



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



Cardiff & Vale UHB Commissioning Department Annual Report 2023-24

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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

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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, wherever 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

- NWJCC – Highly Specialised Services
- NHS Collaborative/Exec
- Clinical Networks (WRCN)

Supra-Regional Commissioning

- NWJCC – 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

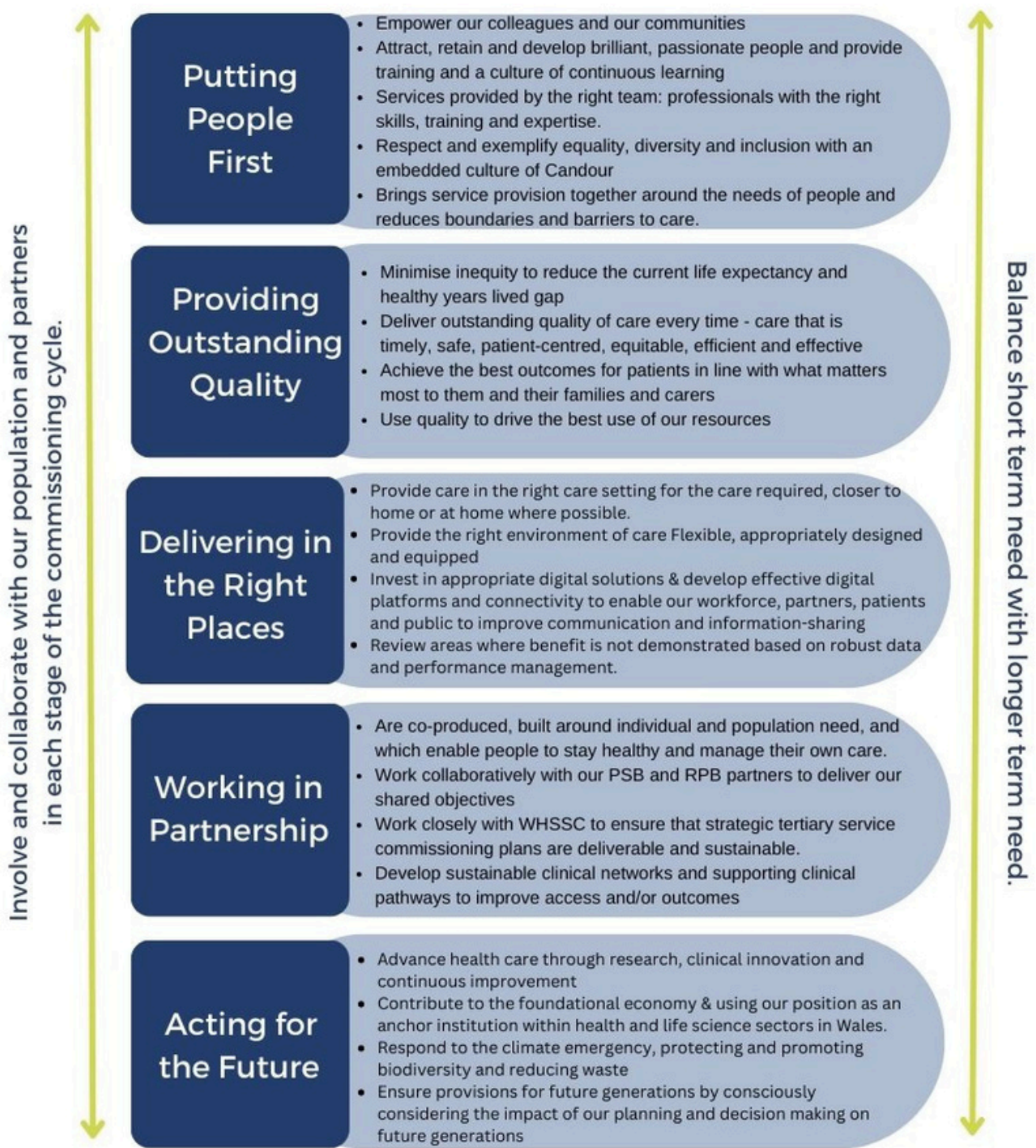
- Third Sector
- Long Term Agreements
- Non-Contract Activity (Protocols)

Individual Patient Commissioning

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



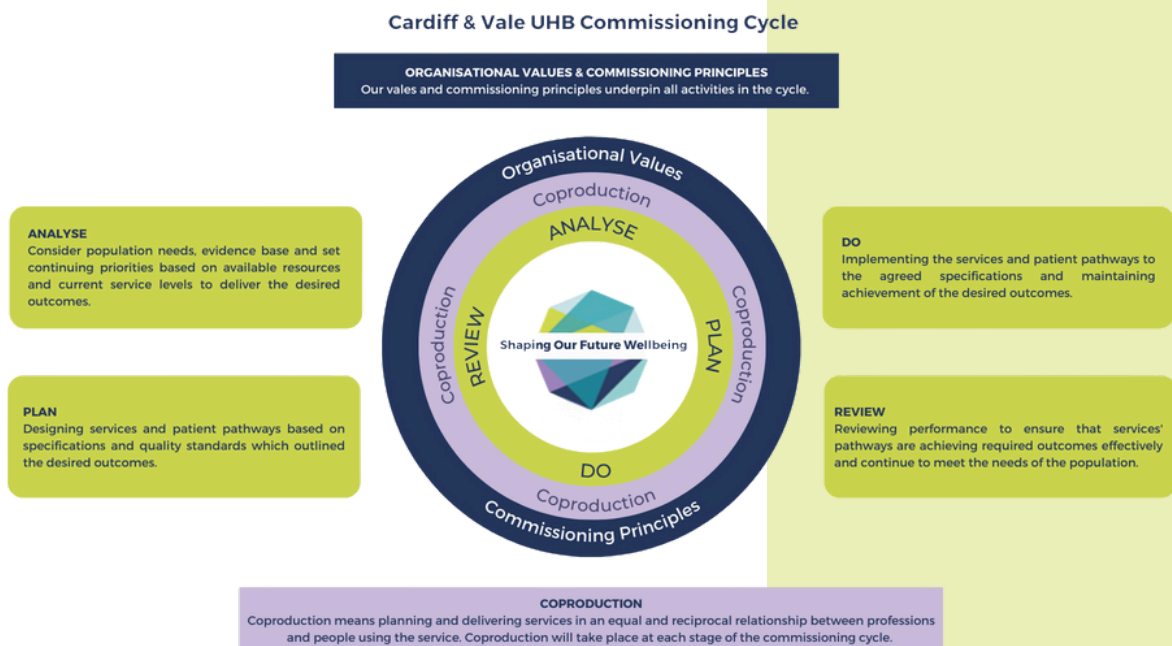
In line with the Cardiff and Vale UHB Strategic Principles we use commissioning to deliver Shaping Our Future Wellbeing and commission services and interventions which;



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.

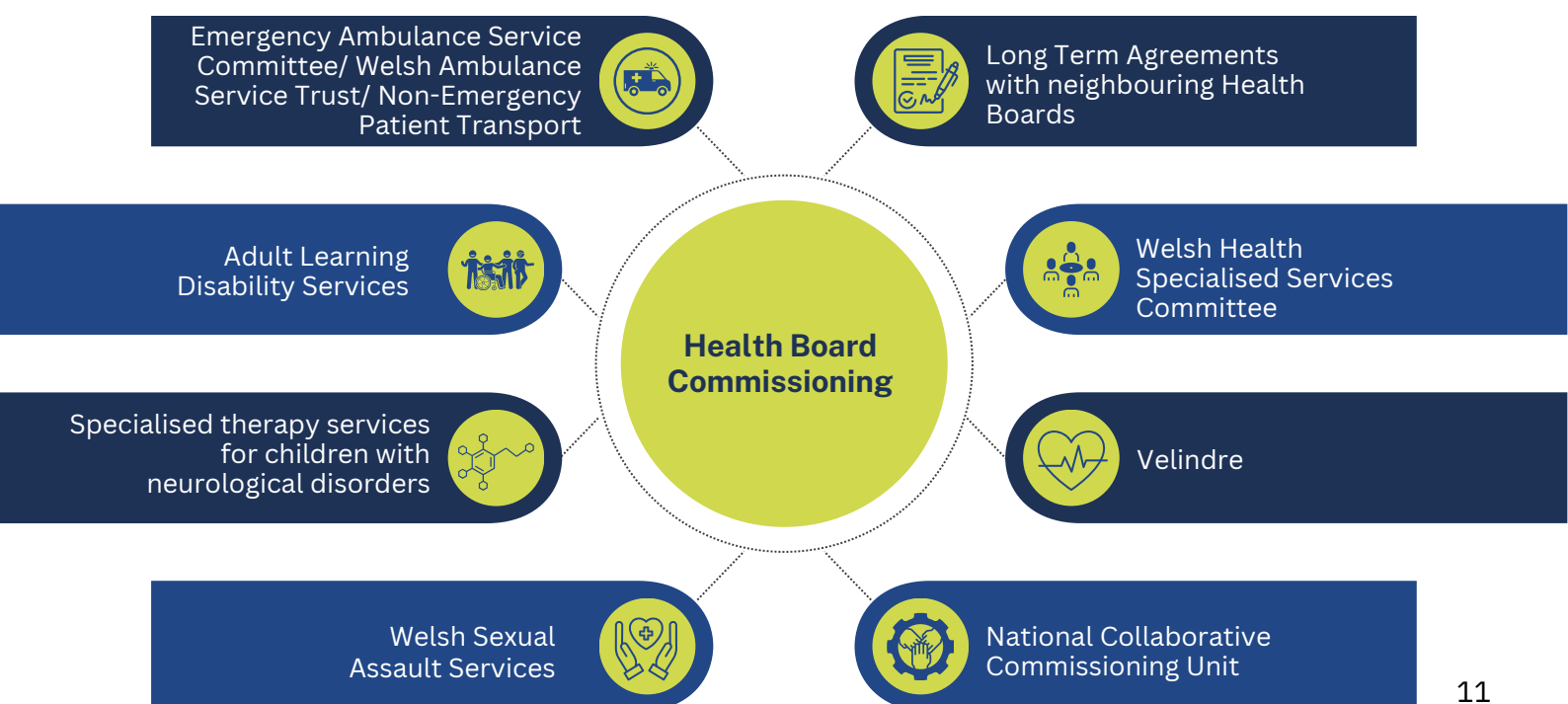
Standard Operating Procedures

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 2024-25 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 becoming available almost every week. However, due to a finite amount of money, sometimes very difficult decisions 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, IPFR applications would need to demonstrate that the cost of the treatment 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.

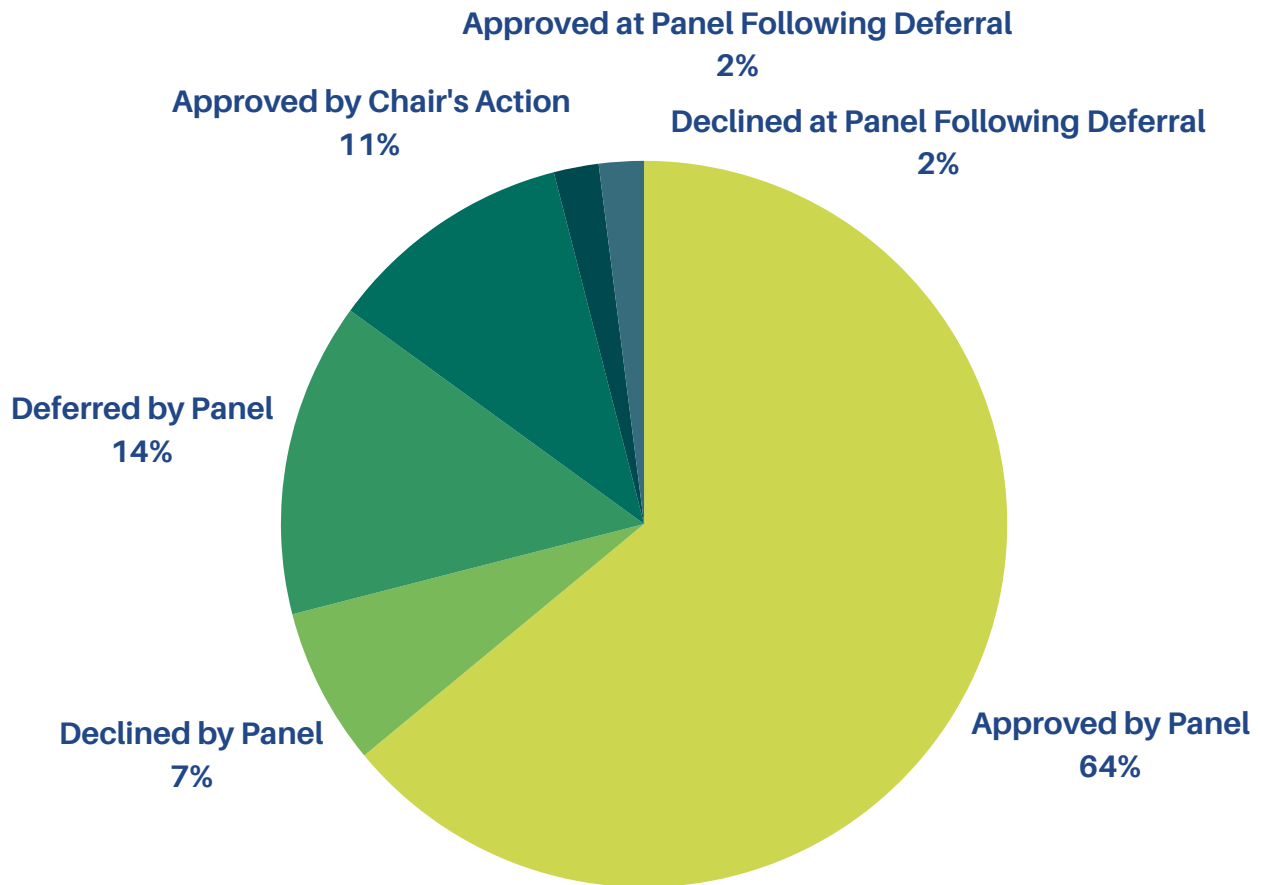


Panel members have the expertise and knowledge to consider the information provided in the application form and supporting documents and to make sure decisions made in line with the All Wales IPFR policy. When considering applications, the panel will only consider the clinical evidence provided, which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

19 IPFR Panel meetings were held between 1 April 2023 and 31 March 2024. 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. 3 new IPFR Panel Members were recruited during 2023/24 and a new Vice Chair was appointed.

A total of 39 IPFRs were considered by Cardiff and Vale University Health Board between 1 April 2023 and 31 March 2024. There were two high cost IPFRs considered by the panel. 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. Since then, there has been a year-on-year increase in the number of IPFRs received. The number of requests received during 2023/2024 were above pre-pandemic levels. 29 requests were considered during 2021/22 and 32 requests were considered during 2022/23.

Outcomes of IPFRs Considered by the Cardiff and Vale UHB IPFR Panel between 1 April 2023 and 31 March 2024



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. 40 outcome data questionnaires were considered by the IPFR Panel between 1 April 2023 and 31 March 2024.

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 16th May 2024.

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 was 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. The number of requests received during 2023/24 reduced to pre-pandemic levels. This may be due to a more robust screening process.



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).

1 S2 request was considered by Cardiff and Vale University Health Board between 1 April 2023 and 31 March 2024.



In 2023-24 we have;

Engaged with NWSSP Audit and Assurance Services in conducting an internal audit of INNU Policies and Procedures

Provided IPFR training to a cohort of Public Health colleagues

Worked with the Directorate of Surgery to develop a Prior Approval request protocol for low energy contact X-ray brachytherapy (the Papillon technique) to treat adults with early-stage rectal cancer

Internal Audit Action Plan actions completed during 2023/24

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

Worked together with the Directorate of Mental Health to develop a Prior Approval Request protocol for Mental Health Patients in the Community who require Deaf Counselling

Worked with the Directorate of Medicine to develop a Prior Approval Request Protocol for Electromagnetic Navigational Bronchoscopy for adults with a potential diagnosis of Lung Cancer



Next Steps for 2024/25

To work with the Specialist directorate to develop a protocol assessment for Functional Neurological Disorder (FND)

Revise the Top-Up Payment Policy for IPFR

Implement actions from the INNU (Interventions Not Normally Undertaken)

Develop a Cardiff and Vale UHB S2 Procedure

To implement the updated Records Management Code of Practice for Health and Social Care when it is published

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.

Suspected Drug Poisonings Reviewed in 2023

Between 1st January 2023 until 31st December 2023, 41 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 11% increase in cases reviewed compared to the year previous (37 cases in 2022). 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 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. During this reporting period slight increases were observed in incidents involving individuals who were homeless and linked to injecting drug use compared to the last two reporting periods.

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.

Summary of demographic characteristics and circumstances surrounding incident (2022)



41 Suspected incidents



80% Male
20% Female



85% Cardiff
15% Vale of Glamorgan



45 Median age
(Range: 21 -71 years)



71% lived in
secure accommodation



54% Had accessed
substance misuse support
and treatment within 12
months of incident



60% Incidents occurred
in private residences



63% Incidents linked to
polysubstance use



71% Incidents linked to
opioid use



20% Inhalation paraphernalia
found at scene (e.g. crack
pipes)



29% Incidents linked to
suspected non-prescribed
benzodiazepine use



39% Injecting paraphernalia
found at scene

Developments and Recommendations from 2023 Fatal Drug Poisoning Reviews

Throughout this reporting period continued work has been undertaken by the APB Support Team to develop intelligence partnerships with South Wales Police, Public Health Wales and wider partners to enable the identification of new and emerging threats within local drug markets. During this period the following threats were observed:

Heroin: a significant degree of variation and inconsistency in heroin purity had been identified across the South Wales area. Analytical screening confirmed the presence of contaminants contained within the heroin market in Cardiff, including Nitazenes and Xylazine. Such have the potential to alter the potency, duration, and presentation of effects, leading to an increased risk of harm.

Benzodiazepines: significant degree of drug substitutions within the current illicit benzodiazepine market i.e. drug content differing to original purchase intent. Whilst, other benzodiazepine drugs were the most commonly identified substitution, analytical services have confirmed the presence of Nitazenes within the illicit UK benzodiazepine markets. This type of substitution has potential to greatly increase the risk of overdose - particularly in instances of polysubstance use, and amongst individuals who have a low tolerance to opioid drugs.

To mitigate these threats the APB and provider services has:

- Widened distribution of **nasal naloxone**, particularly amongst individuals unfamiliar with injecting, and environments where considered more appropriate
- Published a **VAC peer produced information leaflet** aimed at increasing awareness of reducing the risks of heroin overdose, titled 'Reducing the Risks: Heroin Harm Reduction'
- **Increased access to naloxone within hostels, hospitals and other settings** likely to be in contact with individuals who use opioid
- Developed **Local Drug Information Protocols (LDIS) and Professional Information Network (PIN)** for the assessment and dissemination of drug intelligence
- Actively **promoted DAN 24/27 click and deliver naloxone service** via social media for those not in contact with services <https://dan247.org.uk/naloxone-click-and-deliver/>

Voices. Action. Change. **REDUCING THE RISKS: HEROIN**

Discover the Voices Action Change Project's informative leaflet, dedicated to empowering individuals to recognise the symptoms of heroin overdose, minimise risk and respond effectively in an emergency situation. Your safety and well-being matter and this leaflet provides essential guidance for a safer path forward.

01 Reduce the risks

- Start low, go slow—it could be something different
- Don't use alone - let someone know
- Take turns. Don't hit together
- Avoid mixing any drugs

02 Recognise

- Are they non-responsive?
- Is their breathing shallow?
- Are they snoring?
- Do they have blue lips or pale skin?
- Are they clammy, or have a low pulse?

03 Respond

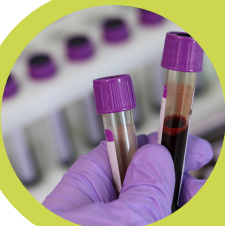
- Don't panic
- Dial 999 / call for help and wait for support
- Place them in the recovery position
- If carrying, use Naloxone

0300 300 7000
INFO@CAVDAS.COM
#VAC

Blood Borne Virus Screening

In 2022, Welsh Government reaffirmed its commitment to eliminate hepatitis B & C by 2030 in line with World Health Organisation (WHO) targets. This included the request that individual Health Boards develop regional action plans detailing how it will expand its approach to the prevention, detection and treatment of viral hepatitis in partnership with APBs. The Cardiff and Vale Eliminating Hepatitis (B and C) Joint Recovery Plan Development Group was established in March 2023 to facilitate the development of a regional two-year action plan for Cardiff and Vale University Health Board. Ratified by Cardiff and Vale UHB Senior Leadership Board, the resulting action plan was submitted to Welsh Government in July 2023. The original Development Group has since evolved to oversee implementation and progress against this action plan, in which the APB Support Team are a member. In line with the action plans objectives the APBs highlights include:

- Commissioning and the continuation of Hepatitis C Trust's Follow Me Project. The project's aim is to improve access to hepatitis C testing and treatment within Cardiff and the Vale of Glamorgan via peer delivery methods. The project has since become an integral part of the local hepatology service, providing greater opportunities to follow up those most at risk, and maintain support along the treatment pathway
- Procurement of Cepheid rapid RNA testing equipment for use across community and outreach services engaged with people who use drugs
- Establishment of partnership working group to support CAVDAS in the development of a new blood borne virus screening and treatment pathway. Members included CAVDAS, CAVUHB, Hepatitis C Trust, Gilead Sciences, and NHS Wales Executive. This resulted in the publication and launch of a new Opt-Out screening pathway in February 2023.
- During this reporting period (2023), **1,237 individuals were recorded to have received BBV test** across Cardiff and Vale of Glamorgan substance misuse services. This represents an increase of 8% on number of individuals tested during the previous calendar year (2022), and an increase of 95% compared to testing rates pre COVID-19 (2019).



Needle & Syringe Programme Review

Currently across Cardiff and Vale of Glamorgan Needle and Syringe Programme (NSP) provision exists within 19 fixed locations (13 within Cardiff). These include 4 Specialist, 12 Pharmacy open access services, and 'resident only' provision within 3 hostels in Cardiff. A comprehensive review of Cardiff and Vale of Glamorgan NSP services was undertaken by the Cardiff and Vale Area Planning Board (APB) Support Team in 2021. Ratified by local Community Safety Partnerships, the review detailed a series of service development recommendations in order to meet the needs of PWID drawn from local health needs assessment, and embed best practice. Since its publication the APB has progressed several of its recommendations, including;

- Expansion of mobile outreach
- Implementation of peer delivery mechanisms using individuals with lived experience
- Widen onsite 'resident-only' provision within hostel projects

All paraphernalia currently provided by NSP services across Cardiff and Vale of Glamorgan remain in line with NICE and Welsh Government guidance and includes full range of injecting paraphernalia, sharps disposal bins, and ancillary products (e.g. foil, and condoms)

In 2023, 2,589 individuals attended NSP services across Cardiff and Vale of Glamorgan. This resulted in 20,175 service interactions where 379,499 syringes were dispensed (alongside other paraphernalia items, sharps bins, and information and advice). Since COVID-19 pandemic in 2020, NSP activity has reduced dramatically across the region, similarly to other parts of Wales. This includes a 36% reduction in individuals accessing service, and a 18% reduction in syringes being distributed since 2019. Explanations surrounding this reduction include the upscale of Buprenorphine treatment alongside changes in drug consumption patterns including wider crack cocaine and benzodiazepine use via non-injecting methods having significant impact on the volume of individuals who currently require NSP services.

Ongoing concerns remain that for those individual continuing to use substances and who are no longer accessing NSPs that contact opportunities to minimise wider drug related harm (e.g. drug related death) are significantly reduced. This indicates that continued upscaling and diversification of NSP delivery continues to be required in order to reduce BBV transmission and bacterial infections linked to injection drug use.



20,175 Interactions
15% ↓ on previous year



2,589
Individuals attending NSPs
<1% ↑ on previous year



379,499
Syringes dispensed
3% ↑ on previous year



88% attending in Cardiff
15% attending in the Vale
of Glamorgan



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 2023, over **1,919 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 **425 individuals who had never received a kit or associated training before**. Current ongoing monitoring figures estimate over 1,251 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

Since its implementation in October 2021, CAVDAS has continued to oversee the delivery of peer-to-peer assertive outreach activities across Cardiff and the Vale of Glamorgan. This work includes the distribution of Naloxone 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.



In March 2023 the programme undertook a relaunch, through the training of a new cohort of peers to support ongoing activities. 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 2024, the **Cardiff and Vale Harm Reduction Peers have delivered 601 supply transactions of 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. Furthermore, the programme has now seen two of its long-term peer volunteers gaining permanent employment with CAVDAS.

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 2023/24.



5,496 Total Referrals Received



7,738 Valid Referrals Accepted*



4,783 Individuals Assessed**



7,362 Individuals on Caseload***



5,348 Total Cases Closed



2,336 Positive Closures

838 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 or 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

Over the years, there has been a rising concern of the risk of overdose related deaths, addiction and long-term cognitive concerns relating to the misuse of benzodiazepines.

The APB Support Team were keen to understand current awareness, practice, provision and pathways for problematic benzodiazepine use across the system. A small-scale needs assessment was commissioned to generate qualitative and quantitative data, provide analysis, and produce a set of recommendations to help inform future service planning, development and practice for problematic benzodiazepine use. Recommendations from the completed review have been shared widely and a proposal of work to be undertaken has been agreed through the APB governance structure. Work will be progressed in 2024/2025.

Historically, OST prescribing services within Cardiff and the Vale of Glamorgan have been pressurised, with long waiting times to access treatment, low staffing numbers, capacity issues, onward treatment places and no clear exit pathway. The APB Support Team were keen to understand in more depth, the current situation in relation to OST prescribing practice and service provision in order to inform service development and planning, and prescribing pathways and practice. By commissioning a small-scale review to generate data, provide analysis and produce recommendations to improve OST prescribing practice, pathways and capacity to inform service planning. Recommendations from the completed review have been shared widely and provide the context and rationale to support ongoing service development and shape more effective ongoing provision for those individuals wishing to access treatment. Work will be progressed in 2024/2025.

Work is ongoing to:

- Understand the challenges and good practice in our system relating to governance and quality assurance.
- Develop and embed frameworks and mechanisms to provide assurance of high-quality service provision and delivery that is safe, effective, equitable, efficient and person-centred.
- Create an environment where excellence can flourish.

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 commenced delivery from 1st April 2023.



Next Steps for 2024/25

2024 has brought with it changes within the APB structure, with a new APB Chair and Head of Strategy, Partnerships and Commissioning appointed, bringing with it a new energy and sense of invigoration. This has provided a good opportunity to take stock and review progress against the Welsh Government's Substance Misuse Delivery Plan, as well as review the governance and assurance structures of the APB. Working closely with all partners to agree the vision, structures and priorities for the coming period not only supports a collective commitment to the delivery plan, but also a renewed commitment to collaboration and cohesion.

Implementation of the APB governance review recommendations has seen the introduction of a new Quality and Safety subgroup, which will provide greater scrutiny and focus on quality assurance and clinical governance across Cardiff and the Vale of Glamorgan commissioned services. We will continue to progress with the renewed focus of 'what good looks like' through the development and embedding of an approved Quality Assurance Framework (QAF) and use the outcomes of the framework to shape our approach to improvements and innovation.

We remain committed to transforming the way substance use services are delivered and in achieving a 'whole system approach' to recovery across Cardiff and the Vale of Glamorgan, and do not take lightly the investment required to do this. Strengthening our 'no wrong door' principle will see a focus on greater connection of the CAVDAS Alliance and CAU project, and integration of all partners within the Alliance in the decision-making and delivery of service provision.

The ongoing focus to provide the 'right service at the right time' will see a continued focus in progressing the recommendations of the benzodiazepine and opiate assisted treatment pathway reviews, as well as engaging with Health Board colleagues to further progress our offer and approach to alcohol support and co-occurring mental health and substance use needs. We recognise the importance of our services being accessible in order to maximise opportunities to successfully maintain engagement with people in need of substance use support, and that achievements will be greater if we seek to combine our workforce and financial resource wherever possible.

NHS Wales Joint Commissioning Committee

The NHS Wales Joint Commissioning Committee (NWJCC) is a Joint Committee of the seven Health Boards acting collectively on their behalf. However, individual Health Boards are ultimately accountable to their population and other stakeholders for the provision of the services commissioned by the NWJCC for the residents in their area.

The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government into the national commissioning arrangements undertaken by the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU).

From April 1 2024, the NWJCC replaced EASC, WHSSC and the NCCU and has assumed responsibility for the services previously commissioned by these committees and the NCCU, together with the commissioning of NHS 111 Wales services, and the Sexual Assault Referral Centres for Wales.

For Specialised Services NWJCC are responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales. The aim of NWJCC 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. The Commissioning Team work with NWJCC 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 NWJCC for Specialised Services 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 2024-25

The current financial position across the NHS in Wales means that there needs to be a continued focus on value-based, person-centred healthcare. 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. There is an ongoing 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. 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, has been 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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