited by Core Members when relevant to provide specialist input to the group
 - can opt themselves into the meeting when indicated, to provide information on learning and actions relevant to the purpose of the Drug and Alcohol Board

5. Quorate and attendance

- 5.1 The Chair will be present at all meetings and in circumstances where the Chair cannot attend the Deputy Chair will provide representation.
- 5.2 A quorum will require the Chair (or Deputy Chair) plus 5 other group members to be present. This must include representation from Safer Leeds, Commissioners, West Yorkshire Police, Public Health and Commissioned Services.
- 5.3 In the event that Drug and Alcohol Board is not quorate the meeting will be postponed at the discretion of the Chair; and in the absence of quorum no decisions will be made.
- 5.4 The Chair may act on or call extra-ordinary meetings to deal with urgent matters arising either at or in between meetings of the Drug and Alcohol Board.
- 5.5 Apologies must be given in cases of non-attendance
- 5.6 Additional requests for attendance may be made where indicated e.g. to provide expert input of relevance
- 5.7 Any issues regarding the meeting and quorum will be escalated to the Health and Wellbeing Board, Safer Leeds Executive or Children and Families Trust Board as appropriate

6. Frequency of meetings

- 6.1 Meetings will be held quarterly, to coincide with the relevant executive boards where possible, and annual reporting cycles

6.2 Meeting times, dates and venues for the following year will be identified at the end of each year in order to maximise attendance

7. Resources

7.1 Administrative support for the Drug and Alcohol Board will be provided by LCC Public Health

7.2 Requests for agenda items will be made a minimum of 14 days before the next meeting

7.3 The agenda and papers will be prepared and circulated a minimum of 7 days before the meeting

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

7.5 An action log will be updated following review at each business meeting

7.6 Minutes of the meeting and the updated action log will be produced and approved within 14 days of the meeting held

8. Work plan and reporting arrangements

8.1 The Drug and Alcohol Board will have an annual work plan based on the Drug and Alcohol Strategy and Action Plan that will be shared with all core members and set by the Drug and Alcohol Board. The work plan will be reviewed at the first meeting of the fiscal year.

8.2 The Drug and Alcohol Board will report to the Safer Leeds Executive, Health and Wellbeing Board and Children and Families Trust Board on a quarterly basis by exception.

9. Document management

9.1 These Terms of Reference (ToR) have been produced in consultation with the Drug and Alcohol Board Chair and Core members.

9.2 These ToR will be reviewed on an annual basis at the first business meeting of the fiscal year.