

Western Bay Area Planning Board

Substance Misuse Commissioning Strategy 2016-2020

Illustration to

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1. KEY PRIORITIES FOR SUBSTANCE MISUSE SERVICES

1.1. From intent to action

This strategy was developed through a broad engagement process, over several months with service users, carers, service providers and partner organisations. The engagement with service users and carers was important, inspiring and enlightening. They raised issues that had not been considered previously in the planning of specialist substance misuse services – in particular, they wanted better access to services out of office hours and over weekends. They also wanted more involvement in the design and the delivery of services and a wider choice of interventions available to them. This appetite for co-production for our services will be a building block for how the APB will plan, monitor and develop services.

Another important issue raised during the engagement process was that, although specialist agencies provide many of the services for people affected by substance misuse, there are a large range of other generic services which also come into contact with these individuals and their families and carers. We will ensure that service users have full access to these wider generic services and are not disadvantaged in accessing them. This not only relates to their health and wellbeing but wider determinants such as access to benefits, work, appropriate housing, training and social inclusion.

Making a difference in these areas requires the APB partner organisations to work with other partnerships and organisations with the same aim. These include Single Integrated Plan Processes, Local Service Boards, Youth Offending & Early Interventions Board, Regional Supporting People Partnership, Children & Young People's planning arrangements, Child & Adolescent Mental Health Services Planning Group, the Health Social Care & Wellbeing Third Sector Network, Homeless & Vulnerable Groups Action Planning Team, the Western Bay Safeguarding Board and others.

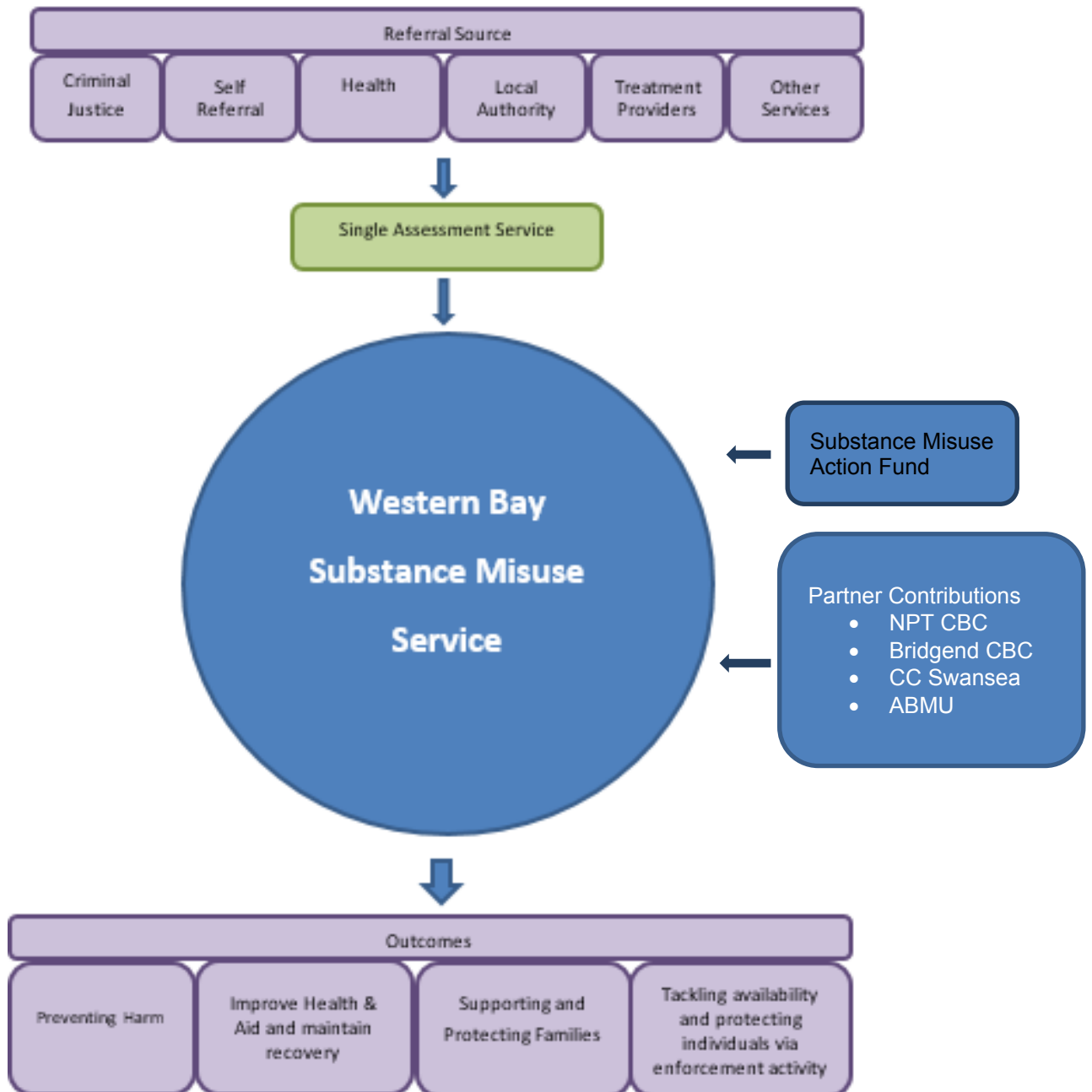
1.2. Purpose of this commissioning strategy

The APB wants to make sure there are a wide range of integrated services that meet the needs of residents and which improve people's wellbeing, preventing people from using drugs and alcohol harmfully and providing services for those who do need to access specialist service provision, "where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors." (Welsh Government)

A major challenge in meeting the above aim is that there is a large range of individual tier 2 and 3 service providers in the Western Bay area without, until recently, overarching service architecture. That meant that substance misuse services were commissioned on a local level. This resulted in some duplication of services and disparity of access in others.

To address this issue service providers worked collaboratively throughout 2013 to make the transition to an integrated regional service model that provides more cohesive pathways for the population of Western Bay. This is illustrated below:

Proposed Substance Misuse System Model



This commissioning strategy will be refreshed each year to ensure that it remains current.

A robust contractual and monitoring arrangement will be built into future service level agreements to enable the APB to have clear evidence of outcomes that benefit our client population.

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2. STRATEGIC CONTEXT

2.1. National substance misuse strategy and associated policy

This Commissioning Strategy has been informed by the Welsh national strategy and implementation plans and also by a number of other national best practice and evidence based documents outlined below:

- *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008 - 2018* and the associated draft Delivery Plan (2016-18)- within this document are 4 priority action areas on which the priority areas for commissioning services within Western Bay are based:
 1. **Prevention** - helping children, young people and adults resist, reduce or delay substance misuse by educating and informing them of the damage that substance misuse can cause.
 2. **Supporting substance misusers** - to reduce the harm they cause to themselves, their families and their communities.
 3. **Supporting families** - reducing the risk of harm to children and adults as a consequence of a parent's, partner's or child's substance misuse.
- **Tackling availability and protecting individuals and communities**- reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of alcohol and other substances. The Social Services and Well-being (Wales) Act is in force from April 2016. It is the new legal framework that brings together and modernises social services law. The APB's commissioning will adhere to the above key priorities with particular emphasis on prevention and early intervention. *Wellbeing of Future Generations (Wales) Act 2015*

These substance misuse action areas are aligned to the priorities of the Wellbeing of Future Generations Act and the associated outcomes set out in appendix A of the Working Together to Reduce Harm Delivery Plan 2016-2018:

Wellbeing of Future Generations (Wales) Act 2015	Substance Misuse Outcomes
A Healthier Wales	<ul style="list-style-type: none"> • The general health and wellbeing of people with substance misuse issues are improved and related health inequalities are minimised. • Substance misuse issues are identified and tackled early. • People are able to make informed choices in order to prevent and reduce the harm associated with substance misuse.

A More Equal Wales	<ul style="list-style-type: none"> • Everyone affected by substance misuse issue can access timely, evidence based, safe and effective quality services. • Everyone affected by substance misuse issues are treated with dignity, fairness and respect. • Individuals and communities are effectively engaged in the planning and delivery of their local substance misuse services.
A Prosperous Wales	<ul style="list-style-type: none"> • People with substance misuse issues have the skills, resilience and opportunities to gain and maintain economic independence and the negative impact of substance misuse on the Welsh economy is minimised • A safe and vibrant night time economy is fostered across Wales.
A Wales of Vibrant Culture and Thriving Welsh Language	<ul style="list-style-type: none"> • People with substance misuse issues participate in culturally and socially diverse activities including the arts, sport and recreation. • Welsh speakers and their families are able to receive support for substance misuse issues through their own language.
A Wales of Cohesive Communities	<ul style="list-style-type: none"> • People are / feel safer in relation to crime. • Social exclusion and isolation as a result of substance misuse is minimised.

- The revised National Drug Strategy December 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life
- Welsh Government Substance Misuse Delivery Plan 2013 - 2015
- National Core Standards for Substance Misuse Services in Wales (2010)
- Welsh Government Substance Misuse Treatment Framework for Wales
- Welsh Government Health and Wellbeing Compendium

- Integrated care and Integrated Care Pathways for Adult Substance Misuse Services in Wales (2010)
- Welsh Government Guidance for Area Planning Boards (2015)
- Take Home Naloxone Guidance (2010)
- The Welsh National Database for Substance Misuse (WNDSM) and Treatment Outcomes
- Managing the Night Time Economy (2008)
- NICE Guidance (clinical guidelines)
- NICE Guidance (Public Health)
- Welsh Government Service Framework for Service User Involvement
- South Wales Police and Crime Reduction Plan 2013 -2017

2.2. Local plans and strategies

Swansea

The One Swansea Plan 2015 contains the following desired outcome and aim:

Outcome: People are healthy, safe and independent

Aim: People are physically healthy and equipped for a healthy, long life by

- Reducing smoking, alcohol and drug misuse in all age groups

Bridgend

The Bridgend Corporate Improvement Plan 2013 – 2017 has the following priority:

Improvement priority five: working together to tackle health issues and encourage healthy lifestyles

- What do we want to achieve by 31 March 2017?
- We want to see a healthier population by:
- Working with partners to address priority issues such as mental wellbeing, childhood obesity, alcohol, smoking and substance misuse, especially among young people

Neath Port Talbot

The substance misuse commissioning strategy will have an impact on the outcomes within the Neath Port Talbot Single Integrated Plan 2013 -2023.

Outcome 2: People in Neath Port Talbot “Feel Safe and are Safe”

Aim: Reducing the harm of substance misuse by

- Increasing the number of people entering and completing treatment programmes.
- Increasing public awareness of the consequences of substance misuse.
- Reducing the misuse of illegal and prescription drugs.

2.3. Dual diagnosis

The delivery of appropriate treatment to people who have mental health and substance misuse disorders is of increasing concern to the public, clinicians and policy makers. Evidence now suggests that drug and/or alcohol misuse among patients with mental health disorders must be considered as commonplace rather than exceptional. However, it is widely acknowledged that the provision for mental health and substance misuse co-morbidity in Wales is, at present, not satisfactory.

Abertawe Bro Morgannwg has published its *Dual Diagnosis Strategy 2015/16*. The strategy applies to all NHS health board, local authority and voluntary sector organisations that provide mental health and substance misuse services to individuals over the age of eighteen within the ABM area. It was developed by members of the ABM Dual Diagnosis Working Group, a subgroup of the Western Bay Area Planning Board.

The key message is that those with mental health problems and problematic drug and/or alcohol use should be cared for and treated by mainstream mental health services working in liaison with substance misuse services to ensure that care is comprehensive, co-ordinated and based on joint-working.

The evidence-based approach promotes services based on best practice for those with complex needs, the main needs being:

- To raise awareness of the needs of people with co-existing mental health and substance misuse conditions amongst professionals and the public
- To improve information and signposting for services and support for people with dual diagnosis, their families and carers
- To increase access to education, training and support for all staff involved in the management of people with dual diagnosis
- To improve access to collaborative care across substance misuse and mental health services, both statutory and voluntary, and the criminal justice system
- To extend the capacity of ABM dual diagnosis services and increase the knowledge and skills of staff so they are able to provide timely and effective responses to service users

A multi-agency network will be established to ensure that services are readily able to engage, assess and co-ordinate treatment for people with dual diagnosis through a collaborative, integrated model of care.

2.4. Prudent Healthcare

The commissioning process will provide the APB with the opportunity to continue to develop services that are based on the Welsh Government's policy objective of prudent healthcare. Prudent healthcare is built around a set of principles that remodels the relationship between service users and providers on the basis of co-production, ensuring both are equal partners in any treatment delivered. It also means that we must use resources effectively by delivering services that are evidence based and provided by a broad range of professionals, enabling the workforce to be shaped on the 'only do what you can do' principle.

The APB will also assist in delivering the aims of the new plan for primary care services. The aim of this plan is to develop a more "social" model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root cause of poor health are addressed. Through the commissioning process we want to ensure substance misuse services are linked appropriately to other primary care services, ensuring integrated care pathways are in place which focuses on the needs of the service user. To enable the APB to do this effectively we will need to ensure there is appropriate input from primary care at an APB level.

APBs in Wales need to embed the value-based principles encouraged by prudent healthcare across its entire system. Prudent healthcare in this context requires the right service intervening at the right time and in the right way. Where more than one service is required to intervene this should be done collaboratively making best use of resources, ensuring a proportionate response and avoiding duplication of effort and treatment.

This cultural shift is of relevance when commissioning substance misuse services as we need to ensure that services are efficient, effective and empowering. To assist those commissioning substance misuse services the following broader principles have been adapted from the stated principles of prudent health care:

- **Do no harm.** The principle that interventions which do harm or provide no clinical benefit are eliminated
- Carry out the **minimum appropriate intervention.** The principle that treatment should begin with the basic level of intervention. Allowing the intensity of treatment to be consistent with the seriousness of the illness and the client's goals.

- **Organise the workforce** around the “only do, what only you can do” principle. The principle that all people working within substance misuse services in Wales should operate at the top of their competence. Nobody should be seen routinely by a nurse, for example, when their needs could be appropriately dealt with by a substance misuse key worker.
- **Promote equity.** The principle that it is the individual’s clinical need which matters when it comes to deciding treatment.

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3. SUBSTANCE MISUSE SERVICE PROVISION

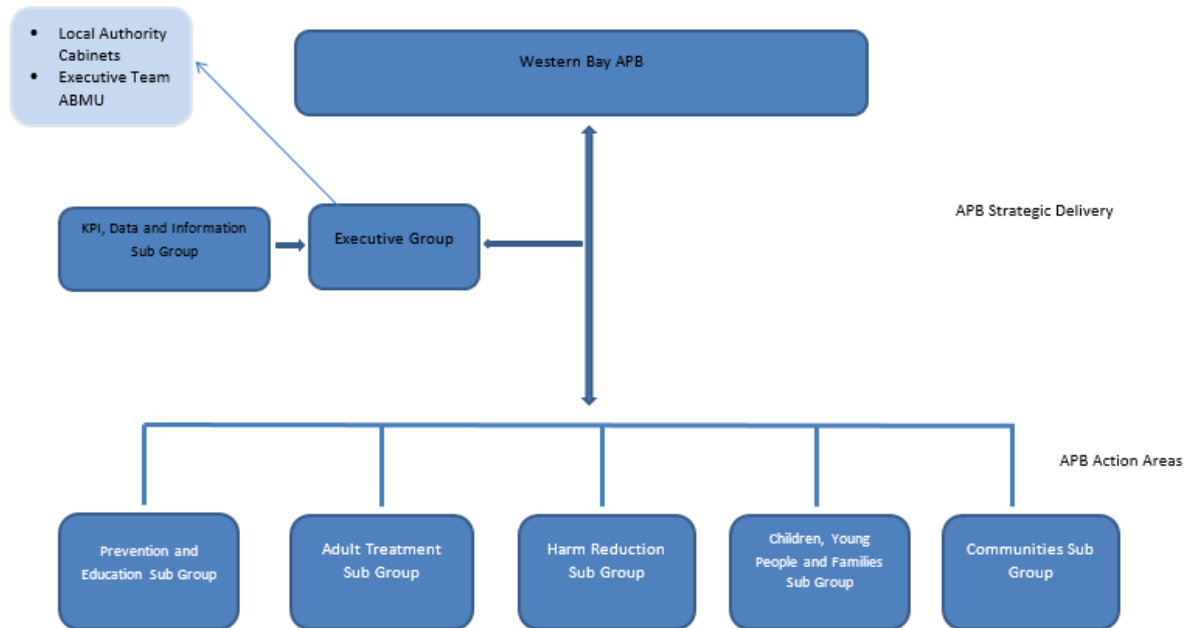
3.1. The Western Bay Area Planning Board

The statutory responsibility for formulating and implementing a strategy for combating substance misuse in Wales rests with the “responsible authorities” which form Community Safety Partnerships (CSPs). The Welsh Government’s strategy for substance misuse ‘Working Together to Reduce Harm’ (2008-18) advocated strongly that CSPs and other agencies involved in tackling and reducing the harms associated with substance misuse should do more to plan treatment services and to pool resources at a regional level where appropriate. To support this delivery at a regional (local health board) level, area planning boards (APBs) were established in 2010.

Following a review in 2011, the role and membership of APBs was strengthened in order to assist responsible authorities to discharge their duties in relation to substance misuse through the regional footprint. APBs are now required to develop an outcome based commissioning strategy across the APB area and to produce a fully costed implementation plan to support this strategy. The membership of the APBs includes representatives from the ‘responsible authorities’, which comprise CSPs, to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level.

The move to a regional focus is in line with the Welsh Government’s wider collaboration agenda, combining resources for the development and management of substance misuse services providing opportunities for strengthening service planning, commissioning, and delivery and performance management whilst also achieving efficiencies.

The proposed new structure of the Western Bay APB which was agreed at its meeting in September 2015 is overleaf:



The Western Bay APB will aim to make sure that services and decisions about people with substance misuse problems, their families and carers are:

- Integrated and provide easily accessible, effective, high quality services that focus on recovery and reintegration.
- Evidence and best practice based.
- Expanded by increasing access to and retention in services and reducing unplanned discharges.
- Underpinned by robust clinical governance.
- Focused on the safeguarding of vulnerable adults and children.

3.2. Current service provision

Before the Western Bay Area Planning Board was implemented each of the three local authority areas of Neath Port Talbot, Swansea and Bridgend were responsible separately for commissioning their own substance misuse services.

Work has taken place to streamline this process and there are currently six main organisations that deliver services throughout the Western Bay area. Some organisations deliver services in all three areas whereas some only deliver in one area. The result is that there is a large range of individual service offerings, though no overarching service architecture. To address this, four of the organisations have come together to develop a single integrated service that will be able to offer services across the area – Newid Cymru.

Below is a summary of the current service provision in Western Bay:

Tier 1: Non Substance Misuse Treatment Specific Services

Services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, youth workers, community pharmacists, probation officers, police officers, housing officers and homelessness workers). Tier 1 services work with a wide range of clients including substance misusers but their main purpose is not substance misuse. Examples of this work are developing a health promoting infrastructure across all services. Awareness raising, providing support, referral and early intervention, developing the skill of the generic workforce and enabling healthy choices.

Tier 2: Open Access Services

Services providing accessible services for a wide range of substance misusers referred from different sources, including self-referrals. The aim in this tier is to help substance misusers to engage in treatment without requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Services in this tier include needle exchange programmes and other harm reduction measures, substance misuse advice and information services and ad-hoc support not delivered in a structured programme of care.

Table 3.1: Organisations that deliver tier 2 services:

Organisation	Neath Port Talbot	Swansea	Bridgend
WCADA	✓	✓	✓
SANDS Cymru		✓	
DASH			✓
PSALT		✓	

The main services provided by the above organisations are:

- 1 to 1
- Group work
- SMART recovery
- Non-complex prescribing
- Diversionary activities
- Drop-in services
- Needle exchange
- Referrals to other agencies
- Educational groups
- Men/women groups
- CYP services
- Prevention and education (schools, colleges, universities)
- Social workers support

- Family services
- Service user groups

Tier 3: Structured Community Based Services

Providing services solely for substance misusers in a structured programme of care. Services within this tier include structured cognitive behaviour therapy programmes, structured substitute medication maintenance programmes, community detoxification, or structured day care (either provided as a drug-free programme or as an adjunct to methadone treatment). Structured community based aftercare programmes for individuals leaving prison are also included in this tier.

Table 3.2: Organisations that deliver tier 3 services

Organisation	Neath Port Talbot	Swansea	Bridgend	Intervention
WCADA	✓	✓	✓	<ul style="list-style-type: none"> • Needle exchange • Structured counselling/ treatment
SANDS Cymru		✓		<ul style="list-style-type: none"> • Needle exchange
DASH			✓	<ul style="list-style-type: none"> • Needle exchange • Structured counselling/ treatment
CDAT (Community Drug and alcohol team, ABMU HB)	✓	✓	✓	<ul style="list-style-type: none"> • Prescribing complex cases • Diagnosis
G4S	✓	✓	✓	<ul style="list-style-type: none"> • Prescribing • Structured interventions
CAMHS			✓	<ul style="list-style-type: none"> • Prescribing • Dual diagnosis

Tier 4: Residential and Inpatient Services

These are services aimed at those individuals with a high level of presenting need. Services in this tier include inpatient drug/alcohol treatment, including detoxification and residential rehabilitation. Tier 4 services usually require a higher level of motivation and commitment from the substance misuser than for services in lower tiers.

Table 3.3: Organisations that provide tier 4 services:

Organisation	Neath Port Talbot	Swansea	Bridgend
CDAT (Community Drug and Alcohol Team, ABMU HB)	✓	✓	✓
ABMU HB (specialist services such as psychiatric units, liver disease services, mental health care)	✓	✓	✓
Cwm Taff HB (specialist residential service for young people with mental health issues)			✓
Residential rehabilitation placements available to substance misusers throughout Western Bay	✓	✓	✓

3.3. Key recent development/achievements

Over the past 18 months the APB has been working with partners to develop services and implement strategies to ensure that substance misuse provision is maximised across the region. Some notable achievements and developments are:

- Creation of Newid Cymru integrated service
- Establishment of a regional support team
- Draft Corporate Governance Framework for the APB developed
- Commitment to the national needle exchange service
- Improvements to several estates including the purchase and refurbishment of Celtic Court into a state of the art building from which WCADA and CDAT will deliver services in Bridgend.
- Dual diagnosis strategy and training needs developed

- Development of regional Hepatitis Awareness campaign
- NPS awareness raising campaign
- Single point of access created
- Blood borne virus nurse post established
- Increased access to needle/syringe exchange programme
- Establishment of the PARIS integrated information management system
- Roll out of BBV/dry blood spot testing across all agencies
- Regional system for recording and monitoring drug related deaths and non-fatal overdoses established.

3.4. Working in partnership with the Police

The Police and Crime Commissioner and South Wales' *Police & Crime Reduction Plan 2016-21* includes several ways in which the police has worked and intends to work in partnership with the APB to reduce crime and substance misuse. For example:

- South Wales Police has worked with Public Health Wales and other partners to improve information sharing to target resources where they are needed most
- South Wales Police has delivered the Swansea Help Point and the Know the Score: #DrinkLessEnjoyMore campaign to make city centres at night.
- WCADA works closely with the Police, the Central Ticket Office and Safer Swansea on the TASC (Tackling Alcohol Safer Communities) initiative.

One of South Wales Police's priorities (5) is to "*make sure that the local criminal justice system works effectively and efficiently, meeting the needs of victims and challenging offenders*".

Within this priority is an action to refresh and deliver a jointly-commissioned substance misuse service focussed on preventing reoffending.

South Wales Police recognises that effective early intervention and prompt, positive action to reduce crime means working in partnership with other public sector bodies because there are clear areas of overlap and shared outcomes. Understanding the core focus of its partners will ensure these are reflected through its priorities, making all partners more effective and efficient in achieving its goals.

South Wales Police is aware that one of its partners' biggest concerns is substance misuse. It will, therefore, reform and implement jointly commissioned substance misuse services by aligning community based delivery through joint working with area planning boards and local health boards, focussing on identifying and addressing issues for offenders to prevent reoffending.

A Memorandum of Understanding has been signed by South Wales Police and Public Health Wales. The Commissioner and the Chief Constable and the Chair and Chief Executive of Public Health Wales recognise that the issues that need to be tackled have a damaging effect on both community safety and health. Violence, excessive alcohol, substance misuse, domestic abuse, and mental health issues can lead to escalating problems in both health and public order, but can be addressed through early intervention.

The work of Professor Jonathan Shepherd provides evidence that in such partnership working leads to considerable gains for all concerned and for the public. The collaborative work that has developed in supporting the Help Point in Swansea is demonstrating that there are many benefits to be derived from this approach.

The first phase of the Know the Score: #DrinkLessEnjoyMore campaign was launched in early 2015 to help tackle excessive levels of drinking in town and city centres by raising awareness of the law. A post campaign evaluation of the first phase was published in July 2015 in partnership with Liverpool John Moore's University. Findings from the pre and post intervention nightlife user surveys carried out in Swansea found that following the intervention:

- There was an increase in knowledge of the laws around the service of alcohol to drunks amongst nightlife users. Post intervention a significantly higher proportion of participants correctly answered that it is illegal for a bar server to sell alcohol to someone who is already drunk (from 48% to 61%).
- There was a decrease in preloading drinking behaviour amongst nightlife users: the proportion of participants reporting preloading reduced significantly post intervention (from 63% to 54%).
- There was a shift in the perceived acceptability of drunkenness: post intervention a significantly smaller proportion of participants agreed that getting drunk is socially acceptable in the city's nightlife (from 87% to 74%) and that it's hard to enjoy a night out if you are not drunk (from 46% to 36%).
- Overall, 29% of those who participated in the post intervention survey reported that they were aware of the Know the Score intervention, higher than that reported in an evaluation of a comparable intervention implemented elsewhere in England.

The collaborative work that has developed in Swansea over the past year has demonstrated the benefits from this approach

South Wales Police are committed to cutting offending in the age group which has the highest level of criminal activity - the 18 to 25 year olds. At the same time each local authority in South Wales has stated an ambition to cut the number of NEETs (young people not in employment, education or training) and to give better support to young people leaving care. This includes trying to reduce the impact of substance misuse, alcohol, mental health problems and homelessness.

South Wales Police will continue to work to reduce the level of violent crime by strengthening the links with partners in health to accurately identify the extent and nature of violence in South Wales, and to identify further opportunities for intervention. This will be a key element in providing the evidence-based approach to identifying key drivers, such as substance misuse, and developing a joint approach to tackling this issue, as well as forming the basis for interventions and improving public perception.

3.5. Conclusion about current service provision

Specialist substance misuse services have been delivered in the three counties for many years, with service providers working in partnership with other universal services such as general practitioners, housing, education and community groups.

These services have helped to keep communities safe by minimising the effects of substance misuse on society and ensuring that services are in place which support service users, as well as their family members and carers whose lives are affected by substance misuse.

However, usages of substances across the region are changing. Fewer people are using drugs, such as heroin and cocaine, and far more are drinking alcohol at damaging levels. New drugs are emerging so services need to develop in order to adapt to these and future changes in substance misuse.

There is a general acknowledgement that the current substance misuse treatment system means that it is difficult to achieve the desired recovery outcomes which could affect future performance.

Our focus is on both the prevention of substance misuse related harms and the implementation of the recovery agenda with an approach that creates clearer benefits for the service user.

Parity of access and equity of outcomes is essential in the delivery of substance misuse services. The move to a regional commissioning board has enabled a whole systems view of specialist service provision and highlighted areas of duplication, good practice and service deficit.

There is a significant demand for clinical and prescribing interventions with insufficient capacity to meet demand. Secondary care services are congested with people whose needs could be met at a primary care level however services in primary care are not well resourced.

The relationships between health, local authorities, service users, carers, providers and criminal justice agencies will form the basis of a modern fit for purpose service which is responsive to needs and which will demonstrably make a difference to service users, people who care for them and service providers.

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4. ACTIVITY, FINANCE AND PERFORMANCE

4.1. Activity

The information below has been extracted from the Western Bay Area Planning Board Annual Performance Report 2014/2015. The purpose of the Annual Performance Report is to provide stakeholders with an appraisal of the substance misuse performance management framework and progress during the 2014/2015 financial year. The information provided in the Annual Performance Report has been taken from the PARIS IMT system and was prepared by the PARIS Substance Misuse Project Manager.

As of 27 April 2015 there were 2,616 clients who had received over 3,500 treatments.

Table 4.1: Treatments by provider as at 27 April 2015:

Provider	Treatments
AADAS	16
Calon Lan Inpatients Ward	98
CDAT	1,870
PSALT	405
SANDS Cymru	359
WCADA	785
No Provider recorded	76
Total	3,556

The Drugaid (previously SANDS CYMRU) Drop In Support Service welcomed 3,603 client visits between May 2014 and March 2015. During 2,936 of the visits, clients were seeking and received a single support service from the Drugaid staff. 667 visits resulted in clients benefiting from two or more support services. The total number of support services provided to clients in the 2014/15 reporting period was 4,315.

Table 4.2: 2013/14 and 2014/15 comparisons

	2013/14	2014/15
Referrals	3,655	3,532
Main sources:		

Self-referral* GP	2,384	2,058 770
Clients	1,796	1,679

*Note: the self-referral figure includes those clients that have been supported by agencies to access AADAS.

The substances being misused continue to follow year on year trends. In 2014/15 alcohol was the highest problematic substance with 1,682 clients, recorded as using it, followed by heroin with 411 clients, other opiates recorded by 357 clients and cannabis with 348 clients recorded as misusing it.

Table 4.3: Appointments 2014/15

Attended	21,942	50%
Did not attend	12,726	29%
Cancelled	6,144	14%
No outcome recorded	3,072	7%
Total	43,883	100%

Table 4.4 Outcomes of treatment provided 2014/15

Positive	2,655	63%
Negative	537	13%
Neutral	996	24%
Total	4,188	100%

Table 4.5: Referrals by primary presenting substance:

Substance Name	Unique People
ALCOHOL	1682
AMPHETAMINES	193
BENZODIAZEPINES	50
BUPRENORPHINE	28
CANNABIS	348
COCAINE UNSPECIFIED	81
DRUG NOT OTHERWISE SPECIFIED	6
HEROIN ILLICIT	411
KETAMINE	31
MDMA	1
METHADONE	22
NPS	14
OTHER DRUGS	20
OTHER OPIATES	357
OTHER PSYCHOACTIVE DRUGS UNSPE	10
STIMULANTS	2
TRAMADOL HYDROCHLORIDE	10

Table 4.6: Care plan outcomes by modality

Provider	Modality Description	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People
		SUCCESSFUL		UNSUCCESSFUL		NEUTRAL		STILL OPEN	
CDAT	**AADAS INITIAL CAREPLAN**	2	2			4	4	4	4
	BRIEF INTERVENTIONS	68	64	3	3	216	212	34	31
	COMMUNITY DETOXIFICATION	11	10	4	4	4	4	7	7
	HARM REDUCTION	103	81	6	6	34	30	82	72
	HEALTH & RECOVERY SUPPORT INTS	8	8	2	2	2	2	20	20
	INPATIENT DETOXIFICATION	24	23	9	9	15	15	33	30
	OTHER	2	2			3	3	2	2
	PRACTICAL/SOCIAL SUPPORT	6	6	1	1			6	6
	PSYCOSOCIAL INTERVENTIONS	73	67	32	30	22	22	39	39
	RESIDENTIAL REHABILITATION	6	3			1	1		
	SUBSTITUTE OPIOID BUPRENORPHIN	78	54	11	11	25	23	96	93
SUBSTITUTE OPIOID (METHADONE)	55	38	6	6	17	15	110	106	
CDAT TOTALS		436	358	74	72	343	331	433	410
SANDS CYMRU	BRIEF INTERVENTIONS	39	28	10	9	16	15	34	28
	HARM REDUCTION	120	60	105	94	42	38	71	62
	HEALTH & RECOVERY SUPPORT INTS	3	3			2	2	15	14
	PRACTICAL/SOCIAL SUPPORT			1	1				
	PSYCOSOCIAL INTERVENTIONS	1	1	2	2			7	7
RESIDENTIAL REHABILITATION					1	1			
SANDS CYMRU TOTALS		163	92	118	106	61	56	127	111
SANDS CYMRU YP SERVICES MODULE	BRIEF INTERVENTIONS	33	22	3	3	13	13	4	2
	HARM REDUCTION	75	52	23	16	25	18	19	15
	HEALTH & RECOVERY SUPPORT INTS	1	1			2	2	4	2
	OTHER	2	1						
PRACTICAL/SOCIAL SUPPORT	2	1							
SANDS CYMRU YP SERVICES MODULE TOTALS		113	77	26	19	40	33	27	19

Provider	Modality Description	Number of Intervention	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People
		SUCCESSFUL		UNSUCCESSFUL		NEUTRAL		STILL OPEN	
PSALT	BRIEF INTERVENTIONS	33	22						
	HARM REDUCTION	75	52						
	HEALTH & RECOVERY SUPPORT INTS	1	1						
	OTHER	2	1	2	2	1	1	243	241
	PRACTICAL/SOCIAL SUPPORT	2	1						
	SUBSTITUTE OPIOID BUPRENORPHIN							26	26
	SUBSTITUTE OPIOID (METHADONE)					1	1	107	106
PSALT TOTALS		113	77	2	2	2	2	376	373
WCADA	**AADAS INITIAL CARE PLAN**					2	2	1	1
	BRIEF INTERVENTIONS	112	96	18	18	23	23	14	13
	COMMUNITY DETOXIFICATION							1	1
	HARM REDUCTION	235	212	203	193	115	110	74	72
	HEALTH & RECOVERY SUPPORT INTS	4	4			4	4	6	4
	OTHER	6	6	2	2	127	125		
	PSYCOSOCIAL INTERVENTIONS	281	181	91	85	91	85	139	108
RESIDENTIAL REHABILITATION					9	9			
WCADA TOTALS		638	499	314	298	371	358	235	199
CALON LAN INPATIENTS	COMMUNITY DETOXIFICATION	1	1						
	INPATIENT DETOXIFICATION	84	77	3	3	5	5	7	7
	PSYCOSOCIAL INTERVENTIONS	2	2						
	SUBSTITUTE OPIOID BUPRENORPHIN	1	1						
	SUBSTITUTE OPIOID (METHADONE)	1	1						
CALON LAN INPATIENTS TOTALS		89	82	3	3	5	5	7	7
AADAS	**AADAS INITIAL CARE PLAN**	26	26			54	54	33	28
	BRIEF INTERVENTIONS	1006	979			99	99	5	5
	COMMUNITY DETOXIFICATION							1	1
	HARM REDUCTION	68	67			17	17	7	7
	HEALTH & RECOVERY SUPPORT INTS					2	2		
	INPATIENT DETOXIFICATION	1	1			1	1	1	1
	PSYCOSOCIAL INTERVENTIONS					1	1	2	2

	SUBSTITUTE OPIOID (METHADONE)	2	2						
	AADAS TOTALS	1103	1075	0	0	174	174	49	44

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The number of drug-related deaths in ABMU follows a similar time trend pattern to that seen in Wales as a whole, although there has been a much clearer upward trend in recent years. Of the 160 drug-related deaths seen in ABMU between 2001 and 2010 inclusive, the majority (103) were for heroin overdose and occurred in Swansea with 27 occurring in Bridgend and 30 in NPT. These referral rates reflect a change in consumption characteristics with the number of people using heroin as their main drug having fallen, though these falls have been slower to occur in Swansea.

4.2. National key performance indicators

The Welsh Government has set national key performance indicators for each APB to report against.


Each service provider is required to submit their data onto the National Database on a monthly basis. This takes into account the number of referrals and other related information as well as data on the Treatment Outcome Profile which is completed for all service users in receipt of structured treatment. The Treatment Outcome Profile measures data referred to in the Key Performance Indicators are listed below.

The National Key Performance Indicators are as follows;

- **KPI 1 - DNA Post Assessment.**

Target: <20%.


This statistic measures those who are assessed and then stop attending treatment without treatment being classed as successfully completed.

The APB is currently failing this target. 

Those that failed to attend following assessment was 30.1% although that was an improvement from 36.40% in 2012/13.


- **KPI 2 - Time between referral and treatment.**

Target: >80%.

The APB is currently on amber for this target. 

The percentage of individuals accessing treatment from referral within a 20 day period saw a slight drop in performance from 75.6% in 2012/13 to 75% in 2014/15.

- **KPI 3** - Substance misuse is reduced for problematic substances between start and most recent review/exit TOP.
Target: >=71.34%

The APB is currently achieving this target. 

Those individuals receiving support who report decreased problematic substance use was 85.1% in 2012/13. However, 2013/14 has seen a drop in performance to 72.6%. We are however still achieving this measure.

- **KPI 4** - Quality of life is improved between start and most recent review/exit TOP.
Target: >=56.92%

The APB is currently achieving this target. 

Those receiving treatment who self-report an improved quality of life throughout the duration of their care plan is 67.5%, an improvement on 2012/13 when this was 62.7%. This highlights that services are having a positive impact on the holistic needs of service users.

- **KPI 5** - Number/% of cases closed (with a treatment date) as treatment complete.
Target: >=72.31%

The APB is currently failing this target. 

There was a substantial dip in performance during 2014/15 from 66% in 2012/13 to 36.9% this year. In line with work to reduce DNAs further work needs to be undertaken to increase the successful outcomes of treatment plans for clients.

4.3. Funding sources and budgets

Historically funding has been provided as follows:

	£	£
Substance Misuse Action Fund Welsh Government (SMAF) Revenue Funding		3,624,414
Partner Contributions – Commissioned Services		
Neath Port Talbot County Borough Council	46,270	
Bridgend County Borough Council	128,663	
City and County of Swansea	143,086	
ABMU Health Board	403,337	
		721,356
Total		4,345,770

APB Budget Heading Descriptions 2015/201 are in appendix 1.

The funding will be revisited when services are recommissioned. A formula will be devised as to how the match funding contributions from partners will be calculated and agreement from partners obtained.

4.4. Conclusions

The main conclusions from the above analysis are:

- During 2013/14 and 2014/15 client referral and performance show little change
- Demand for services has remained more or less consistent over the last 2 years
- Alcohol is most predominant substance used by the population in Western Bay.
- GPs are the second largest referrer to services however consideration needs to be given to increasing the capacity of GP shared care to include alcohol in the service specification.

5. NEEDS ASSESSMENT

5.1. Demographic profile

The main features of the estimated population for the ABMU area are as follows:

- The population in 2014 was 522,400 with males making up just half of the population (49.5%)
- 5.5% of the population is aged under 4 years of age (preschool)
- 11.9% of the population is aged between 5-15 years of age (school aged)
- 12.1% of the population is age between 16-24 (young adults)
- 51% of the population falls into the working age group (51% aged 25-64)
- 19.5% of the population is aged 65+
- There were 5,499 births in the region in 2014
- In 2011 there were 60,133 Welsh speakers, around 12% of the population (Wales average: 19%)
- 8.1% of the overall population in Swansea is classified as from an ethnic minority (inc. Gypsy and Irish Traveller), 3.6% in Bridgend and 2.8% in Neath Port Talbot (Public Health Wales Observatory, using 2011 Census data)
- The economic inactivity rate (excluding students) in the region in the year ended June 2015 was 22.1% (Wales average 21.0%)
- The economic active rate in the region in the year ended June 2015 was 74.1% (Wales average 74.8%)
- The employment rate in the region in the year ended June 2015 was 68.6% (Wales average 69.7%)
- In 2011 there were 57,394 people whose day-to-day activities were limited a little and 71,255 who were limited a lot
- In 2011 the percentage of LSOAs (lower layer super output areas) in the 20% most deprived LSOAs of Wales in each local authority area was Swansea 25%, Neath Port Talbot 31% and Bridgend 28%

(Source: StatsWales from the Welsh Government accessed 9 November 2015)

5.2. Prevalence of substance misuse

The Western Bay area has an estimated prevalence of 11,715 which is 20.1% of the Wales total of 58,000.

Table 5.1: Western Bay – Overall Prevalence Figures 2014/15

	18-29 Male	18-29 Female	30-64 Male	30-64 Female
Stimulants	1,939	570	3,316	621
Cocaine/crack & amphetamine /ATS				
Opioids	730	338	2,828	748
Both	97	73	355	100
Total	2,766	981	6,499	1,469

Source: Public Health Wales presentation to APB 3 December 2015

5.3. Western Bay client profile 2014/15

Age Profile

The age range of the clients remains about the same from the previous year (2013/14), with the largest age range once being the 31 to 50 age group, with 1,996 clients in 2013/14 and 1,806 in 2014/15. The next largest age range is the 18 to 30 clients with 997 in 2013/14 and 941 in 2014/15.

Gender Profile

The gender breakdown of the clients in the Western Bay APB Area during 2014/15 is 1,217 Females and 2,226 Males referred to treatment services, which again follows the trend from the previous period 2013/14 of 1,356 Females and 2,472 Males.

Ethnicity Profile

The following table provides an analysis of the ethnicity of individuals who accessed services in Western Bay during 2014 -2015 using data from PARIS.

Table 5.2: Ethnicity Profile

Ethnic Origin	Unique People
Any other Asian background	3
Any other Black background	1
Any other ethnic group	6
Any other mixed background	6
Any other white background	44
Arab	1
As/Br B'ngl'shi	3
Black/British African	1
Black/British Caribbean	2
Mixed/White Caribbean	1
Not recorded	517
Not stated	857
White	1
White and Asian	1
White British	2,080
White Irish	5
White other	3
Total	3,532

Types of Substances Misused

The substances being misused also continue to follow year on year trends, and in 2014/15 alcohol remained the highest problematic substance with 1,682 clients, recorded as using it, followed by heroin with 411 clients, other opiates by 357 clients and cannabis with 348 clients.

Usage by Local Authority Area

The breakdown of the Substance misuse clients against the population of the APB Area is as follows:

- Overall APB Area 0.66%
- Bridgend 0.61%
- Neath Port Talbot 0.68%
- Swansea 0.68%

Population data taken from: 2011 Census: Usual resident population by single year of age and sex, Wales, Author: Knowledge and Analytical Services, Welsh Government.

Client Data taken from Paris system 24/04/2015.

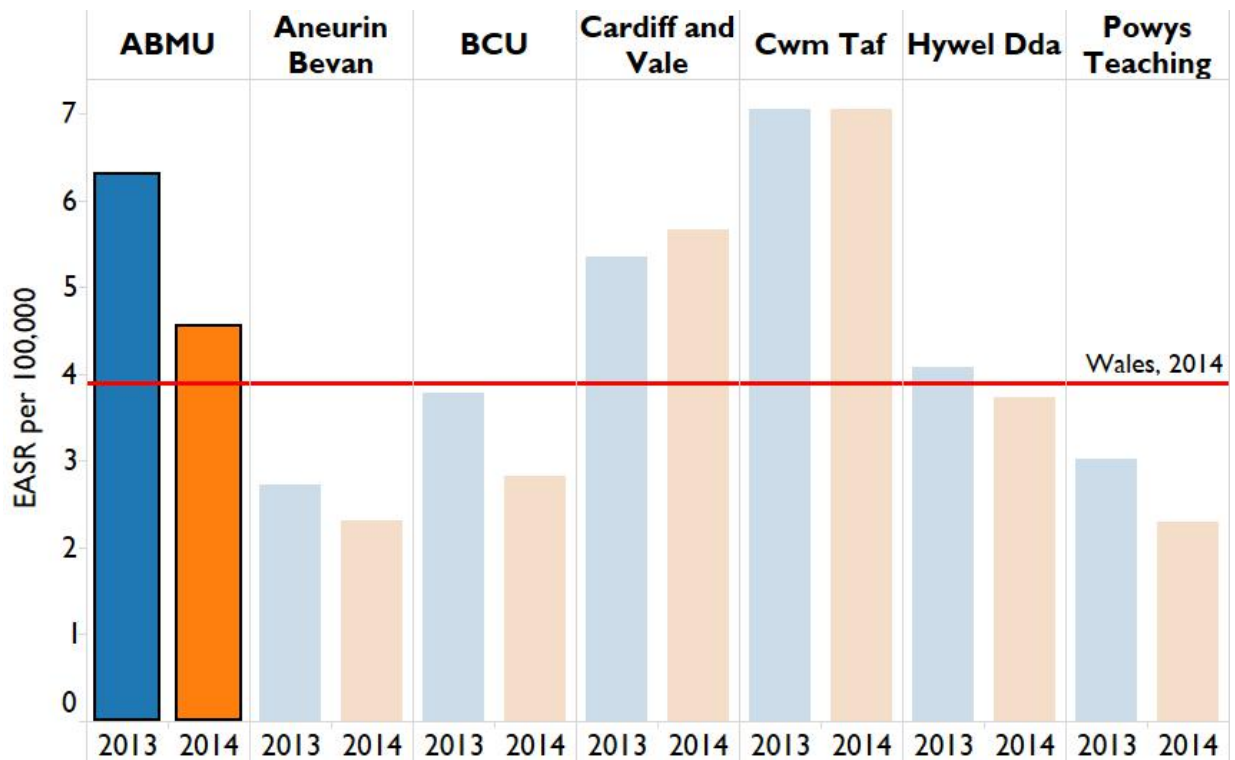
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5.4. Mortality rates for drug misuse

The diagram below illustrates the number of drug related deaths in all the APB areas 2013 and 2014.

Even though ABMU rates are above the Wales average for 2014 there has been a significant decrease from 2013 to 2014 that cannot be seen in other areas.

Table 5.3: EASR per 100,000 population, all drug misuse deaths, 2013 and 2014



Source: Public Health Wales presentation to APB 3 December 2015

5.5. Alcohol misuse

Data about alcohol misuse in the Western Bay area are as follows.

Measure	Swan	NPT	Bgnd	WB	Wales
Drinking above guidelines on heaviest drinking day				44.4%	42.7%
Binge drinking on heaviest drinking day	27.9%	28.2%	29.3%	28.8%	26.6%
Alcohol specific hospital admissions per 100,000 population	340	340	285	324	339
Alcohol attributable hospital admissions per 100,000 population	1,106	1,141	1,090	1,110	1,129
Alcohol specific mortality per 100,000 population	14	12	16	14	13
Alcohol attributable mortality per 100,000 population	52	53	59	54	51

Source: Alcohol and health in Wales 2014 (Public Health Wales).

In a 2013 survey of adults aged 16 and above in Western Bay 180,947 people reported drinking alcohol above guidelines on at least one day of the previous week. 25,756 people were reported as drinking at hazardous levels, with an estimated cost to the NHS of £345,110. Projected figures over the next three financial years estimate 26,726 in-patient admissions related to alcohol and 197,206 attendances at A&E departments (Alcohol Impact Model; Invest to save analysis 2015)

In their report, 'Measuring the Units: A review of patients who died with alcohol-related liver disease' the National Confidential Enquiry into Patient Outcome and Death (2013) recommended that:

- All patients presenting to hospital services should be screened for alcohol misuse. An alcohol history indicating the number of units drunk weekly, drinking patterns, recent drinking behaviour, time of last drink, indicators of dependence and risk of withdrawal should be documented.
- All patients presenting to acute services with a history of potentially harmful drinking, should be referred to alcohol support services for a comprehensive physical and mental assessment. The referral and outcomes should be documented in the notes and communicated to the patient's general practitioner.

- Each hospital should have a 7-day Alcohol Specialist Nurse Service, with a skill mix of liver specialist and psychiatry liaison nurses to provide comprehensive physical and mental assessments, Brief Interventions and access to services within 24 hours of admission.

5.6. Blood borne viruses and needle exchange

There is strong evidence that the prevalence of hepatitis C among people who inject drugs (PWID) in Swansea is at 70%. The Welsh average is estimated at 50% (PHW; 2015).

Since 2000, there has also been a steady increase in the number of confirmed cases of HIV in Swansea. In the last year, until March 2015, 7 confirmed cases of HIV have been identified and these individuals are PWID. Until recently, HIV amongst the drug using community has remained relatively uncommon across ABMU. It is believed that these individuals are also infected with Hepatitis C. This is the first cluster of HIV amongst PWID seen in 14 years within the UK. It is believed that the increase in BBV transmission is linked to an increase in the injecting of stimulants.

The transmission of blood borne viruses (BBV) among injecting drug users can be controlled and prevented through a range of harm reduction measures. However the emergence of new psychoactive substances (NPS), particularly injectable stimulants appears to be weakening our current infection control strategy.

Needle exchange services are currently provided from 31 community pharmacies and 6 third sector agency sites. In 2014-2015 the National Needle Exchange database reports that 6364 unique individuals used these services.

Service providers and community pharmacies play a key role in the strategy to reduce the harm from injecting drug use; providing accessible sterile injecting equipment, condoms and harm reduction advice. Community pharmacies support our campaign to engage PWID with treatment services and limit the transmission of BBV's.

5.7. Naloxone provision

Take home Naloxone (Prenoxad) is a prescription only medicine used to reverse the effects of opioid poisoning. It can be supplied to an individual, or their carer for family or friends, who is considered to be at risk of overdose. The law allows that Naloxone can be given by any member of the public who is trained for the purpose of saving lives.

As outlined above, even though Western Bay's drug related death rates are still above the Wales average, the rates have decreased significantly in recent years. This trend coincides with the success of the Welsh Government funded Prenoxad trial. The table below highlights the numbers of individuals trained in the use of and issued with THN in each APB.

Unique individuals (UIs) trained and issued with THN by APB

	UIs Issued THN 2013-14	Mid-Year Population (2013) ^a	Rate Per 1000 Population	UIs Issued THN 2014-15	Mid-Year Population (2014) ^b	Rate Per 1000 Population	Change in Rate Per 1000 Population
ABMU	196	335755	0.58	321	335669	0.96	0.38
Aneurin Bevan	147	369613	0.40	116	368561	0.31	-0.09
BCU	105	428050	0.25	109	425967	0.26	0.01
Cardiff and Vale	203	323193	0.63	185	324020	0.57	-0.06
Cwm Taf	57	190204	0.30	29	190063	0.15	-0.15
Hywel Dda	79	236707	0.33	68	235016	0.29	-0.4
Powys Teaching	20	79515	0.25	28	78903	0.35	0.10

^{a, b.} based on 2013/14 mid year population estimates aged 15-64 years (ONS, 2014-15)

The recent changes to the regulations concerning the supply of Naloxone have changed the way that clients are able to access this medication. It is now possible for Naloxone to be supplied, not only by nursing and pharmacy staff, but also by a drug service commissioned by a local authority or NHS. As well as past and present opiate/opioid users, the regulations on who can carry and administer Naloxone have been extended to include;

- A carer, family member or friend liable to be on hand in case of overdose
- A named individual in a hostel (or other facility where drug users gather and might be at risk of overdose), which could be a manager or other staff

This change can only be seen as a positive measure in helping to reduce the number of drug related deaths in the region. All of the 17 distribution sites in Western Bay have a designated Naloxone Lead to ensure that the regulations are adhered to fully.

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5.8. Levels of crime

Alcohol consumption, and less often drug consumption, is a major contributing factor to violent crime. The rates for violent crime have been on the increase across the region since 2013 with particularly large increases in Swansea.

Recorded Crime	Bridgend CSP		Neath Port Talbot CSP		Swansea CSP	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Violence against the person	1869	2529	1594	2242	3683	4675
<i>Sub Category: Violence with Injury</i>	<i>929</i>	<i>1018</i>	<i>772</i>	<i>892</i>	<i>1892</i>	<i>1902</i>
Sexual offence	143	199	103	176	285	315
Robbery	27	30	30	20	56	64
Sub-total: violent crime	2039	2758	1727	2438	4024	5054
Drug trafficking	79	83	70	81	154	147
Other drugs offence	349	425	298	222	700	792

Data extracted from Performance Data on SWP Intranet 7th December 2015

5.9. Service specific issues

Critical care services

There are specific issues with patients with substance misuse issues cared for in a critical care environment. Morrision ITU has 28 beds and admits approximately 1,200 patients per annum:

- A survey last November/December of 10% of admissions (n=120) noted a large proportion with mental health disorders and drug misuse.
- Following this the ITU discharge summaries for 2014 were reviewed (n= 1243)
- 73 admissions (5.87% of all admissions) were admitted due to overdose or hanging.

It has become clear that there has been a significant increase in numbers of patients with substance misuse –there have been occasions where 5 of 28 ITU cases have been ventilated patients known to be IVDUs.

- These patients are difficult to manage.
- There is a lack of a pathway/system that has been considered and agreed with senior clinicians in that field.
- The current system tends to be through liaison psychiatric nursing and input only really starts once patients are able to communicate and often this is almost at the point of discharge.
- Clinical challenges exist with regard to how best to manage sedation in this patient group.

Follow up clinics reveal a large proportion with mental health issues, 50% with depression, 25% with anxiety, 25% with PTSD following ITU stay. This is particularly noted after sepsis (Long Term Health-Related Quality of Life in Survivors of Sepsis in South West Wales: An Epidemiological Study. Battle C et al On line: 10.1371/journal.pone.0116304

The Community Drug and Alcohol Team have delivered a nurse led, substance misuse liaison service at the Princess of Wales Hospital for six years. This service is commissioned by the Area Planning Board. In 2013 the service was extended to Moriston and Singleton Hospital utilising reconfigured existing funding from CDAT. The current Liaison Nurse roles have a focus on ED, CDU and gastroenterology units.

Prescribing capacity

A number of prescribing services are currently commissioned within ABM. Some are commissioned via the Health Board's funding and some are commissioned directly by the Area Planning Board using money from the Substance Misuse Action Fund.

The Community Drug and Alcohol Team within ABM University Health Board provides secondary care specialist addiction services.

Primary care services include the PSALT service in Swansea, with a prescribing capacity of 300.

A shared care contract is in place with 20 different GP practices across Bridgend and Swansea. Although approximately 130 prescribing places exist, a cap on prescribing numbers and the fact that the service specification covers opiate prescribing only, precludes clients with alcohol related issues from receiving a prescribing service via their GP.

Neath Port Talbot employs a Nurse Prescriber in secondary CDAT services as an alternative to a local enhanced service, with a capacity of 120.

CDAT also employ a sessional GP provides a 'virtual' primary care service, with a capacity of 80 patients, to those clients who are suitable for prescribing in primary care, but whose GP does not participate in the shared care scheme.

PSALT and CDAT currently have a waiting list of six months for prescribing. The prescribing budget for the CDAT has a predicted end of year overspend of £100,000. This has reduced from previous years, where the overspend was c£190,000, however continual scrutiny of medications prescribed, dispensing intervals and supervision arrangements have resulted in substantial cost savings in this element of service. The financial risk of prescribing overspend lies with ABM University Health Board and is not sustainable.

Shared care

Across the ABM area, access to specialist prescribing in primary care has developed inconsistently. This has been due to the differing priorities of the three Community Safety Partnerships in the commissioning of substance misuse services.

There are opportunities with the establishment of the primary and community networks to undertake services on a network basis utilising the skills of specialist GPs. A network in Swansea and another in Bridgend have developed proposals to care for patients on a network basis.

ABMU HB has committed to undertake a review of the current shared care system covering the following areas:

- The optimum service model to be implemented in relation to substance misuse shared care across the ABMU Health Board area, including the opportunity to transfer care for alcohol services or initiation of substitute prescribing. The service model should be built on the optimum outcomes for patients/ clients of the service.
- Ways to address any inequities in current service provision
- Resources required to implement the required service model
- Robust processes for the assessment and transfer of patients to shared care arrangements including the necessary screening and information provision
- Timeliness/ frequency of patient monitoring /review
- Waiting times and optimum length of time in service
- DNA rates
- Robust arrangements to ensure continuity of care in the event of a breakdown of the shared care arrangement.
- Required auditing processes and procedures

The outcome of the review with costed recommendations will be reported to the Primary and Community Services Management Board and the ABMU Area Planning Board for consideration when recommissioning services.

Needle Exchange and Community Pharmacies

Across the Western Bay region, there is a strong indication that Swansea, particularly the SA1 area, has the highest density of PWID. In 2014-15 there were a total of 2574 unique individuals accessing Needle and Syringe Programmes (NSPs) in Swansea. It is also estimated that over 50% of the PWID population are unknown to structured treatment services (PHW; 2015).

Approaches to implementing NPSs have varied in each authority area. Bridgend and Neath Port Talbot currently have adequate provision however the number of outlets in Swansea does not provide adequate coverage against the aggregate PWID population, particularly in the SA1 area. With the exception of SANDS Cymru and WCADA, there are no NSP sites in Swansea town centre. There are no NSP services in the town centre that provide NSP provision at the weekend. The introduction of community pharmacies in the town centre would improve access and coverage to NSPs. It is envisaged that this would increase transaction activity and reduce the incidence of reusing and sharing of injecting equipment.

5.10. Conclusion: needs analysis

The data and information contained in the previous section enable a number of conclusions to be drawn to inform this commissioning strategy as follows:

Need	Detail
Investment in Prevention	Awareness raising, providing support, referral and early intervention, developing the skill of the generic workforce and enabling healthy choices. To limit the numbers engaging in drug use or progressing into harmful drug use
Critical care provision	A recent review has concluded that there are specific issues with patients with substance misuse issues cared for in a critical care environment
Capacity of GPs	GPs are the second largest referrer to services and consideration needs to be given to increasing the capacity of GPs for prescribing and shared care and to include alcohol in the service specification.
Shared care	Consideration should be given to a whole scale review of the current situation around GP shared care in the region. The model of shared care currently operating is disparate and does not allow parity of access to normalised treatment from primary care.
Outreach education	In response to the increase in BBV transmission in the region consideration should be given to the expansion of prevention and education work, particularly in outreach services.

Need	Detail
Needle exchange service	Consideration should be given to expanding pharmacy provision and increasing the promotion of Needle and Syringe Programmes via improved signposting and marketing.
Naloxone training	Momentum should be continued in relation to the progress Western Bay has made with the training in and distribution of Naloxone
Consistent pharmacist remuneration	All NEX Pharmacists in Wales except those in Swansea locality are remunerated under the CPW agreement. Consideration to be given for Swansea locality NEX pharmacists to be remunerated under the CPW agreement along with Bridgend and Neath Port Talbot, to bring them in line with the rest of Wales.
Central Swansea NEX pharmacies	The revival of central Swansea NEX pharmacies should be a priority. The APB Harm Reduction Group have recommended that up to 5 central area pharmacies be established.
Needs of older people	The ageing population in the region will mean that service provision will need to consider additional complex needs of this particular cohort.
Parity of services	To ensure parity across the region in the delivery of services, in particular waiting times for prescribing treatment.
Needs of homeless people	The need for stable integrated and dedicated resources for the homeless, for those with additional health and social care needs and psychosocial and sexual health issues.

Need	Detail
Partnership working with the Police	<p>The volume of violent crime in the region is increasing. Support should be provided to increase partnership working and the capacity of the Police to positively impact on areas of service that will reduce alcohol related violence in relation to the the night time economy. Swansea's Help Point is a positive example of this.</p> <p>Services commissioned will also be expected to work closely with services provided for victims and perpatrators of domestic abuse as substance misuse often features strongly in their lives. Substance Misuse services have a statutory obligation to ask and act on domestic abuse.</p>

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6. USER AND PROVIDER CONSULTATION

6.1. The consultation process

This section sets out the various service requirements that have been gathered through the various consultation processes. These will be used to test the existing services for fitness and to ensure new services are appropriate. The strategy has been built on extensive engagement.

In September 2013 three initial workshops were attended by members of the Western Bay Project Team. A further five workshops were held to consider local priorities. The groups attracted over 100 attendees and included representatives from:

South Wales Police	ABMU Health Board,
Local Authorities	South Wales Probation Trust
Substance misuse provider agencies	Public Health Wales
Service users	Supported housing projects
Cyrenians	HMPs Parc and Swansea
Integrated Offender Management Services	The Youth Offending Services
Carers	Child and Adolescent Mental Health Services

6.2. What service users said they wanted

Service users said that the key issues for them were:

- Reduced waiting times for prescribing, particularly for detoxification.
- Increased support outside of weekdays, 9-5.
- Uniformity of access to consistent services.
- Faster access to residential rehabilitation placements.
- More engagement of service users in the design and delivery of services
- More after care services
- More help in accessing housing, education and employment

6.3. Provider needs

Service providers said that the key issues they faced were:

- Fit for purpose accommodation to enable effective service delivery, urgently required in the centres of Swansea and Bridgend.
- Regional performance measures that are easy to capture and meaningful and streamlined commissioning that ensures resources are used for direct services not backroom functions.
- A reduction in drug related deaths and continued provision of harm reduction services.

Another important issue raised in the engagement is that although specialist agencies provide many of the services for people affected by substance misuse, there are a large range of other generic services which will also come into contact with these individuals and their families and carers. We need to ensure that service users have full access to these wider generic services and are not disadvantaged in accessing them. This not only relates to their health and wellbeing but wider determinants such as access to benefits, work, appropriate housing, training and social inclusion.

Making a difference in these areas requires the APB partner organisations to work within other partnerships and organisations with this aim. These will include Single Integrated Plan Processes, Local Service Boards, Youth Offending & Early Interventions Board, Regional Supporting People Partnership, Children & Young People's planning arrangements, Child & Adolescent Mental Health Services Planning Group, the Health Social Care & Wellbeing Third Sector Network, Homeless & Vulnerable Groups Action Planning Team, Western Bay Safeguarding Board and others.

We also need to increase the support and training we provide to partner organisations, such as primary care, criminal justice and social services, to enable them to better advise, engage with and signpost people needing help. The commitment of all service providers, both specialist and general, in the Region, to support these agencies, provides an excellent foundation in delivering responsive and effective care for people and their families who are affected by substance misuse.

7. PRINCIPLES OF SERVICE DESIGN

7.1. Service review

In 2011 the Welsh Government conducted a review of substance misuse services across the ABMU area, largely in response to the long and different waiting times being experienced across the region for accessing specialist treatment services, in particular prescribing. The main recommendations were:

- That an integrated service model should be implemented across the Region for specialist substance misuse services so that seamless care is provided for service users.
- Service users should have regular reviews of their progress in treatment and be involved in the planning and delivery of their care.
- Service users should have access to prescribing delivered by GPs.
- Specialist substance misuse liaison services should be available to district general hospitals.
- Harm reduction and harm minimization interventions should be widely available.
- Those individuals in vulnerable groups, such as pregnant women, people who are homeless and people who have co existing substance misuse and mental health problems should be offered flexible, accessible and responsive services.

7.2. Principles of commissioning

There are 3 key principles that are fundamental to service delivery and development of substance misuse services:

- Services should be coordinated, of high quality and be evidence based.
- Service delivery should involve and actively engage partner agencies, service users and carers in all levels of policy, planning and review and commissioned in accordance with the Welsh Government Treatment Framework on service user involvement – outcome measures associated with service user involvement are in appendix 2.
- Service planners should ensure equity of access to services and support regardless of age, gender, race, disability, sexual orientation, religion or culture.
- Service planners should ensure the appropriate distribution of resources across all 4 areas of the Strategy objectives.

Service delivery should take account of the language needs of service users, particularly Welsh and ethnic languages.

Commissioning will also ensure that substance misuse action areas are aligned to the priorities of the Wellbeing of Future Generations Act and the associated outcomes set out in the National Substance Misuse Delivery Plan:

1. A healthier Wales
 2. A more equal Wales
 3. A prosperous Wales
 4. A Wales of vibrant culture and thriving welsh language
 5. A Wales of cohesive communities
- The APB will also adhere to 1-5 of the Welsh Government's Substance Misuse Core Standards when commissioning services.

Using the three principles, the language needs of users and the core standards as the starting point, the APB will ensure that it will commission services that are:

- Integrated and provide easily accessible, effective, high quality services that focus on recovery and reintegration.
- Evidence and best practice based.
- Expanded by increasing access to and retention in services and reducing unplanned discharges.
- Underpinned by robust clinical governance.
- Focused on the safeguarding of vulnerable adults and children.
- Underpinned by clear and effective processes to ensure high service levels are maintained where services link to other services.

Services will be required to publish their performance data on their websites in a standard format.

7.3. Core standards

Providers will be expected to meet the Welsh Government's Substance Misuse Core Standards when providing their services and also to provide practical actions and measurable outcomes that evidence that the standards have been met:

- Core Standard 6: Effective information system and integrated information technology is used to inform and support the planning and delivery of treatment services

- Core standard 7: People accessing treatment are not unfairly discriminated against on the groups of age, gender, disability, ethnicity, race, religion, or sexual orientation.
- Core Standard 8: The view of service users, carers, relatives and the public are taken into account in the design, planning, delivery and review of all agencies.
- Core Standard 9: The principles of quality and safety underpin the delivery of services.
- Core standard 10: Service users are provided with evidence based interventions and care that conforms to all relevant, extant guidance
- Core Standard 11: Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences.
- Core standard 12: Service provider premises are environmentally safe, secure and properly accessible and as a minimum take account of:
 - Public and staff safety and well being
 - Different service users' needs, e.g. wheelchair access
 - Privacy and confidentiality
 - Protect People, property and assets
- Core standard 13: Service users are treated with dignity and respect that is sensitive to individual needs, including language, cultural and physical needs.
- Core Standard 14: Service users' information is treated confidentially, except where authorised by legislation.
- Core standard 16: Organisations comply with national child protection guidance within their own activities and in dealing with other organisations.
- Core standard 17: Organisations comply with safeguarding requirements for the protection of vulnerable adults within their own activities and in dealing with other organisations.
- Core Standard 18: Case records are created, maintained, stored and disposed of in accordance with extant legislation and national guidance that safeguarding service users confidentiality.
- Core Standard 19: Systems are in place to identify report, investigate and learn from adverse events and near misses involving service users.

- Core Standard 20: Complaints about service provision and delivery are investigated promptly and thoroughly and the outcome reported back to the complainant.
- Core Standard 21: The management of medicines including use and storage will comply with controlled drugs legislation, other legislations, licensing and guidance.
- Core Standard 22: The procurement, use and disposal of medical equipment and devices are managed properly within current guidelines and legislative requirements.
- Core standard 23: Organisations have human recourse management systems in place that:
 - Support staff and value the individual contribution; and
 - Treat staff with dignity and respect, value, understand and respect diversity.
- Core standard 24: Staff responsible for developing and delivering services are appropriately recruited, training and qualified for the work they undertake in line with national guidance.
- Core Standard 25: All interventions are delivered by appropriately trained and qualified staff that is supervised where appropriate.

7.4. Commissioning themes

‘There are a number of themes that will run through the preparation of the substance misuse commissioning plan including:

- Ensuring that the principles of prudent health care are embedded in all parts of the commissioning process.
- Ensuring services commissioned embed the principles of recovery.
- Ensuring that services have been influenced by the needs and views of service users.
- Services deliver clear measurable outcomes.

The intention of the board is to redesign the delivery of the individual substance misuse services across the three member areas into a single integrated modular service, in line with current best practice.

Local and national priorities will be met by:

- Evaluating existing contracts, service arrangements and interventions.

- Reviewing existing services and other agreements against local and national priorities. Any services that are not configured to meet the priorities will be reformed in such a way to ensure they do.

Future Service Requirements

- Service Co-production - Service providers, service users and carers want increased engagement in service design and evaluation using co production to ensure services are fit for purpose and accessible
- Collaborative Service delivery – Service users to collaborate in their own care plans and have a greater say in the interventions they receive.
- Service Location – Ensure that services are near public transport routes, have flexible opening times and quick access to treatment to reduce the need for multiple visits.
- Service Governance – The APB will govern the totality of the services provided to ensure that they come together to form an effective whole. This will be achieved using a standard Commissioning approach, standard service performance measures and by monitoring and managing the performance of the services that are provided and all associated interventions. The APB will also provide a strategic steer to providers and act as a central point ensuring consistence and high service quality and cost effectiveness. The Western Bay APB will also work with other Area Planning boards to jointly commission services across APB boundaries when this offers increased efficiency.
- Service Performance Transparency – The APB will ensure that service performance information is freely available and will ensure that services display their performance data on their websites.
- Service Communication and Data flow – The APB will develop a communications strategy to ensure that stakeholders receive appropriate information in a timely manner. Where appropriate and when it aids service users, services will share information ensuring service continuity and effectiveness.

7.5. Desired outcomes

A robust contractual and monitoring arrangement will be built into future service level agreements to enable the APB to have clear evidence of outcomes that benefit our client population. The main desired outcomes are as follows:

- **People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

- **Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.
- **Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.
- **Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.
- **Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.
- **Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:** services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

8. SERVICE PROVISION REQUIRED

8.1. Introduction

The outcome of the research we have gathered and our consultation workshops has told us that we need to change some of the services that we deliver locally to make sure we meet people's needs effectively.

This section contains service specific needs that have been identified from the local service reviews and an engagement process, over a number of months with service users, carers, service providers and partner organisations, along with service provision required to meet those needs that the APB will be looking to commission in 2017.

We will commission the services outlined in the following tables to ensure they meet the needs of service users and agencies in each of the following four priority action areas outlined in the Welsh Government's Substance Misuse Strategy for 2008 - 2018, "Working Together to Reduce Harm":

- Action Area 1: Preventing Harm – helping children, young people and adults resist or reduce substance misuse by developing a health promoting infrastructure which includes, but is not limited to, providing information about the damage that substance misuse can cause to their health, their families and the wider community.
- Action Area 2: Support for substance misusers – to improve their health and aid and maintain recovery thereby reducing the harm they cause themselves, their families and their communities.
- Action Area 3: Supporting and protecting families – reducing the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member.
- Action Area 4: Tackling availability and protecting individuals and communities – reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substance.

Commissioning will also adhere to the three key principles of the Social Services and Well-being (Wales) Act (see section 2.1) with particular emphasis on prevention and early intervention.

Western Bay Area Planning Board

Performance Management Outcomes and Measures



How objectives will be measured

1. Number of schools successfully completed Healthy Schools Scheme chapter on substance use and misuse.
2. Evaluation mechanism in place to measure the implementation of the policy.
3. Number of referrals made from schools and youth settings to tier 2 services.
4. Number of referrals to tier 2 services from tier 1 services
5. Increased liaison between tier 1 and tier 2 services.
6. Increase in the amount of alcohol awareness information disseminated in community settings (yearly).
7. Analysis of evaluation data provided by the MECC programme.
8. Number of parents/carers that liaise with substance misuse services for advice and support.
9. Number of sessions delivered to older persons groups.

How objectives will be measured

1. Number of completed care plans (increase)
2. Number of client re-engagements decrease after successful treatment finish.
3. Number of staff trained to cover more psychosocial interventions (PSI) and psychological therapies (PT).
 - a. Number of session of PSI and PT provided to clients.
4. Number of clients accessing other services in addition to prescribing.
5. Number of education/Training and employment awareness raising events provided to client groups.
6. Number of sites available for needle exchange services.
7. Number of people training in Naloxone.
8. Number of sites available for Naloxone distribution.
9. Number of fatal/non-fatal overdoses.
10. Number of service providers with service user and carer involvement action plans.
11. Number of service providers aware of the national principles of public engagement training.
12. Number of service users engaged in/ utilising feedback mechanisms.

How objectives will be measured

1. A record of staff and service compliance as part of contract monitoring systems.
2. Number of appropriate referrals to family intervention services
3. Number of appropriate referrals to parenting support schemes.
4. Number of mandatory training sessions provided to professionals on recognising signs of domestic abuse.
5. Number of domestic violence issues identified in care plans and successfully completed.

How objectives will be measured

1. Number of alcohol related hospital admissions.
2. Number of people that accessed the Swansea Help Point and were diverted from hospital or arrest.
3. Number of incidents of drug and alcohol related crime in the town centres (reduction).
4. No of alcohol/ substance misuse community based penalties issued (reduction).
5. Number and percentage of residents reporting substance misuse as a concern (reduction).

Proposed Service Delivery

The new service model will respond to the needs of children and young people and adults, alcohol and drug users. This does not mean that all services would be delivered by one agency or one contract, but that a whole systems approach is taken which responds to all presenting need in an integrated way.

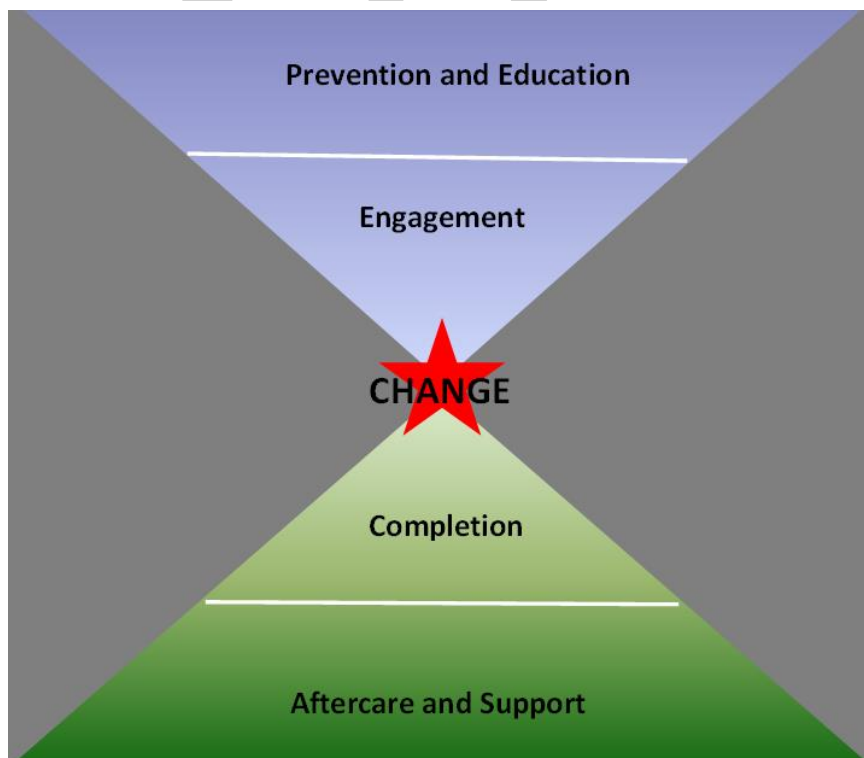
The objectives for the service model are to:

- Maximise the number of clients who achieve recovery
- Reduce the harm to individuals and families as a direct or indirect result of substance misuse, including supporting those for who recovery is not yet an option
- Ensure service users are at the heart of the treatment system and their own recovery journey
- Respond to current need and be flexible to future changing needs

Through provision of treatment that is:

- Able to intervene early through identification, training and screening
- Recovery focussed offering a visible recovery community and rebuilding community assets
- Easily, accessible and easy to navigate
- Joined up – for polysubstance users
- Evidence based but with freedom for expert clinically-led innovation
- Cost effective and delivering value for money

The following diagram represents the proposed system model:



Prevention and Education

Actions to help children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their families and the wider community. Key components of this would be:

- Greater focus on alcohol – a range of actions which seek to raise awareness of sensible drinking
- Children and young people – early engagement with children throughout their school career, early engagement with parents before problems have arisen, awareness raising regarding the damage caused to young people's health and the wider community from violence and anti-social behaviour as a result of misusing alcohol and other issues such as teenage pregnancies, STDs, suicide, self harm, domestic abuse and sexual exploitation.
- Promoting inclusion – dealing with risk factors that lead to people misusing substances such as poor parental supervision, a history of problematic family use, lack of engagement at school, negative peer influences.
- Targeting interventions – linking with other agencies and initiatives locally such as Communities First, domestic abuse agencies, youth offending teams, youth services etc. Recognising the importance of training in substance misuse issues for the children's workforce.
- School based education and support – continuing to support the Healthy Schools Scheme and the All Wales Police Core Programme.
- Role of parents and carers – consideration of ways to engage parents in the prevention work with children of school age, general awareness raising for parents and carers of the consequences of the harmful use of substances.
- Identifying and supporting older people at risk – development of specific local health promotion programmes relating to older people's use of alcohol and awareness raising for professionals who come into contact with older people on the risk of misusing alcohol and POM or OTC medicines.

Engagement

During the engagement phase clients will begin to get help with their substance misuse. At this state of a clients journey they will have a single point of contact , comprehensive assessment and recovery planning service. This will enable them to access appropriate recovery-focussed treatment and support. Key components of this stage would be:

- Comprehensive assessment, recovery planning and care co-ordination
- Risk assessment
- Low threshold and brief interventions
- Needle exchange and syringe provision
- Harm reduction and healthcare interventions

Change

During the Change phase of a clients journey they will have access to a fully integrated treatment service enabling clients to stabilise and reduce their drug and/alcohol use, facilitate recovery and promote health and wellbeing. Key components of this stage would be:

- Recovery planning and ongoing care-ordination
- Specialist treatment provision

- Inpatient/community detoxification and stabilisation
- Structured psychosocial interventions
- Family Support
- Diversionary activities
- CAMHS
- Access to residential rehabilitation*

* there is a national residential rehabilitation framework of approved providers that will be accessed by service users.

Completion

The completion phase of a client's journey will deliver interventions to enable people to become drug or alcohol free and recover. This will include promoting and supporting reintegration to other services such as training and employment. Key components of this stage would be:

- Access to training, education and employment support
- Relapse prevention/aftercare

Aftercare and Support

These services will enhance and develop the support that is offered to clients through the engagement, change and completion phases in order to help aid their recovery.

Key components of this phase would be:

- Tackling discrimination and stigma in the community
- Advocacy
- Support for carers and concerned/significant others
- Peer support opportunities
- Diversionary activities

In terms of capacity and the wider Western Bay workforce the APB aspires to support more people delivering drug and alcohol interventions as early as possible. The following diagram shows the interventions behind the service:



8.2. Action Area 1 – Preventing Harm

The Need	Objective	Measurement	Proposed Service Provision
<p>Children and young people are provided with an effective range of universal education and prevention measures to enable them to make informed choices regarding the use of alcohol and other substances.</p>	<p>To ensure that all children and young people's settings are health promoting which includes the appropriate delivery of ; education . Leading to an improved understanding, knowledge and awareness of substances, their effects, risks and harm minimising behaviours associated with their use.</p>	<p>Number of schools successfully completed Healthy Schools sheme chapter substance use and misuse.</p> <p>Number of schools adopting the WB schools substance misuse policy.</p> <p>Evaluation mechanism in place to evaluate the implementation of the policy.</p> <p>Number of referrals made from school and and youth setting to tier 2 services.</p>	<ul style="list-style-type: none"> • Standardisation of Substance misuse educational programme and advice service across the curriculum and all age groups. • Investment in skill and competency development across universal settings that work directly with children and young people.. • Quality assured accessible information and advice • Service user feedback

The Need	Objective	Measurement	Proposed Service Provision
Staff working with children and young people are skilled and competent to prevent and respond to the needs of children and young people who are at risk of misusing drugs and alcohol	Universal front line services have comprehensive training and development mechanisms in place that are sustainable	Referrals to tier 2 services from tier 1 services. Increased liaison between tier 1 & 2 services	<ul style="list-style-type: none"> • Support Healthy Schools Scheme to develop a healthy school setting • Appraise and support universal workforce development strategies, that work with children and young people and enable access to appropriate learning opportunities.
Stop the rise in young people and adults drinking alcohol	To increase the amount of alcohol awareness provision by supporting and disseminating nationally led campaigns. That this message is communicated appropriately in the relevant settings and forums.	<p>Account for the work of alcohol awareness information events disseminated in settings (yearly).</p> <p>Account for the number of health promoting settings that are accessed by working age adults and older people.</p> <p>Local evaluation data provided by the Make Every Contact Count (MECC) programme.</p>	<ul style="list-style-type: none"> • Standardisation of health education and campaigns with particular regard for children and young people across the region. • Working with WG, Alcohol Concern Cymru and Public Health Wales to provide quality assured information regarding. • Information and advisory treatment framework to be incorporated into routine work. • APB to engage with national alcohol policy planning

The Need	Objective	Measurement	Proposed Service Provision
Parents and carers have access to a range of information and sources of help to enable them to make informed choices.	To increase the amount of information and support available for parents and carers, regarding substance misuse..	Number of parent/carers that liaise with substance misuse services for advice and support regarding someone else's substance misuse.	<ul style="list-style-type: none"> • Substance Misuse services to market the parent carer support service by various means, websites, leaflets, community events etc. • Information and advisory treatment framework to be incorporated into routine work.
The needs and prevalence of alcohol misuse amongst older people across the region is understood and a range of evidence based health promoting interventions are developed to meet need.	To raise the profile of alcohol and substance misuse in older people.	Number of sessions delivered to older persons groups e.g. nursing homes, age concern.	<ul style="list-style-type: none"> • Engagement with older people services providing training programmes to increase awareness • Health education and campaigns focused events, information, leaflets.

8.3. Action Area 2 – Support for substance misusers

The Need	Objective	Measurement	Proposed Service Provision
<p>Access to appropriate treatment at all levels based on individual need.</p> <p>Service users achieve planned treatment and support goals.</p>	<p>To increase successful outcomes.</p>	<p>Number of completed care plans (increase).</p> <p>Number of client re-engagements decrease after successful treatment.</p>	<ul style="list-style-type: none"> • Assessment service provided adheres to the WIISMAT. • Active service user involvement groups/forums. • Service user feedback mechanisms are incorporated into the processes of all agencies so that every service user can provide feedback. • TOPs to be completed by service provider with service user.
<p>Service users are able to contemplate, prepare for and engage in specific interventions aimed at reducing and abstaining from the use of</p>	<p>To expand psychosocial interventions and psychological therapies</p>	<p>Number of staff trained to cover more psychosocial interventions (PSI) and psychological therapies (PT).</p> <p>Number of sessions of PSI and PT provided to clients.</p>	<p><i>For both CYP and Adult services.</i></p> <ul style="list-style-type: none"> • Psycho-social interventions both high and low intensity to be provided by appropriately qualified providers. • Inpatient detox, residential rehabilitation and community prescribing to be implemented when identified. • GP shared care, virtual GP, Nurse prescribing, automatic dispensing. • Prescribing regimes to be in conjunction with wrap around services (not in isolation). • BBV prevention and testing with treatment. • Supervised consumption service.

The Need	Objective	Measurement	Proposed Service Provision
<p>drugs/alcohol.</p> <p>To sustain the outcomes achieved through treatment and support in the long term.</p>	<p>To increase the level of integration of wrap around services with prescribing</p>	<p>Number of clients accessing other services in addition to prescribing.</p>	<ul style="list-style-type: none"> • A Substance Misuse and mental health co-occurring service establishing with clear care pathways established. • Needle syringe programme with Sexual health element. • Vulnerable groups service e.g. Gypsies and Travellers, Asylum seekers and refugees, veterans, old people etc. • Diversionary activities • Closer working with Domestic Abuse agencies
	<p>To increase the opportunities for the service user to access education, training and employment.</p>	<p>Number of education/training and employment awareness raising events provided to client groups.</p>	<ul style="list-style-type: none"> • Training and processes in place to support fatal and non-fatal poisonings. • Systems in place to encourage engagement. • All services should demonstrate Personal development plans (PDP) for employees.
	<p>To increase availability of needle exchange provision</p>	<p>Number of sites available for needle exchange services.</p>	<ul style="list-style-type: none"> • To maintain or increase capacity of sites throughout Western Bay Area.

The Need	Objective	Measurement	Proposed Service Provision
	To increase Naloxone training and provision.	<p>Number of people training in Naloxone.</p> <p>Number of sites available for Naloxone distribution.</p> <p>Number of fatal/non-fatal overdoses.</p>	<ul style="list-style-type: none"> • Partnership working between agencies to ensure appropriate levels of Naloxone training is provided. • Naloxone distribution service and monitoring of overdoses
	To increase service user involvement in design and delivery of services.	<ul style="list-style-type: none"> • Number of service provers with service user and carer involvement action plans • No of service providers aware of the national principles of public engagement and the WG framework for service user involvement • No of service providers attending service user and carers engagement training • No of service users engaged in/utilising feedback mechanisms 	<ul style="list-style-type: none"> • An independent forum for service users to be established in conjunction with service provider user groups. The Independent forum will allow service users to share best practice and experiences from a wide range of services. • Service user feedback mechanisms is incorporated into the corporate processes of all agencies

8.4 Action Area 3 - Supporting and protecting families

The Need	Objective	Measurement	Proposed Service Provision
<p>All professionals who come in contact with substance misusers and/or their children have a responsibility to ensure that children in these circumstances are identified as early as possible and are given appropriate support and protection</p> <p>To protect and care for children affected by substance misusing parents. To ensure that difficult decisions are made in the best interest of the child.</p>	<p>To ensure that staff in all services access a programme of mandatory training regarding the safeguarding of children.</p>	<p>A record of staff and service compliance as part of contract monitoring measures.</p>	<ul style="list-style-type: none"> • Specialist Hidden Harm Social Work provision • CYP service Talking therapy • Access to CYP mental Health service • Family and carer service • Improved access to Domestic violence, ethnic minorities service • Access to parenting classes • Peer mentoring provision

Recognition of the key role that families can play in substance misuse treatment, in terms of preventing and/or influencing the course of the substance misuse problem, improving substance-related outcomes for the user and also helping to reduce the negative effects of substance misuse problems on other family members.	To increase the access to family intervention.	Number of appropriate referrals to family intervention services	<ul style="list-style-type: none"> • Family, systemic therapy provision. • 1 to 1 and group work to be provided for both high and low intensity. • Specialist Hidden Harm Social Work provision • Access to IFSS intervention where appropriate • Access to Team around the Family intervention
	To increase number of parental substance misuse assessments	Number of appropriate referrals to parenting support schemes.	<ul style="list-style-type: none"> • Specialist Hidden Harm Social Work provision
Address the clear but complex links between substance misuse and domestic violence, both the misuse on the part of the abuser and misuse of substances by those being abused.	To increase the amount of support available for those who suffer domestic abuse.	<p>To ensure that staff in all services access a programme of mandatory training regarding the recognition of signs of domestic abuse.</p> <p>No of domestic violence issues identified in care plans and successfully completed.</p>	<ul style="list-style-type: none"> • Mandatory training programme for professionals on recognising the signs of domestic abuse • Improved access to specialist domestic abuse service provision.

8.4. Action Area 4 – Tackling availability and protection

Tackling availability and protecting individuals and communities via enforcement activity involves actions taken to assist in reducing the harm caused by substance misuse related crime and anti-social behaviour by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances, including the sale of alcohol or solvents to young people. These needs will be addressed through activity by enforcement agencies.

The Need	Objective	Measurement	Proposed Service Provision
The need to increase the health and safety of the night time economies operating across the region	Decreased drug and alcohol related emergency service incidents on Friday, Saturday, student and special event nights	Number of alcohol related hospital admissions Number of people that accessed the Swansea Help point and were diverted from hospital Number of incidents of drug and alcohol related crime in the town centres	<ul style="list-style-type: none"> These services are predominately criminal justice and law enforcement. All services are expected to demonstrate partnership and joint working.
The need to empower local communities to identify and respond to local substance use issues	Increasingly, local communities feel that substance misuse problems are effectively addressed, and of less concern	Number and percentage of residents reporting substance misuse as a concern	<ul style="list-style-type: none"> Joint awareness raising campaigns and community active outreach services.

9. COMMISSIONING ACTIONS

This section contains the actions that will be taken prior to commissioning specific services, in order to have the commissioning framework in place to ensure the delivery of high quality services that meet the needs of the population.

The table overleaf has been compiled from the preceding sections of this document.

The structure is as follows:

- **Commissioning principles** have been identified from the material set out in the preceding sections of this plan.
- The **source** of that principle has been listed, such as APB policy, user consultation etc.
- Following discussions and further analysis an assessment of whether the need has been **met** or whether there is a **gap**

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
1. Do no harm.	Prudent Healthcare	Y	Overarching APB Clinical Governance Policy will be developed.	APB Team in conjunction with ABMU HB as part of the commissioning process to be completed by 31st March 2017
2. Minimum appropriate intervention.	Prudent Healthcare	Y	Services will be commissioned that provide integrated care pathways, avoid duplication of intervention and bring clarity and transparency in terms of who provides what	APB Team as part of the commissioning process to be completed by 31 st March 2017
3. The principles of prudent health care are embedded in all parts of the commissioning process.	Welsh Government Substance Misuse Commissioning Guidelines			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
4. Organise the workforce around the “only do, what only you can do”.	Prudent Healthcare	N Integrated service model already agreed by the APB makes specific the interventions provided.	n/a	n/a
5. Promote equity.	Prudent Healthcare	Y	Re-commissioning process will ensure there will be parity of access, interventions and outcomes.	APB Team as part of the commissioning process to be completed by 31 st March 2017
6. Uniformity of access to consistent services.	User consultation			
7. Flexible, creative, integrated services that provide equal access across the Region	APB commissioning policy			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
8. Remodel the relationship between user and provider on the basis of co-production.	Prudent Healthcare		Within service level agreements commissioned providers will have explicit direction with regards to engagement with service users in planning, delivery and Evaluation of service	APB Team as part of the commissioning process to be completed by 31st March 2017
9. More engagement of service users in the design and delivery of services	User consultation			
10. Services have been influenced by the needs and views of service users	Welsh Government Substance Misuse Commissioning Guidelines			
11. Service providers, service users and carers engaged in service design and evaluation using co production to ensure services are fit for purpose and accessible.	APB commissioning policy			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
12. Service users collaborate in their own care plans and have a greater say in the interventions they receive.	APB commissioning policy			
13. A pathway/system that has been considered and agreed with senior ITU clinicians	Survey	N	n/a	n/a
14. Managing sedation in ITU patient group	Survey	This forms part of the new commissioned psychiatric liaison service to district general hospitals. ABMU will incorporate these actions into local delivery plans.		

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
15. Prescribing capacity – ensure that waiting lists are kept at a manageable level across the region.	Report	Y	Providers of prescribing services including primary care to ensure that the service offered across the region is flexible to cope with demand. Working group established in Feb 16 to deal with immediate issues in Swansea and to develop a costed plan for prescribing services going forward.	Working group to be led by ABMU to include the APB team. Sept 16.
16. Service users should have regular reviews of their progress in treatment and be involved in the planning and delivery of their care	Welsh Government	Y	APB Adult Treatment Sub Group to include this issue in their forward work plan to develop a process for involving service users in a multi-agency comprehensive review of care.	APB Adult Treatment Sub Group. Dec 16.
17. Service users should have access to prescribing delivered by GPs	Welsh Government	Y	Redesign of shared care service across Western Bay in liaison with heads of primary care. As principle 15 above.	See principle 15.

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
18. Specialist substance misuse liaison services should be available to district general hospitals	Welsh Government	N Substance misuse nurse service is in place for all district general hospitals across Western Bay.	n/a	n/a
19. A reduction in drug related deaths and continued provision of harm reduction services	Provider consultation	Y	There are a wide variety of relevant services and interventions available across Western Bay. However a gap has been identified of a lack of pharmacy NEx provision in Swansea. The APB to consider bringing on board more pharmacists in the centre of Swansea.	APB Team as part of the commissioning process to be completed by 31st March 2017
20. Harm reduction and harm minimization interventions are widely available.	Welsh Government			

women, older people, people who are homeless and people who have co existing substance misuse and mental health problems are offered flexible, accessible and responsive services

strategy developed by APB. Strategy has been rolled out across the region along with specialist training sessions for staff.

An appraisal of definitive funding streams to ascertain what funding is going towards substance misuse (such as supporting people funding in local authorities) is included in this strategy.

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
22. Services are evidence and best practice based	APB policy	N ABMU HB representative to be involved in commissioning and development of services and will lead on the clinical governance policy.	n/a	n/a
23. Robust clinical governance	APB policy			
24. Services deliver clear measurable outcomes	Welsh Government Substance Misuse Commissioning Guidelines			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
25. Increased access to and retention in services and reduced unplanned discharges	APB policy	<p>N</p> <p>A KPI improvement action plan is in place to ensure performance against KPIs is improved and then maintained. Several actions in place to overcome issues that causes a failure on KPIs.</p> <p>Data cleansing exercises regularly happen to ensure providers aren't parking clients and they are being regularly reviewed.</p>	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
26. A focus on the safeguarding of vulnerable adults and children	APB policy	Y	Specialist hidden harm social work services are available in all areas with the exception of Swansea. A similar provision will be commissioned in Swansea.	APB Team as part of recommissioning process. April 2017.
27. Clear and effective processes in place to ensure high service levels are maintained where services link to other services.	APB policy	N The APB KPI, Data and Information group will maintain a consistent focus on identified national and local performance indicators, taking swift action to remedy areas of poor performance.	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
28. Services should publish their performance data on their websites in a standard format	APB policy	Y	Will be included on APB website when developed. This will be a requirement of the tender documentation.	The APB Team Dec 2016
29. All patients presenting to hospital services should be screened for alcohol misuse and an alcohol history documented.	CEPOD	Y	Liaison services group to be established in ABMU HB	Substance Misuse Services Manager, ABMU Sept 2016
30. All patients presenting to acute services with a history of potentially harmful drinking, should be referred to alcohol support services.	CEPOD	Y		
31. Each hospital should have a 7-day alcohol specialist nurse service.	CEPOD	Y	Commit to establishing 7 day cover and commissioning further support for inpatient services.	APB Team as part of re-commissioning process

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
32. Reduced waiting times for prescribing, particularly for detoxification.	User consultation	Y	APB to carry out analysis of current prescribing situation as part of tendering process.	APB Team April 2017
33. Increased support outside of weekdays, 9-5.	User consultation	Y	Services commissioned must evidence out of hours provision for clients.	APB Team April 2017
34. Faster access to residential rehabilitation placements.	User consultation	N A consistent method of assessing, approving and placing clients has been established in accordance with WG residential rehabilitation guidelines for APBs.	n/a	n/a
35. More after care services	User consultation	Y	APB to consider providing peer-led recovery activities (The Living Room, Cardiff best	Adult Treatment Sub Group Dec 2016

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
36. Improve access to after care services	APB commissioning policy		practice model)	
37. More help in accessing housing, education and employment	User consultation	N APB has agreed to match fund the EU funded “Out Of Work” service, which is currently being commissioned	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
38. Fit for purpose accommodation to enable effective service delivery, urgently required in the centres of Swansea and Bridgend.	Provider consultation	N New state of the art provision at Celtic Court has been developed and houses WCADA and CDAT staff. Relocation of CDAT staff into WCADA and Drugaid buildings in Swansea.	n/a	n/a
39. Regional performance measures that are easy to capture and meaningful and streamlined commissioning that ensures resources are used for direct services not backroom functions	Provider consultation	N Local PIs have been agreed which will be incorporated into service specifications in addition to national KPIs	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
40. Service users have full access to wider generic services and are not disadvantaged in accessing them.	Consultation process	N Targeted awareness raising for clients and staff in peripheral services.	APB communication strategy will enhance this along with the prevention and education sub group work plan.	APB team Dec 2016
41. Support and training for partner organisations, such as primary care, criminal justice and social services, to enable them to better advise, engage with and signpost people needing help.	Consultation process	Y	Providers will be expected to provide a rolling programme of substance misuse awareness training delivered to universal services Promotion of this facility via existing networks.	APB Team as part of the tender briefs. April 2017

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
42. Support to staff working in generic / universal services, increasing their awareness of substance misuse and how and when to access specialist services	APB commissioning policy			
43. Evaluate existing contracts and service arrangements.	APB commissioning policy	N Current contracts to be review and rolled over in April 2016 for 1 year. Tendering process to take place during 2016. New re-commissioned services to commence April 2017.	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
44. Services are near public transport, have flexible opening times and quick access to treatment reducing the need for multiple visits	APB commissioning policy	Y	APB Capital estates strategy will cover this. It will be developed in line with APB commissioning strategy to ensure buildings are fit for purpose.	APB Team Jun 2016
45. A standard commissioning approach, standard service performance measures and performance monitoring and management.	APB commissioning policy	Y	A standard commissioning approach will be developed for the 2016/17 commissioning cycle	APB Team April 2017
46. Services will share information ensuring service continuity and effectiveness.	APB commissioning policy	N Sharing of information is covered by the Communities Sub Group of the APB	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
47. A communications strategy to ensure that stakeholders receive appropriate information in a timely manner.	APB commissioning policy	Y	Communications strategy will be developed.	APB Team Dec 2016
48. Help people find and stay in suitable accommodation	APB commissioning policy	Y	APB to ensure active interface with supporting people housing teams within 3 local authorities.	APB Team April 2017
49. Everyone affected by substance misuse issue can access timely, evidence based, safe and effective quality services.		Y	<p>Identify population need for substance misuse services in order to plan and deliver effective care and support.</p> <p>APBs and primary care clusters will work together to develop a needs analysis / understanding of local requirements in order to inform more effective person centred care and set out how this need will be met.</p>	APB Team April 2017

10. MAKING IT HAPPEN

10.1. Commissioning framework and responsibilities

A commissioning framework and detailed action plan will be developed which will set out:

- Approval and sign-off of the following processes by APB member organisations
- Commissioning responsibilities for:
 - Overall leadership: agency and individual
 - Preparing the service specifications
 - Tendering process, including selection of providers
 - Clinical governance and analysis of constraints, risks and dependencies
 - Contract monitoring, including contracts manager and interim contract management
 - Provider relationships
 - Planning process
 - Management of the estate
- How services will be decommissioned (note: Principles and Practice Guidance in draft currently)
- Engaging with users, families and carers
- Partnerships and capacity building
- Evaluation and review
- Investment strategy and budget management
- Performance management framework

10.2. Quality assurance and monitoring arrangements

The successful implementation of this plan will depend upon a number of variables including robust monitoring and evaluation arrangements to measure how we are progressing with the priorities outlined in the strategy. For commissioning to be effective, there needs to be clarity of understanding in what the commissioner seeks and what the provider can supply. It is important for both to jointly agree service specifications and that appropriate safeguards are put in place to monitor client numbers, waiting times, clinical risk and cost. Therefore, in order to have an effective and efficient monitoring process, it is important to establish what information is required from service providers and that the structures are in place to facilitate this.

The regional team has established a system of quarterly monitoring meetings where pre-agreed outcomes and measures will be discussed along with other issues such as client numbers, clinical risk and service development. This information will be collected in a database which the regional team will frequently review and reported to the APB.

The purpose of monitoring will be to provide an opportunity for the provider to plan, prioritise, monitor and evaluate their service in a supportive partnership by:

- Clarifying tasks, duties, responsibilities and resources
- Setting SMART performance targets
- Identifying standards of performance required
- Giving and receiving feedback on outcomes and performance
- Identify obstacles in meeting targets and acknowledge limitations
- Creating a climate conducive to the sharing of good practice

The commissioning strategy and plan will be reviewed annually. The review will take into consideration data provided by the regional team on performance monitoring of contracts and achievements in relation to the performance management framework along with data relating to WG KPIs.

The group will make recommendations to the APB in relation to the renewal of the commissioning strategy. It should be noted that the needs of substance misusers are complex and in constant change. Therefore it is important to understand that this commissioning strategy should not be viewed as a standalone document but that the commissioning process is ongoing and will evolve to meet identified need and changes in demand.

10.3. Timetable for implementation

Task	Year												17				
	15	16															
	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
Development of Commissioning Strategy & Commissioning of new service 17/18																	
Draft commissioning strategy to be agreed by APB																	
Commissioning Strategy Consultation period																	
Comments received and amendments finalised																	
APB to decide on recommissioning priorities for 17/18																	
Tenders prepared and advertised																	
Tenders received are scored and reviewed																	
Contracts are awarded and prepared																	
New service starts																	
Provision of Services in 16/17																	
Discussions with current service providers on requirements for 16/17																	
WG to inform APB of SMAF allocation for 16/17																	
Contacts renewed to existing services																	
16/17 contracts commence																	
Quarterly contract monitoring																	

APB Budget Heading Descriptions 2016/2017

Code	Provider	Service	SMAF Allocated	Proportion SMAF r/f	£ Match	£ Total allocation	% SMAF	% Match
CD1	ABMU CDAT	AADAS Single Assessment Service (WB)	170,715.00		28,943.00	199,658.00	85.50	14.50
CD2		Adult Services (WB)	840,084.00		100,985.00	941,069.00	89.27	10.73
CD3		Detox Unit (WB)	72,600.00	69,500.00	0.00	72,600.00	100.00	0.00
CD4		Supervised consumption (WB)	169,084.00		18,866.00	187,950.00	89.96	10.04
CD5		Children and Young People's Service (WB)	71,868.00		0.00	71,868.00	100.00	0.00
CD6		Needle Exchange Coordination/Provision (WB)	151,118.00		0.00	151,118.00	100.00	0.00
CD7	NPTCBC/BCBC	Social Work Service (WB)	173,242.00	11,163.00	0.00	173,242.00	100.00	0.00
		Total CDAT SMAF	1,648,711.00	80,663.00	142,794.00	1,797,505.00	91.72	7.94
DR1	Drugaid	Tier 2 & 3 - Adult Services (Sw)	161,166.01		53,178.99	214,345.00	75.19	24.81
DR2		Tier 2 - Children young people service (Swansea)	314,896.52	177,900.00	13,565.48	328,462.00	95.87	4.13
DR3		Tier 2 - Family Service (Swansea)	10,131.00		19,869.00	30,000.00	33.77	66.23
		Total Drugaid	486,193.53	177,900.00	86,611.00	572,807.00	84.88	15.12
WC1	WCADA	Tier 2 & 3 - Adult Services (WB)	343,792.96		403,583.04	747,376.00	46.00	54.00
WC2		Tier 2/3 - Children young people service (SWITCH) (NPT & Bridgend)	199,853.00	180,238.00	0.00	199,853.00	100.00	0.00
WC3		Youth Offending Substance Misuse Worker (Bridgend & NPT)	70,000.00	27,594.00	0.00	70,000.00	100.00	0.00
WC4		Family Service (WB)	161,084.76	8,544.00	9,339.24	170,424.00	94.52	5.48
		Total WCADA	774,730.72	216,376.00	418,178.00	1,187,653.00	65.23	35.21
DA1	DASH	Out of hours Children and Young People Service (Bridgend)	50,826.00	44,912.00		50,826.00	100.00	0.00
DA2		Counselling service	46,189.00	46,189.00		46,189.00	100.00	0.00
		Total DASH	97,015.00	91,101.00		97,015.00	100.00	0.00
G41	G4S	Hartshorn House (Bridgend)	38,926.00			38,926.00	100.00	0.00
CT1	Cwm Taff HB	Tier 3 YDAS Substance Misuse Service (Bridgend)	76,255.00			76,255.00	100.00	0.00
PH1	PHW	Prevention and Education Officer (WB)	43,811.00			43,811.00	100.00	0.00
HB1	ABMU	Oral Health Project (WB)	17,986.00			17,986.00	100.00	0.00
HB2	ABMU	Dual Diagnosis (SW)	13,000.00			13,000.00	100.00	0.00
NPT1	NPT CBC	APB Commissioning Support Team (WB)	136,096.00		58,228.00	194,324.00	70.04	29.96
CCS1	CCoS	Data Management/Integrated Information system support (WB)	61,718.00			61,718.00	100.00	0.00
BA1	BAVO	Service User Involvement	23,523.00			23,523.00	100.00	0.00
BA2	APB	Service User Involvement Fund	5,000.00			5,000.00	100.00	0.00
PS1	PSALT	Prescribing Service (Swansea)	58,029.00		15,545.00	73,574.00	78.87	21.13
PS2	PSALT	Rent for YMCA for 1 year	14,575.00			14,575.00	100.00	0.00
OOW1	WG	Match funding for out of work scheme	16,573.00			16,573.00	100.00	0.00
RR 1	APB	Residential Rehabilitation fund (Wb)	93,330.00	93,330.00		93,330.00	100.00	0.00
		Total other	598,822.00	93,330.00	73,773.00	672,595.00	89.03	10.97
		Total SMAF	3,605,472.25	659,370.00	721,356.00	4,327,575.00		
		total SMAF allocated	3,624,414.00					
		unallocated for 16/17	18,941.75					

Partner	£
NPT CBC	46,270.00
CCoS	143,086.00
BCBC	128,663.00
ABMU:	
Swansea Locality	199,407.00
NPT Locality	168,535.00
Bridgend Locality	35,395.00
Total Match Funding 2016-17	721,356.00

BAVO SUCI outcome measures

Outcomes	Performance Measures	Possible OBA Performance measures
<p>All partner agencies of the Western Bay Area Planning Board work to the WG Treatment Framework on Service User Involvement and embed the principles of meaningful engagement;</p> <p>Service users and carers are engaged are valued as partners of the Western Bay Area Planning Board and they work collaboratively on the APB work programme in developing, delivering and evaluating services across the APB region.</p> <p>Services are provided within the principles of the WG Treatment Framework on Recovery Orientated Integrated Systems of Care.</p> <p>Service providers demonstrate co production of care plans with service users so service users are involved in their care plans and are given the opportunity to engage in service development</p>	<ul style="list-style-type: none"> - All partners of the APB sign up to a Charter on the engagement of service users and carers - Service providers are supported in workforce development have improved access to quality learning and training opportunities regarding service user involvement/ engagement as per WG Framework for Service User Involvement - To support agencies and service user groups to identify training and developmental needs relating to Service User and Carer Involvement and seek opportunities for further workforce development. - Service users groups are able to access learning and developmental opportunities suitable to their needs 	<p>How much? Quantity</p> <ul style="list-style-type: none"> No of service providers engaged No of service users engaged No of service providers with service user and carer engagement policies and action plans No of service providers aware of the National Principles of Public Engagement No of service providers aware of the WG Framework for Service User Involvement No of service users involved in developing a dignity and respect training programme No of service providers attending service user and carers engagement training <p>How well? Quality</p> <ul style="list-style-type: none"> %Positive feedback from service providers attending the training % of service users completing the training %Positive feedback from service users feeling positively engaged in training <p>Making a difference /Is anyone better off?</p> <ul style="list-style-type: none"> % of service providers developing new ways to engage service users and carers % of service users co produce care plans % of service users engaged in care plan reviews % of service users engaged in workforce development/ training

Outcomes	Performance Measures	Possible OBA Performance measures
		% of service users engaged in service development % increase of service providers positively engaging service users and carers in care plans % increase of service providers positively engaging service users and carers in service development
	<p>Service users are supported to engage in opportunities to provide feedback on service provision independent of their treatment.</p> <p>Service providers receive objective independent feedback regarding service delivery and accessibility.</p>	<p>How much? Quantity No. of service users engaged in/utilising feedback mechanisms No. of service providers providing various forms of feedback opportunities to service users and carers</p> <p>How well? Quality % positive feedback from service users utilising feedback mechanisms % positive feedback from service providers regarding the feedback mechanisms</p> <p>Making a difference /Is anyone better off? % Service user and carers acting as independent reviewers for the evaluation of local services to influence policy and future development of service provision.</p> <p>% positive feedback from service providers regarding service user and carer reviews</p>

Outcomes	Performance Measures	Possible OBA Performance measures
	<p>Service users are provided with greater opportunities to contribute to service design, planning and evaluation relevant to their needs and interests.</p> <p>A greater number of stakeholders, recognise and effectively utilise service users involvement as a valuable resource</p>	<p>How much? Quantity No of opportunities to enable service users to contribute to service design, planning and evaluation (eg meetings, workshops, training, conferences) No of service users taking up the opportunities</p> <p>How well? Quality % positive feedback from service users and carers on the opportunities to contribute to service design, planning and evaluation (eg meetings, workshops, training, conferences) % positive feedback from service providers and commissioners on the opportunities for engagement to service design, planning and evaluation (eg meetings, workshops, training, conferences)</p> <p>Making a difference /Is anyone better off? % increase of service user and carers Involved/engaged in service design, planning and evaluation (eg meetings, workshops, training, conferences) % of positive feedback from service providers on service user and care involvement as a valuable resource.</p>

Table of Abbreviations

Abbreviation	Description
AADAS	Abertawe Alcohol and Drug Assessment Service
ABMU HB	Abertawe Bro Morgannwg University Health Board Health Board
APB	Area Planning Board
As/Br B'ngl'shi	Asian/British Bangladeshi
ATS	Amphetamine type stimulants
BAVO	Bridgend Association of Voluntary Organisations
BBV	Blood Borne Virus
BCBC	Bridgend County Borough Council
BCU	Betsi Cadwaladr University
Bgnd	Bridgend
CAMHS	Child and Adolescent Mental Health Services
CCOS	City and County of Swansea
CDAT	Community Drug and Alcohol Team
CDU	Clinical Decision Unit
CEPOD	Confidential Enquiry to Patient Outcome And Death
CPW	Community Pharmacy Wales
CSP	Community Safety Partnerships
CYP	Children and Young People
DNA	Did Not Attend
EASR	European Age – Standardised Rates
ED	Emergency Department
EU	European Union
G4S	Group 4 Securicor
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ITU	Intensive Therapy Unit
IOIS	Integrated Offender Intervention Service
IVDU	Intravenous drug users
KPI	Key Performance Indicators
LSOA	Lower layer super output areas
MDMA	methylenedioxyphenethylamine
NEET	Not in Employment, Education or training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NKPI	National Key Performance Indicators
NPS	New Psychoactive Substances
NPT CBC	Neath Port Talbot County Borough Council
OBA	Outcome Based Accountability
PDP	Personal Development Plans
PHW	Public Health Wales
PSALT	Primary Substance Abuse Liaison Team
PSI	Psychosocial interventions
PT	Psychosocial therapies

Abbreviation	Description
PTSD	Post-Traumatic Stress Disorder
PWID	People Who Inject Drugs
SMAF	Substance Misuse Action Fund
SMART	Specific, Measurable, Achievable, Realistic and Timely
SUCI	Service User Carer involvement
THN	Take Home Naloxone
TOP	Treatment Outcome Profile
UI	Unique Individuals
WB	Western Bay
WCADA	Welsh Centre for Action on Dependency and Addiction
WISSMAT	Wales Integrated In-depth Substance Misuse Assessment Tool
WNDSM	The Welsh National Database for Substance Misuse
YPDAS	Young People Drug and Alcohol Service

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