



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2020/2021

HEALTH AND WELLBEING SCRUTINY COMMITTEE

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A report on the progress of the Integrated Substance Misuse Service in Rhondda Cynon Taf and Merthyr Tydfil

REPORT OF THE DIRECTOR PUBLIC HEALTH, PROTECTION & COMMUNITY SERVICES

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1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update to the Committee on the Implementation and progress of the Integrated Substance Misuse Service in RCT and Merthyr Tydfil.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

2.1 Note the information contained within this report

2.2 Scrutinise and comment on the information provided

3.0 BACKGROUND

3.1 In Cwm Taf Morgannwg the responsibility for the strategic planning and commissioning of services for the treatment and prevention of substance misuse rests with the Cwm Taf Morgannwg Substance Misuse Area Planning Board (APB)

The APB is accountable to the Strategic Partnership Board and ultimately the Public Services Board in respect of all its activities, including the oversight of Welsh Government grant funding expenditure.

- 3.2 In Cwm Taf Morgannwg, the majority of substance misuse services are funded through two Welsh Government funding streams,
- The Substance Misuse Action Fund (SMAF): **£4M**;
 - The Local Health Board ring fenced substance misuse allocation: **£3.5M**.
- 3.3 Rhondda Cynon Taf County Borough Council is the nominated banker and “grant recipient” for the Substance Misuse Action Fund allocation on behalf of the Area Planning Board.
- 3.4 All services currently commissioned for substance misuse within Cwm Taf fall within a 4-tier conceptual framework, which refers to the level of intervention provided:
- **Tier 1:** Consists of a range of drug-related interventions that can be provided by generic providers, depending on their competence and partnership arrangements with specialised substance misuse services;
 - **Tier 2:** Interventions are provided by specialist substance misuse providers and include a range of harm reduction interventions and interventions that engage, retain and support people in treatment. Support for families and concerned others, are also considered to be a tier 2 interventions;
 - **Tier 3:** Specialist provisions including all clinical functions. substitute prescribing programmes and community detoxification;
 - **Tier 4:** Services provide substance misuse inpatient detoxification and residential rehabilitation programmes.
- 3.5 In 2016 as part of a process of modernisation to respond to changes in legislation and service user need, the APB commissioned consultants Health and Social Research to carry out a review of substance misuse service provision in RCT and Merthyr Tydfil with a particular focus on tier 2 and 3 services. They were also asked to develop a model of service ensuring a cohesive whole system approach with equitable and accessible services across the Area.
- 3.6 The review included significant consultation with a wide range of partners, stakeholders and service users, analysis of National and local data and information. Following a Strategic Visioning Workshop on 6th April 2017 attended by APB members and strategic partners across Cwm Taf, consensus was gained for a new substance use service model. The revised model was then presented to a Stakeholder Visioning Workshop on 26th April to ascertain its feasibility in practice.
- 3.7 The Cwm Taf Integrated Substance Misuse Service model was presented to the Strategic Partnership Board on 22nd June 2017 and was approved by the

Public Services Board on 28th June 2017. The APB were then tasked with developing the service specifications.

- 3.8 An update report was provided to the RCTCBC Cabinet on 21st September 2017; and a presentation given to the RCT Health and Well Being Scrutiny Committee on 30th January 2018.

4.0 OVERVIEW OF THE INTEGRATED SERVICE

- 4.1 Following an RCT CBC procurement process, the tier 1 and 2 service was awarded to Barod in December 2018. The contract term is for 5 years with an option to extend for a further 2 years. Tier 3 services are commissioned and provided by Cwm Taf Morgannwg UHB. Both Tier 1/2 and Tier 3 services operate in line with the principles and specification agreed by the APB for the new service model as a whole. The new services commenced on 1st April 2019.

- 4.2 CTM UHB and Barod work in partnership with the APB to contribute towards the following overarching outcomes:

- Reduce problematic substance misuse and dependency in our population;
- Enable early detection and support of individuals who are misusing substances;
- Provide high quality, evidence-based treatment and support according to service user need;
- Support service users to sustain long term recovery.

- 4.3 The new service comprises the following interconnecting components:

- A prevention and early identification/intervention pathway;
- A single Point of Entry;
- A children and young people's service pathway;
- A transition service pathway (for young people leaving children and young people services);
- A pathway for low intensity intervention/treatment and support (Adults Tier 2);
- A specialist service pathway (Adults Tier 3);
- A pathway for shared care services (Tier 3);
- A pathway for sustained recovery.

- 4.4 Providers will work to the following principles:

- Evidence based practice. Psychologically informed treatments and interventions, transparent data to understand demand and manage trends, Continuous improvement based on research and best practice to improve outcomes for service users and staff, a prudent healthcare approach including prioritising treatment for those with greatest need, making the most effective use of skills and resources;

- Person centred care Recovery oriented philosophy building on people's strengths, holistic approach based on effective working alliance between service user and therapist, harm reduction approaches, non-judgemental and non-discriminatory;
- Accessible points of entry Equity of access and a standardised approach across Merthyr and RCT;
- Commitment to Service User Involvement, working alongside service users as equal partners sharing power and responsibility;
- Partnership Working Integration and collaboration between all parts of the service, good communication and clear pathways into Mental Health, Housing, Community and Children Services, Criminal Justice. Working links with community organisations;
- Greater emphasis on Prevention and Early identification Universal and targeted education and advice. Assertive outreach to include proactively engaging with hard to reach groups and communities;
- Outcome focussed with a clear evaluation framework.

4.5 The APB Commissioning team worked closely with Barod and the UHB throughout the implementation phase. In line with the APB monitoring framework, the providers are monitored using the following mechanisms:

- KPI reporting via quarterly performance scorecards;
- Quarterly commissioner and service provider review meetings;
- Quarterly APB progress updates;
- Annual contract compliance monitoring and data verification exercises;
- Compliance with RCTCBC financial procedures.

5.0 ACHIEVEMENTS OF THE SERVICE LEVEL AGREEMENT

- 5.1 The major change to the new Integrated service has been the awarding of the tier 1 and 2 service to a single provider. Previously there were multiple providers with individual contracts for each service component which restricted the flexibility to adapt to changes in demand and service user need. The single provider for the new service allows for resources to be easily moved between the interconnecting components to the areas of high demand when required.
- 5.2 The table below illustrates the comparison to key performance information since the implementation of the Integrated Substance Misuse Service in April 2019.

Table illustrating WG Key Performance information for services prior to the implementation of the ISMS (2018-19) and first year 2019-20.

| | 2019-20 | 2018-19 | 2017-18 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|----------------|
| KPI1 Increase the number of clients who engage with services between assessment and planned ending of treatment by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date. Target; less than 20% | 153 / 7.73% | 221 / 10.09% | 206 / 9.21% |
| KPI2 Achieve a waiting time of less than 20 working days between referral and treatment. Target; more than 80% | 1,706 / 91.18% | 2,089 / 89.46% | 2,038 / 92.17% |
| KPI 5 Number / percentage of cases closed (with a treatment date) as treatment completed. Target; 76.9% | 1,171 / 88.64% | 1,635 / 87.01% | 1581 / 87.44% |
| Number of referrals | 2,784 | 3,216 | 3,102 |
| Number of assessments | 1,991 | 2,381 | 2,322 |
| Number of treatment start | 1,883 | 2,350 | 2,216 |
| Number cases closed | 2,803 | 2,895 | 3,036 |
| Number in treatment | 2,206 | 2,215 | 2,005 |

- The Cwm Taf area has continued to meet the WG targets in each of the KPIs since the implementation of the new service in April 2019.
- In its first completed year, 2019-20, the new service exceeded the previous years (2018-19) performance in all KPI's. In addition, for the same year, performance was above the Wales average in 2 of the 3 KPI's, the only exception being KPI 2.
- The number of referrals reported since the implementation of the new service in 2019-20 is lower when compared to the previous years.
- The percentage of assessments completed remains at over 70 % of those referred. With over 90 % of those assessed beginning treatment.
- 2019-20 information shows that the number of service users in treatment is comparable to the year before the implementation of the new service.

5.3 A number of improvements and innovative measures have been implemented since the start of the new contract in April 2019. In addition, the impact of the Covid 19 Pandemic required significant changes to service delivery. Both Barod and CDAT worked to adapt to new ways of working in line with WG Covid Guidelines.

- The existing drug and alcohol single point of access has been strengthened and improved, growing in momentum despite the challenges of Covid in 2020.
- Weekly partnership joint allocation meetings (JAMs) allow for multi-disciplinary discussion of all new referrals to promote the right service, right time principle. The meetings also provide an opportunity for discussion of individual SU moving between the different tiers of service. The JAM's have worked particularly well digitally during Covid and continue to reduce barriers and offer advocacy to those service

users who were assessed as priority for clinical intervention. There are key partners who have come to the fore in driving the JAM principle forward, particularly in Cynon where the best practice between Tier 2 and Tier 3 has been identified.

- The webchat facility which was piloted in Cwm Taf has attracted hundreds of contacts and reached people who would not normally easily engage, in particular, those concerned others affected by a family member's drug or alcohol use. This has been very important as many families have struggled to manage at home throughout the pandemic. It has opened a new referral pathway into the service
- Co-occurring Mental Health and substance Misuse. Two Mental Health workers provide closer links with mental health services to improve outcomes for SU with co-occurring issues. The relationship between RGH and Barod has improved throughout Covid by adapting to the situation and creating more direct methods of communication with service users who have been admitted to hospital.
- Increased focus on prevention, early identification and intervention. The flexibility of the new contract has enabled resources to become more fluid. As a result, there has been an increase with targeted outreach during lockdown and an increase in partnership working, (third sector and local authority Housing). This has enabled agencies to provide a full package of support for the service user.
- Closer links with housing providers responsible for those with problematic housing issues and ongoing work with hostels and the homeless
- Reaching out to the community – this work included a large food bank initiative, whereby throughout December 2020, Barod collected donations for the Foodbank from the staff, community and supermarkets. This culminated in 50 food parcels for families and individual households.
- Since the start of the contract, Barod identified the need for counselling support for family, carers and concerned others. The counselling service has now been extended to include family members
- Children, young people and families service. Since April 2020, although numbers of referrals have been affected by school closures and have been lower than 2019-20, there has been a move to on-line video sessions which have been well received. The service has delivered a Ketamine campaign and a harm reduction promotion #weare. There have been several substance misuse; facts and myths and personal safety sessions delivered to schools across Cwm Taf. A newsletter is being published on a quarterly basis. The first issue was published in December 2020.

- The peer mentoring service has been focussing on school leavers, responding to the changes in education, e.g. with examination assessments. The service now offers access in to peer support for issues such as next steps in education, careers advice, interview skills and getting job ready.
- Welsh Government Winter Covid fund has provided the opportunity for service users receive digital devices to enable them to maintain engagement.
- Evening clinics are available which provides flexibility for service users in employment or training. These clinics also offer appointments with the CTM UHB Sexual Health nurse and the opportunity for Blood Borne Virus screening.
- As a result of Covid, one to one appointments are now offered virtually (zoom), via telephone and face to face according to assessed need and service user choice.
- During Covid, offices have remained open to facilitate Specialist Needle Exchange Provision as a priority.
- Barod continue to provide online training on a variety of subjects including; Prevention training, Prenoxad, alcohol awareness, overdose awareness, safeguarding, IPEDs. Online self- help resources were delivered to coincide with National campaigns. Safeguarding week, Mental Health Awareness week, Alcohol Awareness week.
- Service User involvement – see section 7

6.0 EQUALITY AND DIVERSITY IMPLICATIONS

- 6.1 There are no equality and diversity implications associated with this report. Service specifications outline the specific requirements for being responsive to the needs of all service users including those with protective characteristics.

7.0 CONSULTATION / INVOLVEMENT

- 7.1 Service user participation / Involvement (SUI) is a key priority for the Area Planning Board and a key theme running through the service specifications. Each agency is expected to fully embrace the concept. The responsibility for overseeing SUI rests with the APB Compliance and Monitoring officer (CMO) in line with the Cwm Taf Morgannwg APB Service User Involvement and Participation Strategy.
- 7.2 There is an active CTM SUI group with over 40 former service users from across the Region. Barod in collaboration with the CMO co-ordinate weekly SUI meetings which are now via the Zoom platform in line with Covid requirements.

7.3 The group regularly receive requests for consultation on a wide range of subjects and from a variety of agencies including Key partners, stake holders and Welsh Government.

8.0 FINANCIAL IMPLICATION(S)

8.1 Substance misuse services are financed through two Welsh Government funding streams.

- The Substance Misuse Action Fund (SMAF): **£4M**;
- The Local Health Board ring fenced substance misuse allocation: **£3.5M**.

The Integrated service is funded through these external grants therefore there is no financial implication for the Council.

9.0 LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

9.1 There were no legal implications arising from the service change, however the proposals were reviewed to ensure they were in accordance with the conditions attached to the Welsh Government Grant Funding requirements.

9.2 The model complies with best practice guidelines and legislation, particularly, The Crime and Disorder Act 1998, The Welsh Government Substance Misuse Service Delivery Plan 2019-22. NICE Guidelines, the Social Services and Well-Being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, the Adverse Childhood Experiences Study (2015) and the NHS Prudent Healthcare principles.

10.0 LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT.

10.1 By taking steps to shift the focus of approach from treatment to prevention, and focussing on improving the health and well-being of individuals and families, we are supporting the delivery of the Governments well-being objectives in "*Prosperity for all: the National strategy*"

10.2 The links to the Welsh Government "*A Healthier Wales, our Plan for Health and Social Care*" can be evidenced in the partnership working arrangements between Health, Social Care and other agencies to provide a holistic care and treatment plan for service users. The Integrated service is person centred, with a public health approach, an emphasis on harm reduction, prevention and treatment, and sustained recovery. Reducing substance misuse also aligns to the quadruple aims.

10.3 The WG National Substance Misuse Delivery Plan and the CTM Local Delivery Plan aligns to 5 ways of working in the *Well Being of Future Generation Act 2015*. Throughout the priorities and commitments in the plans, there is a focus on having a **long-term** impact on individuals and families, **prevention** of substance misuse is a key priority throughout the plan.

Effective working requires **collaboration, involvement and integration**, which are evident throughout the actions in the plans.

These principles and priorities are replicated in the service specification for the Integrated service.

11.0 NEXT STEPS

- 11.1 As part of the Local Authority boundary change in April 2019, the Bridgend area moved into Cwm Taf to form Cwm Taf Morgannwg. Therefore, the APB is now responsible for the planning and commissioning of substance misuse services for the Bridgend population. The APB has convened a Bridgend Development subgroup to manage the transition of services from Western Bay to Cwm Taf Morgannwg and to develop Substance Misuse services in Bridgend that will align with the current Integrated Service in RCT and Merthyr Tydfil.
- 11.2 The APB commissioning team will work closely with CDAT and Barod to manage Covid recovery planning in line with National and local guidance.

12.0 CONCLUSIONS

- 12.1 The implementation of the Cwm Taf Integrated Substance Misuse Service in April 2019 represented a significant change in service delivery in the tier 1 and 2 service. The transition period was managed well with minimum disruption for service users.
- 12.2 A single provider promotes equitable and consistent service provision across RCT and Merthyr
- 12.3 The change from several individual contracts to a single provider has improved flexibility and assisted with innovation. Resources have already adapted to meet the demand for additional outreach support and counselling services for those individuals affected by someone else's substance misuse issues. Close working with providers and provision of data and intelligence provide evidence to adapt further in the future when appropriate.
- 12.4 Closer financial monitoring assist with ensuring value for money going forward.
- 12.5 Working with a single provider has also assisted with strategic planning and co-ordination.
- 12.6 The recommissioning of services in the Bridgend area will utilise the RCT/Merthyr integrated service model and principles to promote equitable and consistent service provision across Cwm Taf Morgannwg.