



**Cardiff and Vale Area Planning
Board**

Substance Misuse Market Position Statement

April 2019

Cardiff and Vale Area Planning Board Market Position Statement

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1. Introduction

Cardiff and Vale Area Planning Board (CAVAPB) was established following the publication of the Welsh Government's Substance Misuse Strategy (*Working together to reduce Harm 2010*). It is responsible for the delivery of the Strategy in Cardiff and the Vale of Glamorgan, and for the commissioning of specialist substance misuse services in Cardiff and Vale to meet the need of the population.

It brings together the following organisations and sectors:

- The University Health Board UHB
- National Probation Service
- Cardiff and Vale Local Authorities
- Social Services
- Children and Families Services
- Community Safety
- National Offender Management Service
- Police and Crime Commissioner
- South Wales Police
- The Third Sector

CAVAPB reports to the Community Safety Partnerships and Public Services Boards

During 2018 CAVAPB began planning a major recommissioning exercise for substance misuse services in its area. It commissioned the Institute of Public Care (IPC) to undertake a substance misuse Needs Assessment, which would then inform a Market Position Statement. The Needs Assessment used a highly participative approach, which included views from many different stakeholders. Overall, almost 200 contributions were made, 42% of which were from current or former service users. This work has paved the way for a collaborative and co productive approach to the commissioning process.

This Market Position Statement aims to outline the main issues and priorities which have been highlighted through the needs assessment, and indicates the direction of travel for the APB in terms of the re-commissioning process. It has been written following the content guidelines developed by the Social Services Improvement Agency (SSIA) in conjunction with IPC (Developing a Market Position Statement – A Commissioner's Toolkit SSIA 2014)

2 The Market Position Statement and its purpose

A Market Position statement (MPS) is a document which summarises supply and demand in a local authority or statutory partnership area. It provides an analysis, in one place, of identified needs, the demand for and supply of services, and the future model which has been identified. It signals business opportunities within the market and outlines both the likely level of resourcing available, and the support which commissioners are offering the market.

There is no statutory requirement to have a MPS in Wales, but two key Welsh Government policy documents are particularly relevant to effective commissioning and market facilitation in social care.

First, the Welsh Government's Section 7 Guidance to local authorities on commissioning social care services (Fulfilled Lives, Supportive Communities: Commissioning Framework and Guidance 2010) stresses the importance of commissioners making judgments, based on their analysis of the existing market, about the most appropriate approaches to market development and procurement in their area.

Secondly, 'Sustainable Social Services for Wales: a Framework for Action' was published in 2011. It set out the Welsh Government's aspirations for the transformation of social care and highlighted key overarching priorities:

- Greater citizen control
- A focus on outcomes and prevention
- The need for better integration and collaborative working, which avoids duplication and focuses on the needs of citizens
- A shared approach between the public, private and voluntary sectors
- A need to drive improvements in the market, rather than simply respond to the existing range of services, with Commissioners working in dialogue with providers to ensure that social care is delivered within a public service ethos

A MPS is therefore a key tool in the commissioning process, enabling analysis and plans to be available in one place for providers, service users and other citizens.

3 Assessment of future demand and key pressure points

3.1 Overall population trends

Projections by the Welsh Government for local authority populations for the period 2014-39 (Welsh Government Statistical Release September 2016) indicated the following:

Cardiff

Between 2014 and 2039 the population of Cardiff is projected to increase by the most of any Welsh authority and by 90,400 (25.5 %). Increases are projected for all age groups. Net migration was expected to account for an increase of 28,200 in the population between 2014 and 2039. However, international migration was reckoned to account for four fifths of this change, and UK policies seem likely to reduce the numbers of international migration, following Brexit and tighter controls generally. Cardiff will continue to have a highly diverse population and a younger age structure than other Welsh authorities, not least because of very high student numbers. As a capital city with a substantial range of services Cardiff also tends to attract a range of vulnerable people, as well as those seeking employment and entertainment. In addition, there are major housing developments occurring on the edges of the city, which will add to this projection.

Implications for substance misuse provision

- Anticipated high numbers of drug and alcohol users
- Public policy on pricing, and public health campaigns may impact on levels of problematic alcohol use, but availability and population growth suggest ongoing high levels.
- The current operation of the drugs supply chains, with Cardiff as a main centre, suggests continuing high levels of use of a range of substances which changes rapidly.
- High numbers of vulnerable people are likely to present with a range of co-occurring problems, notably in mental health and homelessness
- The young age structure of Cardiff's population suggests that there will be a need for effective children and young people's service provision with active transition support to adult services

Vale of Glamorgan

Between 2014 and 2039 the population of the Vale is projected to increase very slightly by 500 (or 0.4 per cent). However, as with Cardiff, major housing development work is taking place in the Vale. As it's difficult to estimate the population increase this will result in, numbers are not included in this projection, but need to be taken into account as the increase will add to the demand for services. There are projected to be increases in the older age groups (60(f)/65(m) and over) and reductions in the other younger age groups offset this. Net migration will account for an increase of 1,600 in the population between 2014 and 2039 (with internal migration accounting for this change). Another demographic factor is the high presence of veterans in the Vale population. It should be noted however, that the demographics of several urban parts of the area, notably Barry, resemble the picture in Cardiff especially as regards the younger age groups. The Vale of Glamorgan has the highest proportion of children in Wales receiving care and support with substance misuse problems. (22% compared to the Welsh average of just over 5%)

Implications for substance misuse provision

- Connections between provision for older people and substance misuse is likely to be especially important in the rural parts of the Vale.
- Access to services for more dispersed and rural populations will continue to be an issue
- The higher proportion of drug misuse issues in Barry is likely to continue
- Problematic alcohol use is likely to be the predominant issue overall in the Vale.
- Provision for veterans will be an important concern.
- The much higher percentage of children receiving care and support who report substance misuse problems needs addressing.

3.2 People who misuse substances

The full Needs Assessment document on which this MPS draws, provides detailed information about patterns of substance misuse in Cardiff and the Vale. The main findings were as follows:

- Alcohol continues to be the largest substance misuse concern for both Cardiff and the Vale. The impact of dependent drinkers who do not access treatment or support is viewed as a serious challenge to public services.
- While heroin use may have reduced somewhat, its availability and high level of demand means that responses to it still dominate both the Criminal Justice and Community Treatment systems. How to respond to this is a key challenge as both treatment systems are also now seeing increasing complex patterns of poly drug use.
- Cocaine use (in both powder and crack/rock format), and stimulant use have increased across Cardiff and the Vale
- The range of substances used is now much greater than seen in previous needs assessments, and there was major concern expressed over the social impact of spice use.
- Young people quite often adopted a 'pick and mix' approach. The arrival of new drugs and the greater ease of purchasing through supply networks suggests that the treatment system and the services within it will need to adapt to changing patterns with more agility and flexibility in the future.
- There is a significant problem with misuse of prescribed medication, which requires recognition as an area of unmet need, and was viewed to be growing.
- There is real concern about co-occurring mental health and substance misuse issues, and a perception that the mental health and substance misuse service systems do not work well together. This suggests a need for earlier identification, and better shared responses.
- It was felt that black and minority ethnic communities, are reasonably represented in treatment and the workforce in Cardiff and the Vale of Glamorgan. However, further work needs to be done in assessing the 'hidden' populations in those communities, where shame about alcohol use and criminal activity inhibit individuals, especially women, and their families from seeking help.

3.3 Hidden groups and potentially concealed demand

The position of a range of groups of vulnerable people has been causing concern. This was expressed by many agencies and individuals in the consultations for the Needs Assessment.

A subsequent workshop was arranged by the CAVAPB to consider the views of commissioners and managers across the partner organisations about how best to develop a more joined up and holistic approach for those whose vulnerability crossed into other areas of need. Their perspective added to the analysis in the Needs Assessment.

The main issues identified were as follows:

- Cardiff has a wide range of accommodation and support provision for homeless people. People often have underlying causes for homelessness such as mental health concerns; learning disabilities, substance dependency, and offending. Begging and street culture often make it difficult for people to navigate the homelessness pathway. Many partners have recognised the increasing complexity of service users and a need for better alignment and join up across the full range of

service provision, including health services and the criminal justice system in meeting the needs of people who are homeless.

- The specific needs of veterans whose problems include substance misuse are often hidden because of stigma. There is evidence of considerable crossover with mental health concerns. Organisations and services needed to develop a more consistent understanding and response.
- Carers and families of those with substance misuse problems had limited specific provision. It was felt that carers' services generally needed to be more alert and understanding of substance misuse issues, including those being experienced by the carer themselves.
- While the issues of substance misuse, especially alcohol, within domestic abuse was a complex one, access to treatment and shared awareness of the issues were needed in future. The vulnerability of victims within established services was a significant access issue.
- Growth in the numbers of people with Alcohol Related Brain Damage (ARBD) was reported. An issue was that beyond those formally diagnosed were many others who had symptoms but lacked diagnosis or were at extreme risk.
- Some effective epidemiological work had been undertaken on the substance misuse needs of sex workers, but their presence in services was still limited and issues about access to agencies and how best to provide effective support were raised.

3.4 Changes in demand for services

Demand for services overall remains high, with concerns about waiting times for access to prescribing within the Community Addictions Unit, particularly for alcohol treatment. Many former and current service users also noted waiting times for follow up recovery courses and programmes, including those delivered by the 'Footsteps to recovery' consortium.

There was considerable demand for a more holistic approach, which was more flexible and less medical.

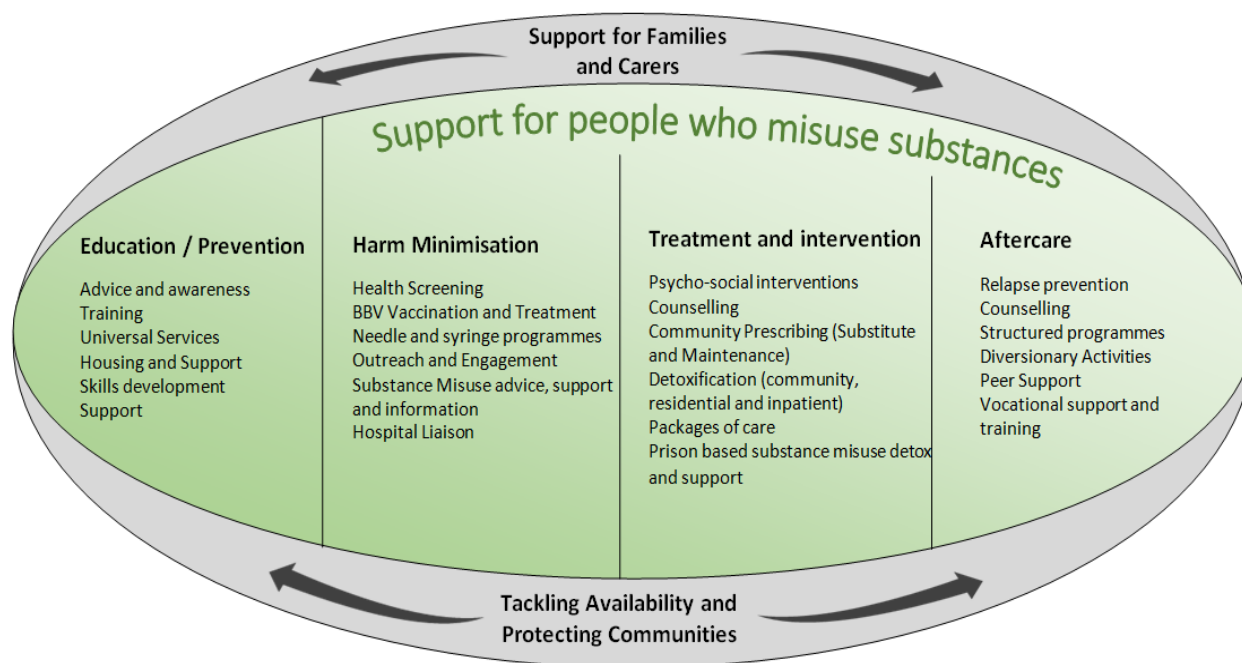
There was also felt to be unmet demand in the following areas:

- Outreach work – this tied in importantly with concerns about the vulnerable groups identified earlier.
- After-care work. This was felt to be in very short supply, and that the role of those involved in the Recovery movement could be particularly significant.
- There is a significant shortage of specific provision for young people, and concern about the transition process to adult substance misuse services.
- A high percentage of children and young people in receipt of care and support from social services in the Vale, who are using substances, has been identified.

4 The present pattern of services including strengths and weaknesses within the market

4.1 Overall pattern of services

The following diagram outlines the current treatment system in Cardiff and Vale.



A more detailed description of services and the role of the different agencies is provided in the Needs Assessment.

The market has been generally stable and there are generally good working relationships between both statutory and voluntary providers, though concern has been expressed about the relatively disjointed and complex way the system works for many service users.

Previous commissioning exercises have reduced the number of agencies delivering CAVAPB commissioned services. Outside of this, the third sector continues to provide services helping substance misusers, including Inroads and the Living Room- now part of CAIS. Key characteristics of the market are as follows:

4.2 Main characteristics of the market

There is a mix of statutory and third sector agencies delivering substance misuse services across Cardiff and the Vale, with the main providers in the area being Cardiff and Vale University Health Board and Change Grow Live (CGL). A consortium of third sector agencies provides the Footsteps programme, with Solas, Recovery Cymru and New Link operating together. In addition there are a number of other smaller specific contracts.

The Police and Crime Commissioner and HM Prison and Probation Service commission the Offender Interventions Service (known by its brand name- Dyfodol) which is provided by a consortium of private and third sector providers. Dyfodol provides support, treatment, diversionary initiatives and rapid access prescribing within the Criminal Justice system. This means that a parallel approach to prescribing operates with separate providers - Dyfodol and the Cardiff and Vale UHBs Community Addictions Unit (CAU). There is some concern about the interface between the two schemes, especially around integration from Criminal justice to the CAU, in terms of capacity. Many contributors to the Needs Assessment sought a more integrated approach to prescribing.

There is a considerable emphasis on medical approaches to treatment, and many contributors to the Needs Assessment felt that there needed to be a rebalancing. While there was general acknowledgement of the high quality of NHS provision, including Pine Ward, the regions inpatient de-toxification unit, many contributors felt that the provision was insufficiently outward facing to other services

Pine Ward, is more frequently used for alcohol detoxification than for other substances. Detoxification on the Pine Ward is also commissioned by two neighbouring APB areas for their residents who require it. Otherwise there is little funding available for residential treatment, beyond long-term placement for some people with Alcohol Related Brain Damage. Some have suggested that there is a significant self-funder market for residential rehabilitation in Cardiff, and the APB acknowledges the needs for better understanding of this market.

The Recovery movement has been developing strongly in Cardiff and the Vale, and is particularly championed by Recovery Cymru. The role of volunteers and system navigators with lived experience was seen as an important and promising area, but the structure of current services and lack of funding were seen as barriers to expansion.

Many thought that a hub approach with more decentralised and co-located services would be desirable, and although Cardiff and Barry are understandably the main focal points for provision, there is concern about the availability of services for the wider Vale area which is more rural.

There is limited provision for young people, notably around Tier 2 provision. ACE data for Cardiff and the Vale suggests major public health prevention concerns and high levels of vulnerability in children and young people. The Vale of Glamorgan had maintained a youth service which was well focused on vulnerable young people but concerns were expressed about youth service provision in Cardiff.

4.3 Overall current resource allocation

The Welsh Government 2018/19 allocation for specialist substance misuse service provision in Cardiff and the Vale were as follows:

CAV UHB Ring fenced allocation	£2,269,000
Substance Misuse Action Fund (SMAF)	£3,646,679

Within the SMAF allocation, which is grant funding, there are a number of areas for which part of the funding is ring-fenced—Children and Young People, Residential rehabilitation, and counselling.

In addition, there are a number of key public body funded areas which provide services to people who have support and treatment needs as a result of substance misuse in Cardiff and the Vale of Glamorgan. These include;

- Specialist housing and housing related support (Cardiff and Vale of Glamorgan Councils) **£ 1, 577,231** (2017/18)
- Criminal Justice substance misuse service provision, funded by the Police and Crime Commissioner. This is a regional service which operates across South Wales. It is estimated that during 2017/18, **£1,029,000** was spent on Cardiff and Vale residents.
- Both Local Authorities also provide a substance misuse Social Work service, which includes packages of care and support for those who are eligible. Cardiff Social Services spend during 2017/18 was **£869,109** including Social Work team, counselling, packages of care, and residential care. (Excluding management costs and overheads). The Vale of Glamorgan Council spend approximately **£72,201** each year on their social work service, care packages, and residential care (excluding management costs and overheads). This will rise to **£102,847** during 2019/20 with the addition of a substance misuse social care officer.

Key issues about the level of funding are as follows:

- The level of funding is relatively high, and there has been a sustained effort to maintain and improve services.
- The funding structure is complex with a significantly high level of NHS ring-fenced resource which is a key barrier to change, particularly in relation to developing more integrated services, given the high proportion of funding which goes to the main statutory provider.
- The expenditure on specific substance misuse services for young people is low
- There is concern about the lack of capital resourcing available given the number of leased substance misuse service premises.
- The Area Planning Board acknowledges the need for a more detailed financial value based analysis in relation to substance misuse services across the whole partnership arena, and intend to undertake this to inform the substance misuse commissioning strategy.

4.4 Quantity and quality of services

Contributors to the Needs Assessment acknowledged the high level of provision in Cardiff. Generally services were seen as being of good quality.

The main points about the working of the treatment system were as follows:

- The single point of entry service (EDAS), has developed a more flexible approach which has significantly reduced waiting times for assessment, though referral to the CAU can still involve considerable waiting periods, particularly for alcohol misuse.

- Community based treatment in the Open Access and Engagement Service, and the Recovery and Aftercare service was of good quality. However, there was real concern about the limited amount of outreach work, and after care provision.
- The increase in people who were homeless and roofless had been responded to with an increase in provision and work to facilitate access to accommodation, but there was a perceived shortage of provision for women, dry houses, and move on accommodation.
- In meeting the needs of vulnerable people generally, there needed to be much more synergy with non- specialist services.
- Though web site information was available about services and how to use them, many spoke of a need to broaden the availability of information and the approaches used to inform people about services available and how to access them.
- The substance misuse system remained a complex one, despite the reduction in the number of separate contracts in recent years. Changes had been introduced from time to time to address unmet needs, and issues in the pathway, but these had been piece meal and reactive rather than delivering transformational change.

5 Developing Cardiff and Vale APB's preferred model of service for the future

5.1 Main principles

The design, and implementation of a new substance misuse treatment system will be undertaken in line with the following principles:

Coproduction

The design process, and development of service specifications will be conducted as co-productively as possible following a clear timetable and ensuring that structured opportunities are offered for providers, service users and carers to participate. Independent facilitation will be used as appropriate, and the process will be as transparent as possible. After the establishment of the new treatment system, coproduction will be sustained through agreed structures, and all providers will be expected to apply a co productive approach to their own operations, including performance monitoring

Outcome based

Services will be expected to deliver to agreed outcomes. While there will be some outcome measures and a balance approach will be taken, the emphasis will be on the achievement of agreed outcomes. It is recognised that in an end to end treatment system, care will be needed to ensure fair sharing of responsibility and credit for achievement and this will be a key part of service design.

Open and accessible

A number of changes will be necessary to achieve as open and accessible a range of services as possible:

- Good, jargon free information about services will be available on line and in print.
- There will be prompt access to assessment, which will be designed to take account especially of the needs of vulnerable people.
- People using or requiring services will be at the heart of all activity, with help given to navigate services. There will be respect for choice when possible.
- Where possible services will be co-located to reduce journeys, and improve integration.
- Services will operate to as broad a range of opening times as can be achieved within resources.
- Services will be age appropriate, and support will be planned into transition

Timeliness

People will be seen as quickly as possible after referral, and subsequent treatment and support will be in line with an agreed, co-produced plan. This will be reflected in performance measures and urgent action will be taken to avoid unreasonable waiting times, particularly for priority situations- prescribing and agency transfer, for example.

Integrated

The new treatment system will be an integrated one, with a common approach to prescribing across community and criminal justice services. Treatment and after care services will operate as seamlessly as possible within an agreed single pathway, using a common agreed assessment.

There will be strong connections to housing and support agencies, and meeting the needs of vulnerable people will be a priority. This will mean that collaboration and synergy will be sought with other sectors in terms of commissioning pathway integration and practice. Key examples of this are:

- Carer and family provision
- Children and young people, especially those on the edge of care
- Homelessness, housing and housing related support
- Mental Health

Recovery

Harm reduction practice and its importance will be sustained. However, the new treatment system will also have recovery principles at its core, with substance misuse provision innovating, and developing approaches which reduce dependency on services, and promote sustainable recovery. The central role which those with lived experience can contribute will be recognised.

Flexible and agile

A treatment and support system which is focussed on the service user, which aims at a holistic approach to individual needs will require planned packages of care and support, and a workforce which is adaptable and able to adjust to new conditions as they arise.

Similarly organisations and services will need to respond more quickly and effectively to changing patterns of drug use including new substances, poly drug use and high levels of co-occurrence with mental health issues, and to changing demographics or social issues that may impact substance misuse. The ability to work more holistically, across existing tiers of provision, and organisational boundaries will be necessary.

Evidence based and intelligence led

Substance misuse treatment, intervention and support provided in Cardiff and the Vale will be based on current evidence of effectiveness, by services which horizon scan, and are quick to adopt new ways of working in line with the changing evidence base.

5.2 Commissioning approach

In line with the commitment to co- production and an emphasis on outcomes, CAVAPB will decide its detailed approach to procurement once the design of the new service becomes more specific. In general terms, however, the following broad statements can be made:

- The APB will be considering the potential for consortiums and/or lead providers.
- Consideration will be given to a framework agreement for a small number of other selected agencies, and again consortia could be established to participate in a framework.
- It is anticipated that the level of resources will continue at a similar level, and value for money will be a significant consideration.
- The APB is committed to the delivery of evidence based interventions, and demonstrable high quality of care which delivers the outcomes which service users want.
- The APB will want to ensure that the third sector, and social value organisations are well represented in the new treatment and support system.
- Service provision will need to be agile and adaptable to meeting changing need and demand
- The APB will approach neighbouring APB's in South Wales to explore the potential for joint commissioning or collaboration, especially on high cost and specialist services
- The APB will explore the potential for joint commissioning/ alliances with existing responsible authority organisations.
- In line with the *Social Services and Wellbeing (Wales) Act 2014*, CAVAPB will be seeking organisations which add social value in all its procurement for the new system, and will consult with stakeholders in advance about the main focus of social value to be sought.
- *The Well Being of Future Generations Act (Wales) 2015* outlines Five Ways of Working. In line with this, CAVAPB will focus on the development of a system which looks to the long term, and which emphasises prevention, integration, collaboration and involvement.
- CAVAPB will be mindful of the ethos and aims of Welsh Governments 10yr plan A *Healthier Wales, (2018)*

5.3 Indicative timetable for the commissioning process following publication of the MPS

1. Service design, development, assessment of current and future funding streams and resource allocation, resource prioritisation consultation and publication of the commissioning strategy completed by *early 2020*
2. Retender of services *between Spring 2020 and Autumn 2020*
3. Negotiation of final service delivery arrangements with contractors by the *end of December 2020*
4. Mobilisation of new services from *January to March 2021*
5. New system-wide start date *April 1st 2021*

5.4 Actions and responses, which CAVAPB will seek from Welsh Government

CAVAPB will seek support from Welsh Government for the harmonising of funding streams to support a more integrated approach to the commissioning and delivery of substance misuse services

CAVAPB will pursue the issue of capital funding for premises with the Welsh Government.

5.5 Main messages to providers and potential providers

- We will welcome all contributions to the co productive design process
- We are keen to encourage service user involvement within agencies, and recognise that this takes time to plan and implement
- We regard workforce development as key, and will expect agencies not only to play their part but also to collaborate with others and make use of training opportunities, which CAVAPB and others may provide.
- Planning for a more outcome based approach to services will require agencies and their staff to have a good working understanding of what that means and the main concepts involved.
- An integrated service which delivers a more personalised approach assumes that the workforce across Cardiff and the Vale will have a good working understanding of the range of provision, key providers and the methods and approaches which they use.
- Though CAVAPB expects to continue at broadly the present level of resourcing, which is substantial within the national context, this cannot be guaranteed and the ability to manage planned reduction in resources as well as strong commitment to value for money will be crucial.
- We will be expecting managers and key professionals to work together across agency boundaries in an open and constructive way

6 The likely future level of resourcing

At present, the APB expect that the level of Welsh Government funding for substance misuse services will remain at the current level, including inflationary uplift. Welsh Government cannot currently guarantee the continuation of substance misuse capital funding.

7 Support which the Board will provide to establish the preferred service model

This final section concerns actions which CAVAPB will take in order to support the desired service model, both in the period of planning and design in 2019 -21 and subsequently during implementation and operation.

CAVAPB will:

- Review the membership and operating structure of the APB with the aim of ensuring both a co-productive approach and the right level of 'buy-in' to support the change process.
- Feedback key themes and concerns to the Welsh Government and seek support on reconfiguration of funding streams and capital funding for premises.
- Seek new alignments with other partnerships and organisations to ensure synergy where possible both strategically and operationally. Key examples are Community Safety and Domestic Violence where work will be done with DAH in Cardiff and DAARC in the Vale.
- Explore cross funded posts with Criminal Justice substance misuse services
- Contribute to the National Probation Review in respect of the key themes of planned change and the new service model.
- Provide a planned series of workshops for providers to build capacity and support preparation for change.
- Ensure that the third sector and social value organisations are fully involved in the service re-design process
- Instigate a review of information sharing to identify key problems and seek practical solutions.
- Build on the existing availability of multi-agency training and extend provision as far as resources will allow. Priorities will include upskilling of the work force on some of the identified areas of concern- they include supporting prison leavers, domestic violence, and the needs of young people.
- Explore the development of improved training on substance misuse for other relevant groups of workers – care staff and social workers for example.

8 Contact details

For further information, please contact;

Eleri Probert (APB and Commissioning Programme Manager), Cardiff and Vale University Health Board.

Tel; 02921 832111

e-mail: Eleri.Probert@wales.nhs.uk