

Substance Misuse Services Commissioning Strategy

Western Bay Area Planning Board
2014 - 2019



GIG
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The Western Bay Regional Substance Misuse Area Planning Board (APB) is responsible for the planning, commissioning and monitoring of substance misuse services for people from the Bridgend, Neath Port Talbot and Swansea areas. Welsh Government established APBs in 2010 and then revised their role in 2012, transferring the responsibility for planning and commissioning services for people with Substance Misuse problems from a county to a regional basis. Based on this guidance the APB has been reformed, with health, local authority, service users and carers, providers and criminal justice agencies involvement to fulfill this role and deliver this Commissioning Strategy.

There is a 35 year history of specialist substance misuse services being delivered in these counties, working in partnership with other universal services such as General Practitioners, housing, education and community groups.

This is the first commissioning strategy of the APB and therefore is work in progress which will develop as the local evidence base and knowledge and experience of commissioning evolves.

This strategy encompasses the Welsh Government Substance Misuse Service User Involvement Framework and aims to embed meaningful engagement of service users and their carers or family members in developing, delivering and evaluating service provision.

There have also been some challenges in engaging fully with criminal justice agencies where significant organisational changes are planned, but the detail of this is not necessarily clear at this stage. This strategy is grounded in identifying what can realistically be achieved within the time frame it covers, building on the work which has been done previously by individual counties. Our intention is that it will be formally reviewed after the first year, to allow for these developing issues to be taken on board more fully.

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6. IMPLEMENTING THE STRATEGY

1. KEY PRIORITIES FOR WESTERN BAY SUBSTANCE MISUSE SERVICES

The Western Bay Area Planning Board want to make sure we have a wide range of integrated services that meet the needs of all our residents and improve people's wellbeing, as outlined by Welsh Government: *"where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors."*

We want to keep communities safe by minimising the effects of substance misuse on society and will make sure services are in place that supports service users, as well as their family members and carers whose lives are affected by substance misuse.

Usages of substances across the Region are changing. Fewer people are using drugs, such as heroin and cocaine, and far more are drinking alcohol at damaging levels. New drugs are emerging so we need services that can work creatively and flexibly to adapt to these changes in substance misuse.

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

Another important issue raised in the engagement is that although specialist agencies provide many of the services for people affected by substance misuse, there are a large range of other generic services which will also come into contact with these individuals and their families and carers. We need to ensure that service users have full access to these wider services and are not disadvantaged in accessing them.

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

2. BACKGROUND AND STRATEGIC CONTEXT

2.1 The population of the Region

In 2012 the estimated population for the ABMU area was just over 500,000 (Mid-year estimate 519,481, with males making up just under half the population (49%). 5.6% of the population is currently aged under 5 years of age (pre-school), 13.2% is currently aged between 5 and 16 years of age (school aged) and 12.4% of the population is between 17 and 25 years of age (young adults). Just over half the population falls into the working age group (51.5% aged 26-65) and just under a fifth of the population is aged over 65 years (17.3% older adults). There are over 6,000 births annually across Bridgend, Neath Port Talbot and Swansea.

2.2 Welsh Government Policy

In 2008 the Welsh Government published a ten year substance misuse strategy for Wales. *Working Together to Reduce Harm: Tackling Substance Misuse in Wales: A Partnership Approach*. This Strategy was refreshed in 2013 and the following priority action areas identified:

Action Area 1 - Preventing harm

Action Area 2 - Support for substance misusers to improve their health and aid and maintain recovery

Action Area 3 - Supporting and protecting families

Action Area 4 - Tackling availability and protecting individuals and communities via enforcement activity

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

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

2.3 The Western Bay Area Planning Board

The APB aims to make sure that services and decisions about them for people with substance misuse problems, their families and carers are:

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

2.4 Strategic Intention

The APB has a responsibility to ensure consistent linkage with other related partnership strategies and planning arrangements. Appropriate linkages will be developed to achieve this and these are listed in appendix 8.

3. ASSESSMENT OF NEED

3.1 How we involved people who use our services to assess their needs.

This strategy has been built on extensive engagement. Three initial workshops were attended by members of the Western Bay Project Team. Having drilled down to service gaps and priorities for going forward a further five workshops were held to consider local priorities. The groups attracted over 100 attendees and included representatives from:

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

3.2 Key Issues for service users

The key issues for service users are:

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

3.3 Key Issues for service providers

The key issues for service providers are

- **Fit for purpose accommodation** to enable service delivery is urgently required in the centres of Swansea and Bridgend.
- Service providers want **regional performance measures** that are easy to capture and meaningful.
- **A reduction in drug related deaths** and continued provision of harm reduction services.

3.4 Evidence based decision making

A local needs assessment conducted by Public Health Wales provided an analysis of the substance misuse profile across Western Bay (Appendix 1). The key headline population statistics are:

- In Wales unhealthy drinking behaviour is adopted during childhood and adolescence. The Health Behaviours in School-aged Children survey for 2009/10 (3) revealed that 14% of both girls and boys were drinking alcohol at least once a week by the age of 13 years; higher than the UK average.
- The proportion of adults drinking above the recommended guidelines was higher in the ABMU area that compared to the national level (49% compared to 45%).
- For the 2011/12 financial year the age-standardised alcohol-specific hospital admissions rate for Wales was 501/100,000, which is slightly higher than the overall rate for the ABMU area at 481/100,000. The alcohol-specific admissions rate in men was over double that seen

for women, at 670/100,000 and 300/100,000 for men and women in the ABMU area respectively.

- Data from 2011 suggests that across Wales there were 459 alcohol-specific deaths, with equates to an age-standardised alcohol-related mortality rate of 13.3/100,000 (health maps Wales).
- The number of drug-related deaths in ABMU follows a similar time trend pattern to that seen in Wales as a whole, although there is a much clearer upward trend in recent year. Of the 160 drug-related deaths seen in ABMU between 2001 and 2010 inclusive, the majority (103) occurred in Swansea with 27 occurring in Bridgend and 30 in NPT.
- Fewer than 3,000 referrals to substance misuse services were made in ABMU during the 2011/12 financial year. 1,170 referrals were for alcohol misuse and can be broken down into 534, 296 and 340 referrals in Swansea, NPT and Bridgend respectively; these correspond with incidence rates of 244, 219 and 257 per 100,000 populations which are lower than the rates for Wales as a whole.

4. 0 PRIORITISATION

4.1 Principles of service development

The APB believes that all service users and their carers/family members should be treated with dignity and respect and have a voice that will be listened to at all levels of service development, delivery and evaluation through transparent partnership working.

Service development will reflect the Welsh Government Recovery Oriented Integrated Systems of Care Treatment Framework (2013) by integrating recovery based approaches into substance misuse treatment services, through fully engaging service users in their care plans, subsequent reviews and by strengthening collaboration with wider community based services to support individual recovery pathways.

4.2 Priorities for the population

Through the engagement process, which involved over 100 people from in excess of 30 organisations / groups, the following 5 priorities were identified, which the APB will address across the Region by working together:

- **Flexible, creative, integrated services that provide equal access across the Region.**

Service users and carers would like a seamless service models. There are significant waiting times for some interventions, such as community prescribing and in patient detoxification. There are some areas of service that are duplicated and some services that are not available in every area. Whilst there is some joint working between different service providers, more could be done to provide seamless pathways of care. Older people require a greater focus on their needs and a more flexible response to their presenting concerns. It has long been acknowledged that there is lack of integrated care pathways locally and little cohesive

response to people with co-occurring substance misuse and mental health issues. Access to tier four residential rehabilitation placements require a lengthy assessment and service users have indicated that they would welcome more opportunities to access residential placements. Reduce waiting times to substitute prescribing and detoxification. Have services that respond flexibly to populations who find it hard to access services, either because of where they live or because they have specific individual needs. Through these actions we will provide more accessible services which should reduce the number of drug related deaths.

- **Support to staff working in generic / universal services, increasing their awareness of substance misuse and how and when to access specialist services.**

Links with ambulance services need strengthening and care pathways made more clearly defined. Whilst significant resources have been used to provide substance misuse awareness and education to schools, there is a dearth of research available regarding the effectiveness of educating children and young people about the potential harm of using substances. Alcohol is too readily available. There has been a rise in young people drinking alcohol and adults drinking above recommended amounts of alcohol. The number of people being admitted to hospital with health problems related to alcohol is increasing, as is alcohol related domestic abuse:

- People are often not aware that they have a substance misuse problem, for example, that the amount of alcohol they are drinking could damage their health.
- People don't always know how to get the right help when they need it.
- Substance misuse is often not recognized by people working in non-specialist, universal services; for example, district nursing.

- **Reduce access to alcohol.**

Alcohol is too readily available. It affects society as a whole, rather than just the individual and has a negative impact on many areas of physical, psychological and social functioning. Alcohol use is implicated in a wide range of issues, including accidents and absenteeism in the workplace, anti social behaviour and domestic violence.

- **Help people find and stay in suitable accommodation.**

Service users want access to reasonably priced, fit for purpose accommodation. They want to feel safe and secure in their own homes and have the support to sustain secure tenancies.

- **Improve access to after care services.**

Aftercare services offer support to service users that sustain their recovery and helps them reintegrate into the community. Service users have told us that they would like more services to help them develop their skills, have access to education, training and employment and help them rebuild their networks in the community.

We will achieve this by improving our processes, including:

- **Outcomes** - With a move from local to regional commissioning the APB will need to review existing service level agreements with service providers and align these regionally. These agreements will need clearly defined outcomes which are aligned to local and national strategic priorities.
- **Engagement / Co production** - Service providers, service users and carers want more opportunity for users of services to engage in service design and evaluation using co production and also to collaborate in their own care plans and have a greater say in the interventions they receive. Engagement in a wider sense relates to ensuring services are accessible. There are a variety of factors that can affect a service user's engagement with services, such as geographical location of the service, public transport routes, flexible opening times and quick access to the right treatment. We recognise that these factors need greater consideration.
- **Governance** - Commissioning based on a strategic and systematic approach to commissioning services from across all service sectors to meet the needs of the whole population affected by substance misuse. Promoting a joint approach between agencies represented at APB to commission services that ensure service users receive the most cost-effective and appropriate services to meet their needs. Western Bay APB will also work with other Area Planning boards to jointly commission services across APB boundaries when this offers increased efficiency. Our commissioning principles are laid out in appendix 2 and governance structure in appendix 3.
- **Communication** - Service users, carers and staff in non-specialist services want easy access to high quality, up to date information on service provision, wide information sharing protocols agreed, effective partnership working and better communication between parties.

5. WHAT WE ARE GOING TO COMMISSION

The outcome of the research we have gathered and our consultation workshops has told us that we need to change some of the services that we deliver locally to make sure we meet people's needs effectively. We will commission services to ensure they meet the needs of service users and agencies in each of the following four priority areas of the Welsh Government:

5.1 Priority 1 – Flexible, creative, integrated services that provide equal access across the region

S1 Provide services that are flexible in opening hours, location of delivery and tailored to respond to the needs of minority groups and groups with individual needs.

S2 Provide services from 'fit for purpose' accommodation.

S3 Give service users and carers a strong voice in the design, delivery and evaluation of services through co production

S4 Support service modernisation by delivering cohesive and integrated care pathways

S5 Ensure access to residential rehabilitation is made more accessible.

S6 Acknowledge the increasing prevalence of alcohol and ensure services are commissioned that can respond to these changing needs.

S7 Provide a greater focus on services tailored for older people.

S8 Ensure all staff are appropriately trained by completing a training needs analysis for staff within specialist services and delivering a comprehensive workforce development plan.

S9 Ensure dedicated Carer support services are provided and access to carer's assessments offered and delivered when requested.

S10 Work with other to protect those who are most vulnerable in our society, including children and those affected by domestic abuse.

S11 Agree clear treatment pathways between specialist substance misuse services and criminal justice services.

S12 Create a data hub and information sharing processes that will ensure the appropriate sharing of information across agencies to protect the most vulnerable in society.

S13 Provide a range of harm reduction services to secure a downward trend in drug related deaths.

5.2 Priority 2 - Support to staff working in generic / universal services, increasing their awareness of substance misuse and how and when to access specialist services

U1 Offer training for universal services in identification of harmful substance use, awareness of routes to referral, enable delivery of brief interventions.

U2 Complete a training needs analysis of key universal services, such as youth workers, health visitors and midwives, to inform a wider workforce development and training strategy.

U3 Support diversionary activities for groups at high risk of developing substance misuse problems.

U4 Provide a screening tool for use with under 25s to highlight their needs.

U5 Support organisations and SME's with workplace policy development and training.

U6 Review the 'Healthy Schools' programme with Public Health Wales.

U7 Provide input to the 'Work Boost' programme for older people delivered by Public Health Wales.

U9 Strengthen links with ambulance services, General Practitioners and accident and emergency Departments to provide care pathways that are clearly defined.

U10 Provide a greater liaison interface between specialist and universal services.

U11 Provide more creative ways of engaging recreational drug users.

5.3 Priority 3 - Reduce access to alcohol

A1 Reduce the availability of alcohol, producing a specific alcohol action plan to:

- Engage with licensing authorities to limit licensing applications and engage regarding the issues raised by the Night Time Economy.
- Lobby at a national level regarding the minimum pricing of alcohol

A2 Provide training to organisations involved in licensing decisions

A3 Support the extension of the Tackling Alcohol-Related Street Crime (TASC) project across the Region.

5.4 Priority 4 – Help people find and stay in suitable accommodation/housing

H1 Provide more support in securing and sustaining housing / accommodation.

5.5 Priority 5 - Improve access to after care services

I1 Develop wider recovery communities.

6 IMPLEMENTING THE STRATEGY

Implementation of the strategy will be based upon:

- Adherence to commissioning principles (Appendix 2)
- Comprehensive governance structure (Appendix 3)
- Robust performance management/ KPIs /outcomes (Appendix 4)
- Ensuring equality (Appendix 5)
- The interface between the APB and partnership structures (Appendix 6)
- Ensure effective interface with our partners (Appendix 7)
- A balanced expenditure plan (Appendix 8)