**Western Bay Area Planning Board**



**Quarterly Report 1, April – June 2016**

**Presented at APB Meeting 5th October 2016**

This Quarterly report constitutes the primary performance reporting mechanism to the APB and will be presented to the APB at every meeting. The report outlines progress of work during the previous quarter and areas for improvement. This information will form the basis of the annual report which will be presented to the APB at its last meeting of the financial year.

**1. Quality and Performance**

1. **Western Bay NKPI Performance Quarter 1**

Overview of KPI 1

To increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment.

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

Overview of KPI 2

Achieve a waiting time of less than 20 working days between referral and treatment.

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

Overview of KPI 3

Substance Misuse is reduced for problematic substances between start and most recent review / exit TOP.

Target – Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure:

(**73.7%** in 2014/15 management information data)

RAG ratings based according to movement against the established baseline (**RED**, < baseline; **AMBER** < baseline but an improving picture; **GREEN** > baseline).

Overview of KPI 4

Quality of Life is improved between start and most recent review / exit TOP.

Target – Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure:

(56.9% in 2014/15 management information data)

RAG ratings based according to movement against the established baseline (RED, < baseline; AMBER < baseline but an improving picture; GREEN, > baseline).

Overview of KPI 5

No. / % of cases closed (with a treatment date) as treatment completed.

Target – Achievement to show continual improvement against own baseline and adherence to the Welsh benchmark figure:

(67.1% in 2014/15 management information data)

RAG ratings based according to movement against the established baseline (RED, < baseline; AMBER <baseline but an improving picture; GREEN, > baseline).

**KPI Performance Figures Quarter 1 2016**



1. **Alert to those indicators with declining performance levels**

Over the past year it appears that Western Bay is continually failing on KPIs 1 and 5. This seems to be the case again this month along with a red status on KPI 3 also. For Quarter 1 and year to date, we are only achieving KPI2 and KPI4

• On KPI 1 we have improved slightly on this time last month however we remain down on this time last year.

• On KPI 3, we are down on last month, and also way down on this time last year when we were actually achieving this KPI, currently within Western Bay only the Swansea area is achieving the target, but looking at the figures for the completion of this TOP data across the APB Area it is low in comparison with the rest of Wales, with Western Bay having completed 129 TOP and other areas completing up to 1029.

• KPI 5, is once again missed considerably, however performance has improved on last month by 8%. We are also down 2% on this time last year.

Although there is a perception that Wester Bay is failing to meet targets for KPI1 and KPI5 it should be borne in mind that when comparing figures, NEWID Cymru is the only Agency in wales that submits data for a client record and not a referral record, this may mean that in some APB areas where more than one agency is working with a client. That client may be counted more than once by an agency as they work with the client. This results in an artificial inflation of client figures. In NEWID Cymru a single Client record/referral is generated, regardless of how many agencies are working with the individual (PSALT and DIP are separately reported in this area). This means that in the Western Bay area, what we report is an actual reflection of clients that are being seen across the APB.

We will submit a “Closure” record for the final entry on a client’s record; regardless of how many of our Service Providers have been involved. Every other area in Wales will Submit a separate Closure record for each AGENCY involved, again making it impossible for us to be compared (using Intervention closures as outlines below work be more equitable). As each agency adds a closure reason to each intervention and these are reported to Welsh government.

It must also be noted that in Western Bay APB area an open door policy is accepting any client into services, the DNA rates may appear high than anywhere else in Wales as a result. Most if not all other APB areas screen clients and only accept those that met certain criteria, for specialist services. This may be why we are not meeting KPIS’s 1 and 5, as we are operating a different service specification to the rest of Wales.

The range of interventions that we offer instant access to is also much wider than the rest of Wales, and therefore it is difficult to compare our figures like for like with other APB areas.

Possible reasons as to why Western Bay is continually failing on KPI1 and KPI5

In addition to the reasons listed above the calculation used to measure DNAs for the NKPI does not give a true reflection of the closures and client numbers. Currently it is calculated as the number of DNAs reported that month as a percentage of the total number of closures reported during that month (so if there are 4 closures that month and 2 are due to DNA, that equates to 50%). It would be better measured as a percentage of all current clients, or alternatively if it were calculated as a percentage of just clients currently in treatment. If this method could be adopted Western Bay would rank first in Wales for both KPIs.

1. **Monitoring progress against indicators for which performance improvement actions are underway**

The APB team has met with WG to discuss the issues listed above that is resulting in an unrepresentative figure being reported and has suggested that they consider reviewing the method of calculating the measuring of DNAs and possibly creating a new KPI along the lines of ‘no. of care plans closed successfully as treatment complete’. WG has promised to consider our proposals via the DIAB working group.

In the meantime the KPI Sub Group has implemented a number of initiatives to try to improve the performance of KPIs 1 and 5:

* A text pilot to try and reduce the numbers of DNA’s
* On a telephone call, staff are to ask the service user to recite back verbally the day and the time of the appointment before the end of the call.
* Providing the service user with an appointment card and asking them to fill in their appointment details on the card themselves.
* Replacing posters highlighting the number of missing appointments and showing the service users that turn up on time.
* Contacting the other APB’s to see how they have tackled these issues
* Regularly producing reports on performance
* Regular KPI and Data Information Sub-group meetings
* Introduced a new discharge letter across NEWID Services
* Regularly producing reports on gaps within Paris to aid services in closing those gaps
* Included KPI’s and gaps within Paris in our quarterly monitoring of service providers

The following initiatives are also currently under consideration:

* Implementing  a 3 simple behaviour interventions approach
* Provide more appointments on Mondays for people within the first 90 days of treatment.
* Possible develop rolling programmes with suggestions for service users to attend (no fixed appointments)
* Additional support to service users who have been identified with memory problems.
* Staff supporting and possibly accompany the service user on first appointments.
* Agencies to work with client to complete a post card outlining the reasons why they have attended and what they want to achieve. This post card would then be sent to the client by the agency once the client has DNA’d in an attempt to re-motivate the client to come back to service.
* More pre-treatment work undertaken e.g. outlining expectations prior treatment engagement.
* Possible motivation groups to attend prior assessments/treatment (rolling groups open to all).

The KPI group will monitor the progress of these initiatives to see if any significant improvement has been made with the quarterly data.

In relation to KPI 3 the PARIS data manager had recently carried out an exercise around the TOPS data held on the system. The conclusion being that there are 1158 Clients on the system that require that a TOP be completed. Of these there are 634 that have had no TOP (55%). The overall Total of missing or late TOPs is 727 equalling 63% of all cases that we should be reporting TOP on (or only 37% compliance). If these were all completed Western Bay would actually be achieving KPI3. All agencies have been provided with a full breakdown of clients with a missing TOP and details of the staff responsible for ensuring that these are completed. Agencies are expected to ensure that all data on the PARIS system is up to date.

**2. Sub Groups**

1. **Audit of Register of Attendance**

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The attached record shows no issues with attendance of sub group meetings over the last quarter. Where members have not been able to attend an alternate has attended in their place. The APB team will continue to monitor attendance to ensure that all agencies are represented at the relevant meetings.

1. **Audit of actions taken under code of conduct breaches**

There have been no breaches under the code of conduct this quarter.

1. **Update on progress of Sub Group Work Plans and summary of achievements within quarter**

**Executive Group**

* Work Plan for the Group is currently under development, however this will need to mirror the APB teams work plan.
* Main areas of work undertaken in quarter 1:
  + Terms of reference for the group was refreshed in line with the new APB structure
  + An ABMU HB representative (Zoe Wallace) was decided on to sit alongside Sue Stone
  + The group made a decision to concentrate efforts around maintaining green status of KPIs the APB are achieving and to improve performance in KPIs 1 and 5.
  + Group have started to look at residential rehabilitation provision for under 18s in the area to decide whether this is a priority area for development
  + The group is responsible for leading on the approval of the draft section 33 agreement which is currently out for consultation with partners. Members of the group are responsible within their own organisations for ensuring that comments are fed back to NPTCBC legal services.
  + The group endorsed the Capital Estates Strategy for approval by the APB
  + The group keep a watching brief of the Risk Register and the delivery of the budget and are kept up to date with any outstanding risks and variances.
  + The group considered applications to the design the front cover of the Commissioning Strategy and chose a winning entry which came from Drugaid. The winning organisation was presented with £100 worth of camera equipment and all the entries were awarded £10 voucher for participating.

**Adult Treatment Sub Group**

**Work Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Theme 1: Pathways** | | | | | | |
| **Action** | **Source** | **Objective** | **Outcome** | **Lead** | **Timescale** | **Progress** |
| Carry out review of the AADAS Single Assessment Service | Workshop | To ascertain the effectiveness of the current assessment model | To produce a review report with recommendations for the APB to consider. | Working group:  Claire Fauvel  Karen Ozzati  Alex Drohan  Ifor Glyn  Simon Giles | 1st Jan 2017 | ongoing |
| To assist the APB in implementing the dual diagnosis framework locally | Workshop/WG | To ensure that the dual diagnosis strategy and pathways are embedded in service delivery | That all service users with a co-occurring diagnosis are provided with the appropriate services in accordance with the agreed pathways. | All | Ongoing | ongoing |
| **Theme 2: Quality** | | | | | | |
| Research drop-in services across the region and options from further afield | Workshop | To ascertain a model of best practice including monitoring and desired outcomes of provision | To provide a recommendation for future service delivery | Karen Ozzati  Ifor Glyn | 31st Oct 2016 | ongoing |
| To assist the APB in moving towards the preferred Low Threshold Prescribing model. | Commissioning Strategy, Workshop and APB review LTPS | To ensure appropriate Low Threshold provision across the region. | That the APB is able to commission a cost effective and efficient service | Julia Jenkins | 1 Apr 2017 | ongoing |
| Carry out an analysis of Newid services against a “Gold Standard” service by mapping provision against the WG treatment framework and harnessing service user feedback. | Workshop | To ascertain what gaps in provision exist and what could be done to plug the gaps. | To provide ideas for the APB on future service delivery | Carl Williams | 31st Mar 2017 | ongoing |
| **Theme 3: Service User and Carer Involvement** | | | | | | |
| Carry out a review of the processes around involving service users and carers in the planning and delivery of their care. | Commissioning Strategy | To ascertain if the current systems as the most effective way of co-producing service development | That service providers harness the input of service users and carers effectively. | Carl Williams | 1st Apr 2017 | ongoing |
| Explore the feasibility of developing a programme of peer mentoring to provide assertive outreach especially for young people accessing NEX | Under 18s Needle Exchange Research | To ascertain if under 18s could be more effectively provided with advice and guidance from elder peers rather than from service providers | That younger NEX users are provided with effective harm reduction advice and guidance. | Chair of CYP Sub Group  Chair of AT Sub Group  Chair of HR Sub Group | 1st Apr 2017 | ongoing |
| **Theme 4: Workforce Development** | | | | | | |
| Organise a multi-agency workshop based around learning from case studies | Workshop | To promote integrated working and collective learning | That staff across all services have an opportunity to discuss case work and learn new skills/techniques | Becky Hancock | 28th Feb 2017 | ongoing |
| Develop a job mentoring scheme | Workshop | To provide a low cost alternative training opportunity | That staff have opportunity to develop new practical skills. | Julia Jenkins | October 2016 | ongoing |

* Main areas of work undertaken in quarter 1:
  + Terms of reference created for new structure and sub group
  + 2 year work plan developed via a group development day, sub group to monitor progress of actions.
  + The Group agreed that it would be beneficial to establish a suite of project proposals that can be ready to submit when underspends are identified
  + Group will discuss emergent issues and develop projects that address the issues.
  + Group made a recommendation to the Harm Reduction group to research policies and practice in relation to the provision of sharps boxes supported/sheltered accommodation
  + The group made a recommendation that service providers be more receptive to service user involvement and to extend invites to service user representatives at their team meetings.
  + The group will now be leading on monitoring the work and progress of the tier 4 budget and panel to ensure that the process is operating correctly and funding is being utilised appropriately.

**Children Young People and Families Sub Group**

* Work plan is currently under development
* Main areas of work undertaken in quarter 1:
  + Development day for the work plan was arranged in Jun but unfortunately had to be cancelled due to facilitator illness. Work plan will now be developed at future meetings.
  + Terms of reference finalised by members in line with the APB restructure.
  + Group’s remit extended to include families and membership extended to invite IFSS, Hidden Harm Service and Safeguarding Children Board.
  + Cross group working with the PET and Harm Reduction groups on YP NEX research, NPS Strategy and schools provision.
  + Group has received awareness raising sessions on the Triage project and the development of ABMUs CAMHs service.

**KPI & Data Sub Group**

**Work Plan**

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| --- | --- | --- | --- | --- |
| **Objective** | **Key Actions** | **Responsibility** | **Timescales** | **Progress (RAG)** |
| **Performance** |  |  |  |  |
| Accuracy of Data | Complete all appropriate data fields in Paris | Simon Giles/All Service Providers | Ongoing |  |
|  | Close any gaps in client records.  Include in quarterly monitoring. | Simon Giles/All Service Providers  Carl Williams | Ongoing |  |
| NKPI Performance exceeds targets | Improve performance across all NKPI’s but specifically for NKPI 1 and NKPI 5. | All Sub Group Members | Ongoing |  |
| High standards of service performance | Conduct regular monitoring of service providers | Carl Williams | Quarterly |  |
| Provider action plans include NKPI performance | Service providers have plans in place to improve NKPI performance | Carl Williams | Quarterly |  |
| Development |  |  |  |  |
| Contribute to potential change of KPI reporting. | Draft a report to Welsh Government identifying key issues with data systems. | Simon Giles/ Carl Williams. | By end July 2016 |  |
| Reduce numbers of clients DNA’ing. | Trial pre-engagement courses with clients to help to reduce potential later DNA’s. | Service Providers | Review at end of Sept 2016. |  |
|  | Implement NEWID Service User Attendance Agreement | Service Providers | Review at end of Oct 2016. |  |
| Training |  |  |  |  |
| All PARIS users are trained on its use. | Provide regular PARIS training. | Simon Giles | Ongoing |  |
| Communication and Engagement |  |  |  |  |
| Ensure effective communication and engagement arrangements are in place. | Share PARIS related issues with the APB Regional Support Team | All Sub Group Members | Ongoing |  |
| Ensure that the APB contributes to relevant consultation documents | Respond to national consultations affecting substance misuse issues | Steve Adie, Simon Giles, Carl Williams | Ongoing |  |
| Ensure that links are maintained between the APB and other relevant partnerships | Contribute to other groups (CSP’s, Regional Collaborative Committee’s etc.) to advise on the work of the APB | Steve Adie | Ongoing |  |
| Ensure that links are maintained between the APB and regional and national groups | Attend meetings and contribute to other groups to help develop WG policies. | Steve Adie, Simon Giles, Carl Williams | Ongoing |  |
| Keep the APB informed of the work of this group | Provide reports on the work of the group. | Steve Adie | Quarterly |  |
| Regular Service User engagement | Keep service users informed and consider the best ways that service users can maintain engagement in treatment. | Service providers | Quarterly |  |

• Main areas of work undertaken in quarter 1:

* Terms of reference developed
* Work plan agreed and will be monitored by group
* Report on addressing KPI issues produced and reported to WG
* Group agreed a number of initiatives to reduces DNAs
* Group has required all service providers to have action plans that address KPI issues and how they will close gaps in PARIS. This will be monitored via the APB team at quarterly monitoring visits.
* Group has recommended to WG that they review how KPI 1 and KPI and 5 are calculated and recommended a new KPI be introduced that better reflects service provision in the region.

**Harm Reduction Sub Group**

* Work Plan

The Group’s work plan is based around the Health and Wellbeing Compendium. A working group of members has been established to review outcomes and actions in the Compendium that are relevant to the Harm Reduction Agenda to be incorporated into a Work Plan for the group.

• Main areas of work undertaken in quarter 1 (to include the work of the Overdose/Naloxone Working Group):

* Overdose sub groups have merged.
* The ISP for the non-fatal and fatal overdoses has been drafted and is currently with WASPI for approval. Once agreed it will be circulated to agencies for sign off.
* Drug Related Deaths – review panel now in place.
* An audit of Naloxone provision has taken place at the request of WG to inform future funding. A report has been submitted to WG with observations and recommendations to improve the level of recording of distributions on the database. Group to ensure recommendations are actioned.
* The Sub Group felt that is was important to raise the issue of the lack of pharmacy NEX provision in Swansea centre again following the APBs recognition of the issue in 2015.
* More Funding has been secured for Naloxone Kits.
* Two Drug Related Death Review meetings have been held in this quarter

**Prevention, Education and Training Sub Group**

* **Work Plan**

The work plan for this group is currently in draft format and is provided below for information only. A number of working groups have been established to develop specific actions under each theme.

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Area: Early Years, Parents & Carers** | | | |
| **Objective 1: All parents and carers in the region are aware of safer use of substances in the family setting.** | | | |
| **Action** | **By whom** | **By when** | **Status** |
| Sub Group to explore evidence base around current interventions for parents and carers and map out what substance misuse advice is available. This action will also establish the pathways for accessing this information. | Task and finish group chaired by the Early years representative on Sub Group (tbc) |  |  |
| Task and Finish Group to develop a proposal of recommendations on how the current provision can be improved. | As above |  |  |
| **Action Area: Young People** | | | |
| **Objective 1: All school age children in the region receive a minimum and consistent programme of advice and guidance from substance misuse professionals** | | | |
| **Action** | **By whom** | **By when** | **status** |
| Sub Group to analyse the evidence base, including the Welsh Government Substance Misuse Education Guidance (WG18520) and develop a series of recommendations for the PET group. | Task and finish group |  |  |
| Task and Finish group to develop an action plan relating to recommendations linking in with the healthy schools programme. | As above |  |  |
| **Action Area: Working Age** | | | |
| **Working age adults are supported to make healthy choices regarding drug and alcohol use.** | | | |
| **Action** | **By whom** | **By when** | **status** |
| Understand the scope and coverage of healthy workplace, and corporate health, award. | **Claire Fauvel** |  |  |
| Promote and support the implementation of the information brief advice (IBA) programme across primary care | **Primary care lead - tbc** | **Quarterly updates** |  |
| **Action Area: Older Adults** | | | |
| **The prevalence of alcohol misuse among older people is understood** | | | |
| Utilise available evidence to establish the prevalence of alcohol misuse among older people | **Claire Fauvel** | **March 2017** |  |
|  |  |  |  |

**• Main areas of work undertaken in quarter 1:**

* The Sub Group has designed a survey to gather the views of young people to inform the development of the Strategy for New Psychoactive Substances Prevention. The survey will be conducted in Sept 2016
* The Sub Group is making good progress with the review of the implementation of the Substance Misuse Policy in Schools to help identify resource and training needs
* The sub-group is concerned about the implications of reduced Welsh Government funding for the Police Core Programme in schools and members agreed to make enquiries and if considered helpful to raise the issues with the APB.

• The Group considered a proposed framework for the NPS Prevention Strategy and concluded that consultation/insight research with young people would be crucial to the development of the strategy.

• The Group work plan includes an action to understand the scope and coverage of healthy workplace and corporate health awards schemes and how these help prevent and reduce the misuse of substances and alcohol by working age adults.

• A Project Initiation Document has been drafted to support a review of substance misuse education and implementation of a prevention policy within all school settings across the region. The first aspect is underway - looking at standardising the policy developed for BCBC for NPT and Swansea. To ensure all school settings across the Western Bay region adopt and adhere to the ‘All Schools Substance Misuse Education & Prevention Policy’ and to ensure that key school staff feel confident and competent to adhere to the procedures as described in the policy.

• The Group was made aware of some project work being led by the Health Protection Team in Public Health Wales around sexual health and substance misuse which focuses on education for sexual health workers regarding substance misuse and vice versa. a pack is being developed for these workers.

**3. Financial information**



**4. Risk Register as at end June 2016**

**Risk Score Key:**

**Low - 0-9**

**Med - 10-20**

**High - 20+**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **POTENTIAL ISSUE** | **IMPACT** | **LIKELIHOOD** | **SEVERITY** | **RISK SCORE** | | **MITIGATING ACTIONS** | **Status Update/Date** |
| 1. **Governance** | | | | | | |  |
| * Lack of Legal Agreement | * Unable to commission and de-commission services across the APB | 5 | 5 | 25 | * Obtain partners agreement to enable enactment of the legal agreement | | S.33 Agreement has been drafted, Regional Team have made additions, will be ready to circulate on a wider basis shortly (June/July 2016) |
| * Lack of MOU | * No clarity of roles and responsibilities between APB partners | 0 | 0 | 0 | * Agree MOU with partners | | New Governance Framework, including MOU agreed by APB in April 2016. |
| * Structure of APB | * Lack of clarity in respect of decision making | 0 | 0 | 0 | * APB has been restructured, changes to take effect from 16/17. Reviewed periodically | | All sub group changes now operational. Sub groups either have or are working on work plans. |
| * Lack of funding for the Regional Commissioning Team | * Reduced capacity to monitor and commission services and to provide general APB support | 0 | 0 | 0 |  | | Issue now resolved – new team structure taken to personnel committee in April 2016. |
| 1. **Finance** | | | | | | |  |
| * Reduction in SMAF Funding | * Less services available for service across the WB APB | 4 | 5 | 20 | | * Review Services to ensure that there is still adequate provision in respect of prevention, education and treatment across the WB APB | WG now confirmed 2016/17 budget remains unchanged. |
| * Reduction in partner contributions | * Less services available for service across the WB APB | 4 | 5 | 20 | | * Review Services to ensure that there is still adequate provision in respect of prevention, education and treatment across the WB APB | No progress at present. |
| 1. **Service Delivery** | | | | | | |  |
| * No current contracts with service providers in place | * Unable to control or effectively monitor service provision | 5 | 5 | 25 | | * From April 16/17 new contracts will be issued for service providers across Western Bay APB | The signed S.33 agreement will facilitate this work. |
| * Contracts are not managed centrally currently | * Disparities between authorities and service providers, leading to a poorer service for clients. | 5 | 5 | 25 | | * From April 16 contracts will issued and managed by NPTCBC as lead for the APB | The signed S.33 agreement will facilitate this. |
| * Shared Care (Swansea) | * Clients are unable to access prescribing services | 5 | 5 | 25 | | * Action plan will be formulated by ABMU that addresses this issue and also a longer term solution will be developed | Regional Team are undertaking a review with a deadline of end June 2016. |
| * Merger between Sands Cymru and Drug Aid (Jan 16) | * Changes occur in the delivery or availability of current services delivered by Sands Cymru | 0 | 0 | 10 | | * Discussion will take place with Drug Aid to ensure that services are not affected | Service provision has not been affected. |
| * Waiting List Times (Swansea) | * Lack of readily available access to prescribing services. | 5 | 5 | 25 | | * Provision is being adjusted to counter this and commissioning will need to ensure that parity of provision across the APB in future exists. | Waiting times have fallen in Swansea to around 8 weeks. A review report is being drafted by the Regional Team currently. |
| 1. **Capital Assets** | | | | | | |  |
| * Retention of assets that have SMAF funding attached to them for substance misuse purposes to retain that purpose going forward. | * Previous SMAF capital investment in Western Bay could be lost * Claw backs could be made against bankers. | 2 | 5 | 10 | | * Contract commissioning agreements will seek to prevent this happening. | Issues still remain – Regional Team are seeking to resolve. |
| 1. **Criminal Justice Re-commissioning** | | | | | | |  |
| * Change in Service Provider due to potential loss of contract | * Possible changes to service provision and APB Group membership | 4 | 2 | 8 | | * Maintain communication with any new providers to establish new links and that service provision continues in an unaltered way as possible | Position appears settled |

**5. Update on status of specific actions carried out by task and finish groups**

Dual Diagnosis Implementation Group (DDIG)

During quarter 1 the DDIG was assembled in response to correspondence received from Welsh Government asking the APB and the Local Mental Health Partnership Board to create a dual diagnosis delivery plan and provide them with information on:

i – Identification of APB and LPMHB (ABMU) board members to act as leads

ii – Development of the delivery plan by June ’16 (and assess progress against delivery)

iii – Development of the jointly agreed care pathway

iv – Audit of dual diagnosis training and development of a training plan.

The DDIG is chaired by Dr Clementine Maddock and has met twice. A joint delivery plan has been created, consulted on and sent to WG. A full update on this work is provided under a separate item of this Quarter’s APB meeting.

Tier 4 Residential Rehab Task and Finish Group

This Group met at the end of 2015 and had now been disbanded as the monitoring of work around Tier 4 is being led by the Adult Treatment Sub Group.

**6. APB Commissioning Support Team work plan update**

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| --- | --- | --- | --- | --- |
| **Objective** | **Key Actions** | **Responsibility** | **Timescales** | **Progress (RAG)** |
| **Commissioning Support** | | | | |
| Ensure the Support Team structure is adequate to meet the needs of the APB | Confirm Commissioning Support Team Structure | Steve Adie | April 2016 | Complete |
|  | To provide support to the APB and its sub groups | Regional Team | Ongoing | Ongoing |
| **Governance** | | | | |
| Ensure good governance is in place in relation to the APB and its subgroups | Implement the Governance Framework for the Area Planning Board | Steve Adie | April 2016 | Complete |
| Review the Governance Framework | Steve Adie | Annually | Ongoing |
| Ensure work plans are in place for each APB sub group and that they are in line with Welsh Government’s new Delivery Plan. | Steve Adie/ Julia Jenkins | July 2016 | 2 Sub Group have finalised work plans and 4 are still in draft form. |
| Review sub group work plans | Steve Adie/Julia Jenkins | Ongoing | Ongoing |
|  | Address any clinical governance issues | Steve Adie/Julia Jenkins | July 2016 | This will be built into new contracts to be issued from April 17. |
|  | Put Agreement in place between APB and CCoS in relation to PARIS | Steve Adie/Julia Jenkins | July 2016 | This will also take effect from April 17 |
|  | Attend regular briefing meetings with the chair of the APB | Steve Adie | Monthly | Monthly |
|  | Attend APB meetings, reporting on a range of issues that enables the APB to make informed decisions | Steve Adie/ Julia Jenkins | Quarterly | Quarterly |
|  | Attend regional leads meetings | Steve Adie | Quarterly | Quarterly |
| **Risks** | | | | |
| To identify and mitigate risks wherever possible | Finalise S.33 Agreement | Steve Adie | July 2016 | S.33 now drafted and has been circulated to the concerned partners for comment |
|  | Review APB Risk Register | Steve Adie/ Julia Jenkins | Annually | Risk register forms part of the Governance Framework |
|  | To obtain assurances in relation to historic capital estates issues | Steve Adie/Julia Jenkins | June 2016 | There are 2 issues still outstanding. Contact has been made with the relevant organisations. |
| **Commissioning** | | | | |
| To develop and implement a regional commissioning strategy for substance misuse services | To agree a regional commissioning strategy for the Western Bay APB | Steve Adie | April 2016 | Complete |
|  | Commission new regional services. | Steve Adie | April 2017 | The commissioning process will start in January 2017 with new services to commence in April 2018 |
| **Performance** | | | | |
| To ensure that service providers are providing good quality services in line with the core standards. In addition to ensure that performance is maintained or improved for the NKPI’s | Conduct service provider monitoring visits. | Carl Williams | Quarterly | Established system of monitoring in place |
| Address poor performance where required. | Carl Williams | Quarterly | Monitoring is ongoing in accordance with quarterly claim periods. |
|  | Continue to monitor national KPIs and improve performance | Simon Giles | Monthly | Monthly |
|  | Maintain performance on NKPI’S 2, 3, and 4 and improve performance for NKPI’s 1 and 5 – via the KPI Data Information Group. | Steve Adie/KPI Data Information Group | Ongoing | Ongoing |
|  | Submit Dashboard returns to Welsh Government. | Steve Adie/Julia Jenkins | Ongoing | Ongoing |
|  | Maintain performance for Dashboard measures that are on track and improve performance for those that are not. | Steve Adie/Julia Jenkins | Ongoing | Ongoing |
|  | Attend DIAB meetings | Simon Giles | Ongoing | Ongoing |
| **Finance** | | | | |
| Ensure that Welsh Government Substance Misuse Action Fund is effectively managed, fully spent and in compliance with Welsh Government requirements | Effectively monitor spend of SMAF and joint commissioning revenue | Steve Adie/ Julia Jenkins/Jonathan Jones | Ongoing | Ongoing |
| Ensure that robust audit trails are in place to manage SMAF and jointly commissioned funding. | Steve Adie/Julia Jenkins/Jonathan Jones | Ongoing | Systems are already in place. |
| Submit quarterly claims for funding to Welsh Government. | Steve Adie/ Julia Jenkins/Jonathan Jones | March 16  July 16  Nov 16  Mar 16 | Ongoing |
| Develop a Capital Estates Strategy for the Western Bay Area Planning Board. To also receive and facilitate applications for capital investment. | Steve Adie/Julia Jenkins | April 2016 | Complete |
|  | Identify underspends and to convey proposals for utilising them to the APB | Steve Adie/Julia Jenkins | Quarterly | Ongoing |
|  | To examine and report on the level of voluntary joint contributions made by partners to assess any perceived inequities | Steve Adie | September 2016 | Some progress has been made in identifying what partners spend on substance misuse over and above joint commissioning and this will aid discussions. |
| **Specific Areas of Service Development** | | | | |
| Ensure that the Welsh Government guidance for Substance Misuse in Education is embedded in service provision | Implement WG guidance via the PET sub group work plan | PET sub group/ Julia Jenkins | July 2016 | A report has been produced which the PET group will be considering on 20th Sept. Recommendations to come back to the APB in Dec. |
| Ensure that the Carers Measure 2010 is embedded into service provision | To be included in the quarterly monitoring meetings conducted by the APB with service providers | Carl Williams | April 2016 | This has been built into monitoring from April 2016 |
| Ensure that effective protocols exist between specialist treatment agencies and agencies that support sex workers. | Maintain links with the regional sex workers group and ensure that service providers are aware of ongoing work in this area. | Steve Adie | June 2016 | The sex worker group meetings will be restarted soon and this issue will be further explored. |
| Ensure that transitional services for children and young people and adults are adequate | To map any gaps in service between young people and adults substance misuse transitioning services. | CYP Sub Group/Julia Jenkins | April 2016 | The CYP Sub Group has considered this issue and felt that the transitional arrangements already in place are adequate. |
| **Communication and Engagement** | | | | |
| Ensure effective communication and engagement arrangements are in place. | Develop a Communication and Engagement Strategy, that will incorporate a new website for the APB and social media presence | Steve Adie/Lisa Warlow | June 2016 | The APB team have met with the NPT CBC Digital By Choice Champion and a WB APB website is in the process of being established. |
| Ensure that the APB contributes to relevant consultation documents | To respond to national consultations affecting substance misuse issues | Steve Adie | Ongoing | Ongoing |
| Ensure that links are maintained between the APB and other relevant partnerships | To contribute to other groups (CSP’s, Regional Collaborative Committee’s etc.) to advise on the work of the APB | Steve Adie | Ongoing | Ongoing |
| Ensure that Substance Misuse services in Western Bay are promoted across the region | To attend substance misuse events across Western Bay | Regional Team | Ongoing | Ongoing |
| **Other duties of the APB Team** | | | | |
|  | To contribute to the development of substance misuse systems | Regional Team | Ongoing | Ongoing |
|  | To further develop the Case Review Co-ordinator role in respect of fatal and non-fatal drug overdoses | Lisa Warlow | Ongoing | Ongoing |
|  | To ensure that the Commissioning Support Team staff receive training to support them in their roles | Regional Team | Ongoing | Ongoing |