



**Tîm Comisiynu**  
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro  
Cardiff and Vale University Health Board  
**Commissioning Team**



# Cardiff & Vale UHB Commissioning Department Annual Report 2022-23

**Publication Date:**      **Version**  
27th July 2023

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# Introduction to the Cardiff & Vale Commissioning Department

The Commissioning Department aim to improve outcomes by focusing on the needs of our local population, driving improvements in services to ensure that those needs are met through high quality care.

Within corporate Health Board commissioning, we are a small team of four members who undertake different functions within commissioning, including externally commissioned services, individual patient funding requests and the wider commissioning needs of the organisation. The UHB Commissioning Department also hosts the Area Planning Board Commissioning Team on behalf of the local partnership which provides leadership, strategy and direction for the commissioning and delivery of substance misuse services.

The current responsibilities of the Commissioning Team, including substance use are:

- Individual Patient Funding Requests (IPFR)
- Harm reduction and intelligence
- Contracts management
- Strategy and development
- Quality, safety and effectiveness



# Meet the Team

**Melanie Wilkey**

Deputy Director of Commissioning



**Eleri Probert**

Head of Substance Use Strategy,  
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Commissioning Manager - Strategy  
and Development



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**Gemma Farley-Hoyland**

IPFR Administrator



**Anita Lindsay**

Clinical Governance and Quality Improvement  
Manager for Substance Misuse



**Dianne Assiratti**

Commissioning Officer



**Ben Davies**

Commissioning Officer



**Lawrie Lloyd**

Commissioning Support Administrator



**Marie Barton**

Partnership Support Manager



# Commissioning within Cardiff and Vale UHB

Our commissioning approach focuses on outcomes and value-based healthcare, with all commissioning decisions considering safety, dignity and respect, best practice and clinical guidance, efficiency and making the best use of our resource. This enables us to;

- Base service design, improvement and delivery on whole systems
- Deliver services based on achieving outcomes for our population, whoever they are, and wherever they live
- Better understand costs and resource allocations
- Continuously improve services
- Deliver the benefits of Shaping our Future Wellbeing for our current, and our future population.

Cardiff and Vale University Health Board, is an integrated commissioning and provider organisation. The Health Board is therefore responsible for planning and securing services based on the needs of the population, as well as providing safe, efficient health services.

All services play an integral part in ensuring we consistently use commissioning practices throughout the organisation. Whilst strategic commissioning is vital to meeting local need, it is acknowledged that commissioning happens at differing levels, including:

## National Commissioning

- WHSSC – Highly Specialised Services
- EASC (NCCU)
- NHS Collaborative/Exec
- Clinical Networks (WRCN)

## Supra-Regional Commissioning

- WHSSC – Collective Commissioning

## Regional Commissioning

- No formal structures
- Long Term Agreements
- NCCU (SARC)

## Area-Based Commissioning

- No formal structures
- Long Term Agreements
- NCCU (SARC)

## Local Commissioning

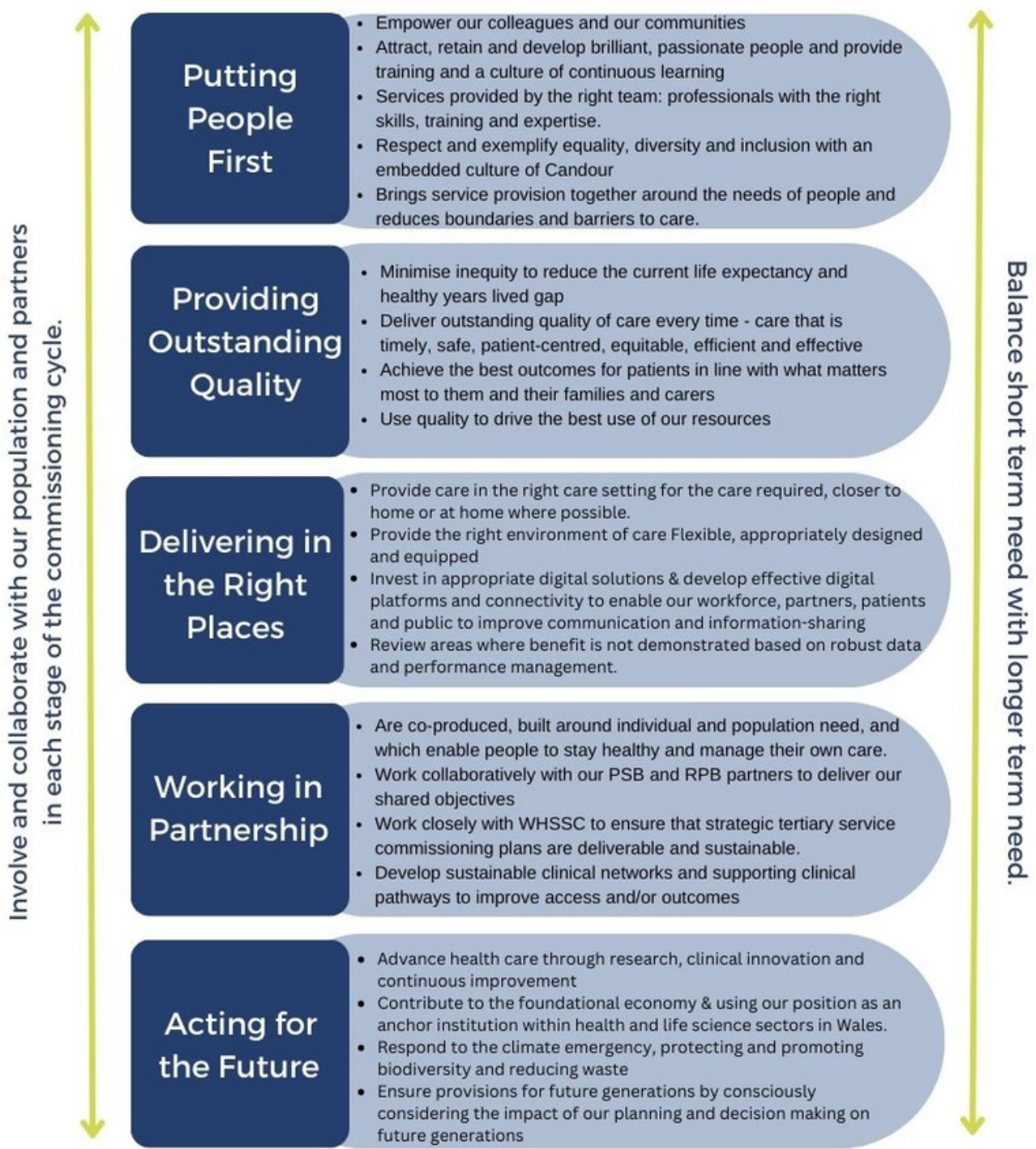
- Third Sector
- Long Term Agreements
- Non-Contract Activity (Protocols)

## Individual Patient Commissioning

- Continuing Healthcare
- Funded Nursing Care
- CYP Complex Needs
- Pooled budgets
- NCCU (Frameworks)
- IPFR
- Non-Contract Activity



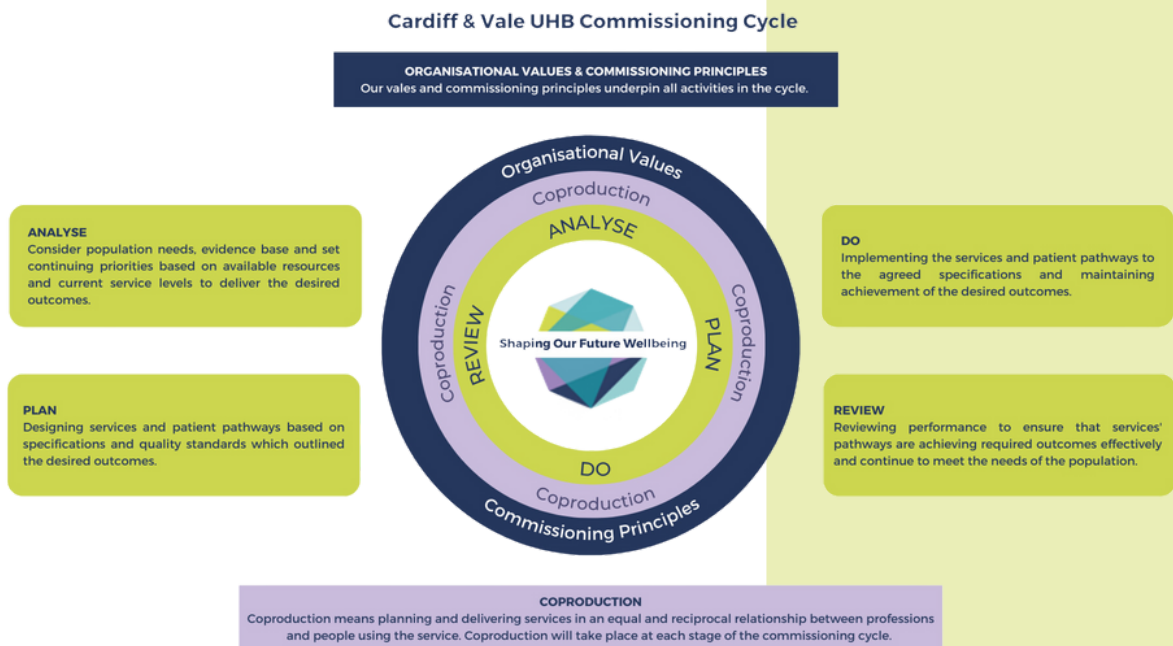
# In line with the Cardiff and Vale UHB Strategic Principles we use commissioning to deliver Shaping Our Future Wellbeing and commission services and interventions which;



# Commissioning Skills and the Health Board

The annual commissioning intentions form the bridge between our 10-year strategy and IMTP by continuing to outline our strategic objectives but also look towards the future priorities for our organisation. The UHB Strategy is currently being revised for 2023 - 2033 following engagement with communities, colleagues and stakeholders. The annual Commissioning Intentions, informed by our population needs and assets assessments, have been built from primary care cluster and neighbourhood profiles and plans, and form the basis of Clinical Boards Interim Medium Term Plans (IMTP). This ensures a focus on outcomes that matter to our local populations.

As an integrated commissioner and provider organisation, Cardiff and Vale UHB commissions some services for our population from other organisations but the majority of care for its residents, is commissioned and delivered by our Clinical Boards. Our aim is that the same processes which are followed when commissioning services with other organisations, are applied to commission internally delivered services. As such, we need to regularly monitor and review the services we provide and ask questions about what healthcare we are offering our residents. The Commissioning Cycle allows us to put a shape to how we offer, review and monitor services.





# Duty of Quality within Commissioning

As one of the four parts of the Quality & Engagement Act 2020, the Duty of Quality was enacted in April 2023. The Duty aims to:

Improve physical and mental health outcomes.

- Promote well-being.
- Reduce health inequalities across their population.
- Commission services from other organisations to meet the needs of their residents.



In line with our strategic priority 'Providing Outstanding Quality', the Duty signals that the six domains of quality should remain at the forefront. The Duty of Quality should be reflected in:

- health related policies and frameworks
- how we approach delivering quality in healthcare services
- our quality management system to make sure our decision-making focuses on improving the quality of health services



The Duty of Quality applies to commissioned services regardless of location of service provision, NHS to NHS or independent sector, across Primary and Community, dental, pharmaceutical and ophthalmic services. When we, as Cardiff and Vale Health Board commission a service we must ensure it is being done with a view to securing improvement in the quality of the health service. Regardless of who is delivering health services when they are commissioned, the duty is the responsibility of the commissioning health board.

As such, the Commissioning Department will be supporting the organisation to comply with internal governance and assurance arrangements, support system-wide, continuous improvement in the quality of health services and improve service quality and secure improvement in outcomes for the population.

## Commissioning Intentions

Commissioning Intentions are produced on an annual cycle aligning to the three year planning cycle. The commissioning intentions form the bridge between revised Shaping Our Future Wellbeing 2023- 2033 strategy and IMTP by continuing to outline our strategic objectives but also look towards the future priorities for our organisation. The document provides broad overview of our commissioning intentions, for internal provision and across other providers. This coming year, they will be aligned to the Shaping Our Future Wellbeing 2023-33 revised strategy and vision.

***Working together we will improve health, reduce health inequity and aspire to deliver excellence so staff, patients and populations have the best outcomes and experience.***

## Commissioning Framework

In 2022 the Commissioning Department launched the refreshed Commissioning Framework. The framework supports improved outcomes by focusing on the needs of our local population, driving improvements in services to ensure that those needs are met through high quality care. Against the current backdrop of increasingly limited resources, the framework also provides a more focused approach to maximising value for money.

The framework was developed to reduce duplication, enable whole system planning, provide clear accountability and promote effective engagement across the full commissioning process, including planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through to the clinically based design of patient pathways, to service specification and contract negotiation, with continuous quality assessment.



## Skills Audit and Role Profiles

In our belief that Commissioning is not one action but many, we've been exploring ways to support our colleagues in the wider Health Board with commissioning functions. By synthesising key commissioning competency documents, we generated a list of commissioning competencies and a tool for carrying out a skills gap analysis. We are in the process of developing role profiles to map the competencies to. The tool can be used on a personal level or as part of appraisals as a supportive mechanism to highlight areas for training and development. In the future it's hoped that this can lead to the recognition of commissioning skills and strengthening of a commissioning approach within the Health Board.

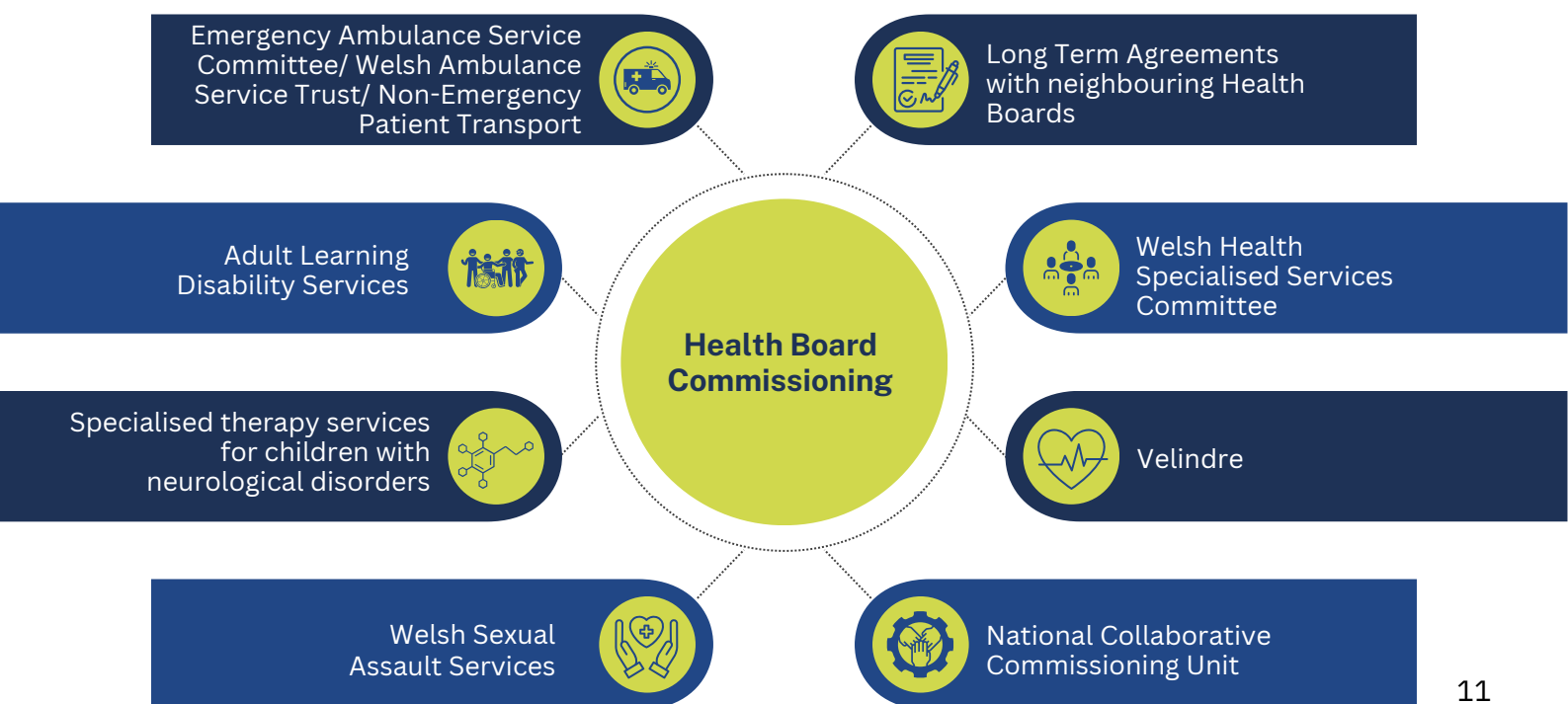
## Standard Operating Procedures

As part of our aim to strengthen processes and governance, we have undertaken a programme of work to create and revise Standard Operating Procedures. These have previously been very useful when there are changes in staff or unexpected absence and have allowed us to continue to deliver in areas we are less familiar with. Recently, the SOPs for the Individual Patient Funding Request Team were highlighted as an area of good practice.

## Commissioning Department Workplan

Over recent years, our workplan which aligns our priorities, objectives, progress and risks has been refreshed. This year, it has been synced with our risk log and MoSCoW (prioritisation tool) and can generate the output for several different types of reports. This improves consistency, provides efficiencies as duplication is no longer required and reduces the possibilities of variance.

Additionally, the Health Board Commissioning Team have also been involved with:



**As mentioned previously, there is work underway to look at the role of commissioning within the wider organisation. The following cycle is an integration of commissioning principles within strategic planning.**



Looking forward to 2023-24 the Commissioning Team will continue to engage with the national aim of developing and providing commissioning toolkits and support for the organisation and partners to enhance the skills required to deliver outcome and value-based healthcare. Locally, we will be establishing a commissioning community of practice to share knowledge, skills and support colleagues within the Health Board to provide assurance on quality and value for money.

For the Commissioning Team itself, the last year has seen some new faces join the team and changes to its structure. Within the last year, the team carried out a skills analysis to help us better understand how we can work more productively as a team and value our strengths and differences. With the recent changes to the team we'll be revising this and using it to focus on any training requirements moving forward. The skills analysis toolkit is currently being expanded to include commissioning profiles. The aim is that this tool to be accessible to those in the organisation carrying out commissioning functions to support their ongoing development.

# Individual Patient Funding Requests (IPFR)

Cardiff and Vale University Health Board provides a comprehensive range of healthcare services for its population. There are some treatments or services that are required which currently fall outside the services that are routinely provided. If a clinician considers that a patient would benefit from a treatment that is not usually provided on the NHS in Wales, they can submit a special request to fund the treatment. This is called an Individual Patient Funding Request (IPFR).

As previously highlighted, part of our role as Commissioners and as the Health Board is to get the best value for this money. Demand for healthcare is growing, with new and often expensive treatments are becoming available almost every week. However, due to a finite amount of money, sometimes very difficult decisions sometimes have to be made.

There may be cases where a treatment is not available routinely because there is limited evidence for how well it works, or because it is very high cost and does not offer good value for money. An IPFR can be considered if a clinician believes that a patient's clinical circumstances are clearly different to other patients with the same condition, and when there is a clinical reason why their condition would respond differently to other patients' which means they would gain more clinical benefit from that treatment. As well as this, the application for the IPFR would need to demonstrate that the cost of the treatment for your condition is reasonable.

The Commissioning Team administer the IPFR and associated processes. This includes liaising with clinicians and patients to ensure that applications contain the required quantity and quality of information for the UHB to be able to make a fair and transparent decision. Decisions on IPFR requests are made by the IPFR panel, which can be made up of doctors, nurses, public health experts, pharmacists, finance representatives and lay members.



**4 new IPFR  
Panel  
Members**



**32 IPFRs  
Considered  
at Panel**



**20 IPFR  
Panel  
Meetings**

Panel members have the expertise and knowledge to consider the information provided in the application form and supporting documents and to make sure decisions made in line with the All Wales IPFR policy. When considering applications, the panel will only consider the clinical evidence provided, which ensures the IPFR process is fair, equitable and non-discriminatory.

20 IPFR Panel meetings were held between 1 April 2022 and 31 March 2023. IPFR Panel meetings moved from face-to-face to virtual during 2020/21 due to the Covid pandemic and the Panel has agreed to continue to meet virtually going forward. 4 new IPFR Panel Members were recruited during 2022/23.

A total of 32 IPFRs were considered by Cardiff and Vale University Health Board between 1 April 2022 and 31 March 2023. There was a considerable drop in the number of IPFRs received during 2020/21, which is believed to be due to many routine elective care was sometimes paused during the pandemic. There was an increase in the number of IPFRs received during 2021/22 and during 2022/23.

**IPFR's Approved by Chair's Action**

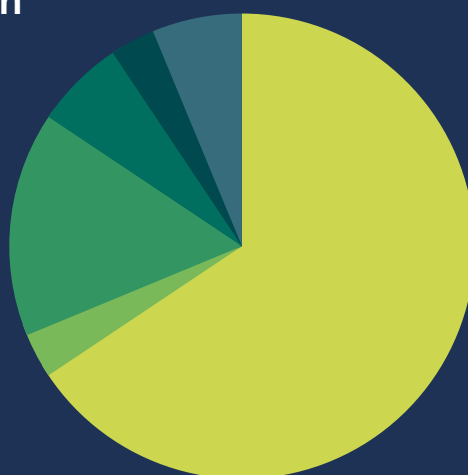
6.3%

**IPFR's Deferred by Panel**

15.6%

**IPFR's Declined by Panel**

3.1%



**IPFR's Approved by Panel**

65.6%

## **Outcomes of IPFRs considered by the Cardiff and Vale UHB IPFR Panel between 1 April 2022 and 31 March 2023**

Electronic IPFR applications are accepted via the All Wales IPFR database. The database is supported by the All Wales Therapeutics and Toxicology Centre (AWTTC) who use the national information to monitor medicine cohorts which might be suitable for consideration by the One Wales process. The IPFR Team collect outcome data for approved IPFR medicines requests. These updates are used to report clinical status and progress to IPFR Panel members, to assist them in consideration of extensions or renewals of authorisations for funding of Medicines and feed into the All Wales IPFR database for monitoring purposes.

AWTTC hosts an annual training workshop for IPFR panel members; the workshop is also open to clinicians with an interest in learning more about the work of IPFR. The annual IPFR Workshop was held on 28th February 2023.

# Prior Approval Requests for non-contract activity (PAR)

Whilst we aim to provide treatment locally for our residents, there are occasions when a routine service is required, for example, when there is not a locally commissioned service, for a referral to a tertiary service or whilst repatriating into local services.

There was a considerable drop in the number of Prior Approval Requests received during 2020/21, which is believed to be due to many routine elective care was sometimes paused during the pandemic. The number of Prior Approval Requests received during 2021/22 returned to pre-pandemic levels. There has been an increase in the number of Prior Approval Requests received during 2022/23, which is believed to be due to an increase in services to due to increased waiting lists as a result of services being paused during the pandemic.





# S2 (Planned Treatment) Route

The S2 Route (planned treatment) is for residents of Wales who want planned treatment in an EU country or Switzerland.

The S2 Route for planned treatment in another EU country was previously contained in EU Regulation, however due to the EU exit arrangement this EU Regulation was revoked, effective 31 December 2020.

The S2 Route is part of the Trade and Cooperation Agreement (TCA) which applies from 1 January 2021. An alternative scheme “the Directive Route” where an individual is reimbursed for treatment received in another EEA member state has not been continued.

The key elements of the S2 Route are:

- The treatment must be available to the patient under the NHS in Wales and must be available under the treating county’s state healthcare scheme.
- There must be written support from a clinician in either the UK, any EEA Country or Switzerland, which following their full medical assessment, supports the diagnosis, treatment and medical timeframe necessary for the treatment that the patient wants funding for.
- The NHS in Wales must confirm that it cannot provide the treatment or equivalent, in a medically acceptable timeframe, for the patient’s condition / diagnosis (referred to as Undue Delay).

2 S2 requests were considered by Cardiff and Vale University Health Board between 1 April 2022 and 31 March 2023.



# In 2022-23 we have;

Recruited and trained four new Lay IPFR Panel members

Provided IPFR training to a cohort of Public Health colleagues

Worked together with the Directorate of Ophthalmology to develop a Prior Approval Request protocol for corneal cross-linking to treat adults and children with keratoconus.

Received feedback of 'Substantial Assurance' against an Internal Audit

Worked with the All Wales IPFR Network and stakeholders to revise the IPFR All Wales Policy

Reported 31 IPFR outcome data questionnaires to the IPFR Panel between 1 April 2022 and 31 March 2023

Worked with the Directorate of Public Health to review the Cardiff and Vale UHB Interventions Not Normally Undertaken Policy



# Next Steps for 2023/24

Record not only the numbers of IPFR & PAR requests taken to panel, but those processed

Revise the Top-Up Payment Policy for IPFR.



Develop a Cardiff and Vale UHB S2 Procedure

Implement actions from the Internal Audit



Take the revised All Wales IPFR Policy through governance for approval



# Area Planning Board (APB) Support Team

## Summary of Fatal Drug Poisoning Reviews

Since 2015, APB have undertaken the systematic multiagency review of fatal drug poisonings that have occurred across Cardiff and Vale of Glamorgan. This may include any death where it is suspected...

*“it is probable that a direct consequence of the non-therapeutic taking or administration of any drug or volatile substance (excluding alcohol alone), was a causative or contributory factor in his or her death”*

This process is in line with Welsh Government published guidance (June 2014) which aims to support the identification of recommendations aimed at reducing both fatal and non-fatal drug poisonings locally and nationally.

Throughout the review process it is not the aim to establish cause of death, or establish blame. But rather, to undertake multiagency analysis of circumstances underpinning such events and local service engagement in order to identify trends and gaps in service provision. Under the guidance ‘case reviews’ are initiated as soon after the fatal drug poisoning as possible, as such Coroner’s Inquest and confirmed cause of death will often not have been concluded. The timeliness of this process helps to draw out and disseminate recommendations across APB structures, and ensure appropriate implementation. Therefore, each case presented is treated as a suspected fatal drug poisoning until further confirmation is obtained.

# Summary of demographic characteristics and circumstances surrounding incident (2022)



37 Suspected Incidents



65% Male

35% Female



78% Residents of Cardiff

22% Residents of Vale of Glamorgan



45 Median Age



76% Lived in Secure Accommodation



54% Accessed health and social care support within 12 months of incident



30% Incidents linked to suspected stimulant use



30% Incidents linked to suspected opioid use



44% Incidents linked to suspected non-prescribed benzodiazepine use



68% Incidents occurred in private residences



7% Injecting paraphernalia found at scene



70% Incidents linked to polysubstance use

## Recommendations from 2022 fatal drug poisoning reviews

The review of suspected fatal drug poisoning cases in 2022 has resulted in the following recommendations for implementation across APB structures:

- To continue to **widen distribution of Take-Home Naloxone and drug poisoning prevention training**. Improve awareness raising amongst health and social care sector professionals, primary care and criminal justice partners, and increase provision within hospitality and retail settings near hot spot areas
- **Raise awareness and promote harm reduction messages surrounding the use of non-prescribed benzodiazepines**, and develop/source new materials where required. This has since resulted in targeted information sheets being coproduced by members of the APBs Harm Reduction Group and VAC, and the delivery of online awareness training to over 220 professionals across substance misuse, children and young people's, homelessness, and Criminal Justice service providers
- **Increase participation and input from people with lived experience into fatal drug poisoning review processes**, to support in the development of recommendations and contextualisation of key themes
- Explore alongside people with lived experience opportunities to **improve accessibility and engagement opportunities for people requiring support for problematic stimulant use**
- To **establish mechanisms of participation for GP and Primary Care Services as part of Fatal Drug Poisoning review process** in order to improve knowledge and understanding of case contact history and health needs
- Continue to **develop intelligence partnerships alongside local APBs and South Wales Police** to identify changes in drug markets and emerging threats

## Suspected drug poisonings reviewed in 2022

Between 1st January 2022 until 31st December 2022, 37 sudden deaths were reported to Cardiff and Vale of Glamorgan APB Support Team which met the criteria for review as a suspected fatal drug poisoning. This represents a 28% increase in cases reviewed compared to the year previous (29 cases in 2021). However, due to the unconfirmed nature of such reviews it is currently not possible to establish if this increase has resulted from a rise in drug related deaths or improved reporting mechanisms.

The majority of incidents involved residents<sup>21</sup> of Cardiff local authority area, consistent with previous years. Data continues to demonstrate a **wide-ranging demographic and substance profile** underpinning cases reviewed across Cardiff and Vale of Glamorgan. With incidents typically involving individuals who were securely housed, and those engaging in non-injecting substance use at time of death.

Confirmed reports following Coroner's Inquest and Toxicology continues to highlight a **complex poly-drug profile** of those cases reviewed over recent years, and broad diversity of substances present at death.

# Blood Borne Virus Screening

During the height of the COVID-19 pandemic, a dramatic reduction in blood borne virus screening (hepatitis B, hepatitis C and HIV) was observed within substance misuse services. This resulted from restrictions on Public Health Wales Microbiology Services capacity, and challenges in service delivery models aimed at reduction COVID-19 transmission.

In December 2020, authorisation was provided by Welsh Government to APBs that BBV diagnostic services could recommence following improvements in lab diagnostic capacity. This has since lead to a number of activities aimed at stimulating and expanding screening and treatment pathways across Cardiff and Vale of Glamorgan. Such include:

- BBV Recovery Project Team (CAV UHB's BBV Service)
- Development of service level action plans to support identification of key tasks and barriers for implementation / upscale of BBV testing and referral to treatment (APB Support Team)
- Development of performance framework and key milestones to support monitoring of BBV testing across Cardiff and Vale of Glamorgan, and implementation of key recommendations (APB Support Team)
- Supported implementation and embedding of Hepatitis C Trust's peer led Follow Me project (Liver Disease Implementation Group)

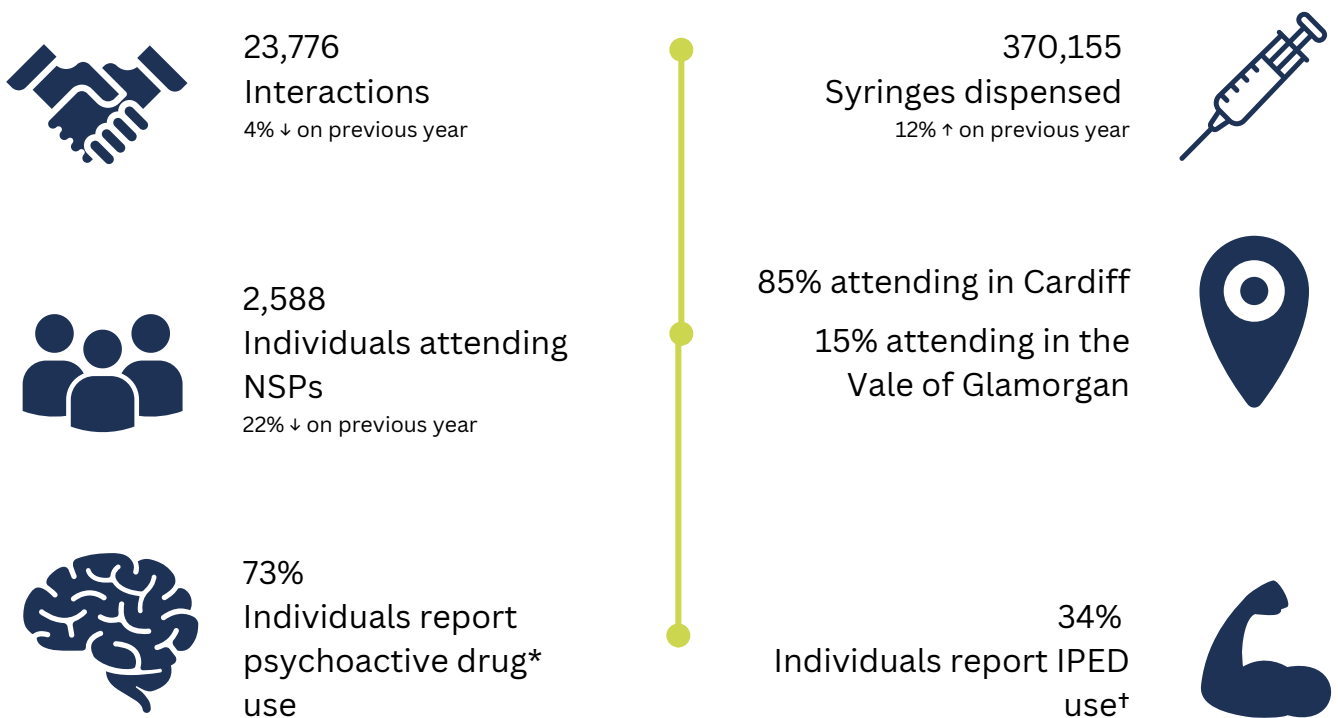
During this reporting period (2022), **1,149 individuals were recorded to have received BBV test** across Cardiff and Vale of Glamorgan substance misuse services. This represents an increase of 83% on number of individuals tested during the previous calendar year (2021), and an increase of 81% compared to testing rates pre COVID-19 (2019).



# Needle & Syringe Programme Review

During the last report it was noted that resulting from the COVID-19 pandemic a reduction was observed in the volume of service interactions and individuals accessing Needle and Syringe Programmes (NSP) services across Cardiff and Vale of Glamorgan. Public Health Wales intelligence continues to highlight this as a national trend with similar reductions in activity being observed across all APB regions in Wales since the start of the pandemic. Ongoing monitoring of NSP activity undertaken by the APB Support Team and the Harm Reduction Group has continued to demonstrate reduced levels of service activity during this reporting period.

At both a regional and national level it has been hypothesised that a combination of factors may have resulted in a reduction of footfall across NSP services locally and nationally. Including; expansion of new Opioid Substitution Therapy treatments, changes in drug markets, patterns of drug use (i.e. wider use of non-injecting drugs) and risk taking, increased sourcing of paraphernalia via alternative means. In order to address these concerns, the APB's Harm Reduction Group and associated partners have continued to progress in the implementation of recommendations outlined within the APBs latest review of NSP provision (2021).





# Take Home Naloxone

Access to Take-Home Naloxone has been available across Cardiff and Vale of Glamorgan since 2009. Currently naloxone kits and appropriate overdose prevention training is available from within all commissioned substance misuse service providers (including specialist needle and syringe programmes) across the region.

Throughout 2022, over 1,800 Take-Home Naloxone kits (alongside appropriate drug poisoning prevention training) were distributed across Cardiff and Vale of Glamorgan, exceeding supply in any previous year. Alongside this, kits were supplied to over 370 individuals who had never received a kit or associated training before. Current ongoing monitoring figures estimate over 1,200 individuals 'at risk' of an opioid poisoning in Cardiff and the Vale of Glamorgan carry a naloxone kit supplied within the two years.

## Peer to Peer Naloxone

In order to expand coverage and distribution of Take-Home Naloxone alongside commissioned service provider model, the Cardiff and Vale APB implemented a peer-to-peer assertive outreach project in October 2021. The project saw Naloxone being distributed via selected volunteer peer workers with lived / living experience (peer-to-peer), enhancing traditional distribution methods by drawing upon the expertise, experience, and social connections gained by individuals with ongoing lived experiences.

Consisting of 4-5 regular volunteer peers, the team has since expanded to also support delivery of sterile injecting paraphernalia and sharps disposal bins, distribution of condoms, awareness raising and harm reduction advice, and signposting to treatment and support. Since implementation in October 2021 – March 2023, the Cardiff and Vale Harm Reduction Peers have delivered 484 supply transactions of Take-Home Naloxone (including appropriate training on overdose prevention and kit administration). These include, individuals who had previously never carried naloxone before, Cardiff City Centre hospitality and retail venues, Cardiff Council City Centre Wardens



# APB Commissioned Substance Misuse Services Activity and Performance

Cardiff and Vale APB commissions a range of services to provide different levels and types of drug and/or alcohol treatment for children, young people, families, and adults.

Our treatment system in Cardiff and the Vale is structured in tiers and ranges from basic advice and information, harm reduction, psychosocial interventions, to clinical provision including inpatient detoxification, and relapse prevention. The following data provides headline information on activity during 2022/23.

In August 2022 the new Alliance Service, CAVDAS, was commissioned in Cardiff and the Vale of Glamorgan. Therefore, existing services reported data for the first four months of the year, before being decommissioned and replaced by CAVDAS who provided data for the following eight months.



5,496 Total Referrals Received



3,860 Valid Referrals Accepted\*



3060 Individuals Assessed\*\*



2138 Individuals on Caseload\*\*\*



3,825 Total Cases Closed



2,681 Positive Closures



1,156 Negative Closures\*\*\*\*

\*Reasons referrals may not be accepted (valid) include referral does not meet service criteria, individuals decline treatment and fails to opt in, not a Cardiff or Vale of Glamorgan resident

\*\*Overall total is likely to be higher for individuals assessed due to some services not reporting data. It is also of note that not all services conduct formal assessments.

\*\*\* Total caseload at the end of Quarter 4

\*\*\*\*Negative closures include individuals leaving treatment in an unplanned way, moving out of area with no plans to access support in the new locality.

# Clinical Governance and Quality Improvement

Clinical governance is a systematic approach to maintain and improve the quality of care provided to individuals. Whilst clinical governance is traditionally associated with NHS organisations, it is essential that it is considered throughout the scope of Substance Use Services. Although not all interventions are clinical, services will be providing advice, treatment and support at all levels which should be delivered to clear standards to ensure quality across the system.

The Clinical Governance Framework aims to:

- Proactively and reactively seek assurance about the quality of interventions that are provided by substance use services.
- Support the continuous improvement of quality in the interventions provided to our resident population.
- Ensure Safe, Timely, Effective, Efficient, Equitable and Person-centred care is provided to our resident population.

The framework will be developed in collaboration with key stakeholders, partners and individuals with lived or living experience.

## Children and Young People Provision

Cardiff and Vale Substance Misuse Area Planning Board commission a range of dedicated treatment and support services for children and young People in line with current Welsh Government guidelines and treatment frameworks. Over the last 12 months, CAVDAS has been commissioned to deliver substance misuse related interventions for children and young people under the age of 18 years old. The Young Persons Drug and Alcohol Service (YPDAS) has also been repatriated from Cwm Taf Morgannwg Health Board to Cardiff & Vale University Health Board and will commence delivery from 1st April 2023.



# Next Steps for 2023/24

2023-24 will continue to see positive change in the substance use strategy and service area in Cardiff and the Vale of Glamorgan. The APB will also be working to continue the progress towards the priorities in the Welsh Government's Substance Misuse Delivery Plan, which will be informed by our stakeholders at our planning and prioritisation event being held in June 2023. We will contribute to the anticipated Welsh Government refresh of the Delivery Plan, and look forward to the publication of the revised National Substance Misuse Services' Core Standards.

We will also be focussing on progressing improvements in access to, and provision of services for those individuals with co-occurring mental health and substance misuse issues, informed by a commissioned review of our position which is currently in progress. Similar reviews are also in progress in relation to prescribing pathways for benzodiazepines and Opiate Assisted Treatment, with further opportunities for early intervention for alcohol support and treatment being scoped in our primary care and secondary care settings.

Alongside this, we are committed to ensuring that our workforce is skilled, confident, valued and supported. In this vein, we will also be prioritising key areas to deliver locally in line with the Welsh Government's anticipated publication of the National Substance Misuse Workforce Development Framework. There is much work to do, but energy, and commitment of everyone involved in the substance misuse arena in Cardiff and Vale will go a long way to ensure we achieve our vision.

We hope that this report has demonstrated our commitment to delivering safe, effective, and innovative support and treatment for our citizens with problematic substance use. Achieving this is due to the collaborative efforts of APB partners and stakeholder organisations, people with lived and living experience of substance use, and the commitment and resilience of our fantastic workforce here in Cardiff and the Vale.

# Welsh Health Specialised Services Committee

WHSSC are responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales. The aim of WHSSC is to ensure that specialised services are commissioned from providers that have the appropriate experience and expertise; are able to provide a robust, high quality and sustainable service; are safe for patients and are cost effective for NHS Wales.

WHSSC is managed through functional directorates (patient care, medical, planning, finance and corporate services) which integrate through six multi-disciplinary Programme Commissioning Teams.

The Commissioning Team work with WHSSC to ensure efficient and effective service provision and to reduce duplication and ensure consistency across Wales whilst maintaining a provider and commissioner focus. We engage with WHSSC through the quarterly provider meetings, WHSSC Management Group Meetings and the Joint Committee meetings and liaise with them in regards to the Clinical Impact Assessment Group (CIAG) prioritisation process and commissioning intentions.

## Local Commissioning

There are health care services we do not directly provide, including unscheduled and planned care from neighbouring health boards and NHS Trusts. As such we need to be assured that healthcare provided elsewhere is able to demonstrate safe, high quality services. This includes services provided under Long Term Agreements (LTAs) between Health Boards. LTAs currently have a focus on the finance and contracting element, however we intend ensure that a broader commissioning perspective is applied to services provided under these agreements.

A collaborative approach is fundamental including input from stakeholders such as service users, Local Authorities and third sector organisations. An increasing number of the services provided to the population of Cardiff and Vale are delivered in partnership with the Local Authorities and third sector organisations. It is important therefore that the planning of services involves a multi-agency approach and also involves patients, service users and carers to plan services in a way that reflects the needs to the local population. As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided, not purely for the services we provide. We cannot focus on secondary care, recognising that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

# Looking Forward to 2023-24

As the impact of the COVID-19 pandemic on our services becomes clearer, we have an opportune moment to reflect on how we rebuild services based on our learning. The focus on value-based, person-centred healthcare should be at the forefront of recovery plans going forward. As a Health Board, we have extensive experience of commissioning, but to harness this opportunity we need to support the commissioning capacity and capability across the organisation. We want to ensure that our commissioning approach is based on evidence of effectiveness, assuring quality and safe services, and that our approach is population based and drives health improvement.

It is pertinent that we use the population health needs as a driver to frame our considerations and prioritise as we begin to restore services back to full their potential. The pandemic has highlighted the need to focus on illness prevention, wellness maintenance and continuing our focus on health inequalities. Our commitment to the socio-economic duty aligns with the aim to deliver better outcomes for those who experience socio-economic disadvantage.

The population in Cardiff is growing at a significantly higher rate than across Wales with a projected additional 36,000 people living in Cardiff by 2027. It is also an ageing population with a large percentage of chronic illness. Valuable lessons have been learned from the swift changes that COVID-19 influenced and these lessons can be used to move forward in the recovery and reset. As we provide increasingly complex services to meet the needs of our population, we will need to consider the commissioning functions of emergency, elective and tertiary healthcare.

Our strategic plan, Shaping Our Future Wellbeing, is being refreshed for 2023-2033 however many of our previous ambitions including moving care closer to home, supporting prevention and wellness, delivering person centred outcomes and delivering care that is efficient and effective. Driving forward many of the values from Shaping our Future Wellbeing 2023-33, are a series of programmes to deliver transformation across clinical services, hospital infrastructure and academia. The programme is a way of building on the momentum of change and innovation by ensuring that any positive changes are amplified and embedded to improve outcomes for our population.



## Questions? Contact us.

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