

Cardiff & Vale  **APB**

Achieving better substance misuse outcomes

ANNUAL REPORT

2015 - 2016

<http://cardiffandvaleapb.org/>



[@ApbCardiffVale](https://twitter.com/ApbCardiffVale)



<http://www.facebook.com/pages/Cardiff-and-Vale-APB/>

**Cardiff and Vale APB Service User
Involvement website**

<http://asfacarduf.org/>

FOR ACCESS TO LOCAL SERVICES:



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

0300 300 7000

Foreword

From the Chair of the Area Planning Board

I am pleased to present the fourth annual report on behalf of the Cardiff and Vale Substance Misuse Area Planning Board (APB) for the 2015-16 financial year.



This year has seen substantial progress across a number of key areas for the APB. Most notably, we are now seeing the improvements in service user and carer outcomes that were intended through the commissioning of open access and aftercare services. The open access service is seeing over 97% of service users within 20 days of referral – many of them with no waiting time at all. The aftercare service has supported several cohorts of service users to complete the structured day programme, and our recovery community is growing in strength and numbers.

However, the year has not been without its challenges, and the APB has had to address some long standing issues in relation to data quality and validity in order to gain assurance on our performance levels. This work has now been completed, and the board is much more confident in knowing the true picture of how our services are performing. The data improvement work has also provided the APB with a more accurate assessment of previous years' performance levels so that valid comparisons can be made over time.

We had a clear focus for 2015-16, given that the planned closure rate across all services was 53% of all closures against a national target of 72%. Having a planned closure is the optimal outcome for clients accessing services – it indicates that their needs have been addressed, that goals have been achieved, and that they are ready to move on to other services, or out of the treatment system. By the end of the year we had seen planned closures increase from 568 planned closures in 2014-15 to 899 in 2015-16. This translates into a percentage increase from 53% to 69% placing the APB well within reach of the national target. Waiting times have also remained a long-standing concern for the board. 2014-15 performance levels proved to be not as positive as we had originally thought once the data validation work had been completed.

However, I am pleased that the 2014-15 performance level of 63% of referrals being treated within 20 working days increased to 72.5% in 2015-16. It is also worth noting at the time of publication that this figure continues to improve month-on-month, and I am confident of reaching the national target of 80% by March 2017.

Project work has also gone from strength to strength this year. The Cardiff Alcohol Treatment Centre (ATC) is now part of a national research study into similar alcohol services within the night time economy, and is going through a relocation programme into purpose-built premises through a unique partnership between the Health Board, Cardiff Council and the private sector. The APB has also supported the work of the South Wales Police and Crime Commissioner in tendering for a full suite of criminal justice treatment and support services, including those operating in HMP Cardiff, and we have innovated with the introduction of breathalysers for door staff in the Vale of Glamorgan.

The 2016-17 work programme continues to stretch the ambition of the APB, in delivering better outcomes for service users and carers. We will deliver a reconfiguration of the Entry to Drug and Alcohol Services (EDAS) single assessment service in order for the service to operate on a walk-in basis with no appointment necessary. Given the often fleeting nature of service user motivation to engage with treatment and support, this instant access approach is a vital improvement to the local treatment system. We have also committed to invest in the Time Credits service to enable service users in recovery to gain practical voluntary work experience outside of a substance misuse setting.

From 2016-17 the APB will be operating under its revised commissioning strategy. This new approach focuses much more on the underlying causes of substance misuse, with key themes around prevention and early intervention as well as putting co-production at the heart of service delivery, and focusing on the need for service users in recovery to develop the necessary skills and confidence to sustain their recovery long term and independently of services.

Cardiff and Vale APB ended the year with its highly successful first conference in the Principality Stadium in Cardiff. As well as launching our new commissioning strategy, this was an opportunity to hear first-hand the experience of frontline service providers, service users, and

the evidence base supporting our new direction of travel. The APB support team led by Conrad Eydmann has been instrumental in reshaping local thinking on how we address substance misuse at its most basic level, and the APB support team has welcomed the opportunity to redefine itself more broadly in terms of prevention, early intervention, and addressing broader issues of deprivation and health inequality.

I am proud that the APB continues to act as a beacon for local public service leaders and organisations; demonstrating in practice how to work in partnership, how to improve services, and how to make a difference to some of the most vulnerable individuals and families in our communities.

A handwritten signature in black ink, appearing to read 'S Hopkins', written in a cursive style.

Dr Sharon Hopkins
Executive Director of Public Health (APB Chair)
August 2016

Cardiff and Vale APB Members

<u>Name</u>	<u>Organisation</u>	<u>Role / Title</u>
<u>MEMBERS</u>		
Dr Sharon Hopkins (Chair)	Cardiff and Vale UHB	Executive Director for Public Health
Peter Greenhill (Vice Chair)	Wales Probation Trust	Head of Local Delivery (Cardiff & Vale)
Rachel Evans	Vale of Glamorgan Council	Head of Children and Family Services
Gareth Hopkins	Commissioning Manager	South Wales Police
Mark Brace	Assistant PCC	South Wales Police
Martin Jones	South Wales Police	Central Division
Dr Neil Jones (APB Treatment, Therapies and Clinical Governance Group Chair)	Cardiff and Vale UHB	Consultant Psychiatrist
Stephen Jones	South Wales Police	Eastern Division
David Poole	Cardiff Third Sector Council (C3SC)	Operations Manager
Hayley Selway	Vale of Glamorgan Council	Head of Housing and Building Services
Melanie Wilkey (APB Commissioning and Finance Group Chair)	Cardiff and Vale UHB	Head of Outcomes Based Commissioning
Tony Young	Cardiff Council	Director of Health and Social Care
<u>OFFICERS</u>		
Michelle Burnett	Cardiff and Vale UHB	APB Administrative Support
Ben Davies	Cardiff and Vale UHB	APB Project Manager
Conrad Eydmann	Cardiff and Vale UHB	Head of Partnership Strategy and Commissioning
Benedicte Lepine	Vale of Glamorgan Council	APB Development Officer (Vale)
Chris Jones	Cardiff and Vale UHB	APB Systems Information Officer
Hilary Williams	Cardiff Council	APB Accountant

Performance

Report from the Head of Partnership Strategy and Commissioning



*Conrad Eydmann,
Head of Partnership Strategy and
Commissioning*

Performance, alongside finance and delivery, is a cornerstone of APB business. Performance information enables the Board to objectively assess how well its services are delivering, to what extent outcomes are being achieved, and whether or not we can be sure that we are getting value for money.



*Chris Jones
APB Systems
Information officer*

Overall there has been a marked improvement in Key Performance Indicator (KPI) activity throughout the course of 2015/16 since the previous report was published in 2014/15.

Due to exhaustive back populating of data and ongoing cleansing, information compliance and validity has also noticeably improved across the board; facilitated by the transfer of all existing third sector agencies to the PARIS health care application for performance reporting and case management.

The summary headlines for the year are as follows:

- A 5% reduction in the number of clients failing to attend their appointment with a substance misuse agency as numbers have fallen from 23.3% in 2014/15 to 18% in 2015/16. 
- The number of clients accessing treatment within 20 working days of referral was 72.4%. Whilst slightly outside of the national target of 80%, performance has improved by nearly 10% in comparison to figures recorded in 2014/15. 
- In regards to Treatment Outcome Profile (TOPs) which measures client attainment in reducing problematic substance misuse between start, review and exit evaluation, end of year figures highlighted the Board achieved 73% (6% in excess of the minimum national benchmark of 67% and 2% up on last year's performance). 

- The percentage of clients for which quality of life had improved is 78%. Despite a marginal reduction in contrast to 2014/15, Cardiff and Vale still remains the highest scoring APB for KPI 4 throughout Wales therefore suggesting commissioned services are delivering sustainable quality outcomes for the clients for which they are intended.
- In 2014/15, 68.9% of clients exited substance misuse services in a planned way albeit onward referred to an additional support service or marked 'treatment completed'. This is a significant gain of 16% in comparison to our position last year which was 52.8%. However, despite this encouraging outcome the Board ended the year cumulatively achieving 'amber' status; marginally missing out on the national target of 72%.

ALL DATA IS SOURCED FROM THE WELSH NATIONAL DATABASE FOR SUBSTANCE MISUSE (WNDSM)

Analysis

1. Post assessment DNA (Did Not Attend) rates

DNA rates are a good indication of service effectiveness. The Welsh Government has included this as a national Key Performance Indicator, as it is a reasonable assumption that fewer service users will disengage from services that are effectively meeting their needs. Of course, this is not the only reason why service users may disengage from treatment, and we would never expect to completely eliminate DNA rates, but seeing a general downward trend in DNA rates is a good indicator that services are improving, and achieving positive outcomes.

Whilst not the most important consideration for the APB, value for money remains a priority across services, and reducing DNA rates significantly increases value for money, with fewer specialist service appointments going unattended, with the associated consequences of wasted staff time. Therefore, reducing DNA rates improves service efficiency, as well as indicating improved service effectiveness.

The Welsh Government Key Performance Indicator measures the percentage of all case closures that identify DNA as the reason for the case being closed. In rating local performance levels, a recorded level of 30% or more of closures as a result of DNA results in

a **RED** rating; a recorded level between 20% and 30% of closures due to DNA results in an **AMBER** rating, and a recorded level below 20% of all closures due to DNA is rated **GREEN**.

This year we have largely been able to sustain a low number of DNA's (18%) despite a concerted effort by the APB to focus on enhancing referral to treatment times and the number of planned treatment closures.

Table 1, and **figure 1** demonstrate the percentages of all closures that were attributable to DNA for each year from 2008/09 to 2015/16, whilst **table 2** and **figure 2** illustrate the numbers of closures that were attributable to DNA over the same timeframe.

Table 1: Percentage of Case Closures attributable to DNA: 2008-2014

Locality	2009/10 Percentage	2010/11 Percentage	2011/12 Percentage	2012/13 Percentage	2013/14 Percentage	2014/15 Percentage	2015/16 Percentage
C&V APB	35.40%	24.58%	35.96%	32.88%	19.81%	23.37%	18.04%
Cardiff	37.32%	24.79%	35.81%	34.99%	20.6%	24.67%	19.21%
Vale	30.41%	23.89%	36.46%	25.98%	16.61%	18.62%	13.31%

Figure 1: Percentage of Case Closures attributable to DNA (2009-16)

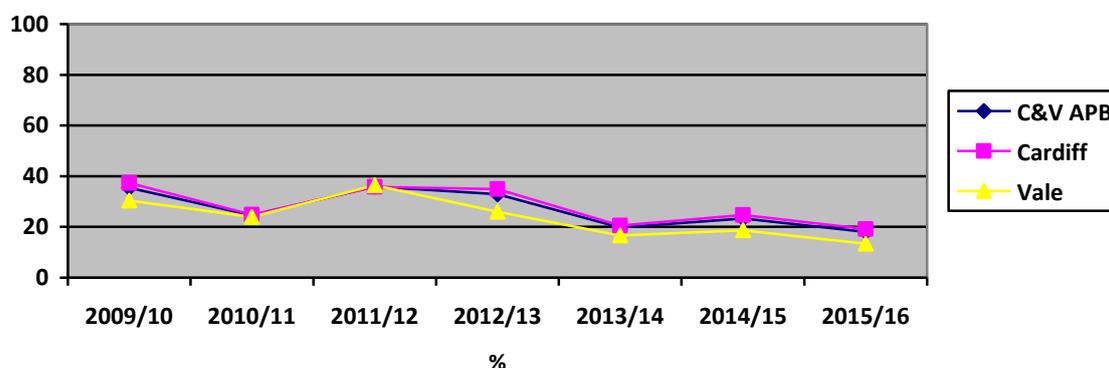
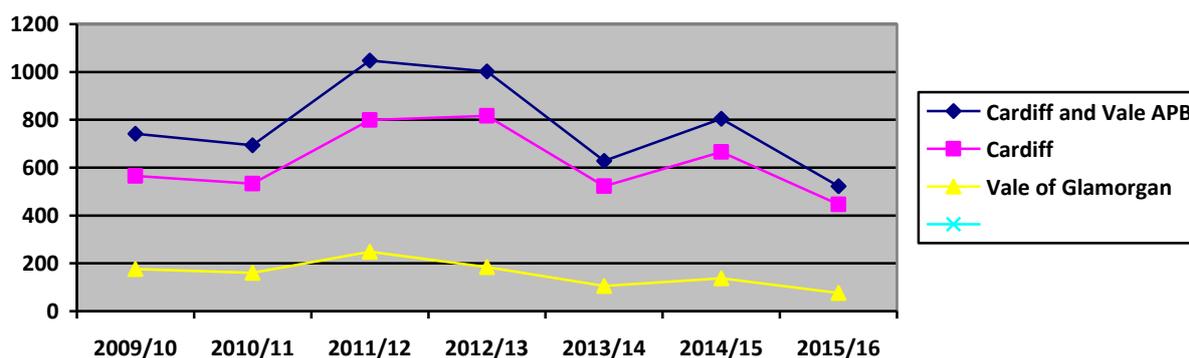


Table 2: Number of Case Closures attributable to DNA (2009-15)

Locality	2009/10 Number	2010/11 Number	2011/12 Number	2012/13 Number	2013/14 Number	2014/15 Number	2015/16 Number
C&V APB	742	694	1048	1002	628	804	522
Cardiff	565	533	799	817	523	666	446
Vale	177	161	249	185	105	138	76

Figure 2: Number of Case Closures attributable to DNA (2009-16)



2. Waiting times from referral to treatment

Waiting times are a popular headline indicator of service accessibility across all health services. Substance misuse services have a unique challenge in managing waiting times due to the often fleeting motivation to engage in treatment that service users can demonstrate. If a service isn't available for a several days when a service user expresses an interest to engage in treatment, there is a strong likelihood that by the time the appointment comes around, that motivation to address their substance use has changed. Cardiff and Vale has achieved significant waiting time improvements over the last 5 years, which have seen the average wait, reduce from lengths in excess of 18 months back in 2008/09, to averages of a few weeks. Further work is planned in 2016-17 to make the single assessment service available on an appointment-free walk-in basis.

The Welsh Government target for waiting times in substance misuse is 20 working days from referral to treatment. When rating local performance levels, the Welsh Government classes less than 70% of service users accessing treatment within the 20 working day target as **RED**, between 70% and 80% of service users accessing treatment within 20 working days is rated **AMBER**, and more than 80% of service users accessing treatment within 20 working days is assessed as **GREEN**. Despite efforts to alleviate lengthy waiting times between referral and assessment in 2015/16, Cardiff and Vale narrowly missed out on the national target of 80% by just 7.5% subsequently achieving 'amber' status. In doing so the Board recognised significant gains had been made throughout the course of the year compared with 2014-15, however KPI 2 still remains a continuous area for further development.

Table 3 – Percentage of referrals accessing treatment within 20 working days (2009-15)

Localit y	2009/10 Percentag e	2010/11 Percentag e	2011/12 Percentag e	2012/13 Percentag e	2013/14 Percentag e	2014/15 Percentag e	2015/16 Percentag e
C&V APB	60.17%	70.56%	68.50%	72.08%	64.04%	62.92%	72.58%
Cardiff	58.63%	68.39%	66.16%	70.89%	65.22%	62.81%	72.20%
Vale	64.76%	76.56%	76.73%	75.88%	59.17%	63.382%	73.91%

Figure 3 – Percentage of referrals accessing treatment within 20 working days (2009-15)

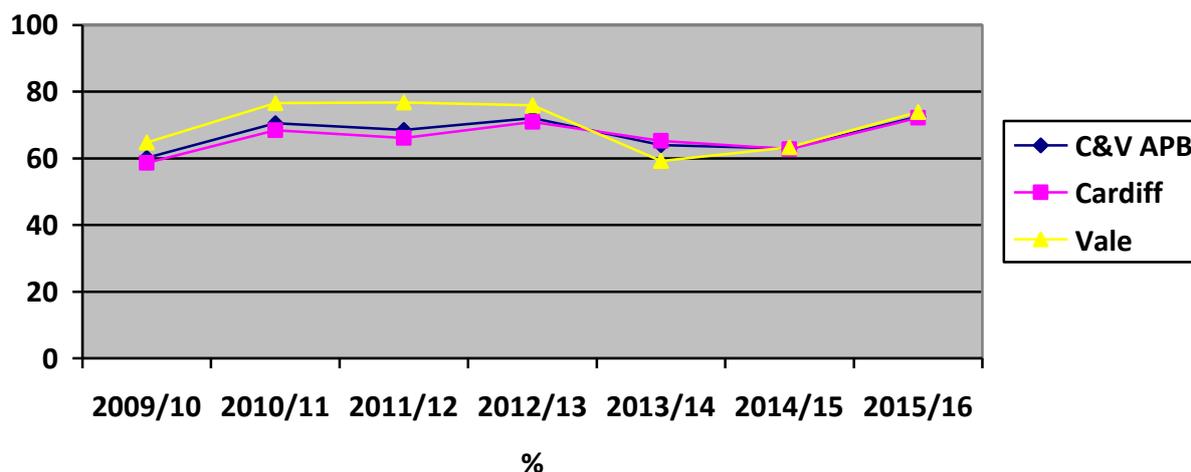
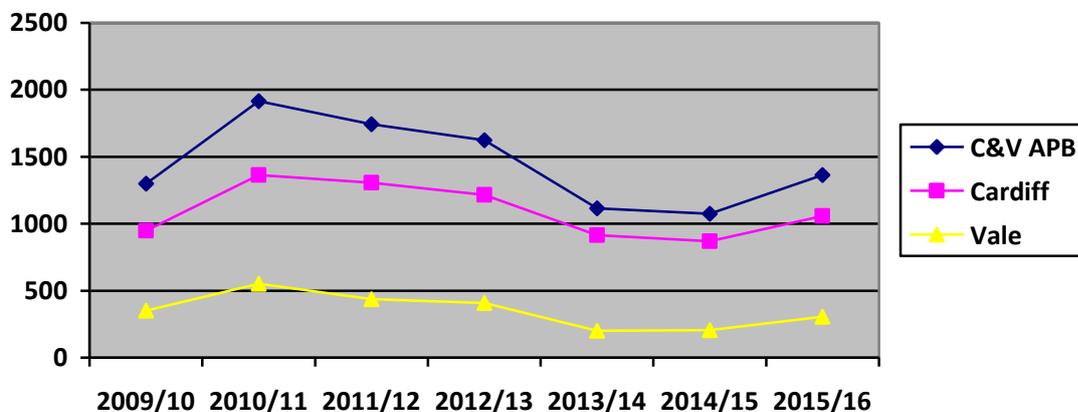


Table 4 – Number of referrals accessing treatment within 20 working days (2009-15)

Locality	2009/10 Number	2010/11 Number	2011/12 Number	2012/13 Number	2013/14 Number	2014/15 Number	2015/16 Number
C&V APB	1299	1915	1742	1624	1115	1074	1363
Cardiff	948	1363	1306	1215	915	868	1057
Vale	351	552	436	409	200	206	306

Figure 4 – Number of referrals accessing treatment within 20 working days (2009-15)



3. Planned case closures (Treatment complete)

Planned case closures rates are one of the best measures of success in substance misuse services. There are a wide range of reasons why an individual's contact with services may end in an unplanned way; however, it remains a goal of the APB to continuously increase the number of service users accessing treatment and support who successfully complete their episode of care in a planned manner. The Welsh Government target for planned closures has recently been revised. Whereas previously a red performance level would have been the result of a poorer level of performance when compared with the previous year, amber for a static level, and green for an improvement, target percentages have now been set, with a national performance target of 72%. In either case, the Cardiff and Vale performance level scores as **AMBER** for 2015/16 with the final data showing an improvement of 16% in comparison to figures published the previous year and 2% below the All Wales national performance figure. The APB has been working closely with commissioned providers and NWIS to resolve a spate of historic data validation discrepancies which has consequently had a positive surge on performance of the year. Furthermore, the APB has been working closely with Welsh Government and regional APB leads to revisit the classification of service users entering prison or custody to be more appropriately classified as planned discharges if their treatment and care plans follow them seamlessly into that custodial setting.

There will always be a small cohort of clients who will inevitably withdraw from clinical prescribing services – it is a matter of good clinical governance that service users need to come back into service and undergo a clinical assessment if they miss three consecutive collections of their medications. Additional work is planned for 2016-17 to improve re-engagement of service users at risk of having their prescription suspended through the commissioning of a unique re-engagement service which will serve to improve retention for these service users at risk of having their treatment withdrawn.

Table 5 and in **figure 5** show the **percentage** of case closures that were planned increased from 52.87% in 2014-15 to 68.99% in 2015-16. **Table 6** and **figure 6** show that the **number** of case closures that were planned has increased from 578 in 2014/15 to 899 in 2015/16.

Table 5 – percentage of case closures that were planned (2009-15)

Locality	2009/10 Percentage	2010/11 Percentage	2011/12 Percentage	2012/13 Percentage	2013/14 Percentage	2014/15 Percentage	2015/16 Percentage
C&V APB	53.33%	70.83%	56.94%	50.40%	55.70%	52.87%	68.99%
Cardiff	50.54%	70.81%	58.07%	46.79%	55.50%	50.97%	66.90%
Vale	60.09%	70.91%	53.66%	61.33%	56.56%	60.20%	76.60%

Figure 5 – percentage of case closures that were planned (2009-16)

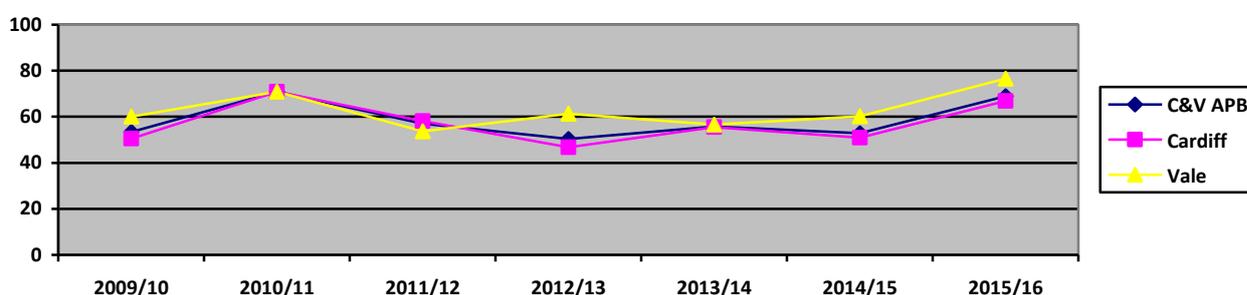
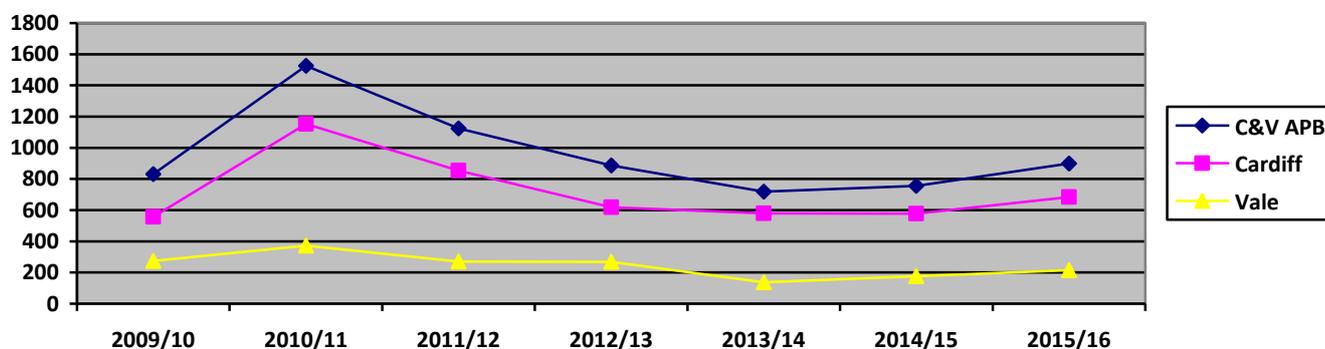


Table 6 – number of case closures that were planned (2009-16)

Locality	2009/10 Number	2010/11 Number	2011/12 Number	2012/13 Number	2013/14 Number	2014/15 Number	2015/16 Number
C&V APB	832	1525	1124	887	718	755	899
Cardiff	558	1152	853	619	580	578	683
Vale	274	373	271	268	138	177	216

Figure 6 – number of case closures that were planned (2009-16)



Treatment Outcome Profile (TOP)

The Treatment Outcome Profile (TOP) is the national outcome measurement tool that is designated for use in Wales. The tool assesses service user progress against 10 domains that include level of substance use, wellbeing, offending behaviour, quality of life, and risky behaviour. TOP assessments are carried out at the start of an episode of treatment, and every three months thereafter as a part of routine quarterly care reviews with service users. On completing treatment, or leaving the service, a final exit TOP assessment is carried out.

For the purposes of Welsh Government targets, a reduced level of performance against the national average is classed as a **RED** performance level, and **GREEN** is a performance level at, or over, the national average. In Cardiff and Vale, the number of clients reporting a reduction in their problematic substance misuse between start, review and exit has risen from 71.6% in 2014/15 to 73.4% in 2015/16. This positions Cardiff and Vale in line with national performance as denoted by the All Wales figure of 74% and provides a strong evidence base to support the effectiveness of the services being delivered.

In reference to KPI 4 (the nationally monitored domain which measures the number of clients in receipt of support reporting improved quality of life) there was a minor decline in numbers by 2% as 78% reported improved quality of life in 2015/16 in contrast to 80% the previous year. Nonetheless Cardiff and Vale is still in excess of the national target by 22% and 12% above the figure recorded for All Wales.

Again, in practical terms, this means that in nearly 4 out of 5 review or exit TOPs, service users are recognising and reporting an improvement in their quality of life. Given that quality of life can be influenced by such a broad range of holistic factors, the APB are assured that the new open access and aftercare services, both of which deal with much broader issues than simply clinical treatment, are contributing to this overall trend.

Summary

The performance of the substance misuse sector across Cardiff and the Vale has seen some significant improvements in 2015-16, with the number of areas requiring further improvement much reduced compared with the position the APB was in last year. The work undertaken to make improvements in waiting times has delivered commendable results, with Cardiff and Vale moving closer to the national target in its level of performance. Equally encouraging has been the ability to sustain the lower levels of DNA rates that were achieved in previous years, and the performance against the treatment outcome profile that has seen green performance levels across the board.

The final challenge of the board and all our commissioned services going forward will be around performance sustainability. We have seen sharp fluctuations in performance levels both up and down over the last five years, and it is still not clear how much resilience there is in the substance misuse treatment and support system to maintain target performance levels in light of changes such as increased referral rates, population growth, the impact of welfare reform, and the increase in use of new psychoactive substances.

The trajectories indicate that the APB will achieve a green status across all five indicators by the end of this year. However a significantly more challenging tasks will be securing the assurance that these levels of service capacity and quality can be sustained going forward.

Report from the Chair of the APB Delivery Group

I am pleased to report on the commissioning and service development activity of Cardiff and Vale APB for 2015-16 across a broad range of areas. The board completed its third year of a comprehensive commissioning programme and the benefits of the redesigned treatment system are clearly evident in the performance data for the APB.



Melanie Wilkey
Commissioning and Finance
Group Chair

The pace of progress has been so rapid under the 2013-18 programme that a revision to the commissioning strategy has been carried out during the course of the year, with a new 2016-20 commissioning programme as the result. This was my first year as chair of the commissioning and finance group for the APB, and we have seen measurable progress in both commissioning new service development, managing the impacts of losing services outside of the APBs remit, and re-allocating resources away from services that have been assessed as no longer a priority or that have been superseded by other provision since they were first commissioned.

The most notable commissioning exercise this year was the design and procurement of a new emotional wellbeing service for children and young people. The APB had assessed the existing young people's service as delivering according to the specification, but was increasingly aware that among children and young people under the age of 18, substance misuse rarely occurs in isolation from a range of other issues such as low self-esteem, anxiety, depression and other emotional needs. The board decided to pool resources with CAMHS funding in order to develop an assessment, triage and lower threshold intervention service that will deliver all the functions of the previous substance misuse service, but with a more holistic approach that considers all aspects of a young persons' emotional wellbeing.

As well as merging the former young persons' service into a broader emotional wellbeing approach, the APB also decommissioned the STIR criminal justice support service that provided a valuable suite of interventions to enable post-release prisoners with alcohol related needs to

gain access to continued support in the community following release. It became clear with the decommissioning of the criminal justice service contracts led by the Office of the South Wales Police and Crime Commissioner (PCC) that the function of the STIR service, whilst essential when first set up, had been superseded by the new criminal justice contracts which now include the full range of interventions that STIR delivered.

The funding that has been released through decommissioning STIR and the cost savings from merging substance misuse with mental health resources for young peoples' services provided the APB with an opportunity to invest in other priority areas, and the expenditure plan for the board that we submitted to Welsh Government towards the end of the year saw the most significant re-organisation of funding since 2013. The commissioning and finance group agreed a suite of service developments that included investing in the psychiatric liaison team within the Emergency Unit at University Hospital of Wales, investment into commissioning a new re-engagement service to retain service user in treatment and support who are at risk of disengaging, and finally to provide additional capacity to the EDAS single assessment service to enable instant access to psychosocial treatment and support.

The new commissioning strategy for the APB that we will be implementing from 2016 shifts the emphasis of the board away from managing the consequences of substance use (although that remains at the core of our business) towards a renewed focus on the causes of substance misuse, with priorities on prevention, early intervention, and working with families to address the underlying causes of substance use, misuse and addiction. I would encourage readers of this report to also read the commissioning strategy which can be found on the APB Website.

Finally, the interdependency between delivery and commissioning activity and performance cannot be overstated. Achieving the commitment that the APB has given to ensure that performance improvements are sustainable for the long term will require intelligent, prudent and effective commissioning of resources that is underpinned by high quality performance management processes. The progress made in delivery will be examined further in the following themed reports on Alcohol, Harm Reduction, Service User and Carer Involvement, and Criminal Justice.

Alcohol

During 2015-16 progress continued to be made against the APBs alcohol action plan. The latest alcohol consumption data tells us that there is a steady decline overall in the levels of drinking amongst the population of Cardiff and Vale. This is positive news, but there is a complex picture beneath the figures as different sections of our population are still drinking at hazardous and harmful levels and putting themselves at risk of future harm.



Cheryl Williams
APB Alcohol Group Chair

It is the broad population at higher risk that Alcohol Brief Interventions (ABI) aims to reach. ABIs are an evidence based approach to screening for level of risk and providing a brief, targeted conversation to provide support and advice about how to reduce the risk levels. There is strong evidence about ABIs being used in primary care. In 2015-16 there has been a focus on training GP practices to use them. 282 people received Alcohol Brief Intervention training in 2015/16, 30 training sessions delivered, including 11 GP practices (6 in areas of high deprivation).

Prevention remains at the centre of the APBs approach to tackling alcohol, and the *Switched On* team that is part of the package of Universal Services commissioned by the APB is a key service in driving forward prevention amongst young people. The team delivered 237 alcohol and substance education sessions to 4,589 young people across Cardiff & Vale. These sessions were delivered in a wide variety of settings, including schools, youth service provisions, hostels, colleges, training providers, Cardiff City Foundation and in pupil referral units. 98% of the young people taking part demonstrated an increase in knowledge after the group awareness sessions.

Cardiff and Vale UHB is a responsible authority under the 2003 Licensing Act. This means it is able to make representations against new or amended applications or request reviews of existing licenses if there are concerns regarding particular premises. Whilst public health is not a licensing objective, the UHB is able to make representations under other objectives, most notably crime and disorder and public safety. Using data collected from hospital admissions and ATC attendances, the UHB is able to highlight where premises are causing concern with regard to the health of the community and increasing the likelihood of alcohol related violence. During

2015-16 the public health team have made good connections with the licensing team in South Wales Police and are now having regular meetings with premises to address concerns. This has resulted in premises changing their practice e.g. reducing the size of drinks promotions and packages on offer and increasing staff in booth areas to monitor drinking levels.

Similarly, the Alcohol Treatment Centre (ATC) in Cardiff continues to provide an approach to supporting the night time economy in Cardiff that is recognised as best practice at an international level. The centre has been moved to alternative accommodation for a 2 year period while a bespoke centre is developed in a unique partnership between Cardiff Council, Cardiff and Vale University Health Board and the private sector. The ATC is also now one of a number of similar provisions that are part of a national research programme that is being led jointly by Cardiff University and the University of Sheffield.



Cardiff Alcohol Treatment Centre (ATC)

The APB will be making a significant contribution into the new strategy for the night time economy in 2016, and we look forward to building on the success of the ATC.

The APB continued to support Alcohol Awareness Week and Dry January. This year, the Alcohol



Awareness Week toolkit was hosted on the Alcohol Concern Cymru website, and it was the most viewed page for Alcohol concern in November, with 546 views.

16 organisations and workplaces received additional resources for Alcohol Awareness Week, including posters, unit measures and beakers. 28 organisations took part in the Dry January workplace challenge by ordering extra resources, and the workplace wall chart to track progress was also available on Alcohol Concern's website. Some positive feedback was received from participants in the challenge:-



"It has changed the way that they think about alcohol especially through realising that they don't need to rely on it" and "It has made one individual decide to permanently reduce the amount that they drink as having a drink in February made them feel physically appalling and created a sense of disappointment that they had 'broken' the dryness."

Harm Reduction and Recovery

2015/16 saw the Harm Reduction & Recovery (HR&R) Task Group take a positive step forward. A comprehensive HR&R Action Plan was put in place which performed well against identified tasks, these included;

- An audit of harm reduction activity and approaches across substance misuse services.
- Establish a communication protocol for drug alerts.
- Develop a pilot needle exchange service for under 18s.
- Put in place an APB quality assurance process to ensure HR&R member compliance with Welsh Government Core Standards.

There was a review of needle exchange pharmacy based services. This review identified four localities in which needle exchange pharmacy based services should be commissioned. It also identified two pharmacies that should have their needle exchange service decommissioned due to activity levels. It highlighted that there needs to be more meaningful feedback from service users on the provision of needle exchange and the suitability in relation to their needs and the needs of peers who do not use services. There is also a need for a more robust collation of information on discarded needles.



2016 also saw the Drug Poisoning Database go live. A number of Fatal Drug Poisonings were reviewed throughout the year using this new data capture system. A total of 13 fatal drug poisoning reviews took place during 2015/16, with the learning from these reviews cascaded to all service providers. The new system has now been embedded throughout Cardiff and the Vale of Glamorgan. Next year will see the APB Support Team, in collaboration with key local service providers undergo a pilot for reviewing non-fatal drug poisonings. The pilot will review six cases in which a non-fatal drug poisoning has taken place. It will identify whether or not the individual is in contact with local services, and then look at innovative ways in which to provide engagement and support to reduce the risk of future repeat overdose.

Service User and Carer Involvement

This year has seen increasing numbers of individuals with lived experience of substance misuse and of services locally having an input into the APB. Our service user minibus continues to be used to extend the reach of the forum, providing service users and carers with access to forum meetings and providing transport to Welsh and UK-wide events for service users. The service user website that was launched in 2014-15 continues to receive a high volume of traffic, providing an online environment where service users and carers can engage with the APB and with each other. Key activities have included a strong service user attendance at the APB conference this year, and the involvement of a large number of young commissioners in the tender and procurement process for the new emotional wellbeing service.

We are currently working on a staged training programme to empower service users to become more closely involved in a number of areas of APB work. All service users and carer will be awarded bronze accreditation in recognition of their willingness to be involved and engaged with the APB and with other service users. Silver accreditation will be awarded after Bronze members have attended six forum meetings. Training for silver accreditation will provide an overview of service user involvement at both a local and national level, and the function and structures of the APB. Silver accredited service users will be able to access and comment on the ASFAcarduf Facebook page and attend trips to events such as the Drink and Drugs News Annual Conference.

Service users can access Gold training and accreditation after they have attended a further three (nine in total) meetings. The training will include a series of interactive exercises to explain the commissioning process used by the APB, and the principles of public sector working. Once accredited, service users will be given the opportunity to participate in procurement and tendering activities, and influence commissioning decisions. The final level of accreditation will be Platinum, requiring attendance at twelve forum meetings followed by training on how to objectively represent members of ASFAcarduf, and account for wide and varied opinions and views. On completion of this training service users will be able to represent ASFAcarduf at local and national meetings.

The APB would also like to recognise the work of Peter Blackburn who is stepping down from the *Tearing Your Hair Out* carer forum. Peter has championed the role of family members and carer in supporting treatment programmes for many years. The Area Planning Board is putting processes in place to ensure that family members and carers continue to influence and contribute to substance misuse services going forward, and we would like to thank Peter for a decade of hard work and determination.

Criminal Justice

The APB is closely involved in the commissioning and operational delivery of all the criminal justice substance misuse services that operate in Cardiff and the Vale. Strategic management of these services sits with the office of the Police and Crime Commissioner (PCC). The board also have dedicated substance misuse nursing staff within the HMP Cardiff healthcare team.

For much of 2015-16 the APB support team worked with staff from the National Offender Management Service (NOMS) National Probation Service Wales, and the PCCs office to redesign, and re-commission the criminal justice treatment services contracts. The process was completed during the year, with new contracts awarded which came into effect on April 1st 2016. Local commissioners and providers were instrumental in advising the service design process with a resulting configuration that provides seamless treatment and support between criminal justice and community services.

One of the most sensitive and high risk areas of any such re-commissioning exercise is the transition between one service arrangement and the new provision; particularly with regard to the duty of care for users of these services. The APB recognises and commends Change Grow Live (CGL – formerly CRI) the previous provider in Cardiff and the Vale who, despite not winning the contract, has acted with the utmost integrity and to the highest standards of care in ensuring that service users have not been adversely affected by the change in service provision.

The board now looks forward in 2016-17 to working to support the development of the new services with the Dyfodol Consortium, in partnership with our community services.

Finance

Report for the 2015-16 Financial Year
Prepared by Hilary Williams;
Area Planning Board Accountant



Funding	Initial Allocation 2015/16	Additional Allocations 2015/16	Final Spend 2015/16	Balance 2015/16	Comments
£	£	£	£	£	Status as at close of accounts 2015/16
APB Generic SMAF Revenue	2,983,289	0	2,983,289	0	
APB Tier 4 Ring Fenced	163,800	0	163,800	0	all ring fence requirements met
APB CYP Ring Fenced	445,450	0	445,450	0	all ring fence requirements met
APB Counselling	49140	0	49140	0	all ring fence requirements met
REVENUE SUB-TOTAL	3,646,679	0	3,646,679	0	
SMAF Capital (WG)					
Breathalyser Pilot	8,316.00	0	6,948	-1,368.00	VAT savings
Ramp Access Neville Street	6,000.00	0	6,000	0	
Street Pastors Lease	8,100.00	0	8,100	0	
Living Room Lease & Refurbishment	69,175.48	0	67,962.96	-1212.52	Savings on refurbishment
EDAS Relocation	211,176.62	0	211,176.62	0	Reclassified as ULHB RSL limit increase
CAPITAL SUB-TOTAL	302,768.10	0	300,187.58	-2,580.52	
TOTAL SMAF FUNDS	3,949,447.10	0	3,946,866.58	-2,580.52	
SMAF Training Bursaries					
SMAF Training Bursaries	5,733	0	5,733	0	
Naloxone Grant	12,122.50	0	12,122.50	0	
AWSUM	11,925.33	0	11,925.33	0	
Total Other Funds	29,780.83	0	29,780.83	0	

NB: Expenditure as reported and claimed by service providers – subject to audit

Looking forward to 2016-17

The APB in Cardiff and the Vale is publishing its revised commissioning strategy in 2016, which will continue to be delivered through a series of annual business plans and work programmes. The key objectives for the Board in 2016-17 under each of the three work streams are as follows:

Performance

- To achieve measurable improvements against planned closure and waiting times key performance indicators, with an end of year performance level of no more than 5% away from the national target for both indicators
- To sustain green performance levels for the DNA and TOP keep performance indicators
- To build sustainability into the improvements made against all five
- To introduce qualitative local performance measurement systems to add narrative and detail to the quantitative data reported on.

Delivery

- Review and reconfiguration of EDAS single assessment service
- Relocation of the *Taith* Open Access Service
- Implementing the review of non-fatal drug overdose
- External evaluation of the *Taith* open access and *Footsteps to Recovery* aftercare services

Finance

- Effective use of expected high levels of non-recurrent funding available as a result of SMAF re-allocation for 2016-17
- Relocation of *Taith* open access service using capital funding

We look forward to continuing to report on our work programme into the future.

FURTHER INFORMATION AND CONTACTS

For further information please use the following contacts:

For general inquiries:

For information on the APB work programme, or on substance misuse strategy and commissioning:

Conrad Eydmann, Head of Partnership Strategy and Commissioning

Phone: 02920 336221 / Email: Conrad.eydmann@wales.nhs.uk

For information on substance misuse data and performance information:

Chris Jones, Substance misuse systems information officer

Phone: 02920 336234 / Email: Chris.jones6@wales.nhs.uk

For information on local services in Cardiff, information on service user and carer involvement or on services for Young People:

Ben Davies, APB project manager

Phone: 02920 537196 / Email: Bendavies@cardiff.gov.uk

For information on local services in the Vale of Glamorgan, information relating to alcohol or information on substance misuse and criminal justice:

Benedicte Lepine, APB Locality Lead Officer (Vale)

Phone: 01446 731682

Cardiff and Vale APB Support Team

**c/o Cardiff and Vale Public Health Team
Whitchurch Hospital
Park Road
Whitchurch
Cardiff
CF14 7XB**