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http://www.e-das.wales.nhs.uk/home

0300 300 7000

FOR FURTHER INFORMATION ON THE APB:

http://cardiffandvaleapb.org

FOR LOCAL SERVICE USER AND CARER INVOLVEMENT:

http://www.asfacarduf.org/
Forward

From the Chair of the Area Planning Board

The launch of the first substance misuse commissioning strategy for Cardiff and the Vale in 2013 set out an ambitious programme of system and service redesign to improve the lives of those in need of support. Whilst only three years have elapsed, much of the ambition set out in that document has been achieved, with the impacts being seen in our performance data, as well as in feedback from our staff and those who use our services.

The extent of the APBs achievement has been at a time of change in public sector thinking with an increasing emphasis on early intervention and prevention, alongside new public agendas such as prudent services, and the whole society approach found in the Wellbeing of Future Generations Act. Therefore, the time is right to revise our commissioning strategy in a way that reflects these new and emerging agendas whilst maintaining positive sustainable outcomes for our service users and carers as our top priority.

Uniquely, this will be the first substance misuse strategy that focuses less on the impacts of drugs and alcohol rather than the more generic issues of deprivation, social inequalities, and cultural pressures as causal factors. I am pleased to see many firsts for the sector in Wales articulated throughout the document, such as the impact of staff wellbeing on service quality and on outcomes for services users, and the need to develop resilience among school-aged children and young people rather than simply equip them with the facts about substance use. This is illustrated by the reference to broader issues of wellbeing, in the title of this strategy.

Of course, we do not lose sight of the key issues around service capacity and throughput in order to ensure that those who need advice, information, treatment and support find a quick response that is tailored to their specific needs. We also address the need for long-term self-sustaining recovery in the strategy. Our treatment and support system will never have the capacity to provide continuous ongoing recovery support to everyone who successfully comes through our services; therefore, we include a renewed focus on equipping those in recovery with the skills, knowledge and confidence to return to their lives and sustain their own ongoing recovery, safe in the knowledge that the services are there if ever needed in the future.

The APB is proud of the achievements made under the first commissioning strategy, and I commend this next version to you as a logical next step in tackling substance use and misuse across Cardiff and the Vale.

Dr Sharon Hopkins
Executive Director of Public Health (APB Chair)
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Executive Summary

The first Cardiff and Vale Substance Misuse Commissioning Strategy, *Changing Lives; Improving Outcomes*, had a single primary purpose: To repair a system of services that was not working. In doing so a new direction of travel was set out for all stakeholders in Cardiff and the Vale of Glamorgan involved in tackling substance misuse that defined how we needed to be designing, commissioning and performance managing services, in order to achieve the best possible outcomes for our residents, service users, their families and carers.

It was a very practical, operational and, in many aspects, a mechanical exercise that laid out the detail of resource allocations, and areas of service development for prioritised expenditure. In the review chapter, you will read the extent of the achievement that has been made under this approach – although some areas of work have not been fully completed, and are retained in this revised strategy. The APB has also completed a more thorough assessment of need to support the revision process.

This revised commissioning strategy is a very different style of document. It weaves together a broad range of public policy agendas such as prudent public services, the Wellbeing of Future Generations, and how cultural influences, socio-economic factors and our environment all have an impact on substance use, and all of which can act as tools to address the causes of substance misuse.

There will of course be the need for the mechanics so that the commitment of the APB to transparency can be maintained. But resource allocation programmes, performance monitoring systems, gap analysis, market analysis and performance improvement – all of which are expected to be core components of a commissioning strategy – will be found in the comprehensive needs assessment found in Annex 1, and in the annual business plans for the APB. This main body of this document concerns itself more with our aspirations; with describing how the landscape needs to look by 2020, and how we are going to get there.
It is a common misconception that a strategy is a document. It is not. A strategy is the approach taken to a whole-systems work programme that is needed to reach a desired outcome, or endpoint. This includes:

- The strategic document such as this, which brings everything together
- How resources are allocated
- How our workforce is developed
- How service user and carer feedback is directed towards securing service change
- Agreeing priorities
- Being honest and clear about what is not achievable, or what lies outside of our sphere of influence

So the strategic principles that this revised approach is founded on include the following:

- The wellbeing of our workforce is paramount, as it directly impacts on the wellbeing of our service users
- Many of the factors that result in substance misuse as a consequence, can often bear little relation to substance misuse in themselves
- Substance misuse sits equitably alongside all other health and social care services, and should be delivered with the same degree of professionalism
- Service solutions should be jointly designed, and co-produced with the people who are going to use them
- No one is beyond our help and support
- We should be constantly researching and developing better and more effective ways of securing sustainable outcomes for our service users and carers

As chair of the APBs commissioning group, it is my hope that the success achieved under the previous strategy will increase in terms of impact and momentum as a result of this revised version, and under these guiding principles.

Melanie Wilkey
Head of Outcomes Based Commissioning, Cardiff and Vale University Health Board
Chair of the APB Commissioning and Finance Group
Summary review of the 2013 Commissioning Strategy

The first APB commissioning strategy set out a programme of full-scale service redesign that included the re-allocation of resources, commissioning new services, and implementing a structured approach to performance management. The main objectives could be summarised as follows:

- To consolidate the inherited numerous lines of expenditure against the grant funding, into more generic and logical packages, and programmes of work
- To address gaps in services and support in both open access and in aftercare
- To improve and increase service user momentum through the treatment and support system
- To implement robust accountability and performance management arrangements

These objectives have largely been achieved. From 2013/14 onwards, the number of lines of expenditure that accounted for the Substance Misuse Action Fund reduced from nearly 50 to just 15. The packages and programmes of work approach has proven effective in enabling resources within a specific programme to be managed more flexibly, and in response to emerging needs in real-time.

Addressing gaps in service has also been achieved, with procurement exercises carried out for new Open Access services, Tier 2 services for young people, and for new Through-care and Aftercare services in response to the significant gaps that were identified in the first needs assessment. The new open access service, Taith, has been providing advice, information treatment and support to in excess of 1000 individuals each year, and has managed to increase the conversion rate for people accessing needle exchange into treatment from less than 1% to nearly 10%.

The new Through-care, Aftercare and Recovery Support service, Footsteps to Recovery, is delivering structured day programmes, peer-led recovery support, volunteering,
education and employment opportunities as well as the therapeutic interventions need to help people coming through treatment to sustain their recovery, and avoid relapse.

Other areas of commissioned services have also markedly improved, with faster access to assessment through the EDAS single point of entry assessment service, better quality of prison-based substance misuse support with dedicated nurse capacity added to the service, and a more consolidated and seamless provision of clinical treatment in partnership with criminal justice treatment services. The EDAS service has also seen significant improvements as a result of the APB introducing an SMS text messaging reminder service for individuals waiting for an assessment appointment.

There has been unplanned achievement in response to the environment of austerity that impacts on all public services. For example, the innovative Connections Counselling Service emerged as a volunteer based solution to mitigate the consequences of the unforeseen loss of the Local Authority counselling service, and is close to achieving an identical level of capacity for significantly less resource.

All the APB commitments to establishing an effective governance framework, financial risk sharing agreements, operational risk management, performance management and clinical governance have all been achieved. The full governance framework for the board can be found in the annexes.

There have however been some areas where the outcomes did not match the ambition set out. The new Tier 2 service for young people proved to have low access and take-up for structured treatment and support. It became apparent that for under 18s, substance misuse is often synonymous with a range of other wellbeing issues such as low self-esteem, self-harm, family and parental difficulties etc. To this end, the Tier 2 young persons’ service was decommissioned in March 2016, and the resources were invested in partnership with CAMHS funding into a new emotional wellbeing service that will enable a broader range of issues presented by young people to be addressed concurrently, rather than substance use related needs.
The APB produced its first annual report in summer 2013, and is due to publish its fourth annual report this year. The annual report has provided an effective platform on which the board can make public statements with regards to the work completed, the levels of performance achieved, and account for how resources have been allocated. In addition to this, the board now has a comprehensive website that provides up-to-date information on business activity as well as information on performance and local services. The APBs user forum also now has its own website, and the EDAS website continues to sustain high volumes of traffic from individuals seeking advice, information and support.

Overall the first Cardiff and Vale APB Commissioning strategy has been a success, both in terms of the scale of change, but also the pace of change, with a five-year work programme being largely achieved in three. The board and its support team are now looking for opportunities across a broader range of public services, and new service development environments within which we can exercise some influence, and seek to address substance misuse in a more cross-cutting manner. This is the new direction of travel that this revised strategy sets out to achieve.
PRINCIPLES OF THE STRATEGY

1. Focus on the underlying causes of substance misuse

In 1958, the second British cohort study commenced, following 17,415 individuals born during a specific week in March that year. 27 years later, a researcher – Doria Pilling – followed up a particular group of these cohort study individuals. Scientists had created a category described at the time as “born to fail”. This description, whilst crude, was indicative of children who had been born into circumstances such as poverty, deprivation and areas of high unemployment, and who essentially had the odds stacked against them. Children who were “born to fail” had a predicted trajectory in life that included poor educational attainment, ill health, and low levels of achievement.

Pilling however was interested in a different angle. She sought out all those individuals who, despite having been categorised as “born to fail” from the 1958 cohort had in fact achieved the complete opposite, and had secured good educational attainment, and at least a moderately successful career. Using criteria that included either a single parent family, or 5+ children, and who qualified for free school meals, Pilling was able to identify 386 individuals who fell within the criteria of the study. Whilst most of the study group (303) had indeed adhered close to the life trajectory that was predicted for them (classified as under-achievers), 83 individuals were found who were identified as achievers i.e. who had either achieved a high level of academic qualification, or who had secured a particularly high income, or who were in a position to buy their own home.

Pilling’s detailed interviews with members of the achiever group enabled her to pinpoint the primary factors that enabled people from the under-achiever category to break free of their predicted life course and become achievers. Of course for any public service faced with tackling poverty and social deprivation, understanding the factors that enable people to break free of these circumstances is of the utmost importance.
Pilling identified the following four factors that were the most influential in enabling those who were “born to fail” to achieve beyond expectation. These factors are as follows:

1. Parenting. Having nurturing parents who took an active interest in the education and wellbeing of the study group, and who had aspirations for their children was the most influential factor that separated the achievers from the rest of the study cohort.

2. Education. Having a high quality of education, and an ambitious school; often one specific teacher or other staff member who developed a positive, proactive and encouraging relationship with the individuals that raised their own expectations and gave confidence in their capacity to achieve.

3. Self-Motivation. Having the belief in themselves to achieve, coupled with the necessary self-discipline and determination to put that belief into action was the third significant factor that enabled members of the cohort to go on to become achievers.

4. Location. The level of opportunity such as job availability within a specific location, or the willingness and confidence to move to a location with a higher level of opportunity was identified as the final factor.

It is clear why these findings are so important for substance misuse policy and strategy, and for public services across the board. But for substance misuse, there was one additional finding that has a particularly strong resonance. Pilling proved that whilst not all four factors were required to be present to enable someone to achieve, she was able to prove that it is very rare for motivation alone to result in achievement. Members of the study cohort were identified who were found to have not become achievers whilst having very high levels of aspiration, motivation and self-discipline. However, despite having high levels of intrinsic motivation, the absence of nurture at home and/or in school, and a lack of opportunities, often resulted in a failure to achieve.

As you will begin to see, within substance misuse services the attainment of successful outcomes for service users has a very strong focus on increasing service user motivation. Motivation to change, to sustain changes and to build on changes are the building blocks
of the majority of our treatment programmes. However, if there is no nurturing home environment, no educational opportunities to inspire aspiration, and no opportunities for work or study, the research shows that the motivation we encourage in our services users is unlikely to be sufficient. The reality is that the focus of substance misuse support has been to motivate and encourage individuals to sustain a willingness to change, and maintain engagement with services. There has been significantly less emphasis on the importance of positive personal relationships, educational opportunities, work opportunities, and the whole breadth of other factors that are necessary ingredients of a fulfilling and satisfying life.

Service users can go through a two-hour structured support session, that equips them with a full understanding of their triggers, how to manage their behaviour, and a newfound resilience to lapse. It would not be unusual to then see them walk out, and back into a situation with no job, very little money, the stress of navigating the welfare system, and a good chance that their accommodation is anything but permanent and secure. Is it any wonder that we constantly struggle with lapse, relapse and the revolving door syndrome?

More recent research undertaken by Public Health Wales takes a more in depth look at the impact of a range of adverse childhood experiences (ACEs) on future negative behaviours and poor outcomes. The research proves that an accumulation of ACEs including different forms of abuse, parental breakdown, and negative behaviours such as alcohol and drug use all contribute to an increased likelihood of young people exhibiting behavioural traits such as smoking, drinking and criminal activity later in life.

The research by Doria Pilling, in conjunction with the ACEs report and an increasing body of evidence on the impact of a broad range of socio-economic factors on behaviours, lead us to a number of conclusions that have shaped this strategy and the APBs work programme as follows:

- The APB work programme will require a greater synergy with public service programmes aimed at improving education, employment and housing.
• Prevention and early intervention work with children and young people needs to focus less on the facts and figures of drugs and alcohol, and more on awareness and skills relating to aspiration, motivation, resilience, positive self-image, and positive decision making.

• The APBs family support services need to account for the emerging findings from the ACE research, and to create an effective join-up with other services such as those commissioned under the Families First work streams, and parenting support programmes.

• Everyone in receipt of substance misuse treatment and support should have the full breadth of their social, economic, personal, emotional needs identified and addressed, not just those specific to their use of substances. Service responses to user needs need to focus on broader issues such as personal relationships, welfare, accommodation, and provide support and guidance to enable service users to address the factors in their lives that have the capacity to negatively impact on their treatment and support. Actions in this strategy include the introduction of a policy that will place an expectation on commissioned services that wellbeing plans are drawn up for all service users, and that specific actions and steps are identified and agreed to support service users to address the socio-economic and personal challenges that they face.

The Mental Health Measure (Wales) addresses this need for a wider and more encompassing approach to treatment and care planning for service users, and the actions in this strategy include a commitment to adopt an identical approach across substance misuse services.

2. Increase the capacity for self-sustaining long-term recovery

The recovery agenda has progressed at a rapid pace during the lifespan of the previous strategy. New recovery services have been commissioned, and the recovery community is exponentially expanding across Cardiff and the Vale. It is one of the most significant
successes in the local service improvement in recent years. However, this level of success brings with it a unique and new set of difficulties in relation to service capacity. The number of service users in recovery needing access to aftercare support, relapse prevention, social activities and networks cannot grow ad infinitum. Our services and facilities have limited capacity and space, and staff numbers are equally limited.

It is clear to the APB that robust, safe and proven methods must be identified and/or developed that enable service users in recovery to fully embrace the mutual aid ethos of recovery being self-managed and self-sustaining. Whilst appreciating the need for empathy and shared experiences, it has always seemed slightly illogical that substance misuse recovery activities such as gardening groups, choirs, reading groups, computer skills and a whole range of similar activities should be formed, when there are a plethora of community resources delivering those same functions across Cardiff and the Vale. In fact, it could be challenged that we are propagating and reinforcing the silos and separateness of substance misuse from our communities by making such activities specific to our group of service users only.

It will be a gradual process, but through this strategy the APB is keen to develop approaches that safely enable those in recovery to become increasingly independent of service support, to increase the capacity of user-led mutual aid approaches to recovery, and to encourage those in recovery to become dependent of themselves, rather than on services. We also want to find ways of making better use of the community resources available across the region, and to use the opportunity to integrate people in recovery with their communities through grassroots activities.

As a starting point, rather than stage a Conference in spring 2017, the APB will work join up substance misuse with other areas of need such as mental health, and carers networks in order to run a community activities event, where sport, leisure and special interest groups from across the region will be invited to display information on what they do, and to give individuals the opportunity to sign-up.
ASSESSMENT OF NEED

1 Demographic profile

The 2011 census continues to provide the most up-to-date and comprehensive overview of key population demographics in Cardiff and the Vale. Key population figures from the census are as follows:

- The permanent resident population of Cardiff is 346,090, and the Vale resident population is 126,336. Both localities have an almost even split between their male and female populations, with the Vale female population percentage (51.3%) slightly higher than Cardiff female population percentage (50.9%).

- Although the percentage population divide for the APB area calculates as 27% in the Vale, and 73% in Cardiff, the impact of high deprivation levels in parts of Cardiff has resulted in a resource allocation weighting that reduces the Vale percentage to 22% of allocated resources, versus 78% for Cardiff¹.

- In addition to the permanent resident population, Cardiff has 3917 school children over the age of 4, and students who are resident elsewhere during term time, with 1857 equivalent individuals in the Vale. It should be noted that, particularly for Cardiff, this is a fraction of the number of full time students who are resident in the local authority from out-of-area during term time. Cardiff University and Cardiff Metropolitan University had a combined student population of 44,560 in 2010/11².

- There is significant variation in population densities. Cardiff has a density of 24.7 per hectare, which is more than three times the next highest for a unitary authority in Wales, with Torfaen coming in second at 7.2. Conversely, the Vale has a density of 3.8 residents per hectare, which is commensurate with other localities with an urban / rural mixed geography such as Flintshire (3.5 p/Ha) and Neath Port Talbot (3.2 p/Ha).

¹ Welsh Government, revision of the substance misuse funding formula, 2012
² UK University student population records 2010/11
It is therefore reasonable to surmise that, even before public transport and road network infrastructures are taken into account, any service location will be inherently more accessible in Cardiff to a larger percentage of its population, than an equivalent service sited in the Vale.

- Cardiff has a non-white resident population of 52,976 or 15.3% of the population. In contrast, the Vale has 4498 non-white residents, or 3.5% of the population.

- 26.5% or 37,719 of the total 142,557 households in Cardiff have at least one household member with a long-term health problem or disability. In the Vale this increases to 28.3% or 15,186 of the total 53,505 households.

- 75,888 of the population of Cardiff have an understanding of the Welsh language, with 65,667 Welsh speakers, and 28,932 also able to read and write through the medium of Welsh. In the Vale, there are 27,285 individuals with an understanding of the Welsh language, of whom 23,202 can speak Welsh, and 10,013 are able to read and write through the medium of Welsh.

- There are 23,343 individuals classed as either economically active and unemployed, or unemployed in Cardiff out of 260,286 individuals, and 8,038 in the Vale out of 91,816 individuals. This gives the localities unemployment rates of 9% for Cardiff and 8.75% for the Vale.

- In Cardiff, 13,447 or 5.2% of individuals were classed as economically inactive due to long term sickness or disability, and in the Vale the figure for the same group was 4,414 or 4.8%.

- Cardiff has 63 LSOAs (Lower Super Output Areas) in the bottom quartile for deprivation out of 1896 LSOAs in Wales. In addition, there are 18 LSOAs in the 100 most deprived in Wales, with the poorest score for Cardiff ranking 23rd from the bottom. However, Cardiff also has the least and second least deprived LSOAs in Wales.
ranked at 1896 and 1895 respectively. There are 78 LSOAs falling in the top quartile i.e. the 25% least deprived LSOAs in Wales.

- The LSOAs in Cardiff represented in the bottom quartile include those in Ely, Butetown, Adamsdown, Trowbridge, and Splott. The areas with LSOAs represented in the highest quartile include Llandaff, Cyncoed, Rhiwbina, Heath, Whitchurch, Tongwynlais and Old St Mellons.

- The Vale of Glamorgan has only 12 LSOAs in the bottom quartile for deprivation, and only one within the 100 most deprived. In contrast, there are 41 LSOAs within the top quartile, or 25% least deprived LSOAs in Wales, which represents 53% of the LSOAs for the local authority. The highest rank for an LSOA in the Vale is 1868 out of 1896.

- The areas in the Vale falling into the most deprived quartile include Gibbonsdown, Castland, Cadoc and Court, whilst Plymouth, Llantwit Major, Cowbridge and Rhoose are among the least deprived.

- High levels of overall deprivation are mirrored in the statistics for the specific health indices, with similar localities featuring at both the lower and upper end of the scale in both local authority areas.

- The situation alters when considering the rankings for access to services. The Vale has 18 LSOAs in the bottom quartile for this indicator – all of which are in the least deprived quartile for overall deprivation levels. Conversely, in Cardiff, some of the LSOAs with overall high deprivation scores in areas such as Adamsdown, Riverside and Splott, ranked amongst the best in Wales for access to services.

However, the APB is also mindful of the future impact on population that can be seen in the councils’ Local Development Plans. Plans for significant increases in the number of houses and households, particularly in Cardiff, are likely to see unprecedented levels of population growth during the lifetime of this strategic programme.
2 Findings from the 2015 comprehensive needs assessment

Appendix 1 contains the full detail of the new needs assessment that was undertaken in order to inform this strategy. The conclusions and recommendations from the needs assessment are as follows:

Whilst the top 3 prevalent substances in Cardiff and Vale of Glamorgan remain unchanged (Alcohol, Cannabis and Heroin) since the previous commissioning strategy was published, certain demographic trajectories for the region are showing indications of change. Recent prevalence data alludes to a growing older population (65+) and rising life expectancy (78-83 years); however, this too highlighted local level inequalities and disparities in deprivation (healthcare, access to services, education and employment).

Furthermore, the gap between local level inequalities and deprivation is likely to widen with reference to the introduction of universal credit and the Welfare Reform Act (see appendix A).

The Wallich Alcohol Study revealed a growing number of older people drinking alcohol in excess of national guidelines (approximately 16,902) due to perceived isolation, relaxed entrenched cultural norms and lack of awareness of information and/or service provisions. It is therefore fundamental that services are geared towards older people in the context of appropriate marketing and communication and the need to work holistically with non-specialist substance misuse services which older people are likely to frequent, e.g. GP surgeries. Where possible, outreach services would benefit this cohort of clients who are otherwise hard to engage.

Since 2004 the number of households in the UK with internet access has increased by 35% (Office for National Statistics, 2014). The latest figures published by ‘Breaking Free Online’ reveal 264 people have accessed e-learning for help with drug and/or alcohol issues; which is a continuing growing trend with those seeking discretionary support or reduced accessibility to services. The internet is continuing to revolutionise services capacity to
communicate targeted information to large cohorts of people in a reasonably cost effective way. A recommendation would therefore be to look to new innovative technology and social media in the delivery of therapeutic interventions and structured support within the home.

Therapeutic interventions and other new and emerging treatment therapies (e.g. positive psychology) are gaining considerable recognition by academics and practitioners alike and seem to be well received by service users in receipt of these. However due to the relative infancies in a substance misuse context, data is inconclusive to justify long term effectiveness. Despite this the APB may want to consider allocating some of its Substance Misuse Action Fund (SMAF) monies to pilot these new and emerging therapies and continue to monitor effectiveness as part of standardised performance monitoring arrangements. In doing so a blanket approach to staff competencies through formal accredited training is recommended to ensure quality and fidelity to the treatment model.

The needs assessment also highlighted the need for more robust data collection systems (which at present are not sustainable) and increased training with frontline staff around technical reporting to the Welsh National Database for Substance Misuse (WNDSM). At present some providers are triple keying data to multiple systems or manually recording activity which is complex and time consuming for the individual.

A number of third sector and non-statutory organisations are in the process of moving across to the PARIS information system for case managing clients. The perceived benefits associated with consolidating all providers on one standalone system are:

- Strengthened data quality
- Seamless management of patient care
- Identifying a number of holistic needs
- Ethical Storage solutions of comprehensive assessments, case notes, care plans and risk assessments (AUDIT and ASSIST) etc.
The feedback from service users and staff revealed more could potentially be done in regards to acknowledging the needs of marginalised groups, and those with protected characteristics (for example, LGBT, disabled and BME communities).

There was a clear message regarding the needs for increased efficiencies and resources within addiction services to reduce waiting times between referral and treatment.

Furthermore, greater enhancement of outreach and engagement could maintain the motivation of service users seeking to reduce their substance misuse and improve their quality of life whilst waiting to commence structured clinical treatment.

Despite these areas for development, it was pleasing to see the majority of feedback in relation to current services was positive by staff and service users. Staff highlighted that capacity was limited in some areas however training opportunities were mostly readily available to enhance personal development and services capabilities.

It was also positive to hear the Open Access and Engagement Service and Through-care Aftercare and Recovery Support services (commissioned by the APB in 2014) have both been well received by clients in regards to referral and assessment activity and offering clients additional treatment options.
3 Statistics from the Welsh National Database for Substance Misuse

All treatment and support services are required to submit data onto the national substance misuse database. This provides the records from which performance against KPIs as well as basic demographic performance data is assessed. Some key headlines for Cardiff and the Vale are as follows:

**Treatment completion rates - Cardiff**

Table 1

<table>
<thead>
<tr>
<th>CARDIFF</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16 (up to an including Feb 16)</th>
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<tbody>
<tr>
<td>Number of closures that were treatment completed</td>
<td>558</td>
<td>1152</td>
<td>854</td>
<td>619</td>
<td>580</td>
<td>500</td>
<td>348</td>
</tr>
<tr>
<td>% of closures that were treatment completed</td>
<td>50.54%</td>
<td>70.76%</td>
<td>58.10%</td>
<td>46.79%</td>
<td>55.50%</td>
<td>46.64%</td>
<td>54.89%</td>
</tr>
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</table>

Fig.1

Fig.2
Treatment completion rates – Vale of Glamorgan

Table 2

<table>
<thead>
<tr>
<th>VALE</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16 (up to and including Feb 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of closures that were treatment completed</td>
<td>274</td>
<td>373</td>
<td>271</td>
<td>268</td>
<td>138</td>
<td>166</td>
<td>79</td>
</tr>
<tr>
<td>% of closures that were treatment completed</td>
<td>60.09%</td>
<td>70.91%</td>
<td>53.66%</td>
<td>61.33%</td>
<td>56.56%</td>
<td>59.93%</td>
<td>60.77%</td>
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Fig.3

Fig.4

Treatment completion rates have shown a steady improvement from lows of under 54% in the Vale and under 47% in Cardiff. Latest data is showing an increase to over 54% in Cardiff, and over 60% in the Vale.
Discharges resulting from Post-Assessment DNA – Cardiff

Table 3

<table>
<thead>
<tr>
<th>CARDIFF</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16 (up to and including Feb 16)</th>
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<tr>
<td>Number of closures due to DNA</td>
<td>556</td>
<td>534</td>
<td>799</td>
<td>817</td>
<td>523</td>
<td>584</td>
<td>288</td>
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<td>% of closures due to DNA</td>
<td>36.92%</td>
<td>24.83%</td>
<td>35.80%</td>
<td>34.99%</td>
<td>20.61%</td>
<td>22.19%</td>
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Fig. 5

Fig. 6
Table 4

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<th>VALE</th>
<th>2009/10</th>
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<th>2011/12 (To date)</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16 (up to and including Feb 16)</th>
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<tr>
<td>Number of closures due to DNA</td>
<td>175</td>
<td>161</td>
<td>249</td>
<td>185</td>
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<td>121</td>
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<td>% of closures due to DNA</td>
<td>30.17%</td>
<td>23.89%</td>
<td>36.46%</td>
<td>25.98%</td>
<td>16.61%</td>
<td>17.87%</td>
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</table>

These figures across both Cardiff (Table.3 and Figures 5&6) and the Vale (Table.4 and Figures 7&8) clearly show the improvement the APB has made in deceeding DNA rates – i.e. the percentage of cases closed due to a failure to attend).

These have more than halved from a peak of just under 37% of case closures in Cardiff, and over 36% of closures in the Vale, to just over 16% for Cardiff and under 13% of closures in the Vale using data up to Feb 2016.
Referrals into services by primary substance

The below table illustrates referrals into services, broken down by primary substance. These figures are taken from the Welsh National Database, and it should be noted that there is additional data on secondary substance, where levels of poly drug use can be assessed. Alcohol as well as the most common primary substance, is also the most common secondary substance for Cardiff and the Vale. It should be noted that the sharp decrease from 2013/14 to 2014/15 correlates with the introduction of EDAS and the resulting exclusion from the data of referrals that do not materialise.

Table 5

<table>
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<tr>
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<td>Heroin</td>
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<td>818</td>
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<td>Cannabis</td>
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<td>Other Substances</td>
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Fig.9
Table 6

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<th>2012/13</th>
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<th>2014/15</th>
<th>2015/16 (up to and including Feb 16)</th>
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<td>Alcohol</td>
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<td>622</td>
<td>611</td>
<td>580</td>
<td>534</td>
<td>607</td>
<td>349</td>
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<tr>
<td>Heroin</td>
<td>158</td>
<td>204</td>
<td>218</td>
<td>194</td>
<td>125</td>
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<td>114</td>
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<tr>
<td>Cannabis</td>
<td>96</td>
<td>102</td>
<td>68</td>
<td>67</td>
<td>87</td>
<td>98</td>
<td>67</td>
<td>24</td>
</tr>
<tr>
<td>Other Substances</td>
<td>177</td>
<td>178</td>
<td>225</td>
<td>167</td>
<td>195</td>
<td>159</td>
<td>63</td>
<td>32</td>
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<tr>
<td>All Substances</td>
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<td>1106</td>
<td>1122</td>
<td>1008</td>
<td>941</td>
<td>1023</td>
<td>593</td>
<td>355</td>
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</table>

Referral rates clearly show the continuing division between different substances remaining largely unchanged, with alcohol continuing to make up 50% of referrals, followed by heroin, cannabis and other drugs. “Other substances” exceeded heroin referrals in 2012/13, but has fallen below the heroin referral rate for the last three years. It is worth noting that the category of Other Substances also includes amphetamine, cocaine, and crack as well as the newer psychoactive substances.

The significant decline in referral numbers over the last three years reflects the introduction of the EDAS single assessment services – largely believed to be the result of eliminating double counting, where service users were showing up as multiple referrals for different organisations and services.
4 ASSESSMENT OF NEED AND PERFORMANCE - ANALYSIS

The findings of the needs assessment, coupled with the performance statistics from the national database enable a number of conclusions to be drawn to inform this commissioning strategy as follows:

- Gains that have been made in performance against KPIs have in some instances proved unsustainable. In particular, the improvements in waiting times secured in 2014-15 proved fragile, with a significant dip in performance in 2015-16, although this largely recovered towards the end of the year. Therefore, the APB will urgently need to undertake development work around business continuity, contingency management and risk management across the whole treatment system in order to increase the sustainability of any improvements in performance.

- Alcohol remains the most prevalent substance used. The focus of work going forward however has to be to address the settings and environments in which alcohol use and misuse is challenged and addressed. Developing generic public services, primary care settings and the wider health and social care system to enable the use of brief interventions, and the use of tools such as Making Every Contact Count (MECC) will be important tools in tackling alcohol use at a population level.

- Drug related deaths appear to be increasing, with data showing that the Vale of Glamorgan sustained a particularly high increase when compared to all-wales data. The APB will need to implement robust systems that ensure that the lessons learned from the review of drug related deaths are implemented, and continuously monitored across all commissioned services.

- There remains insufficient use of new aftercare provision, and the rate of treatment withdrawals as a reason for case closure remains high. Therefore, the APB will need to work with the aftercare service to establish a continuous presence and operational function within structured clinical treatment services in order to support the re-engagement of service users at risk of having their treatment withdrawn, and to
promote the capacity of the aftercare service to enable those in treatment to work towards moving out of clinical services and into aftercare.

- Referrals rates to treatment continue to decline. This is a positive reflection of the impact of increased service availability in both open access and aftercare, with reports from service providers demonstrating that the numbers of individuals within the treatment system at any one time is significantly higher than at any point since the establishment of the SMAF funding in 2003. Whilst still early days, in does appear that the availability of early structured support in open access, and the capacity of aftercare services to reduce relapse is having an impact on the volume of demand on clinical treatment services.

**Forecast planning**

The increase in use of NPS predicted in the forecast of the previous strategy has largely come about. To this end the APB is conscious that an ongoing rise is to be expected, and that all services will need to ensure that they have the knowledge, skills and capacity to respond to NPS related treatment and support needs.

Substance use levels in older people are set to continue to rise as a consequence of having an ageing population. Commissioning decisions will need to respond to the necessity of age appropriate materials and approaches in the delivery of treatment and support

There will be a significant rise in the population, particularly in Cardiff, as a result of the volume of residential development outlined in the Local Development Plans of the local authorities. There is an opportunity to ensure that the health and social care services for those localities have the necessary information and capacity to address substance use related needs.

Problematic alcohol remains the most frequent primary substance of referrals, and there continues to be no indication that this is likely to change. Services will therefore be designed to ensure that the needs of alcohol users are appropriately addressed.
COMMISSIONING ACTIONS

Based on the new needs assessments, data and statistics, the changing legislative and policy landscape, and the corporate strategic plans and priorities of partner agencies, these are the new proposed commissioning priorities to be addressed through this strategy, and in line with the principles set out in section 1.

- Reduce and mitigate the impacts of substance use on families
- Develop aspiration, self-esteem and motivation in young people, as tools to increase resilience to substance use
- Increase the numbers of service users in treatment able to move into aftercare and long term recovery
- To re-engage those who disengage from treatment and support
- Increase the extent to which primary care services can identify and respond to substance use and misuse
- Increase the capacity of those in recovery to source, and self-sustain their own personal recovery support needs, making full use of the resources that the communities across the region can offer to support those in recovery
- Improve wellbeing and job satisfaction across the substance misuse workforce
- Ensure that services provide an individualised and tailored response to peoples’ needs
- Lead on research and development to enhance the evidence base on which services operate, and encourage innovation in how services are designed and delivered, with service users at the centre of that design process.
- Enhance services such as education, employment and housing that protect the outcomes achieved through substance misuse interventions.
- Respond to the increasing demands resulting from a growing population across Cardiff and the Vale

In addition, the following priority areas remain relevant from the previous strategy:

- Build sustainability into improvements made against the national waiting times target
- Decrease alcohol related hospital admissions
- Secure a decreasing trend in annual rates of drug related deaths, and non-fatal overdose.
- Ensure the capacity of services to meet the needs of those with protected characteristics
1. Reduce and mitigate the impacts of substance use on families

Synopsis:
As the evidence described under the principles section of this strategy illustrates, the quality of the childhood environment and experience has substantial impacts on health and lifestyle behaviours later on in life. With a renewed focus on addressing the underlying causes of substance use, the APB has selected to place family orientated services at the top of the priority list in this revised strategy.

Activity to date:
The APB has commissioned a family support service for a number of years. This has primarily focused on providing intervention and support to families that have children on the Children in Need or the Children at Risk registers, and where substance use is a significant contributing factor. The service has been highly successful with a high percentage of children within families supported coming off these registers.

The APB believe that through a process of redesign and development, this provision could be made available to a wider group of families in need. The board is also conscious that the grant funded component of services needs to clearly enhance and add to statutory functions – the development of the service will provide an opportunity to evaluate this factor.

The CRAFT programme has also been delivered as a component of this service, whereby carers and family members are trained to be able to provide the best possible support to their loved-ones who have a dependency on drugs or alcohol. The CRAFT programme remains a flagship project for the APB, and the best exemplar we have of co-production.
Commissioning actions: we will...

1) Re-design the APB-commissioned family support service in line with the latest early intervention and prevention evidence base, and to ensure a wider reach of service users is achieved.

2) Create a separation between the family support service and CRAFT for the purposes of each having their own defined set of outcomes.

3) Provide input into the local authority commissioned families first programmes, to ensure that these services are able to take actions that will have a preventative outcome with regards to substance use as well as a range of other harmful behaviours.

2. Develop aspiration, self-esteem and motivation in young people, as tools to increase resilience to substance use

Synopsis:
The evidenced outlined in this document clearly shows that young people with motivation, self-discipline and self-esteem are far more likely to avoid harmful behaviours including substance use, than if they were simply armed with the facts.

Activity to date:
The APB has a comprehensive young people’s service called Switched On which focuses on supporting young people and professionals in environments focused on young people’s services such as schools, pupil referral units and other youth service settings. One unique project delivered recently, and managed through switched on was the provision of substance misuse education sessions by medical undergraduate students with a particular interest in the field.
The unexpected low caseload levels of the previous tier 2 service resulted in a recommissioning exercise that places tier 2 young people’s substance misuse support as one component of a much broader Emotional Wellbeing Service that will be able to provide interventions around mental health, self-esteem and emotional resilience as well as substance misuse.

The APB also oversees the provision of substance misuse functions into both Cardiff and Vale Youth Offending Services, and the provision of tier 3 substance misuse services for young people through the Yong Person’s Drug and Alcohol Service (YPDAS) that is based within CAMHS.

**Commissioning actions: We will...**

1. Oversee the effective implementation and delivery of the new broader Emotional Wellbeing Service
2. Enable the substance misuse specialist function within the Youth Offending Services to become embedded as a resource for the service as a whole
3. Expand the programme of undergraduate medical students developing and delivering schools-based education programmes
4. Enhance the universal services methodology to incorporate positive psychology, mindfulness and other similar approaches that increase the wellbeing and resilience of children and young people, as well as their knowledge.
3. Enable those in treatment to move into aftercare and long term recovery

Synopsis:
Treatment for substance use should always be considered a finite part of a much longer journey of recovery, rather than as the end point or goal. This should be fully understood by service users entering treatment and support. Admittedly, for some individuals, the length and nature of treatment will be longer and more intensive than for others. However, the APB does not accept that any service user should be resigned to remain in clinical treatment ad infinitum, with no prospect of recovery.

Whilst recovery may take many months, if not years, for some service users, the APB expects every member of staff working across substance misuse service to always have an ambition for recovery in mind, and to capitalise on any opportunity to encourage that same ambition in the service users they support.

Activity to date:
The APB commissioned the new through-care, aftercare and recovery support service in 2013/14 in order to provide services with a clear and managed route for service users to move on from treatment in a planned and safe manner. However, the numbers of service users moving from treatment into aftercare remains low, and the number of cases closed as a result of treatment being withdrawn remains higher than the number referred on to aftercare support.

Commissioning actions: we will...

- Undertake workforce development with structured treatment services to ensure that care planning makes best use of through-care and aftercare services
- Establish joint working protocols, and care pathways with the criminal justice based Offender Interventions Service for seamless transition for service users
• Work with EDAS to ensure that expectations of recovery are appropriately communicated, and that the options for treatment pathways including aftercare, and the full scale of service availability is discussed at first assessment.

• Set service targets for both joint working and onward referral

4. To re-engage those who disengage from treatment and support

Synopsis:
As mentioned under the previous set of actions, the number of service users who have their treatment withdrawn, and their case closed is the highest in Wales. The APB fully understands and appreciates the governance implications for the provision of controlled medication, and the need for prescribing to cease in the event of failure to contact the service user.

However, the population of Cardiff and the Vale is not vastly different from any other part of Wales and therefore there must be more effective ways of retaining service users in treatment, whilst retaining the necessary clinical governance procedures.

Activity to date:
Work has been completed to establish clear definitions around planned and unplanned case closures. The new open access and aftercare service have also delivered a marked improvement in planned closure rates. However, the unplanned closure rate in clinical services remains high.

Commissioning actions: we will...

• Commission a new re-engagement function as part of the through-care and aftercare service that will be operationally imbedded in clinical treatment services, and that will engage and support service users identified as being at risk of having their treatment and support programme withdrawn.
• Meet with commissioners and providers from the APBs in Wales with the lowest levels of treatment withdrawals, and unplanned closures to determine any operational practice that can be implemented in Cardiff and the Vale.

5. **Increase the extent to which primary care services can identify and respond to substance use and misuse**

**Synopsis:**
Primary care services are often the first port of call for individuals seeking advice and support in relation to their use of alcohol or other substances. GPs are often the first to be aware of a whole range of physical health issues that can be indicative of an underlying substance use problem. Substance misuse tends to sit largely outside of the General Medical Services (GMS) GP contract, but shared care schemes offer an enhanced method of delivering substance misuse treatment and support in primary care settings.

**Activity to date:**
Cardiff and Vale has a comprehensive and effective shared care service with a capacity of over 500 individuals being provided with treatment and support at any one time. In addition, the majority of GPs across Cardiff and the Vale have been trained in the delivery of Alcohol Brief Interventions (ABI).

However, it is also true that GP referrals account for over 70% of EDAS assessment appointments that result in a DNA. There are a number of opportunities to make better use of primary care services, and to support GPS with an interest in managing substance use and addictions.
Commissioning actions: we will...

- Invest in primary care workforce development and training to increase the knowledge, awareness and skills of GPs in identifying and responding to substance use and misuse
- Continue roll-out of the Alcohol Brief Interventions programme at an enhanced level for Cardiff and the Vale
- Undertake a pilot project to determine the feasibility of a local alcohol shared care scheme in primary care
- Establish a walk-in service within EDAS, and train GPs on effective screening that will enable them to sign-post rather formally refer service users when appropriate

6. Increase the capacity of those in recovery to source, and self-sustain their recovery support needs, making full use of what the communities across the region can offer to support those in recovery

Synopsis:
A discussed in detail, under the Principles section of this strategy, we do not have the resources to provide ongoing unlimited support for everyone who comes through treatment into aftercare and recovery. What is needed is a system of recovery support that equips individuals with the confidence and skills to lead their own recovery away from services, albeit knowing that services remain available if needed in the future.

Activity to date:
The recovery support service is an important component of the aftercare package across Cardiff and the Vale. In addition to commissioning this new provision there has been significant investment into buildings and premises to support recovery orientated activity and service delivery.
Commissioning actions: we will...

- Not prioritise the size of the recovery community / population as evidence in decision making for resource allocation, as this has the capacity to act as a disincentive to encouraging move-on into self-managed recovery away from services.

- Set targets for planned closures from through-care, aftercare and recovery support

- Set targets for recovery service user engagement in generic community-based activity, including the Time Credits scheme, and similar provisions.

- Run a community resources event that will enable sign-up to sport, leisure and specialist interest clubs and groups for service users and carers from across substance misuse as well as other sectors such as general carer support networks and mental health service user and carer groups.

- Develop and maintain a directory of non-substance misuse specific community resources that can be accessed by all service users and carers

7. Improve the wellbeing and level of job satisfaction across the substance misuse workforce

Synopsis:
Nursing Times (2013) reported in detail on research that clearly demonstrated a positive correlation between staff wellbeing and the patient experience of care. Also in 2013, Professor Jill Maben published her research in the Health Service Journal that demonstrated seven key areas that have the greatest impact on the wellbeing of health and social care staff in the workplace. These are:

- a good local team/work group climate;
- high levels of co-worker support;
- good job satisfaction;
- a good organisational climate;
• perceived organisational support;
• low emotional exhaustion; and
• supervisor support.

The APB is confident that all our services have high quality staff support systems in place. However, we must also remember that staff are having to deal with the emotional consequences of seeing service users who have achieved progress then lapse or relapse, as well as having to temper over ambition in service users with more achievable and realistic goals.

As outlined earlier, if the APB expects all staff to maintain positive expectations of recovery and improvement among all our service users, then we have an equal responsibility to ensure that the staff management, development and pastoral care arrangements are in place to enable that to happen.

**Activity to date:**
There has been a significant amount of staff training and development in areas such as dual diagnosis, and motivational interviewing with the STARS programme remaining an example of local best practice. However, there has been less emphasis on providing staff with a safe environment to raise issues, discuss concerns, support and learn from each other, and engage in dialogue with commissioners.

**Commissioning actions: we will....**

- Implement the APB Workforce Development Plan with a view to ensuring that all staff receive information on implementing the *Five Ways of Wellbeing* for the benefit of themselves as well as for service users and carers

- Provide structured opportunities on a regular basis for staff to discuss issues, raise concerns, and consider different ways of working in a safe and private environment.

- Implement a series of staff seminars on a range of topics aimed at improving their knowledge, skills, and their personal welfare.
• Invest in administrative capacity in order to reduce the amount of clinical and professional staff time that is needed to carry out administrative tasks

• Promote dignity at work for our staff, service users, and carers by investing in the quality of our estates so that every member of staff in every commissioned service is working in a healthy, safe and well planned environment, that is conducive to their personal wellbeing.

8. Ensure that services provide an individualised and tailored response to peoples’ needs

Synopsis:
This is an interesting area of development for the APB. Whilst we have no doubt that every service user in receipt of treatment and support has an individualised approach in response to their needs, we also face the challenge that the way services are set up deters certain groups of potential service users by default; therefore, they are not presenting in order to have their support needs considered and addressed.

Some of the groups that the evidence suggests are unlikely to contact specialist support includes older people, those without English as first language, professionals unwilling to attend a specialist substance misuse centre, and those working in the substance misuse field who may see a conflict of interest.

Clearly, our approach to the provision of support needs to be more inclusive, and less concentrated on specialist service premises.

Activity to date:
Our open access service has developed and delivered a distance approach for individuals unwilling to attend a specialist centre. This has been highly successful, and utilises methods such as workbooks, telephone consultations and outreach in order to meet the needs of the service users.
We have sought to increase the number of service users who have a contribution to their treatment, care and support from multiple organisations and services, but the level to which this occurs remains low.

**Commissioning actions: we will...**

- Provide commissioned services with targets to increase the level of interagency referral, and joint working to ensure that as broad a range of options are made available to those seeking support, beyond the traditional treatment-centre based approaches.

- Implement the Mental Health Measure (Part 2) approach to care and treatment planning across all commissioned substance misuse services, so that all service user care and treatment plans include the key headings of:
  - finance and money
  - accommodation
  - personal care and physical well-being
  - education and training
  - work and occupation
  - parenting or caring relationships
  - social, cultural or spiritual
  - medical and other forms of treatment including psychological interventions.

- Continue to develop and implement options for structured support that can be undertaken away from traditional specialist service environments, including the use of online and technological delivery mechanisms, and materials that can be used in the home environment.
• Develop and deliver a package of resources that is designed to assist older people with issues around the use of substances, particularly alcohol, as part of a broader support approach that addresses issues such as bereavement, social isolation, safety in the home, and managing the physical symptoms of ageing.

• Ensure that information regarding local service provision, advice on how to access support, and key harm reduction messages is available in a wide range of languages, is culturally appropriate, and widely distributed.

9. **Lead on research and development to enhance the evidence base on which services operate, and encourage innovation in how services are designed and delivered, with service users at the centre of that design process.**

**Synopsis:**
The substance misuse evidence base is continually evolving. Recent trends include the rapid rise in the use of New Psychoactive Substances (NPS), increased awareness regarding the extent to which prescribed medications are being misused, and the emergence of new therapies such as Nalmefene for non-dependent alcohol users and new psychological therapies that are proving to enable lasting behavioural change.

**Activity to date:**
The APB has supported training and development in response to NPS, and has established a treatment and therapies sub group that considers the emerging evidence base across substance misuse in order to advise the board on how service interventions should develop.
Commissioning actions: we will...

• Enable the treatment and therapies group to lead a strategic response to the misuse of prescribed medications, working with primary care as the key prescribers.

• Work with the Universal Service providers to develop and deliver a work programme aimed at the emerging NPS markets, and online purchasing of substances

• Develop local care pathways and agreed intervention packages for individuals with Alcohol related Brain Damage (ARBD)

• Seek collaboration with the Universities in Cardiff to enhance our work programme, to provide learning opportunities for students, and to support research into the substance misuse field.

10. Respond proactively to the increasing population size of Cardiff and the Vale of Glamorgan

Synopsis:
The local Development Plans (LDPs) of the two local authorities, and notably Cardiff include large scale housing developments, with several thousand additional homes planned over the next ten years, with some of the larger developments already well underway.

The APB can ensure that access to services for an increasing population is planned for at an early stage, and work towards equipping some of the generic service provision across the region with the ability to provide low threshold support whilst ensuring that information on access routes into specialist services is widely distributed.
Activity to date:
This is an area that the APB has not focused on to any great extent to date.

Commissioning actions: we will...

- Seek opportunities to include information of wellbeing, health and access to local services in new household information packs

- Ensure information on local service provision is freely available through the primary care services that are based within, or close to, new housing developments

- Ensure copies of local service directories, and advice on responding to substance use issues are provided to all Neighbourhood Watch (and similar) schemes.

And our commissioning priorities retained from the previous strategy are as follows:

11. Achieve and sustain the national target for waiting times

Synopsis:
The APB achieved the national target for waiting times in 2014/15 for the first time, but performance significantly dropped in 2015/16. Because the motivation to address substance use can be so fleeting, the APB recognises that having rapid access to treatment and support is a critical function of an effective treatment and support system.
Activity to date:
The APB established EDAS, the open access service and the aftercare services all with the objective of improving access times to services, and increasing service user momentum. Improvements however had proved difficult to sustain.

Commissioning actions: we will...

- Examine and determine the reason for increased waiting times in a climate of significantly lower referral rates.
- As mentioned, we will invest in additional administrative staff in order to free up more time across the clinical and professional workforce.
- Review the evidence and options for commissioning and implementing a rapid access low threshold prescribing service as a precursor to engaging in more intensive structured treatment.
- Work with all services to increase service user momentum from treatment into through-care in order to maximise service capacity.
- Increasing the capacity of specialist substance misuse primary care services, and the rate of onward referral from GP shared care into aftercare services.

12. Enhance services such as education, employment and housing that protect the outcomes achieved through substance misuse interventions.

Synopsis:
As described throughout this strategy, ensuring that service user and carer needs are met across a wide range of socio-economic areas is critical to achieving and sustaining successful outcomes from treatment and support services. On a very basic level, and following the prudent healthcare service line of thinking, the resource implications are extremely high when considering the impact that difficulties in housing education and employment can have on he gains made in substance misuse services.
The APB recognises of course that the capacity of service users to address personal behaviour change will never be entirely lost, but we have to address the fact that the causes of lapse and relapse of wide, varied and often outside the remit of substance misuse services to directly address.

This is where partnership working is at its most meaningful, and where the impact of the APB working across all organisations at a strategic level can have the greatest impact.

**Activity to date:**
Dual diagnosis research led by the APB for the national Effective Services for Vulnerable Groups work programme clearly demonstrated that the capacity for service users with multiple needs to effectively navigate a wide range of public services was critical to the success of their healthcare outcomes.

The APB has also been working increasingly closely with the Regional Collaboration Committee for the supporting people programme and is seeking to play an active role in the commissioning of accommodation services for substance misuse.

**Commissioning actions: we will...**

- Work with the aftercare service to develop and pilot a systems navigation role via our volunteer workforce that assists with wellbeing checks, signposting and advice across a range of socio-economic needs

- Ensure that the APB is closely involved in the commissioning of substance misuse specific Supporting People accommodation contracts to enable alignment with community based services
• Make full use of the Welsh Government commissioned Out Of Work Service (OOWS) in order to ensure that as many employment opportunities as possible are available to those recovering from substance use.

• Update all the APB online resources to incorporate a wide range of links to other services that support a broad range of needs

13. Decrease alcohol related hospital admissions

Synopsis:
The primary means by which this outcome can be achieved is through a wholesale reduction in overall alcohol consumption at a population level. The last 10 years have seen not only rises in alcohol related liver disease, and alcohol related cancers, but also a reduction in the average age at which these conditions are presenting.

As the needs assessment demonstrates, the cost of alcohol to the public sector is substantial, and far in excess of the economic revenue benefits from the alcohol industry. The APB needs to continue working to get clear unambiguous messages widely communicated regarding the harms associated with excessive alcohol use, and to play its part in securing a cultural shift in the way alcohol is perceived and consumed across the population.

Activity to date:

The Alcohol Treatment Centre (ATC) has had a significant and measurable impact on the impact of alcohol on the Emergency Unit at peak times, as well as on the general safety of the night time economy in Cardiff. The service has evolved so that everyone who attends the centre now receives a follow-up visit or conversation with the Open Access service, with a number of individuals opting to access treatment and support as a result.
The APB has also funded and introduced breathalysers for use by door staff which, whilst not necessarily reducing alcohol consumption, have proven to dissipate potentially aggressive situations with intoxicated individuals attempting to access premises. Finally, under the last commissioning strategy, the APB added to additional Liaison Nurse to the substance misuse support that is provided across our two district general hospitals.

Commissioning actions: we will...

- Invest in enhancing the Emergency Unit Psychiatric Liaison Team to enable substance misuse to be identified and addressed by all team members, including the completion of EDAS assessments in situ
- Maintain provision of the Cardiff Alcohol Treatment Centre as a permanent function of the Cardiff Night Time Economy
- Invest in public awareness and media opportunities to increase the profile of events such as Dry January
- Work with the local authorities to ensure that the APB is integral to the process of developing the night time economies across Cardiff and the Vale and able to ensure inclusion of methods by which excessive alcohol consumption can be reduced


Synopsis:
Tackling drug related deaths, and reducing the number of fatalities is a key responsibility of the board. It is recognised that very few fatal overdoses are not preceded by at least one non-fatal overdose, and so capitalising on these events as an early warning is an important measure in reducing the number of fatalities.
**Activity to date:**

The APB has taken on responsibility for reviewing drug related deaths, and ensuring that the findings of those reviews are applied to improve the quality and safety of our services. A working relationship to support this has also been established.

The APB also supports, and oversees the local delivery of the national naloxone scheme, ensuring that as many staff and service users and cares are trained in the use of naloxone in the event of opiate overdose.

Finally the APB is close to securing an information sharing agreement across all organisations, including the health board, police and ambulance services that will enable presumed consent for non-fatal overdoses on the grounds that an overdose represents significant risk of harm to the individual. Once in place, every non-fatal overdose will be followed up with harm reduction information. Advice and the offer of treatment and support for those not accessing services, and a renewed focus on harm reduction and avoiding overdose for those in receipt of treatment.

**Commissioning actions: we will...**

- Increase the number of Naloxone distribution sites across Cardiff and the Vale
- Ensure that all individuals who experience a non-fatal overdoses and not in treatment are followed up with information on harm reduction, advice, and an offer of access to treatment and support local services.
- Ensure that all individuals who experience a non-fatal overdoses and who are in treatment are provided with additional harm reduction advice, and specific guidance on avoiding overdose in the future.
- Incorporate the implementation of all recommendations from local drug related death reviews into the APB contract monitoring system, with a rigorous process of follow-up to ensure that recommendations have been implemented.
15. Ensure the capacity of services to respond to the needs of individuals with protected characteristics

Synopsis:
Ensuring that our services reflect Protected Characteristics as defined in the equalities act, means that our commissioned services do not discriminate against, or inadvertently deter individuals, as a result of any of the nine following characteristics:

- Age
- Gender
- Race
- Gender reassignment
- Sexual orientation
- Same sex marriages / civil partnerships
- Religion and belief
- Disability
- Pregnancy and maternity

Activity to date:
Adhering to a requirement not to discriminate on the basis of any of these characteristics is a fundamental requirement of all commissioned services. As well as protected characteristics, the APB has also given particular consideration to certain vulnerable groups for whom substance use presents a particular risk. These include those who are homeless or roofless with links now in place between open access and homelessness services, and sex workers, where criminal justice treatment services have provided much needed rapid access to treatment and support. Other groups that require specific support include victims and perpetrators of domestic violence and abuse, and looked-after children.

Commissioning actions: we will
- Ensure that vulnerability and protected characteristics are given he necessary weighting in priority during the assessment process
• Ensure that treatment and support approaches are designed to respond to the specific needs of individuals with one or more protected characteristics, and require services to demonstrate through case studies how these specific needs are being met

• Work towards increasing the representation of service users with protected characteristics engaged with our service user and carer involvement programmes

• Identify and deliver substance misuse development and training for staff working in organisations and services specifically aimed at meeting the needs of protected characteristic groups
ENABLING DELIVERY

INVOLVING SERVICES USERS, CARERS AND SIGNIFICANT CONCERNED OTHERS (CSOs)

Service user involvement has increased in frequency, structure and effectiveness under the first strategy. However, it has been recognised that a more structured and tiered approach to user involvement will offer a clearer path of engagement for those wanting to contribute to how services are commissioned and managed.

In response, the APB will establish a tiered Bronze, Silver and Gold set of training and development standards for service users that will increase their knowledge and skills in supporting the APB work programme, and that will facilitate greater involvement in activity such as financial decision making, and commissioning decisions.

Areas of development within these standards will include:

- Understanding the public sector, including the organisations, structures and partnerships across substance misuse
- The chance to attend and observe a range of meetings and discussions to contextualise learning from the programme in practice
- Understanding public sector finance, and the processes of objective financial decision making
- Funded access to other relevant training to develop knowledge and abilities on subjects such as presentation, communication, negotiation and assertiveness.

The Bronze standard will be agreed and implemented by summer 2016, with service users achieving this standard being involved in developing and designing the silver standard, and then again those achieving that next level involved in developing the gold standard. All three levels will be operational by March 2017.
STRUCTURES AND GOVERNANCE

APB, Strategic Partnerships, and supporting structures

Annex 6 provides the agreed APB partnership structures, governance, and operating arrangements for Cardiff and the Vale. In principle, the APB is responsible for decision making at a strategic level on all substance misuse related business, and the APB Commissioning and Finance Group is responsible for implementing the decisions of the Board.

Therefore, the Commissioning and Finance Group will have responsibility for the implementation of this strategy, and has a lead on all substance misuse commissioning, performance and delivery.

The day-to-day delivery of the work programmes continues to sit with the APB Support Team. However, over the last few years it has become increasingly apparent that achieving successful outcomes in substance misuse can be largely dependent on the impact of other public service work programmes. Therefore, under this strategic approach, it is proposed the APB support team will evolve into a substance misuse and wellbeing support team. This will provide a mandate that will enable team members to engage in wider work programmes that focus on poverty, social exclusion, tackling deprivation, and addressing many of the underlying causes that can lead to substance use alongside a range of other harmful behaviours.

Outcomes based commissioning

The APB will adopt an outcomes based commissioning policy for all future commissioning activity that will move away from specifying services, to stating the key outcomes that must be achieved through proposed service solutions.

All future service design, redesign and commissioning activity will follow the following format of requirements:
1. Proposed models of service must demonstrate how a set of primary outcomes for the service (agreed jointly by the APB and service users, carer and staff representatives) will be achieved and measured.

2. Proposed models of service should also include evidence on how a range of appropriate secondary outcomes will also be achieved and measured.

3. Proposed models of service must adhere to all legislation, policy and guidance relevant to the field.

4. Proposed models of service must be jointly designed and presented with representative users of the service.

**Evidence based practice**

Evidence based practice will underpin the specifications for all commissioned services. This will extend not only to services that are provided being consistent with best practice, but also ensuring a high degree of fidelity with evidence based models of service delivery for example in instances where a particular approach, or service, is proven to be effective only when combined with other services, such as the provision of detoxification with appropriate aftercare in place. The APB will develop a programme of evidence review and provider support in order to help services consider, and where appropriate increase, their level of adherence to the evidence base.

**Governance and quality assurance**

A range of needs around Governance, quality assurance and audit have been identified through the assessment of need, and the service review. Minimum standards can be found for governance within the national core standards for substance misuse, which will be imbedded into all commissioning activity. The APB annually selects a number of the national quality standards and all commissioned services submit comprehensive evidence in order to demonstrate compliance.
In addition, the APB will develop and implement of rolling programme of service audits that will be used as learning and development opportunities in order to identify areas of best practice, and areas for improvement.

Finally, the APB established risk management processes under the last strategy, and maintains an ongoing risk register which is reviewed at each board meeting. Under this new strategy, the board will also establish an information asset register, to ensure compliance with information governance and data protection legislation.

**Finance and Audit**

At a time of austerity in public services, financial scrutiny and audit are more important than ever. The APB regularly secures cost savings each year as a result of the level of scrutiny applied to finance. Under the last strategy, APB member agencies agreed a financial risk sharing agreement, which follows an assumption of which agencies would be the responsible authorities for any one service it was mainstream, rather than grant funded.

However, the management of unanticipated slippage for budgets in year remains rather ad hoc, and less strategic than should be the case. Therefore, the APB will seek to implement a planning and resource management system by March 2017 that provides a robust and more strategic approach to how unspent resources are allocated within any particular year. AT the very least, this will include a commitment in each annual expenditure plan for the priority areas of service that will have additional resources targeted toward them, should they become available.
PERFORMANCE MANAGEMENT

Results Based Accountability

Results Based Accountability or RBA is a structured methodology that increases the association with performance measurement and management with outcomes for service users. RBA accounts for service activity and outcomes against three categories of measurement:

1) *How much did we do* – which assesses outputs, activity levels and the capacity of service delivery
2) *How well did we do it* – which considers the effectiveness, quality and impact of the services provided
3) *Is anyone better off* – which assess the impacts and outcomes (both immediate and long term) as experienced and felt by users of services

The APB has established RBA frameworks for the majority of services commissioned, and by the end of this strategy will ensure that all substance misuse services across Cardiff and the Vale are working in line with bespoke RBA frameworks.

In addition, the APB will work with service users and carers in order to improve and develop the measures for our services that demonstrate *Is anyone better off*. RBA training will be incorporated into the service user and carer bronze, silver and gold training programmes.

Operational Performance Management Framework

The APB Commissioning and Finance Group maintains responsibility for operational performance management against commissioned substance misuse service contracts. The APB support team undertake quarterly contract monitoring forums that provide all
services the opportunity to account for service delivery, performance and financial expenditure for the preceding quarter.

A significant work programme under the previous strategy has been to bring third sector commissioned services onto the PARIS information platform that the NHS addiction services use locally. The Open Access service is now operational on PARIS with the Aftercare service due to become operational by summer 2016. This represents a significant improvement in patient information flows, with all services being able to see the service user journey through the treatment system as a single record, rather than having multiple information sets on any one individual.

As part of the delivery of this commissioning strategy, the APB will seek to align the new criminal justice services contract with the single information system to improve seamliness of provision.

Finally, as well as sustaining quarterly contract monitoring forums, the APB will undertake an annual service review with all commissioned providers, in order to undertake a more in-depth analysis of performance and delivery on a one-to-one basis.

**Strategic Performance Management Framework**

In addition to the comprehensive operational performance management framework, that enables the APB Commissioning and Finance Group to assess performance across the entire substance misuse programme, the Board itself requires a strategic performance framework that routinely considers performance against a selection of strategic or key indicators in order to gain an overall indication of the direction of travel. These strategic performance outcomes and indicators are suggested as follows:
Public Health and Communities:

- Age, gender and ethnicity of individuals referred to services
- Alcohol related hospital admissions
- Drug related deaths

Adult Treatment and Support (National KPIs)

- Waiting Times
- DNA rates
- Planned closures
- TOP outcomes

Children and Young People

- Number of children and young people on the children and need or the children at risk registers due to parental substance use

Criminal Justice

- Re-offending rates for individuals in receipt of IOIS / IOM substance misuse treatment and support
- Level of violent crime within the night time economy

The APB will publish performance data against each of these indicators in the annual report from 2016/17 onwards.
ANNUAL PLANNING CYCLE

Annual implementation planning and delivery

Welsh Government maintains the following planning cycle for SMAF grant funding which is adhered to each year by the APB. The key actions and dates for the annual commissioning and planning cycle are as follows:

1. **Draft expenditure plan for the next financial year** is considered by the commissioning group.
   - **31 October**

2. Draft expenditure plan is submitted to SMARTs for initial observations and eligibility.
   - **Mid November**

3. SMARTs feedback on draft expenditure plan is incorporated, and first presentation to the APB.
   - **Early December**

4. Commissioning and finance group incorporate SMART and APB comments in the plan.
   - **End January**

5. Welsh Government confirms budgets.
   - **February / early March**

6. APB submits finalised expenditure plan.
   - **Mid/late March**

7. SMARTs approval of expenditure plans (within 10 working days of receipt of finalised plan).
   - **End March**

8. Quarterly claims.
   - **4 weeks after quarter end**

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3. Draft expenditure plan will need to be drawn up against indicative budgets against the backdrop of an outcome-based commissioning strategy. Plans should be prioritised so if there is an increase / decrease in budgets that these can be incorporated into plans at a later date if required.

4. SMART feedback at this stage will not give official approval to the expenditure plans but highlight areas where further information is required.

5. This gives an indicative timescale to when we could expect Welsh Government approval of final SMAF allocations but is subject to change.

6. To note that for quarters 1 to 3 this is the final deadline and claims can be received earlier (following the quarter end) if the banker / APB support has ensured that all the relevant information is uploaded to the Online Funding Tool. In respect to quarter 4, central finance team in the substance misuse branch will give an absolute deadline for claims towards the end of the financial year. The date each year will be notified via the SMARTs mechanism.
Annual APB Business Planning Cycle

Coupled with the expenditure planning cycle, the APB will undertake a number of routine actions each year, that will enable ongoing gap analysis, assessment of need, and contract review. The review of performance for commissioned services is outlined in the performance management framework; however, the following table outlines key events in the APBs annual business processes:

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*Includes Service User, Carer, and CSO Involvement

This concludes the consultation draft of the revised 2016-20 commissioning strategy