

# **Dyfed Area Planning Board for Substance Misuse**

## **Report on progress 2015 – 2016**

### **1. Introduction**

Dyfed Area Planning Board is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services.

Area Planning Boards (APBs) for Substance Misuse in Wales were created in April 2013, co-terminus with the new Local Health Board boundaries. The Dyfed Area Planning Board is a multi –agency partnership made up of the key organisations that have the statutory responsibility for tackling drug and alcohol misuse in the area. The statutory responsible authorities are Dyfed Powys Police, Ceredigion, Carmarthenshire and Pembrokeshire Local Authorities, Hywel Dda Local Health Board, Probation and Fire Service. In addition Public Health Wales, the Youth Offending Service and the Police and Crime Commissioner’s office are non statutory responsible authority members of the APB.

The Area Planning Board Executive has four main areas of responsibility in relation to the drug and alcohol misuse agenda:

- Strategic Direction, Progress and Delivery
- Governance, Scrutiny & Accountability
- Finance
- Performance.

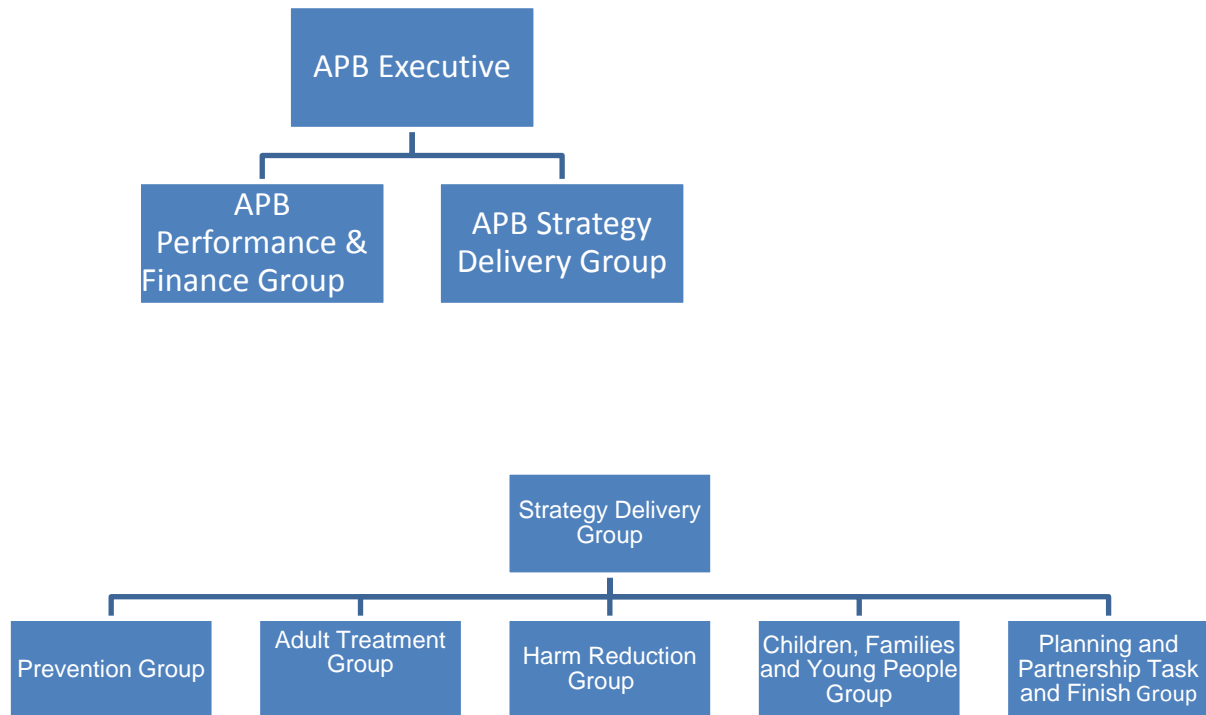
The strategy for tackling drug and alcohol misuse across the region is underpinned by the Welsh Government’s 10 year Strategy, “Working Together to Reduce Harm” and associated “Delivery plan for 2013 to 2016”.

The four priority areas covered in the national strategy and local delivery plans are:

- Preventing Harm
- Support for substance misusers to improve their health and maintain recovery
- Supporting and protecting families
- Tackling availability and protecting individuals and communities via enforcement activity.

## 2. APB STRUCTURE

The local Area Planning Board is structured around the priority areas of the Welsh Government Strategy and Delivery plan as follows:



### APB Delivery Groups

Each of the delivery groups is responsible for implementation of an action plan. Implementation is monitored by both the APB Executive and Welsh Government through quarterly dashboard submissions. The Dyfed APB 15 / 16 dashboard was on green for all required targets except one, which was assessed as amber.

## 3. Strategy Delivery

The following provides an overview of key achievements and progress made during 2015 / 16 in implementation of the Dyfed Strategy for tackling drug and alcohol misuse.

## Treatment

- **New single point of contact created** – In April 2015, following a formal tender process, Dyfed APB commissioned a new treatment service across Carmarthenshire, Pembrokeshire and Ceredigion – Dyfed Drug and Alcohol Service (DDAS). The service is jointly commissioned by Health, local authorities, National Probation Service and the Office of the Police and Crime Commissioner and created, for the first time, a single point of contact for both generic and criminal justice service users.
- In 15 /16, the service received 1,512 referrals across Dyfed, an average of 126 per month. The main referral source is self referral. 64% of referrals to DDAS are for alcohol, followed by Cannabis (11%) and Heroin (7%).
- **Dry Blood Spot Testing** – All counties are now completing dry blood spot testing. This service test patients for Blood Borne Viruses (BBV). This is a new service in Ceredigion and Pembrokeshire.
- **Training** – DDAS deliver two sessions per quarter in each county for professionals on drug and alcohol awareness. The sessions introduce the alcohol and drug screening tools that professionals can use to decide if there is a need to refer an individual to services. DDAS also provides specialist training in areas such as Steroid and Image Enhancing Drugs (SIEDs) and New Psychoactive Substances (NPS).
- **Bibliotherapy** – DDAS has designed and printed new bibliotherapy resource materials to give to service users to either work through alone as “homework” based tasks or to work through during sessions. Two different types have been developed, one for concerned others and one for those going through the change process.
- **Group Work** – A rolling four week psychosocial foundation group is delivered in Ammanford, Llanelli and Carmarthen. DDAS also deliver Mindfulness taster sessions and alcohol workshops.
- **Non structured interventions** – Coffee mornings, walking groups, arts and crafts are offered. DDAS has also begun to make links with local businesses and charities to create volunteering opportunities for those leaving treatment and wishing to gain employment.
- **Criminal Justice Services** – DDAS had 137 active clients at the end of Quarter 4 during 15 / 16. Of these, 45 evidenced a reduction in offending behaviour, 86 a reduction in drug and / or alcohol misuse, 14 evidenced a reduction in alcohol related offending and 31 a reduction in drug related offending.
- **Counselling Service** – DDAS provides a structured counselling service to clients with a drug / alcohol misuse issue but who may have more complex emotional issues and an assessed need for structured counselling interventions alongside substance misuse treatment. 362 referrals have been received to date.

- **Enhanced psychosocial / psychological interventions-** developed and implemented by the Community Drug and Alcohol Team
- **Three county pathway in place for access to Tier 4 Services** (In Patient Detoxification and Residential Rehab)

### **Harm Reduction**

- **Alcohol Liaison Service** – The Alcohol Liaison service is now in place across three of the four Health Board hospital sites – Prince Phillip and Glangwlli in Carmarthenshire and Bronglais in Ceredigion. Work is underway to create the same service in Withybush, Pembrokeshire
- **Fatal and Non Fatal Overdoses** – A Standard Operating Protocol and multi agency case review process has been established to review drug related deaths in the area in order to identify any key themes and actions required to reduce deaths.
- **Overdose awareness campaign** – DDAS has led on a multi agency awareness raising campaign.

### **Prevention**

- **Hywel DDA “Think Safe, Drink Safe” Alcohol Awareness Campaign took place** as part of this campaign Alcohol Brief Intervention training for Health and Social Care staff, CAMHS and Amman Gwendraeth and Llanelli primary care Lifestyle advocates was delivered
- **Alcohol Awareness workshops in Coleg Sir Gar and 3<sup>rd</sup> sector youth programmes** – Delivered by Iechyd Da, Drugaid and Communities First
- **Awareness / Education sessions around alcohol and tour of all the schools (Key Stage 4) and colleges from the Choices Bus** (in partnership with Iechyd Da Project)
- **Alcohol Awareness Sessions in Kickstart Club, Fit to Employ 1 & 2 and Coed Cae School** (delivered by Communities First).
- **Workplace/ parental / guardian family awareness raising sessions delivered**
- **Foster Carer Training**
- **247 delegates received Alcohol Brief Intervention Training in 27 sessions**
- **SIEDS (Steroid and Image Enhancing Drugs) education toolkit** developed by Choices
- **Love your Liver Roadshow.**

## Children, Young People and Families

- **Transitional Protocols between young people and adults** – Protocols are now in place to make sure there is uninterrupted treatment for those young people who need to transfer from young peoples services to adult services
- **A Specialist CAMHS Service** for young people who require specialist drug and alcohol treatment and consultant support continues to be provided
- **Concerned others service** – DDAS now offers 1:1 support for those concerned about someone else’s drug or alcohol use, providing emotional and practical support, work around boundary setting, self care and help with encouraging service users to attend mutual aid groups. The majority of concerned others seeking help are female. The majority are accessing help to support either a partner or a child.

## 4. PERFORMANCE

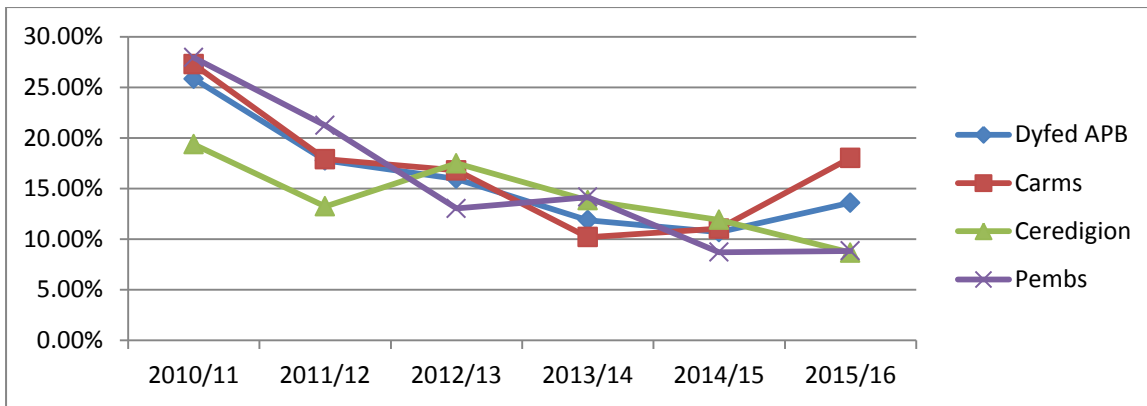
### **Substance Misuse Key Performance Indicators 2010 – 2016**

The Area Planning Board is responsible for reporting on a suite of Welsh Government Key Performance Indicators for drug and alcohol misuse. Performance is monitored via quarterly submissions to Welsh Government and at the All Wales APB Chairs’ meeting.

The following provides information on each of the KPIs.

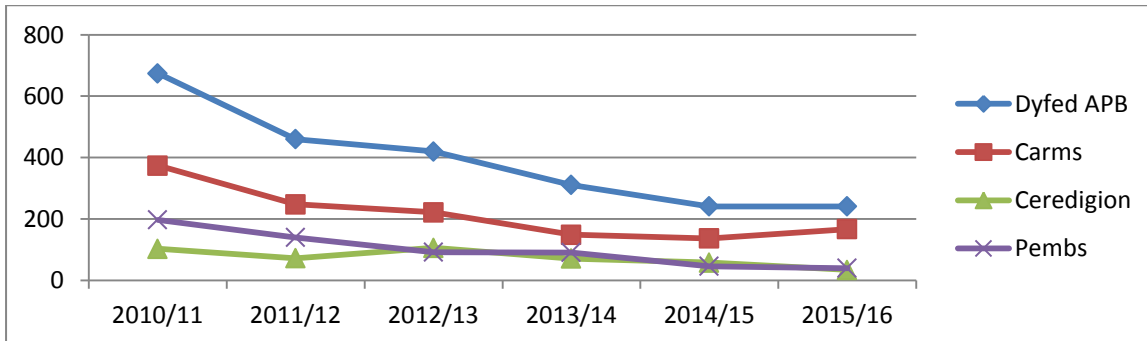
### **KPI 1 – DNAs (Did Not Attends) Post Assessment as a percentage of all closures (WG Benchmark <20%)**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 25.84%  | 17.77%  | 15.95%  | 11.88%  | 10.68%  | 13.6%   |
| Carms      | 27.28%  | 17.89%  | 16.79%  | 10.19%  | 11.03%  | 18.02%  |
| Ceredigion | 19.36%  | 13.24%  | 17.49%  | 13.84%  | 11.91%  | 8.67%   |
| Pembs      | 27.94%  | 21.24%  | 13.03%  | 14.15%  | 8.71%   | 8.83%   |



### **KPI 1 – DNAs Post Assessment Numbers**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 674     | 460     | 420     | 311     | 241     | 241     |
| Carms      | 374     | 248     | 222     | 149     | 137     | 167     |
| Ceredigion | 103     | 72      | 106     | 71      | 58      | 34      |
| Pembs      | 197     | 140     | 92      | 91      | 46      | 40      |



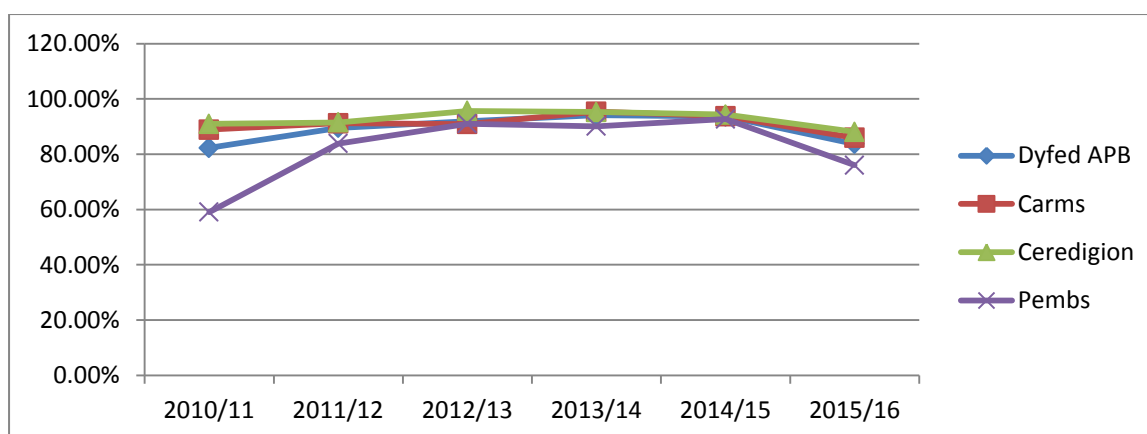
Following a Welsh Government review of the KPIs several years ago, it was decided that measuring DNA's for every referral did not reflect accurately the performance of services, as some referrals may be inappropriate. DNA's are now measured more accurately from initial assessment and engagement onwards, however for management information purposes DNAs between referral and assessment are still recorded.

The slight increase of DNAs during 2015/16 was as a result of a whole new service being commissioned regionally and the resulting changes in staffing, new roles and training needs. This meant an initial issue with capacity to assertively outreach when appointments were not attended. This mainly affected Carmarthenshire and

Pembrokeshire where there was most staff turnover within the larger teams. These teams are now fully staffed.

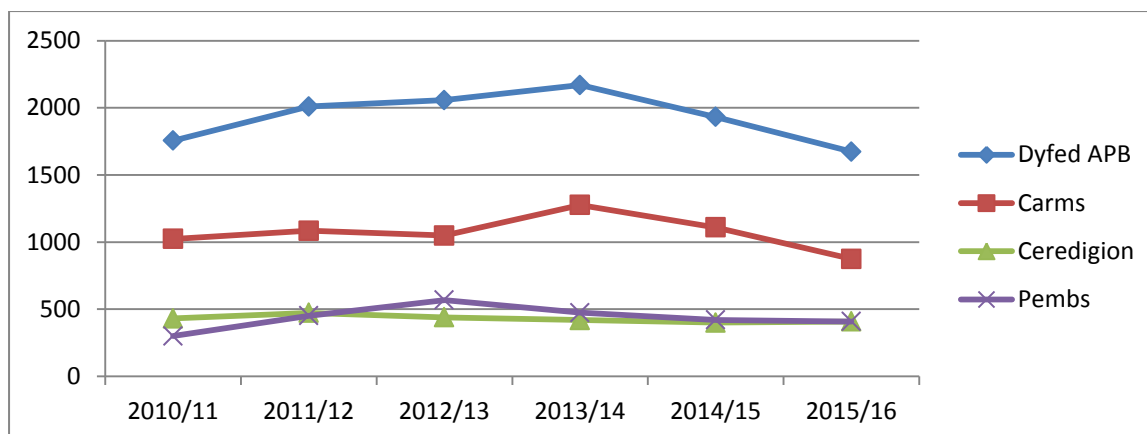
**KPI 2 – Treatment Starts within 20 Working Days from Referral as a percentage (WG Benchmark >80%)**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 82.25%  | 89.49%  | 91.91%  | 94.14%  | 93.65%  | 83.74%  |
| Carms      | 88.89%  | 91.18%  | 90.90%  | 95.37%  | 93.75%  | 85.95%  |
| Ceredigion | 90.95%  | 91.49%  | 95.65%  | 95.23%  | 94.35%  | 88.04%  |
| Pembs      | 59.06%  | 83.86%  | 91.03%  | 90.11%  | 92.73%  | 76.02%  |



**KPI 2 – Treatment Starts within 20 Working Days – Numbers**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 1756    | 2010    | 2057    | 2169    | 1932    | 1674    |
| Carms      | 1024    | 1085    | 1049    | 1276    | 1110    | 875     |
| Ceredigion | 432     | 473     | 440     | 419     | 401     | 390     |
| Pembs      | 300     | 452     | 568     | 474     | 421     | 409     |



The slight increase in waiting times during 2015/16 was as a result of a whole new service being commissioned regionally and the resulting changes in staffing, new roles and training needs. This meant an initial issue with capacity to assertively outreach when appointments were not attended. This mainly affected Carmarthenshire and Pembrokeshire where there was most staff turnover within the larger teams. These teams are now fully staffed.

Overall in Dyfed over 80% of patients received treatment within 20 days of referral during 2015 / 16, above the Welsh Government target.

**KPI 3 - Substance misuse is reduced for problematic substances between start and most recent review/exit TOP (WG Benchmark 74.72%)**

| Locality  | 2015/16 |
|-----------|---------|
| Dyfed APB | 81.15%  |

Over 81% of individuals receiving treatment during 2015 / 16 reduced their drug or alcohol use prior to treatment completion. This figure is well above the Welsh Benchmark of 74.72 %.

**KPI 4 - Quality of life is improved between start and most recent review/exit TOP (WG Benchmark 66.17%\* in 2015/16)**

| Locality  | 2015/16 |
|-----------|---------|
| Dyfed APB | 69.95%  |

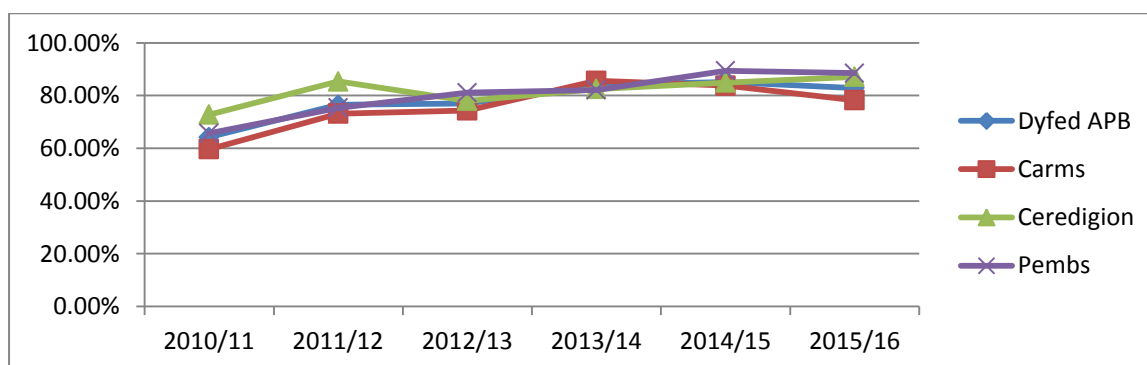
Almost 70% of individuals accessing treatment during 2015/16 reported their quality of life



had improved between start and most recent review/end of treatment. This figure is above the Welsh Government Benchmark of 66.17% during that year.

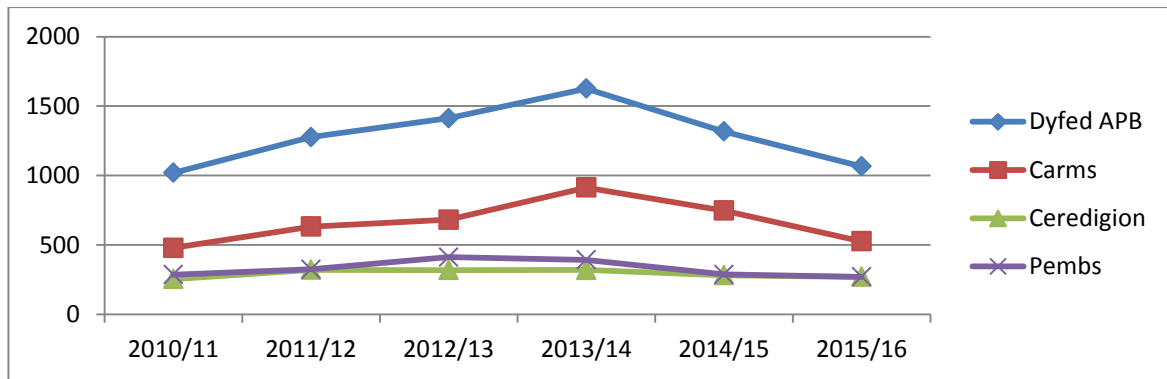
**KPI 5 - % of cases closed (with a treatment date) as treatment complete (positive closures) (WG Benchmark 71.77%\* in 2015/16)**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 64.19%  | 76.47%  | 77.04%  | 84.07%  | 85.19%  | 82.83%  |
| Carms      | 59.65%  | 73.15%  | 74.37%  | 85.58%  | 83.74%  | 78.27%  |
| Ceredigion | 72.78%  | 85.37%  | 78.00%  | 82.47%  | 84.94%  | 87.10%  |
| Pembs      | 65.68%  | 75.35%  | 81.10%  | 82.01%  | 89.44%  | 88.52%  |



**KPI 5 - Number of cases closed (with a treatment date) as treatment complete (positive closures) (WG Benchmark 71.77%\* in 2015/16)**

| Locality   | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 |
|------------|---------|---------|---------|---------|---------|---------|
| Dyfed APB  | 1020    | 1277    | 1413    | 1626    | 1317    | 1066    |
| Carms      | 479     | 632     | 682     | 914     | 747     | 526     |
| Ceredigion | 254     | 321     | 319     | 320     | 282     | 270     |
| Pembs      | 287     | 324     | 412     | 392     | 288     | 270     |



Positive treatment closures have steadily increased as shown above with very small fluctuations and generally outperforming the Welsh National Benchmark of 71.77%.

## 5. Future Objectives:

Significant progress has been made during 2015 – 2016 in developing services and interventions to tackle drug and alcohol misuse.

The priorities for the 2016 to 2017 work programme include:

- Development of the third drug and alcohol misuse commissioning strategy
- Further development of Non Fatal Overdose Pathways
- Pathways and treatment for Alcohol Related Brain Damage
- Further development of Service User Involvement
- A continued focus on ensuring a co-ordinated approach to drug and alcohol misuse prevention and harm reduction messages to young people and adults.