

SUBSTANCE MISUSE DASHBOARD - QUARTER 1-2 2015/16 Western Bay APB

APB Guidance

Actions	Qtr 1 Apr - Jun	Qtr 2 Jul - Sept	Qtr 3 Oct - Dec	Qtr 4 Jan - Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
Structure & Membership					
Regional Banker Appointed	Complete	Complete			
Appropriate "Responsible Authority" representatives in place	Complete	Complete			
Appropriate Provider representatives in place	Complete	Complete			
Appropriate Children & Young People representative in place	Complete	Complete			
Appropriate Secretariat structures in place	Complete	Complete			
Appropriate Commissioning support structures in place	In progress	Complete			
Appropriate Clinical Governance structures in place	Some progress	In progress			
MOU agreed	Some progress	Some progress			

Actions	Qtr 1 Apr - Jun	Qtr 2 Jul - Sept	Qtr 3 Oct - Dec	Qtr 4 Jan - Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
Appropriate Performance Management process in place	Complete	Complete			
Financial					
Expenditure plans for 2015/16 agreed	Some progress	In progress			
Capital allocation plans for 2015/16 agreed	Complete	Complete			
Appropriate budget, accounting and audit management systems in place	Complete	Complete			
Commissioning / Delivery Plans					
Needs assessment complete	Complete	Complete			
Commissioning Plan for (2015/2016 onwards) agreed	In progress	In progress			

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	Delivery Plan					
	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
1.3	Each Area Planning Board (APB) to map out provision of related Tier 1 services within their region (October 2013)	Complete	Complete			
1.3	Each APB to ensure appropriate links are made to related Tier 1 services within their region (October annually).	Ongoing	Ongoing			
2.1	Each APB to map out the educational programmes in their area and address any gaps in service delivery as part of their Commissioning Plan (October 2013)	Complete	Complete			
2.1	APBs to consider and implement the forthcoming 'Welsh Government Guidance for substance misuse in education which is currently being finalised' (March 2015)	In progress	In progress			

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2.3	Each APB to establish and further develop wider links between APBs and Job Centre Plus / employers (Ongoing)	Complete	Complete			
3.2	Key partners to increase numbers of substance misuse clients who are referred from a tier 2 service to appropriate BBV services. (Ongoing)	Ongoing	Ongoing			
3.2	Key partners to increase numbers of substance misuse clients who are tested / vaccinated by tier 3 service providers (Ongoing)	Complete	Complete			
4.1	Each APB to undertake a mapping exercise to scope out the mechanisms in place within their region to engage with adult service users and children and young people (October 2013)	Complete	Complete			
4.1	Each APB to develop and implement a service user strategy within their region (October 2013)	Complete	Complete			

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5.1	LHBs to establish alcohol specialist nurses in A and E departments (March 2015)	Complete	Complete			
5.2	Each APB and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services in line with the Service Framework 'Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems' (September 2013)	In progress	In progress			
5.2	LMHPBs / APBs to work to ensure relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems and have a clear understanding of protocols and integrated care pathways in place. (September 2013)	In progress	In progress			

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5.2	LMHPBs / APBs to consider prevalence of alcohol related dementia (including Korsakoff's) and improve access to relevant support services (March 2014)	Some progress	Some progress			
5.3	Key partners to raise awareness of alcohol misuse amongst older people with professionals working with this client group (Ongoing)	Complete	Complete			
5.3	Key partners to improve co-ordination and joint working between local older peoples services and alcohol treatment services (Ongoing)	Some progress	In progress			
5.4	Each APB to develop local protocols to identify individuals who maybe at risk (October 2013)	Complete	Complete			
5.4	LHBs to ensure alcohol consumption is discussed in the initial assessment and if necessary a written plan to reduce alcohol intake is agreed (Ongoing)	Complete	Complete			

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6.1	Each APB to embed guidance into their commissioning process. (March 2014)	Some progress	Some progress			
6.2	Each APB to map current availability of self support / mutual aid services within their area (April 2013)	Complete	Complete			
6.2	Each APB to identify opportunities for the further development of self support / mutual aid services (October 2013)	Complete	Complete			
6.2	Each APB to promote the use of these services via their mechanisms (Ongoing)	Complete	Complete			
7.1	APBs to work with armed forces personnel to raise awareness of substance misuse services available and explore Alcohol Brief Interventions Training for military medical, nursing and other relevant staff. (March 2014)	Complete	Complete			

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7.1	APBs to work with substance misuse and mental health providers to ensure veterans have timely access to these services (March 2014)	Complete	In progress			
7.1	APBs to work with Health Board Champions to improve GP knowledge of veteran's issues. (March 2014)	Complete	Complete			
7.2	Key partners to strengthen alignment between DIP and offender management to assist in the delivery of more integrated service. (Ongoing)	Complete	Complete			
7.3	Welsh Government to work with key partners to ensure there are effective working protocols between services including care pathways, referral options and eligibility criteria. (March 2013)	Some progress	Complete			

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7.4	Welsh Government to work with APBs to ensure that there are effective working protocols between specialist treatment and agencies that support sex workers (Ongoing)	Some progress	In progress			
7.5	Each APB to undertake a mapping exercise to scope out transition mechanisms between child and adult services. (March 2013)	In progress	In progress			
7.5	Each APB to develop and implement a plan within their region to address any gaps in service in relation to the transition between child and adult drug and alcohol services. (October 2013)	In progress	In progress			
7.6	APBs and Providers to consider and implement the recommendations of the Welsh Government review of tier 4 referral, assessment and commissioning processes. (December 2013)	Complete	Complete			

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8.1	Welsh Government to work with APB partners to embed programmes such as team around the family and Strengthening Families Programme as appropriate. (Ongoing)	Complete	Complete			
8.2	Each APB to map the extent that they have fully embedded the requirements of the Carers Measure 2010 into service delivery. (December 2013)	Some progress	Some progress			
9.1	LHBs and Supporting People Programme Regional Collaborative Committees implement Supporting People Programme Grant Guidance, that commissioning decisions take account of substance misuse needs. (Ongoing) .	Complete	Complete			

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9.2	LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. Ongoing from April 2013.	Some progress	Some progress			
9.2	Welsh Government and APB to consider the recommendations of the Advice Services Review (June 2013)	Some progress	Some progress			
10.3	Key partners to promote use of third party reporting schemes through neighbourhood events and increased engagement opportunities (Ongoing)	Ongoing	Complete			
11.1	APBs to implement the revised workforce development plan. (March 2014)	Complete	Complete			
12.2	Welsh Government and key partners to implement recommendations of recent HIW report (Are they meeting the needs of service users and their families) (March 2014)	Some progress	In progress			

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12.2	Each APBs to implement their core standards action plan. (September 2013)	Some progress	Some progress			
12.4	Each APB to develop regional outcome based commissioning plans ensuring the needs of all vulnerable groups are considered. (October 2013)	Some progress	In progress			

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CORE STANDARDS

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
1	Governance arrangements representing best practice are in place at Substance Misuse Area Planning Board (APB) levels which apply the principles of sound corporate and financial governance.	Almost met	Almost met			
2	A Commissioning strategy, annual delivery and expenditure plans are in place, agreed and published. Strategy and related delivery and expenditure plans reflect an assessment of need with intended measurable outcomes are produced in line with national guidance.	Almost met	Almost met			

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3	<p>APB wide plans are in place to:</p> <ul style="list-style-type: none"> i) Identify health improvement requirements related to substance misuse; ii) Respond appropriately; and, iii) Measure improvements and the reduction in inequalities. <p>A APB wide system in place which contains accountability levels and decision making protocols for the collation, analysis and application of information for assessing and responding to substance misuse related health issues. As a minimum the system should enable the regular and routine review of the following:</p>	Fully met	Fully met			
4	Harm reduction approaches are compliant with legislation and guidance and are embedded throughout the treatment system.	Fully met	Fully met			
5	Planning and delivery of treatment ensures timely and equitable access to services.	Fully met	Fully met			

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6	Effective information systems and integrated information technology is used to inform and support the planning and delivery of treatment services.	Fully met	Fully met			
7	People accessing treatment are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation.	Fully met	Fully met			

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8	The views of service users, carers, relatives and the public are taken into account in the design, planning, delivery and review of all substance misuse services, including general advice and information. Commissioning plans, service specifications and their associated SLAs/Contracts must include policies and procedures for engagement with the community, service users and reports on how this feedback is used:	Fully met	Fully met			
9	The principles of quality and safety underpin the delivery of services.	Fully met	Fully met			
10	Service users are provided with evidence based interventions and care that conforms to all relevant, extant guidance.	Fully met	Fully met			
11	Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences.	Almost met	Almost met			

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12	<p>Service provider premises are environmentally safe, secure and properly accessible and as a minimum take account of:</p> <ul style="list-style-type: none"> • Public and staff safety & well being • Different service users needs, for example wheelchair access • Privacy and Confidentiality • Protect people, property and assets <p>All sites from which substance misuse services are delivered must have the following in place:</p>	Fully met	Fully met			
13	<p>Service users are treated with dignity and respect that is sensitive to individual need, including language, cultural and physical needs.</p> <p>Policies and procedures must be in place that include as a minimum:</p>	Fully met	Fully met			
14	<p>Service user information is treated confidentially, except where authorized by legislation to the contrary.</p> <p>Published policies and procedures must be in place that as a minimum cover the following:</p>	Fully met	Fully met			

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15	Where food and drink is provided within inpatient or residential care settings, the nutritional and fluid needs of service users are assessed, recorded and addressed in accordance with legislation and guidance.	Fully met	Fully met			
16	Organisations comply with national child protection guidance within their own activities and in dealing with other organisations.	Fully met	Fully met			
17	Organisations comply with safeguarding requirements for the protection of vulnerable adults within their own activities and in dealing with other organisations.	Fully met	Fully met			
18	Case records are created, maintained, stored and disposed of in accordance with extant legislation and national guidance that safeguards service user confidentiality.	Fully met	Fully met			

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19	Systems are in place to identify, report, investigate and learn from adverse events and near misses involving service users. Policy and procedures in place within service provider organisations to identify and report adverse events to CSP / APB in a timely manner. As a minimum to include:	Fully met	Fully met			
20	Complaints about service provision and delivery are investigated promptly and thoroughly and the outcome reported back to the complainant.	Fully met	Fully met			
21	The management of medicines including use and storage will comply with controlled drugs legislation, other legislation, licensing and guidance	Fully met	Fully met			
22	The procurement, use and disposal of medical equipment and devices are managed properly within current guidelines and legislative requirements.	Fully met	Fully met			

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23	Organisations have human resource management systems in place that: i) support staff and value the individual contribution; and, ii) Treat staff with dignity and respect, value, understand and respect diversity	Fully met	Fully met			
24	Staff responsible for developing and delivering services are appropriately recruited, trained and qualified for the work they undertake in line with extant national guidance	Fully met	Fully met			
25	All interventions are delivered by appropriately trained and qualified staff that are supervised where appropriate.	Fully met	Fully met			

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KPI PERFORMANCE

KPI	Target	Qtr 1 Apr - Jun				Qtr 2 Jul - Sept				For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green'
		1	2	3	Qtr 1	4	5	6	Qtr 2	
Months										
1 - Post Assessment DNA	<20%	30.89	34.38	32.66	32.48	38.55	27.01	30.29%	31.30%	
2 - Referral to Treatment	>80%	90	94.02	95.21	92.56	92.11	97.79	97.19%	94.39%	
3 - Problematic substance reduced (TOP)	67%	70.18	69.84	66.67	67.54	57.14	71.95	81.71%	71.16%	
4 - Quality of Life improved (TOP)	56%	56.60	56.90	71.19	59.77	64.18	60.00	70.21%	64.64%	
5 - Case closures as treatment complete	72%	49.29	42.64	50.98	48.48	42.06	55.79	50.00%	50.13%	See Note below

1 - Red>30%, Amber 20.1 - 29.9%, Green < 20%

2 - Red<70%, Amber 70.1 – 79.9%, Green > 80%

3 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (67%* in 2013/14 – management information data)

4 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (56%* in 2013/14 - management information data)

5 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (72%* in 2013/14 - management information data)

Note:

We have been concentrating on completion of TOP with each member of staff being given a list of outstanding TOP reviews and requesting they be completed ASAP, as we can see from KPI 3 this has resulted in improvement which should carry through to next month. Also we are analysing our Care plans to ascertain what is successful and what is proving to be less successful. As we operate differently to the rest of Wales, these figures are not comparable to the other APBs as we operate as an Integrated team for 4 of the Agencies in the Western Bay, and as such process a single referral with one outcome, as opposed to other APB areas where these would be submitted as 4 referrals and 4 outcomes. We only submit one discharge at the end of the treatment journey, and are educating staff, that when recording the final discharge, to look at the whole treatment journey, as the clients original treatment goal could have been achieved, only for them to then take up further Interventions that we are able to offer only for them to withdraw later as they have achieved a settled life. This should be recorded as Treatment Goal Achieved, however is quite often recorded as DNA, as that final treatment intervention was not completed. We are rolling out further Care Plan training to reinforce this and to attempt to portray a more realistic outcome at discharge