



Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **NEATH PORT TALBOT COUNCIL**

### **NEATH PORT TALBOT SOCIAL SERVICES, HOUSING AND COMMUNITY SAFETY CABINET BOARD**

**16<sup>th</sup> November 2023**

**Report of the Interim Head of Housing & Communities  
Chelé Zandra Howard**

#### **Matter for Decision**

#### **Wards Affected:**

All Wards

#### **Permission to provide information on the 'The Transformation Programme - The Alliance Outline Business Case'**

#### **Purpose of the Report:**

To inform members of the 'Transformation Programme - The Alliance Outline Business Case' and seek approval to continue to develop the programme of work outlined.

#### **Executive Summary:**

In order to ensure that Neath Port Talbot County Borough Council ("The Council") is best placed to respond to the challenges and demands for substance treatment services, it is requested that members give permission for the Transformation Programme Manager to continue to develop the Programme of work as provided within the Transformation Programme - The Alliance Outline Business Case. Full document included in Annex 1.

This approval will enable the Transformation Programme Manager to continue to develop a public health approach to the prevention of and treatment for substance misuse. The approach promotes full integration with all the relevant service sectors, recognising that supporting the 'whole' individual, i.e., working with all facets of an individual's life, is more effective and cost-effective in achieving sustained benefit.

The programme of change aims to deliver a comprehensive and seamless service for those at risk of, or experiencing physical, psychological or social harms involving substance use, supporting them to achieve long term and sustainable control over use by addressing underlying causal and amenable risk and behavioural issues.

This new approach will require procurement of a new integrated substance use service across Swansea and Neath Port Talbot, using an 'Alliance' contracting approach, that will replace the current multiple range of contracting arrangements that exist for drug and alcohol related interventions. This will provide a new integrated service which will be managed as a unified system.

## **Background:**

In recent years, the level of drug-related deaths and severe infections amongst people injecting drugs in Neath Port Talbot and Swansea has been an increasing concern.

This led the Western Bay Area Planning Board for Substance Misuse (APB) to take action and request a "Critical Incident" meeting of the Public Service Boards (PSBs) for Neath Port Talbot and Swansea.

The Critical Incident group was asked to review, based on the evidence, if all agencies should consider substance misuse as a priority given the threat, risk and harm picture presented. The proposal to adopt a public health approach was recommended at the joint meeting of the Swansea and Neath Port Talbot Public Service Board (PSB) in January 2020, and agreement was obtained for the chair and vice chair of the APB to drive forward a joined approach with Public Health Wales. This resulted in the finalised proposal to adopt an integrated public health model for substance misuse in Western Bay Area Planning Board and the proceeding 'Transformation Programme - The Alliance Outline Business Case' which begins the process of moving from a high-level vision of a public health model into a reality.

## **Financial Impacts:**

Taking forward the actions within the 'Transformation Programme - The Alliance Outline Business Case' will require financial investment. There is already a financial envelope being utilised to support substance treatment services from Neath Port Talbot Council, and there are a range of partners who are also contributing to the regional funding envelope, such as Swansea Bay Health Board, Swansea Council, South Wales Police and South Wales Police and Crime Commissioner for example. However, there is also funding from Substance Misuse Action Fund Revenue and Capital, from Welsh Government. The programme will make use of existing financial streams that are already in place, but will also seek to understand where other potential funding streams may be available, which could contribute to a whole system approach.

The aim of the programme will be to ensure that all funding streams including those funded by Neath Port Talbot Council achieves best value for money and that there is a sound financial case for any additional potential investment that the Council may wish to make.

In taking forward the actions in the 'Transformation Programme - The Alliance Outline' and in particular the commissioning of the new substance treatment system, any activity will be considered by financial experts in Neath Port Talbot Council procurement and legal, and will come back for continued scrutiny, consideration and decision by members to ensure the business case as it develops, continues to be justifiable.

## **Integrated Impact Assessment:**

A first stage impact assessment has been undertaken to assist the Council in discharging its legislative duties (under the Equality Act 2010, the Welsh Language Standards (No.1) Regulations 2015, the Well-being of Future Generations (Wales) Act 2015 and the Environment (Wales) Act 2016. The first stage impact assessment has indicated that a more in-depth assessment was required.

An overview of the Integrated Impact Assessment has been included below in summary form only and it is essential that Members read the Integrated Impact Assessment, which is attached to the report at Appendix 2, for the purposes of the meeting.

The Integrated Impact Assessment identified that the 'Transformation Programme - The Alliance Outline Business Case' outcomes will have a positive impact on people that are at risk of/or are experiencing drug and

alcohol use issues. It will aim to proactively address the challenges facing individuals, families and communities experiencing the harm associated with harmful substance use.

### **Valleys Communities Impacts:**

It is recognised that there can be challenges for people in Valley communities accessing certain services in a timely way (timescales in receiving prescribing for example) and due to location (having to commute long distances to access support). The access to and quality of provision of substance treatment support services needs to improve across all areas of Neath Port Talbot. The 'Transformation Programme -The Alliance Outline Business Case' and its continued development will ensure that access to services for Valley communities is specifically considered and any new commissioned services developed, are based on the needs and views of Valleys residents. Ensuring increased access to and improved provision for Valleys communities will be a key objective.

### **Workforce Impacts:**

The action currently proposed within this proposal does not have an immediate impact on the Council workforce. However, as the programme develops there may be changes required that impact on the workforce. Any changes of this nature would be underpinned by a robust case for change and impact assessment. Implementation of actions will be sensitively and appropriately managed in line with HR policies and managers will work closely with employees and Trade Unions when implementing any changes.

### **Legal Impacts:**

The Transformation Programme -The Alliance Outline Business Case has no direct legal impacts at this stage. However, as the commissioning elements of the programme develop, there will continued liaison with Neath Port Talbot legal services and reporting to members for information, scrutiny, monitoring and agreement with regularity.

### **Risk Management Impacts:**

The key risk of continuing with the existing service structures is the continued areas of unmet need, with continued high mortality rates and substance use related harms felt by individuals, families and communities.

If substance treatment services were not re-commissioned, with substance use services ending, this would result in a heavily increased demand on

primary and secondary care services. The ending of the services would remove vital harm reduction facilities and leave a significant number of individuals at risk of premature mortality or overdose.

### **Crime and Disorder Impacts:**

The access to timely and quality substance use treatment is a key feature in reducing the harm associated with the misuse of drugs and alcohol. There is a substantial evidence base which indicates that substance treatment services and interventions are effective for reducing reoffending rates and treating substance use needs. These include opioid substitution treatment, psychosocial interventions, brief interventions, trauma informed approaches and digital online interventions. The Transformation Programme - The Alliance Outline Business Case and its intended outcomes are likely to have a positive effect in providing more effective and timely treatment and therefore will make a positive contribution to the Councils duty to reasonably prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and

- a) The misuse of drugs, alcohol and other substances in its area; and
- b) Re-offending in the area

### **Counter Terrorism Impacts:**

The Transformation Programme - The Alliance Outline Business Case is unlikely to have a specific impact on the duty to prevent people from being drawn into terrorism.

### **Violence Against Women, Domestic Abuse and Sexual Violence Impacts:**

It is recognised by many studies that have been conducted, how harmful consumption of alcohol or drugs and intimate partner violence are intertwined. Evidence indicates that being under the influence of any substance greatly increases the risk of abusive and violent behaviour.

It is vital that there is a cohesive approach to the needs of women who have experienced co-occurring substance use and domestic abuse which will need to be considered within any new service development.

It is likely that the programme will have positive impact in addressing substance use related harm ensuring the council continues to fulfil its duty to remove or minimise any factors which —

- (a) increase the risk of violence against women and girls, or
- (b) exacerbate the impact of such violence on victims.

**Consultation:**

There is no requirement for external consultation on this item at this time.

**Recommendations:**

Having had due regard to the integrated impact assessment, it is recommended that Members approve the principles, aims and objectives of the Transformation Programme - The Alliance Outline Business Case, and provide support for the continued planning to enable the future procurement of a new integrated substance use service, using an Alliance contract, that will replace the current range of contracting arrangements for drug and alcohol related interventions.

**Reasons for Proposed Decision:**

Agreement to proceed with the 'Transformation Programme - The Alliance Outline Business Case' will enable the continued Programme development.

**Implementation of Decision:**

The decision is proposed for implementation after the three day call in period.

**Appendices:**

List each appendix using the same title as appears on the appendix

Appendix 1: Transformation Programme – The Alliance Business Case

Appendix 2: Integrated Impact Assessment for the Transformation Programme

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**Annex 1**

*Transformation Programme- The Alliance  
Outline Business case*

Version	Status	Date	Author	Amendment Details
0.1	Draft	29/08/2023	Angharad Metcalfe	
0.2	Draft	15/09/2023	Angharad Metcalfe	Minor amendments to spelling and removal of incorrect financial figure in readiness for APB review

**Revision History**

Date of next revision:

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked

**Approvals**

This document requires the following approvals.

Name	Signature	Title	Date of Issue	Version
Keith Reid (APB Chair)		Director of Public Health Swansea Bay		
Simon Belcher (APB vice Chair)		Chief Superintendent		
Andrew Jarrett		Director of Social Services and Housing NPT Council		
David Howes		Director of Social Services Swansea Council		
Deanne Martin		Head of Probation Delivery Unit Swansea and NPT HMPPS Wales		
Lisa Shipton		Strategic Lead for MH,SM South Wales PCC		

**Distribution**

This document has been distributed to:

Name	Title	Date of Issue	Version
Senior Reference Group	Director level meeting of Responsible authorities	14/09/2023	0.1 Draft

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## **Initiation of proposed integrated public health programme for substance misuse in Western Bay Area Planning Board**

### **Executive Summary**

#### **Background**

Substance misuse is a significant challenge to public services across Wales, including health and social care, policing and Local Authorities, as well as to our wider communities. In 2018, the level of drug-related deaths and severe infections amongst people injecting drugs in Neath Port Talbot and Swansea was an increasing concern, alongside the increasing prevalence of Organised Crime Groups (OCGs) in the region. This led the Western Bay Area Planning Board for Substance Misuse (APB) to take action and request a “Critical Incident” meeting of the Public Service Boards (PSBs) for Neath Port Talbot and Swansea. The Critical Incident group was asked to review, based on the evidence, if all agencies should consider substance misuse as a priority given the threat, risk and harm picture presented. The proposal to adopt a public health approach was recommended at the joint meeting of the Swansea and Neath Port Talbot Public Service Board (PSB) in January 2020, and agreement was obtained for the chair and vice chair of the APB to drive forward a joined approach with Public Health Wales. This resulted in the finalised proposal to adopt an integrated public health model for substance misuse in Western Bay Area Planning Board.

#### **Programme Aims and objectives**

A Public Health approach to the prevention of and treatment for substance misuse promotes full integration with all the relevant service sectors, recognising that supporting the ‘whole’ individual, i.e., working with all facets of an individual’s life, is more effective and cost-effective in achieving sustained benefit.

**The overarching aim of the programme will be to deliver a comprehensive and seamless service for those to at risk of, or experiencing physical, psychological or social harms involving substance use to achieve long term and sustainable control over use by addressing underlying causal and amenable risk and behavioural issues.**

- Develop and jointly commission integrated Health and Justice pathways and provision locally, that serve individuals and the community more effectively
- Commissioning for outcomes, outcomes which the people using our services, and those with lived experience of substance misuse have told us are important to them
- Keep people at the centre and be informed by lived and living experience
- Build effective pathways and joint working with specialist systems (mental health, housing, social care)
- Build on the knowledge and experience of existing providers, staff and clinicians
- Commission substance use services across Swansea and Neath Port Talbot using an Alliance contract
- The Alliance will work closely with the people they support to co-produce services around their collective and personal needs, strengths, and wishes.
- The commissioning of an Alliance will need to demonstrate the public value of substance misuse services.

- Commission the Alliance in a way which will ensure it can adapt and change practice and provision, to reflect and respond to new demand, trends, evidence, and research in a timely way.
- Improve access and engagement by developing effective outreach models, with a strong focus on those groups who are non-treatment seeking or experience inequality in access to treatment
- Support intermediate and longer term local and national outcomes such as reducing drug use and drug related deaths

### **Needs Analysis**

A range of data and evaluation sources have been utilised to understand the population needs of Swansea and Neath Port Talbot (provided in Annex 3). The data provided evidences the continued drug and alcohol related issues faced by the people in our communities. 'Increase in rates or individuals admitted with an alcohol specific conditions' and 'In 2021 the highest of European age standardised rates (EASR) for drug deaths was recorded in Swansea Bay Health Board.' The levels of drug and alcohol hospital admissions and deaths are only some of the indicators of the rising damage from substance use in Swansea and Neath Port Talbot. Blood borne viruses, school exclusions related to drugs, children in receipt of social services care, re-offending rates and drug related violence are all indicators of the level of harm experienced by our communities.

In addition to the overall population data reviewed in this Outline Business case, the Western Bay Area Planning Board Health and Social Research Needs report (2019), the Health Inspectorate Wales (2018) thematic Review of Substance Treatment Services, the WB APB Strategic Evaluation of Prescribing Services (2022), the WB APB Children and Young People Services Review (2023) and the South Wales Police Drugs Market profile (2023) have also been considered. Whilst it is noted that the evaluations reviewed span a wide period of time, services have not been recommissioned during this time, and reoccurring themes have been found. The key thematic issues that exist in the current system include access, demand, capacity, quality of care, integration, disjointed with criminal justice, co-production with lived and living experience needs to be developed, outcomes for people, data and evaluation, workforce planning and communication.

### **Strategic Direction and Business alignment**

Area Planning Boards (APBs) were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm' at the time, and now to deliver on the Welsh Governments latest **Substance Misuse Delivery Plan 2019-2022 (the 'Plan')**. The APBs were intended to provide a regional framework, to:

- **Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,**
- **Enhance and improve the key functions of planning, commissioning and performance management.**

Commissioning guidance was published in October 2015, to support the role of the APBs and their requirement to establish an **outcome-based commissioning strategy**.

APBs are involved in combining resources for the development and management of substance misuse services across **Community Safety Partnership areas**. This provides opportunities for strengthening service planning, commissioning, delivery and performance management whilst also achieving efficiencies.

The **Well-being of Future Generations (Wales) Act** places responsibility upon all Public Bodies in Wales to think about the long-term impact of the decisions they make, and to consider how they can work better with people

and communities. In line with the Act and the Public Service Board Well-being Plans, there should be focus on the substance misuse system as whole, supporting focus on early intervention and prevention alongside long term planning for sustainability. The requirements of the *Social Services and Well-being (Wales) Act 2014*, and the *Public Health (Wales) Act 2017*, both aim to reduce health inequalities through the delivery of sustainable, outcome focused services. As part of the Act, Regional Partnership Boards have been established to improve the well-being of the population and to improve how health and care services are delivered, and therefore there is an inherent link to the work of the Area Planning Board.

Substance misuse services on a South Wales basis are currently commissioned by the Health Board, Area Planning Board, Police and Crime Commissioner, HMPPS and Local Authority. Services work to **separate service specifications** and are monitored for impact based on the service delivered. While this structure has functioned well, it remains underpinned by traditional, bilateral contracting arrangements that do not specifically encourage collaborative working and have limited the level of integration achieved. With each organisation working to different outcomes and performance judged individually, there is little incentive to take a best-for-system, outcome-based decisions.

### **Commissioning the Integrated Public Health Approach - Alliance Contracts**

Within a traditional commissioning system such as is currently in existence in Western Bay APB, providers have separate contracts or separate service level agreements and separate objectives. The performance of providers is judged individually, with the commissioner acting as the co-ordinator of the patient pathway. Within Alliance contracting there is only one contract and one performance framework to adhere to. Objectives, values and outcomes are also aligned to the Alliance and there is collective accountability as well as shared risks within an Alliance.

In order to address the issues identified in our current substance misuse system, the way services are commissioned and delivered needs to change. A new system needs to be developed which focusses on a continuum support and treatment, but which is experienced as integrated, person centred, and which is focussed on prevention, wellbeing and recovery.

### **Benefits**

It is estimated that for every £1 spent on drug services in Swansea and Neath Port Talbot there will be £21 benefit over 10 years i.e., positive Social Return on Investment. For every £1 Invested in alcohol treatment a total of £26 over 10 years. This includes substantial savings to the local authority, to health, to criminal justice partners and in social care, in mitigated adult and children's social care and housing costs.

The new integrated services will benefit our communities as it will be easy for people to understand and access. It will focus on achieving the best possible outcomes for Swansea and Neath Port Talbot residents and communities affected by substance use and will be tailored to the needs of its diverse communities.

Through bringing together the full range of substance use interventions into one integrated system the proposed service will reduce the level of management and oversight required, maximise the potential for efficiency savings, ensure value for money and provide long term sustainability, which will benefit all of the responsible authorities.

## **Risks**

The key risk of continuing with the existing service structures is the continued areas of unmet need as outlined with the needs analysis, with continued high mortality rates and substance use related harms felt by individuals, families and communities.

If substance treatment services were not re-commissioned, with substance use service ending, this would result in a heavily increased demand on primary and secondary care services. The ending of the services would remove vital harm reduction facilities and leave a significant number of individuals at risk of premature mortality or overdose.

## **Programme Risks**

- *Risk of challenge should the WB APB choose not to re-commission services from members of the public, from key stakeholders, from Public Services Boards and Welsh Government.*
- *Interdependencies with multiple organisations may result in delay in re-commissioning process whilst gaining agreement from individual responsible authorities.*
- *APB structure resilience to maintain business as usual whilst transformation is underway*
- *Interdependencies with multiple organisations may be at different stages of 'readiness'*
- *Risk of destabilising the existing 'good parts' of the system*
- *Staff engagement and retention through the change process*

## **Programme Timescales**

The programme will run between September 2023 and September 2025. The current Draft Schedule of activity to commission an Alliance is summarised as follows:

From September 2023 - Jan 2024 Alliance Readiness Stage: In this stage this Outline Business case will be agreed, which will enable the continued development of the Commissioning of an Alliance. The development of the initial vision, purpose, objectives, financial envelope and overall commissioning strategy will be developed.

From Jan 2024- July 2024 Alliance Commitment Stage: In this stage the KPI's and Outcome framework will be developed, with scope, schedule, finance, invoicing, performance schedule, expectations, service standards schedule) etc

From July 2024- March 2025 Alliance Formation Stage: In this stage the contract is issued out to the market and an evaluation of the bidder group is initiated, with the preferred bidder announced.

From April 2025- September 2025 Alliance Operational Stage: The contract is awarded and the move to operational delivery is progressed

### **Business Option Recommendation**

In this Outline Business case three main options have been considered. They include de-commissioning services; recommissioning like for like services and re-commissioning a new integrated service. Each recommendation has been subject to a Strengths, Weaknesses, Options and Threats (SWOT) analysis.

The SWOT analysis support that the best option is to re-commission a new integrated service, using a cooperative commissioning model to drive collaboration (with an Alliance contract) pooling budgets.

### **RECOMMENDATION: The Western Bay Area Planning Board responsible authorities are asked to:**

**1)To approve the current Outline business case which will enable the procurement of a new integrated Substance use service, using an Alliance contract, that will replace the current range of contractual arrangements for drug and alcohol related interventions with an integrated service managed as a unified system.**

## **Initiation of proposed integrated public health programme for substance misuse in Western Bay Area Planning Board**

### **1. Purpose of this document**

The purpose of the Outline Business Case is to document the initial justification for undertaking the programme and the continued investment in an integrated public health model for substance use services for adults and young people (young people defined as up to the age of 25 years old).

### **2. Background**

Substance misuse is a significant challenge to public services across Wales, including health and social care, policing and local authorities, as well as to our wider communities. In 2018, the level of drug-related deaths and severe infections amongst people injecting drugs in Neath Port Talbot and Swansea was an increasing concern. This issue, alongside the increasing prevalence of Organised Crime Groups (OCGs) in the region and the emergence of county lines activity, led the Area Planning Board for Substance Misuse (APB) to take action and request a “Critical Incident” meeting of the Public Service Boards (PSBs) for Neath Port Talbot and Swansea. The Critical Incident group was asked to review, based on the evidence, if all agencies should consider substance misuse as a priority given the threat, risk and harm picture presented.

The proposal to adopt a public health approach was recommended at the joint meeting of the Swansea and Neath Port Talbot Public Service Board (PSB) in January 2020, and agreement was obtained for the chair and vice chair of the APB to drive forward a joined approach with Public Health Wales. This led to agreement of the development of the ‘Integrated Public Health Model for Substance Misuse in Western Bay Area Planning Board’ paper jointly drafted by Josie Smith, Head of Substance Misuse for Public Health Wales, and Angharad Metcalfe, Strategic Lead on Substance Misuse and Mental Health for the Police & Crime Commissioner for South Wales. The paper set out the high-level plans of the APB to transform and jointly commission services across the region. The paper was submitted to the meeting of the two public services boards in Swansea and Neath Port Talbot on the 16<sup>th</sup> October 2020 where all responsible authorities agreed.

### **3. Programme Aims and Objectives**

#### **3.1 Key Aims:**

**The overarching aim of the programme is to develop an integrated Public Health approach to the prevention of and treatment for substance misuse. The aim of this approach is to reduce the harm to individuals, their families and their communities caused by the problematic use of drugs and alcohol.**

**The aim will be to replace the current range of contracts, and service level agreements through commissioning an integrated highly visible, accessible and effective substance misuse service that delivers integrated treatment and support to meet the needs of the diverse population of Swansea and Neath Port Talbot.**

### **3.2 Key Objectives:**

- To design, develop and implement a comprehensive and seamless service for the people of Swansea and Neath Port Talbot who are at risk of, or experiencing physical, psychological or social harms involving substance use.
- Services will be **re-commissioned** to drive whole system change in the treatment service landscape in Swansea and Neath Port Talbot. This will require the development of an '**Alliance Mandate**' and a **Commissioning Strategy**
- An '**Alliance contract**' will be used the contractual method to enable pooled commissioning budgets that will support the development and delivery of the integrated, person-centred whole system approach.
- A co-produced **outcomes framework** will be developed that can show progress and encourage learning and continuous improvement across the substance treatment system.
- To deliver substance services that focus on promotion of **early intervention**, resilience and self-care to improve people's health and well-being and reduce health inequalities.
- Services will be **responsive** to local needs, and where possible services will be **co-located** with statutory and voluntary partners to strengthen pathways and deliver interventions in a holistic **person-centred** way which represents value for money.
- **Safeguarding** and supporting children and young people affected by parental or other significant and/or family member's problematic use.
- A clear **engagement strategy** for services will be required to improve **access** and encourage and increase the take-up of treatment to all people, and specifically for people who are currently underrepresented in services.
- The service will deliver **assertive outreach** making use of **community venues** and education settings, working closely with universities and colleges to develop pathways for students using drugs and alcohol.
- The promotion and application of the **recovery philosophy** throughout the substance misuse treatment and support system across Swansea and Neath Port Talbot will be key
- The establishment and expansion of the **recovery community network** across Swansea and Neath Port Talbot that includes peer support networks, social engagement opportunities, diversionary activities, access to treatment and support when required, mutual aid and opportunities for self-care.
- Services will be designed to avoid duplication and ensure **efficient use of resources**, ensuring opportunities to improve financial resilience are utilised and social enterprise is developed
- There are a range of interfacing services and opportunities for **integration** and pooling budgets which will be explored during the life course of the programme, for example Mental health, Education, training and employment support services, Housing organisations etc.
- The model will comply with **best practice guidelines** and legislation, particularly the Welsh Government Substance Misuse Delivery Plan 2019 - 2022<sup>1</sup>, NICE guidelines<sup>2</sup> and UK guidelines on clinical management 2017.<sup>3</sup>

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<sup>1</sup> [Substance misuse delivery plan: 2019 to 2022 | GOV.WALES](#)

<sup>2</sup> [Find guidance | NICE](#)

<sup>3</sup> [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](#)

## 4. Identified Need

The population of Swansea and Neath Port Talbot combined is approximately 338,000.

142,000 in Neath and Port Talbot

246,000 in Swansea



In 2021/2022 across all services commissioned by the APB, 4,062 people were supported, in 2022/2023 this figure rose to 4,548. For criminal justice commissioned services, in 2021/22 there were 2,605 referrals with 764 people on caseload March 2022. In 2022/23 there were 2,828 referral and 833 people on caseload March 2023

Demographics (% split) (does not include CJS)		
Local Authority	Swansea: 67%	NPT: 33%
Gender	Females: 35%	Males: 65%
Ethnicity 23% had none recorded	White: 75%	Other: 3%

The percentage split with Local Authority Areas reflects there are more people accessing services as a percentage of the general population in Swansea compared to Neath Port Talbot (population split: Swansea: 63; NPT 37).

### Key statistics at a glance:

- There are almost twice as many males accessing services than females.
- There are much fewer ethnic minorities accessing services compared to white people.
- 70% of people accessing services were aged between 30 and 55.

### Data Summary

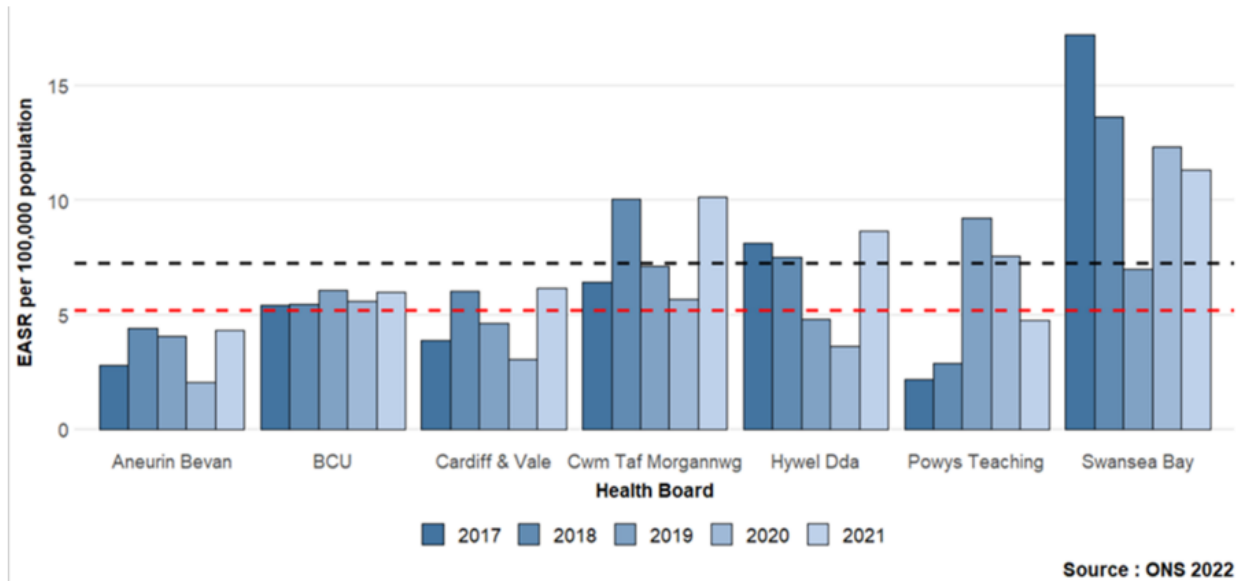
Public Health Wales compiles a summary of routinely reported substance misuse related data, drawn from a number of sources including Digital Health and Care Wales, Harm Reduction Database (HRD) Wales, Welsh National Database for Substance Misuse (WNDSM), Office for National Statistics (ONS), Local Authority Education services and home Office data. The report is titled 'Data Mining Wales: The annual profile for Substance Misuse 2021-22 and can be accessed using the following link:

[phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/](https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/)

The following chart (1) taken from the data mining report, shows drug misuse deaths by Health Board area in Wales. The European age standardised rate (EASR) for drug misuse deaths registered in 2021 in Wales was 7.2 deaths per 100,000 population compared with 5.1 deaths per 100,000 population in 2020. In 2021, the highest EASR of drug misuse deaths was recorded in Swansea Bay University Health Board with a rate of 11.3 per 100,000 population.

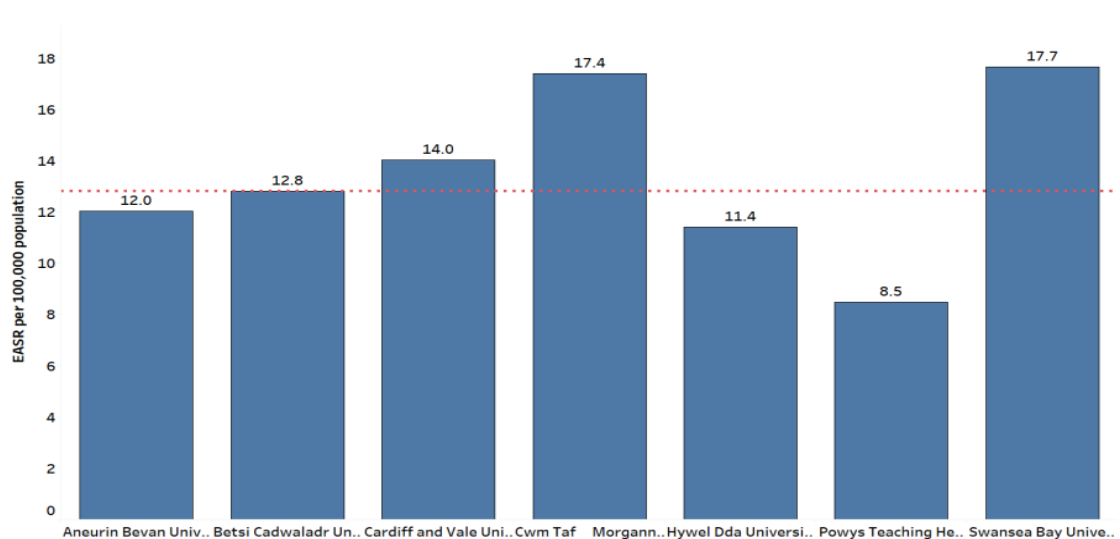


Chart 1



It is evident from the high levels of drug deaths observed from the data in the Swansea and Neath Port Talbot area that the current substance treatment services need to be transformed to ensure they are meeting the needs of the population and reducing drug related deaths.

In 2020-2021, 1 of the 22 Local Authority areas in Wales have seen an increase in rates of individuals admitted with an alcohol-specific condition. The increase was observed in Swansea, with an increase of 5 per cent from 2019-20.<sup>4</sup> Chart 2: European age standardised rate of alcohol specific deaths, Wales, three-year rolling averages, deaths registered in 2019-21, by Health Board



Source: Office for National Statistics and Digital Health and Care Wales, 2022

There was considerable geographic variation in three-year rolling average of alcohol-specific deaths for 2019-21, as can be seen in Chart 2. It is evident that Swansea Bay Health Board area has the highest level of alcohol specific deaths.

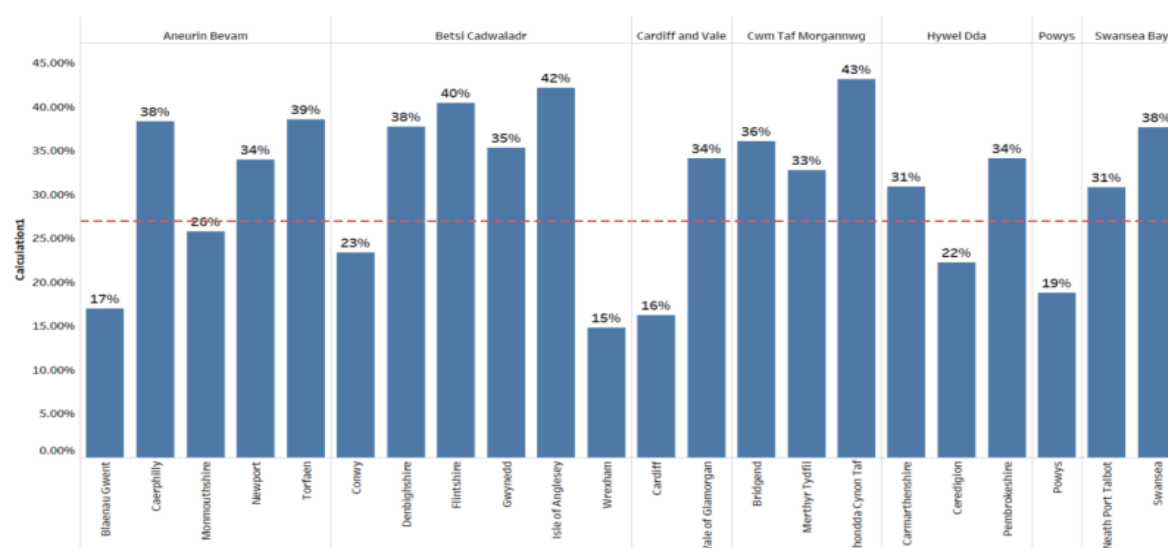
<sup>4</sup> [phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/](https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/)

As with hospital admissions related to alcohol, there was geographic variation in illicit drug related admissions. Aneurin Bevan University Health Board (ABUHB) area has the highest EASR of admissions related to illicit drugs (156.8 per 100,000 population) and along with all health boards other than Cardiff and Vale and Powys Health Board areas, had rates above the Wales average in 2021-22.<sup>5</sup>

The levels of drug and alcohol death is only one indicator of the rising damage from substance use in Swansea and Neath Port Talbot. Hospital admissions, blood borne viruses, school exclusions related to drugs, re-offending rates and drug related violence are all indicators of the level of harm experienced by our communities. The impact of poverty is evidenced through the proportion of all patients admitted for alcohol-specific conditions living in the most deprived areas in Wales as being 3.3 times higher than those from the least deprived areas in Wales. In relation to illicit drug use, this figure rose to 7.3 times higher.<sup>6</sup>

In 2021 there were 16,675 children receiving care and support in Wales, down from 16,235 in 2020, a decrease of 2.7 per cent. Of these, there were 5,155 children, 30.9 per cent, with parental substance misuse listed as a factor in their referral (up from 27.01 per cent in 2020). There is considerable variation between local authorities in the proportion of children receiving care and support with parental substance misuse, as shown in Chart 15 below, with the Wales average (27 per cent) indicated by the red line. In 2021, the Local Authorities with the greatest number of cases were Swansea with 435 cases, followed by Rhondda Cynon Taf with 740 cases. Proportionally, Rhondda Cynon Taf had the highest proportion of children receiving care and support with parental substance misuse indicated as a factor (43 per cent).

**Chart 3: Children Receiving care and support in Wales, percentage with parental substance misuse problems by local authority as at 31<sup>st</sup> March 2021.**



Source: Welsh Government, 2022

In addition to the data provided by Public Health Wales, the Western Bay APB was keen to consider how it could better understand the needs of the local population. As a result, the APB commissioned a Health and Social Needs

<sup>5</sup> Source: Substance Misuse Programme / Digital Health and Care Wales, 2022 Chart 6: Hospital admissions related to illicit drugs, residents, European Age Standardised Rate per 100,000 population, by drug type and Health Board area 2021-22

<sup>6</sup> <https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2020-21/p10>

Research (HSR) analysis in 2019. This would build on an earlier Health Inspectorate Wales (HIW) thematic inspection of substance misuse services across Wales, but would drill down into Swansea and Neath Port Talbot services specifically. This was an independent extensive report which included the views of key stakeholders including young people, adult service users, concerned others, third sector, members of staff, GPs and the public (for full information on methodology please see attached full documentation in Annex 3). The following summary provides some of the thematic areas where there is evidenced need. The data and comments used to support this outline business case has been developed from a range of sources which can be located in Annex 3. For full analysis please review the documentation in the Annex. Key issues in the current system include access, demand, capacity, quality of care, integration, criminal justice links, outcome measures, co-production, data and evaluation, communication and workforce planning.

### Access and capacity of services

*'There are individuals who do not access services who are at risk of severe harm. An assertive outreach programme is in place to help to address this. Service providers, APB members and partner organisations identified the challenges for services when they do not have sufficient capacity to meet the increasingly complex needs of individuals using substances. Individuals with complex needs tend to have to wait the longest for CDAT treatment following assessment. CDAT capacity issues are exacerbated by the lack of low threshold prescribing places in primary care. A lack of adequate support and treatment for those with mental health issues was identified consistently by service users and service providers as the area of greatest unmet need. (HSR 2019)*

It is recognised that since the HSR report in 2019, there have been changes made, with providers and commissioners attempting to find solutions together, however the recent Strategic Evaluation of Prescribing Services (STEPS) conducted in 2022 indicates these issues are enduring. *'The high rate of DRDs and long waiting times indicate that the current model does not work. Current Long waiting times mean that people are not able to access the service that they need/want, when they need/want it.'* (Strategic Evaluation Prescribing Services 2022)

*"Service providers, APB members and partner organisations identified the challenges for services when they do not have sufficient capacity to meet the increasingly complex needs of individuals using substances.'* (HSR Review 2019)

Health Inspectorate Wales in their review of substance misuse services across Wales asked "Is the treatment on offer right for people and can people easily access the treatment they need?". *"People generally said they could access the right type of treatment, but initially many didn't know where to get help. People had positive experiences of getting help quickly from some services such as those which have 'drop-ins'. However, people found it difficult to get the treatment they needed from substitute prescribing, detox, rehab and counselling services, because of long waiting times and a lack of capacity in services".*

It is evident that this is a reoccurring thematic issue from the recently published (August 2023) South Wales Police Drugs market profile which notes that through the focus groups undertaken in the review there were many barriers faced by service users in trying to access treatment and support services.

### Integrated working

The fragmentation of services continues to frustrate both substance misuse practitioners, and people using services. Currently there is an extremely broad range of different services available across the system. However, access routes into them can be confusing, indirect and overlapping. This complicates things for service users and

workers within the system, and leads to duplication. The divide that still exists between third sector, criminal justice and NHS provided services is viewed as particularly obstructive to providing joined-up, high quality care.

*“We found greater joint working is needed between substance misuse services, secondary care, primary care, social services and, in particular, mental health services. People often said they found it difficult to get help with their mental health problems and described being bounced around between substance misuse and mental health services. During our review, we also heard about the complexity of needs of people presenting to services is increasing, including both mental and physical health needs which placed added pressure on services.”<sup>7</sup>*

*‘Welsh Government and all APBs need to work to improve joint working between substance misuse services, secondary care, primary care and mental health services.’<sup>8</sup>*

*‘A possible barrier to joint working between substance use services and mentioned by several stakeholders is the difference in their values or philosophies. The one raised most frequently is that between proponents of abstinence and non-abstinence approaches.’ (HSR 2019)*

An individual using a number of different services might have separate care/support plans from each service. This is supported by the findings of the 2019 HSR review: *‘There were difficulties accessing Child and Adult Mental Health Services, a transition pathway is not funded by the APB and treatment outcomes are not measured consistently. Some interviewees raised the prospect of possible overlap/duplication in the provision of Tier 1 substance use service between public health, police, social services and youth provision.’ There is a need to develop the pathways for detoxification and mental health support, with accessible links to CAMHS.*

*‘Third sector agencies still seem to be in competition with each other over bids for services and/or commissioning, this creates a barrier to seamless joint working. This can also lead to agencies promoting their particular treatment philosophy to service users rather than offering real choice.’ Service Provider*

### Collective focus on outcomes for people

Substance misuse services in Western Bay are currently commissioned by the Health Board, Police and Crime Commissioner, Policing, both Local Authorities, and via the APB Welsh Government Substance Misuse Action Funding. Services work to separate service specifications, and are monitored for impact based on the service delivered. Each organisation is working to different outcomes and performance judged individually, there is little incentive to take best-for-system, outcome-based decisions. The Health Inspectorate Wales 2018 review indicated the following learning is key for commissioners, partner organisations, service providers and Welsh government: *“We believe there are significant weaknesses in oversight around the quality and safety of services. This means commissioners may not be able quickly identify, monitor and act on emerging themes and issues across all services in order to protect people’s safety.”<sup>9</sup>* A finding from the Health and Social Research conducted in 2019 supports this as a feature with Western Bay APB and identified, *‘Treatment outcomes are not consistently measured’.* (HSR 2019.)

<sup>7</sup> HIW Review of Substance Misuse Services in Wales -Joint thematic report p7.

<sup>8</sup> HIW Review of substance misuse services in Wales-Joint thematic report.p33

<sup>9</sup> HIW Review of Substance Misuse Services in Wales -Joint thematic report p8

## Service Design and co-production

The existing service provision has not been designed by service users or those with lived/living experience. “Evidence is growing of the capacity of co-production to increase efficacy, sustainability and value for money”<sup>10</sup> The Dame Carol Black report is described as a landmark independent Review of drugs and in Part 2 highlighted the need develop a “‘National Commissioning Quality Standard’ that can and should exist alongside local leadership and innovation so that services are tailored to local needs within a strong partnership approach. Many successful treatment and recovery systems include smaller, locally led voluntary-sector organisations. These are often well placed to engage minority populations and underserved groups.”<sup>11</sup>

In the existing system, we see limited ethnic minority groups accessing services, and **our future contracting approach should consider opportunities to allow smaller locally led providers with expertise to be involved in delivering specialist service provision**. Drug misuse deaths are 5 times higher in those living in the most deprived decile compared with the least deprived.<sup>12</sup> These groups frequently have complex backgrounds, often featuring trauma. By diversifying our approach, we are better placed to better support the diverse experience across race and ethnicity but also faith; gender and gender reassignment; sexual orientation; maturity and age; disability and neurodiversity.

## Lived and living Experience

Consideration at a local level as to the future service delivery should also be **outcome focused** and developed by those with **lived and living experience**. “Various terms are used to describe collaborative approaches to service delivery for example outcomes-focus, person-centred, service-user involvement and co-production. What they all have in common is an underlying philosophy which values individuals, builds upon their own support systems and considers their place in the wider community. This approach requires a move away from service-led or top-down approaches to one of genuine citizen empowerment, involving service-users and their communities in the commissioning, design, delivery and evaluation of services.”<sup>13</sup>

## Criminal Justice pathways

Prison provision is disjointed. Health Boards are currently responsible for prescribing in Prisons via health care, with ‘Dyfodol’ providers offering psychosocial intervention for those who are within the Criminal Justice System. The benefit of jointly contracting with partners, would ensure that people in criminal justice **are seen as part of the whole system**, and therefore responsibility for support within and on release will ensure that the Prison population receive all of the support that community-based population would receive. This is particularly relevant to the Tier 4 (residential rehabilitation) pathway provision from Prison which is limited.

## Data and Evaluation

We need to share and make use of data between partners more effectively so that service users and carers do not have to keep ‘telling their story’ to different staff and providers, feeling that their care is not coordinated and organisations are working in silos. We need to be able to measure success more meaningfully, capturing data, including service user views and experiences, that can tell us what impact services have had and the outcomes for individuals.

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<sup>10</sup> [26361 Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem \(gov.wales\)](https://gov.wales) p8

<sup>11</sup> [Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>12</sup> PHW Harm reduction database

<sup>13</sup> [26361 Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem \(gov.wales\)](https://gov.wales)

## Communication

Knowing where to go to easily find information, advice and assistance is still a challenge for many service users and carers. Staff also are often unaware of the broad range of support available to help people, particularly through local voluntary and community groups. We need to find better ways of collecting, sharing, using and updating information about local services and how to access them. The length of time since last known contact with services for fatal drug poisoning cases (2016-2021) 40% of individuals had no contact with services within 12 months prior to death.<sup>14</sup> The HSR reports '*service users, members of the public and individuals working in partner organisations consistently comment on services not being well enough known. They are also confused about who NEWiD is or how it works and about substance misuse services generally*'.

## Workforce planning and training

It is recognised that all services have been affected by recruitment and retention issues. This impact is felt not only during periods of vacancies but when new staff join, they need time to develop their skills and confidence before managing full caseloads. Services also report that they are supporting an increasing number of people with a high range of complex needs, which impacts capacity as they require a higher intensity support. (Individual end of year reports provide details of vacancies and this issue is reflected in APB contract monitoring documentation).

## **5. Strategic Direction and Business alignment**

A public health approach has been a key element of Welsh Government policy for many years, as evidenced by the 2008-18 substance misuse strategy 'Working together to reduce harm' and associated Delivery Plans<sup>15,16</sup> as well as Police & Crime Plans<sup>17</sup>. The Partnership between the Welsh Government, Police & Crime Commissioners, Chief Constables, Housing / homelessness and Public Health Wales has led to joint initiatives including establishment of the Violence Prevention Unit<sup>18</sup> and promotion of a trauma informed approach to the work of the police, education, health and social care organisations and their partners which is now Wales-wide as 'Early Action Together'. Evidence from adoption of trauma-informed approaches indicates increased engagement with services and improvements in outcomes.<sup>19</sup> On-going work seeks to develop a similar approach to mental health, so the approach proposed in this document aligns with the priorities of criminal justice, health and social care as well as that of local government and other partners.

*A Healthier Wales*, sets the clear vision for the long-term plan for health and social care services in Wales. Services are expected to work together to transform the way that services are delivered, from an acute service provision to wellness services, and from hospitals into our communities. [A healthier Wales: long term plan for health and](#)

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<sup>14</sup> Harm Reduction Database

<sup>15</sup> 5 Welsh Government Substance Misuse Strategy: Working together to reduce harm 2008-18. Available at: [the-substancemisusestrategy-wales-2008-2018.p](#)

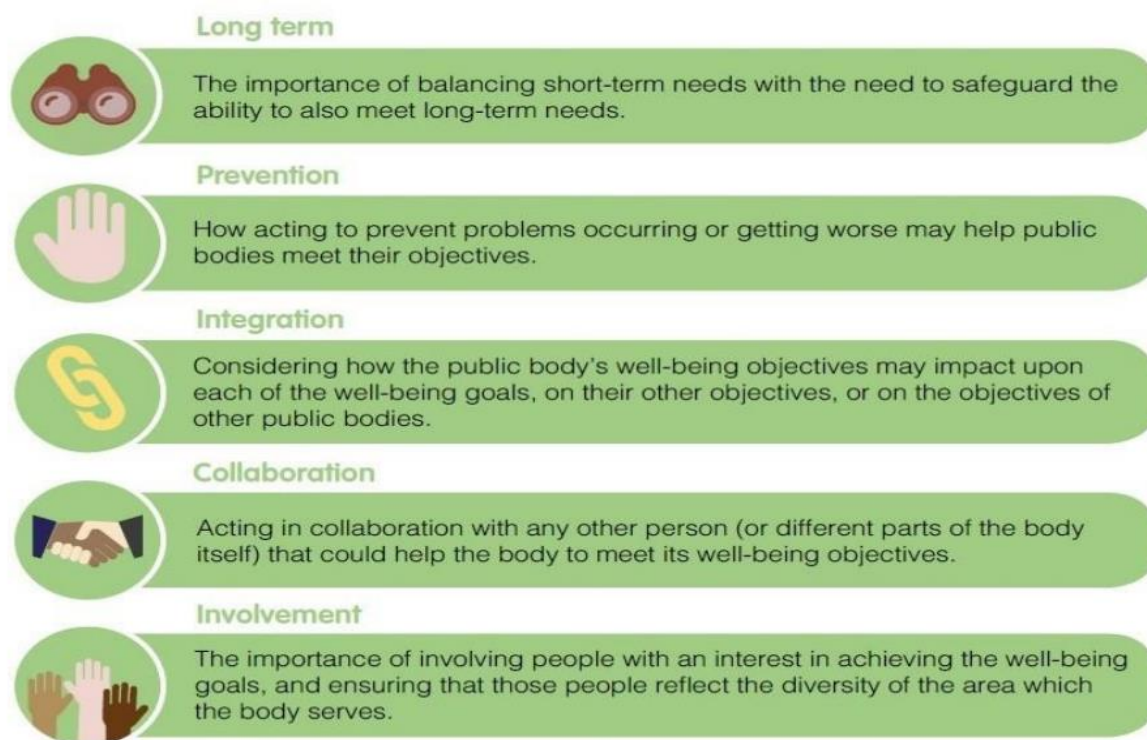
<sup>16</sup> Welsh Government Substance Misuse Delivery Plan 2019-2022. Available at: [substance-misuse-delivery-plan-2019-22.pd](#)

<sup>17</sup> Office of the Police and Crime Commissioner South Wales. South Wales Police & Crime Plan 2019-23. Available at: <http://www.southwalescommissioner.org.uk/en/your-commissioner/police-crime-plan-2019-2023/>

<sup>18</sup> Wales Violence Prevention Unit. <https://www.violencepreventionwales.co.uk/>

<sup>19</sup> Di Lemma L.C.G., Davies A.R., Ford K., Hughes K., Homolova L., Gray B and Richardson G. (2019). Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course. Public Health Wales, Cardiff and Bangor University, Wrexham, ISBN 978-1-78986-035-1.

The **Well-being of Future Generations (Wales) Act** places responsibility upon all Public Bodies in Wales to think about the long-term impact of the decisions they make, and to consider how they can work better with people and communities and focus on preventing problems from occurring in the first place. The Act requires us to work “in accordance with the sustainable development principle”, which are defined by the following 5 ways of sustainable working;



The **Well-being of Future Generations Act** requires a Public Services Board to be set up in each local authority area in Wales. Neath Port Talbot and Swansea Public Services Boards both assess the well-being of the people that live in their respective areas and produce a well-being plan every five years. The approach outlined in this business case will ensure that the service level outcomes developed will contribute to the Public Service Board well-being plans, supporting both local and National outcomes. In line with the Act and the Public Service Board Well-being Plans, there should be focus on the substance misuse system as whole, supporting focus on early intervention and prevention alongside long term planning for sustainability.

The requirements of the **Social Services and Well-being (Wales) Act 2014**, and the **Public Health (Wales) Act 2017**, both aim to reduce health inequalities through the delivery of sustainable, outcome focused services. As part of the Act, **Regional Partnership Boards** have been established to;

- ✓ **Improve the well-being of the population, and;**
- ✓ **Improve how health and care services are delivered**

The Welsh Government's **Substance Misuse Delivery Plan** also focusses on prevention, addressing the underlying causes of substance misuse, and the delivery of integrated and accessible provision. The Welsh Government's 2015 Revised Service Guidance for Commissioning Substance misuse Services and the 2014 Substance Misuse Treatment Framework is clear in regard to the value of co-production with service user engagement' which are key elements of our future proposals. It also takes into account emerging expertise on commissioning; the

strengthened role of the APBs, the requirement to establish an outcome-based commissioning strategy and new national and local priorities.

**Area Planning Boards (APBs)** were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm' at the time, and now to deliver on the Welsh Government's latest Substance Misuse Delivery Plan 2019-2022 (the 'Plan'). The APBs were intended to provide a regional framework, to:

- ✓ **Strengthen partnership working and strategic leadership in the delivery of the substance misuse strategy; and,**
- ✓ **Enhance and improve the key functions of planning, commissioning and performance management.**

APBs are involved in combining resources for the development and management of substance misuse services across **Community Safety Partnership** areas. This provides opportunities for strengthening service planning, commissioning, delivery and performance management whilst also achieving efficiencies. This regional approach has now been in operation for a number of years. It has helped to relieve some of the burden at individual Community Safety Partnership level but also enabled experience and expertise to be shared more effectively on a national level.

Substance misuse services on a South Wales basis are currently commissioned by the Health Board, Area Planning Board, Police and Crime Commissioner, HMPPS and Local Authority. Services work to separate service specifications and are monitored for impact based on the service delivered. While this structure has functioned well, it remains underpinned by traditional, bilateral contracting arrangements that do not specifically encourage collaborative working and have limited the level of integration achieved. With each organisation working to different outcomes and performance judged individually, there is little incentive to take a best-for-system, outcome-based decisions.

On a South Wales basis, there have been changes to the key partnership structures which enable greater collaboration and resource planning. The Health Board areas, Policing Basic Command Units and HMPPS Probation Delivery Units share the same geographical footprint and are aligned to the Area Planning Board regions, providing an opportunity to collaborate more effectively to address population needs at a local level.

#### [Future Strategic Commissioning approaches evidence](#)

A resource document produced by Revolving Doors (which has been developed for use by Directors of Public Health, Police and Crime Commissioners, the Police and other health and Justice commissioners, service providers and those with lived experience) outlines the need for systemic solutions to complex problems through commissioning and delivering programmes jointly with partners across the system. Setting key indicators using the existing public health and policing frameworks help to demonstrate the case for joint commissioning, forming integrated provision and common performance outcomes is located within the following report [Rebalancing-Act.pdf \(revolving-doors.org.uk\)](#).

Commissioning for shared outcomes (World Class Commissioning) outlines that "Commissioning in the future is likely to make use of longer term, outcome-based contracts and population-based budgets. Commissioning will become more strategic and concerned with the funding and planning of new models of integrated care rather than the annual contract round that has added little value to the NHS in recent years." (Kings Fund 2018)

The Dame Carol Black Report (Part 2) further supports the "Local partnerships should involve collaboration on needs assessment and commissioning plans. Local plans for the required package of services (including



treatment, recovery support, mental health services, care of physical co-morbidities, and support for housing and employment) should be produced and published jointly, in collaboration between all those agencies responsible for providing services for drug users in a given local authority area.”

The Mortality and MCN report 2020 <sup>20</sup> provide consideration on understanding high mortality rates among people with multiple and complex needs, and is particularly relevant to the approach that should be considered given the significant and continuing level of drug mortality in Swansea and Neath Port Talbot. Page 4 specifically refers to policy practice and recommends:

- Collaboration with people with lived experience for service provision/development of research
- Create a tiered person-centred treatment/care pathway that is trauma informed and free of stigma
- Actions to implement a whole –system approach:
- Improve collaboration and communication across all areas of services provision (especially Substance Misuse and Mental Health)
- Improve service continuity and navigation
- Introduce whole system commissioning models.

The Dame Carol Black Report (Part 2) states: “Retendering services as frequently as every 3 years hampers the creation of a stable network of services. Commissioning is often little more than a procurement exercise, placing undue emphasis on price at the expense of quality. Commissioners should work collaboratively with treatment providers and introduce longer commissioning cycles of at least 5 years to reduce service disruption and discontinuity. This would bring local authority commissioning more into line with NHS practice where there is a move away from competition in favour of collaboration. Whilst this report was focussed on Commissioning in England (as we have different funding structures in Wales), the direction of commissioning in the future is focussed on collaborative rather than competitive commissioning.”<sup>21</sup>

## **6. Commissioning the Integrated Public Health Approach - Alliance Contracts**

In order to address the issues identified in our current substance misuse system, the way services are commissioned and delivered needs to change. A new system needs to be developed which focusses on a continuum support and treatment, but which is experienced as integrated, person centred, and which is focussed on prevention, wellbeing and recovery. While improvements can be made in continuing to commission in the traditional way, the transformational change required will be difficult to achieve.

An Alliance contract is a contractual arrangement between commissioners and providers agreeing to collaborate to achieve a common goal. These types of contracts have been utilised in the UK and worldwide by commissioners seeking to integrate service delivery and transform service provision. Alliances are a form of intensive partnership. There is a higher level of collaborative decision-making and shared responsibility for all activities than is usually seen in most partnerships. Instead of being a group of organisations who each separately undertake their part, coming together occasionally to review progress and report to each other, an Alliance is a

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<sup>20</sup>

<http://www.fuse.ac.uk/media/sites/researchwebsites/fuse/Mortality%20and%20MCN%20Report%20Oct2020.pdf>

<sup>21</sup> [Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/674242/Review_of_drugs_phase_two_report_-_GOV.UK_(www.gov.uk).pdf)

more intensive collaboration where everything from planning, implementation, overall financial responsibility, risk, and day-to-day management is shared

#### The key features of an Alliance contract include;

- Those who commission services enter into a single overarching contract with a number of providers
- All commissioning organisations are part of the alliance
- Objectives are aligned for all parties and everyone signs up to an agreed vision and values against which the contract will be delivered
- All parties are jointly responsible for delivering the agreed outcomes
- Everybody succeeds or fails together – commissioners and providers share risk and reward
- Commissioners pool their payment streams into a combined pot of funds, and any cost savings are shared between the parties
- Strong relationships are essential and disputes are resolved within the alliance
- Innovation is expected and built into the contract

#### Alliances agree to;

- work to a common goal (shared vision, purpose, objectives and outcomes)
- act in a certain way (shared principles, and values and behaviours)
- have a contractual agreement (Alignment, commitments and financial framework)

#### Many of the UK established alliances include the following principles in their Alliance Agreement;

- Co-production; integral to the Alliance principles the Alliance works together to produce services for the service users
- To assume collective responsibility for all of the risks involved in providing services under a Multi-Party Alliance Agreement;
- Make decisions on a 'Best for people using services' basis; not best for the relative Alliance members organisations
- Commit to unanimous, principle and value based-decision making on all key issues;
- To adopt a culture of 'no fault, no blame' between the Alliance partners insofar as is practicable;
- Adopt open book accounting and transparency in all matters relating to the Alliance;
- Appoint and select key roles on a best person basis
- Act in accordance with agreed Alliance values and behaviours at all times

Alliance Commissioning in relation to health and social care services is a relatively recent development. However, there are a number of successful examples operating in the UK and internationally (e.g., Canterbury, New Zealand) that clearly demonstrate the advantages of collaborative partnerships in the planning, design and delivery of health and social care services that deliver significantly improved outcomes for service users. Notable examples are;

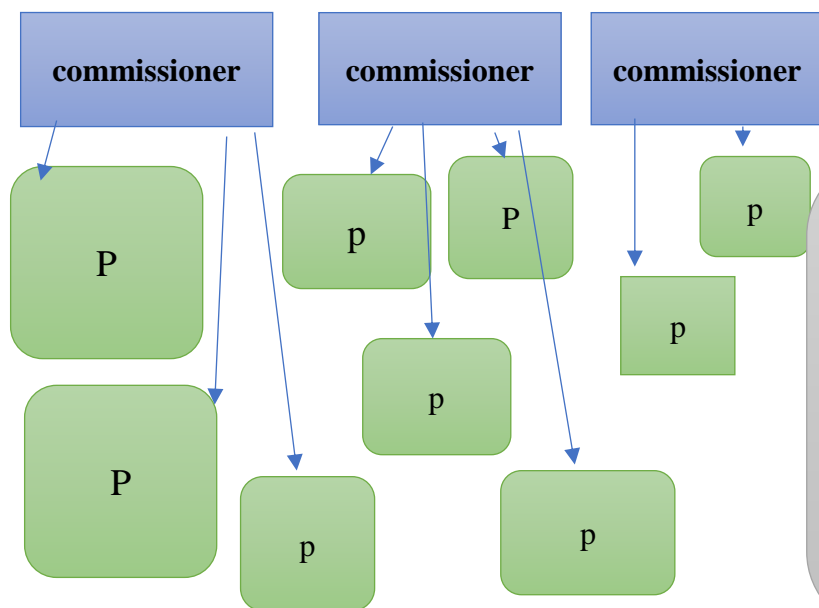
- Glasgow within a homeless context. [Glasgow Alliance -homelessness](#)
- Lambeth as part of a well-being programme. [Lambeth Mental Health and Wellbeing Alliance](#)
- Plymouth for adults with complex needs. [Plymouth Alliance](#)

For further information and case studies, please see [www.lhalliances.org.uk](http://www.lhalliances.org.uk)

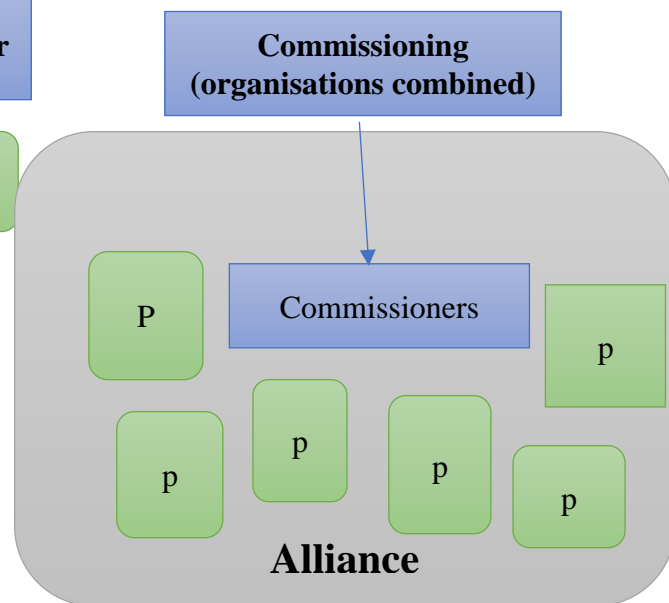
#### **The Differences in Alliance Contracting, As Opposed to Traditional Contracting**

Within a traditional commissioning system such as is currently in existence in Western Bay APB, providers have separate contracts or separate service level agreements and separate objectives. The performance of providers is judged individually, with the commissioner acting as the co-ordinator of the patient pathway. The terms of traditional contracts are usually rigid, based on a tight specification, and changes to this, which might be required through the length of the contract, is not easily accommodated. Within Alliance contracting there is only one contract and one performance framework to adhere to. Objectives, values and outcomes are also aligned to the Alliance and there is collective accountability as well as shared risks within an Alliance.

**Traditional/ Current state**



**Alliance**



Alliance Contracting	Traditional Contracting
Commissioners are closely linked to the delivery team; they are part of the Alliance	Commissioners are separate from delivery
Based on a risk sharing, 'No blame' culture	Based on risk transference
Everyone works towards shared whole system outcomes	Services work to spate organisational objectives and service specifications
Outcomes are foundation for all Alliance members	Responsibility for outcome delivery is apportioned across separate providers
Encourages decision making founded on 'best for people" and "best for system"	Encourages decision making founded on 'best for organisation'
Open book accounting	Closed book accounting
Trust based relationships	Transactional relationships
Common aligned goals	Cost based competition

In a traditional commissioning approach, fixed service specifications are agreed for a specific number of years. An alliance would be in a position to adapt the financial flows and service provision across the system to meet

<sup>22</sup> ©LH Alliances Ltd

changing need. For example, should preventative work prove successful and the need for treatment and intensive support reduce over time, the alliance could agree to reconfigure services without having to wait for the next round of re-commissioning.

Evidence from alliances elsewhere in the UK has shown that an alliance contract with providers and commissioners aligned to a set of common outcomes can promote new ways of working and better use of resources. The collective focus is on the outcomes for people (in relation to access, care quality and experience) and providers are incentivised to communicate more effectively, be more efficient and reduce duplication. In other Alliances, the reduction in duplication has produced financial savings, and whereas the need to make cost savings is not a main driver for this transformation, any potential savings could potentially be re-invested in preventative services to achieve the longer-term strategic objectives of partners in the Alliance. Indeed, alongside the service provision outcomes of the Alliance, there will be agreed outcomes for finance and workforce.

## **7. Business recommended option and rationale**

***We have considered a number of options which are outlined below:***

- 1) Existing contracts and service level agreements will expire. This option is not recommended due to the detrimental impact this would have on current and future service users who need to access support. It would also have a wider impact on primary and secondary care providers who would become responsible for supporting in the region of 7000-8000 users requiring both clinical and psychosocial support.***
- 2) Re-commission the services with multiple contracts on a like for like basis using the current model, current single tender contracts and financial envelope.***
- 3) Re-commission a new integrated service, using a cooperative commissioning model to drive collaboration (with an Alliance contract) pooling budgets.***

### **Option 1- Do Nothing**

This option is not recommended due to the detrimental impact this would have on current and future service users, and the wider impact on primary and secondary care providers who would become responsible for supporting in the region of 4000-5000 service users requiring psychosocial and/or clinical support. The high level of mortality rates as evidenced in data require an effective response.

### **Option 2 - Recommission on a like for like basis**

Option 2 is to continue to commission substance use services using the current model and financial envelope. Whilst the current treatment model produces tangible outcomes for service users, there continues to be a lack of capacity in resourcing to address unmet need (see appendix 1), high level of alcohol and drug reacted mortality with fragmented services and long waiting lists for prescribing.

**SWOT Analysis of option 2**

Strengths	Opportunities
<ul style="list-style-type: none"> <li>✓ Deliverable using the current financial envelope</li> <li>✓ Limited complexity for commissioning team</li> <li>✓ No change for services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Service continues to deliver on current treatment model with minimal re- launch and mobilisation</li> <li>✓ Successful bidders may be able to flex roles within current model to meet needs</li> </ul>
Weaknesses	Threats
<ul style="list-style-type: none"> <li>- Continued inability of services to meet demand</li> <li>- Continued fragmentation of services</li> <li>- Continued short-term contracting arrangements</li> <li>- Providers and commissioners working to separate values, aims and outcomes</li> <li>- Lack of collaborative working across separately commissioned services</li> <li>- Difficult system for people using services to navigate</li> <li>- Duplication and overheads for contracts and buildings separately</li> </ul>	<ul style="list-style-type: none"> <li>➤ Rising costs in staffing</li> <li>➤ Rising costs in medication</li> <li>➤ Rising costs in estates</li> <li>➤ Lack of innovation</li> <li>➤ Poor staff retention</li> <li>➤ Continued high level of drug death, risks of infectious diseases and overall health of people in Swansea and NPT</li> </ul>

**Option 3 - Re-commission a new integrated Service using a cooperative commissioning model to drive collaboration**

*Re-commission a new integrated service, using a cooperative commissioning model to drive collaboration (with an Alliance contract) pooling budgets*

**SWOT Analysis of option 3**

Strengths	Opportunities
<ul style="list-style-type: none"> <li>✓ Integrated approach with statutory agencies, delivery organisations and communities working together</li> <li>✓ A co-produced set of outcomes that can show progress and encourage learning and continuous improvement</li> <li>✓ Use of alliance contracting to drive collaboration and innovation and to foster risk and responsibility sharing between all parties</li> <li>✓ Longer contracts to allow planning and investment</li> <li>✓ Outcome based contract with providers trusted to develop support and services that work and are right for people</li> </ul>	<ul style="list-style-type: none"> <li>✓ whole system approach to addressing needs of people affected by drugs and alcohol</li> <li>✓ one service approach which is easy to access</li> <li>✓ People affected by drug and alcohol use have support and services built around them</li> <li>✓ Minimise 'hands off' and need for eligibility criteria</li> <li>✓ Create a system that is easy to navigate</li> <li>✓ Link up support and services with prevention</li> <li>✓ Part of a system, able to influence and contribute to how the system develops</li> <li>✓ Providers have the opportunity to have longer term contracts reducing the cycle of short-term tender planning</li> </ul>

<ul style="list-style-type: none"> <li>✓ Flexibility to change support and services over time as demographics, numbers or needs change</li> <li>✓ Working alongside organisations with same common goal and similar values</li> <li>✓ pooling funds mean there is potential for more value for money reduced duplication and overheads of e.g., letting contracts separately</li> <li>✓ drives collaborative working focused on people not individual organisations</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reducing the competitive approach and increasing the collaborative approach</li> </ul>
Weaknesses	Threats
<ul style="list-style-type: none"> <li>- Longer commissioning timeline due to time required for co production</li> <li>- Additional programme team resources for programme completion</li> <li>- More complex than single tenders due to partnership negotiation and individual organisation sign off</li> </ul>	<ul style="list-style-type: none"> <li>➤ Market readiness</li> <li>➤ Cost of living crisis and rising prices for services</li> <li>➤ Readiness of commissioners to commit financial resources</li> <li>➤ Lack of agreement at Exec level across respective responsible authorities</li> </ul>

## **Recommendation**

**It is recommended that agreement is sought for Option 3.** The arrangements for substance Misuse Action Fund (SMAF) grant funding approval mean that when there is any alteration to any of the numerous 'lines of spend' then Welsh Government approval is often needed – sometimes for very minor adjustments, or small reallocations of resource. It is therefore proposed that the expenditure profile reconfiguration into an Alliance will encourage delivery of the services through partnership between providers. This is expected to improve the joint working and partnership arrangements between agencies, as well as avoiding duplication, with organisations having a self-regulation function within their package to ensure value for money, and efficient use of resources.

This would also result in a much greater degree of flexibility in repositioning resources within a package, to support the most efficient practices, and ensure that under spend is minimised each year and decisions are made on the basis of the system as a whole.

### **High level metrics**

The New services commissioned will be required to provide detailed performance data in relation to recovery from problematic drug or alcohol use, blood borne viruses and harm reduction.

The metrics will be co-produced and the approach would be to commission for 'outcomes'. An 'outcome' is the meaningful and valued impact or change that occurs as a result of a particular activity. Outcomes may be achieved over a short time or they may be longer term in nature. As part of this programme the 'outcomes' will need to be defined utilising a range of perspectives including people who have used services, front line staff

and service managers. A focused set of outcome measures will need to be included in the contract. They will form part of an '[Outcomes framework](#)' which will be developed.

We will also be required to measure the Welsh Government Key Performance Indicators (KPIs). These are currently:

- KPI 1 Did not attend Post Assessment <20%
- KPI 2 Referral to Treatment Waiting Times>80%
- KPI 3 Misuse of problematic substance reduced WG Target 70.3%
- KPI 4 Quality of Life Improved 56.9%
- KPI 5 Positive Treatment Closures target 72.3%

It should be noted that the Welsh Government KPI's are subject to change and therefore KPIs would be expected to align with any changes required. In addition all Substance Misuse Services are expected to conform to the National Core Standards for substance misuse services in Wales. [Core standards for substance misuse services | GOV.WALES](#)

In addition to the outcome measures and metrics (ensuring the '[what](#)' is measured), the framework will also consider '[how](#)' services measure. This will include system characteristics measures and indicators (for example the strength of service user involvement, or the level of involvement people have in their own care plans). As this is a multi-agency programme the outcomes and KPI's will be developed cooperatively.

## **8. Expected Benefits**

The anticipated benefits of the proposed programme are listed below:

### **Cashable benefits**

The consequences of drug and alcohol dependency are significant. These affect not only the individuals concerned, but also their children, families and wider community. Effective prevention, treatment and recovery can help substantially reduce the social and economic costs of drug-related harm. It is estimated that for every £1 spent on drug services in Swansea and Neath Port Talbot there will be £21 worth of benefit over 10 years i.e., positive Social Return on Investment. For every £1 Invested in alcohol treatment a total of £26 over 10 years. This includes substantial savings to the local authority, to health, to criminal justice partners and in social care in mitigated adult and children's social care costs and housing costs. See Appendix 3 for further detail on, and estimates of, the social return on investment.

### **Non-cashable benefits**

Recommissioning the service will ensure the continued provision of effective treatment for drug and alcohol use and the provision of ongoing recovery support. The services will reduce demand on primary care, secondary care services and A&E as well as reducing hospital admissions. The services will continue to work alongside police and probation partners to reduce the risk and impact of crime on communities within Swansea and Neath Port Talbot. Young people within the region will benefit from an accessible and timely service provision to address their needs in collaboration with other agencies or organisations that may be working with them. The service will enable the reduction of harm from drug or alcohol use and assist in managing risks associated with child criminal and sexual exploitation.

## **Strategic Benefits**

Cross organisational working leads to expertise from partners being shared and opportunities for joint staff training initiatives. It means that organisational expertise across the areas is combined, with an opportunity for smaller specialist organisations having an opportunity to deliver services as part of an Alliance. Those organisations are often excluded from larger funding opportunities despite their ability to impact positively in the community. Services that offer specific focus for women or minority ethnic groups and support services for example.

Initiatives that are commissioned and provided jointly and which are driven by the individual's needs have the greatest potential to bring about positive health outcomes and contribute to a much wider social dividend. Therefore, to transform the quality and continuity of services, we need to do more to secure greater integration of services to provide a joined-up approach to care, with improved information sharing and communication between organisations. The Alliance provides an opportunity to formally integrate in a contractual co-operative agreement.

Integrating services will enhance the ability to provide a continuous health and care pathway and deliver a person-centred approach to care, reducing the number of separate assessments carried out on individuals.

An Alliance will reduce duplication, and integrate service provision. Rather than numerous service providers delivering treatment and support but operating autonomously, the Alliance would operate in effect as a single entity, decisions being made using a "best for people" principle, thus creating a collaborative, more streamlined co-ordinated system without the current organisational boundaries.

In summary, the benefits in developing a public health approach to substance misuse in all areas and utilising an Alliance contract contributes to the following benefits:

### **For people**

- ✓ people affected by substance misuse have support and services built around them
- ✓ minimise 'hand offs' and need for eligibility criteria
- ✓ Easy to navigate and get help and advice when needed
- ✓ Links up support and services with prevention
- ✓ Create more capability to move people seamlessly

### **For delivery organisations including statutory ones**

- Longer contracts to allow planning, investment and innovation
- Outcome based contract so trusted to develop support and services that work and are right for people
- Flexibility to change support and services over time as demographics, numbers or needs change
- Working alongside organisations with same common goal and similar values



- Part of a system, able to influence and contribute to how the system develops
- Collaborative not competitive

### For statutory commissioners

- pooling funds mean there is potential for more value for money
- reduced duplication and overheads e.g., letting contracts separately, sharing estates
- mandate for each Alliance is set by commissioners; they exist to deliver the outcomes set by commissioners on behalf of the public they serve
- drives collaborative working, focused on people not individual organisations
- Combine organisational expertise
- Smaller specialist services are often excluded from larger funding opportunities

## 9. Timescales

### Overarching Programme Team Milestones

This outline is an overview of intended milestones and activity. It should be noted that the milestones will require refining and timescales will be determined by the programme plan which will be developed by the Programme Manager. This is likely to evolve as the programme develops.

Key Programme Team Milestones	Date	Status
Funding agreement for Transformation Programme Manager	September 2022	Complete
Transformation Programme Manager in post	February 2023	Completed July 2023
Develop Outline Business Case	September 2023	Ongoing
Identification of wider programme team (as outlined in Business case) resource and programme plan development	September 2023	Ongoing
Programme Team full Implementation	October 2023	On Schedule
Programme Plan and work stream implementation	October 2023	On Schedule
Develop and implement a Communication Strategy that engages key stakeholders in the transformation Programme	Sept – Oct 2023	On schedule
Programme fully implemented and Alliance operational	Oct- July 2025	On schedule
Migration of programme team back to core organisations	July 2025	On schedule

Move to programme closure	July-Sept 2025	On schedule
Programme becomes business as usual	September 2025	On schedule

Please see Annex 2 for the draft schedule of task to commission in an Alliance.

## **10. Programme Costs**

### **Financial Envelope**

For re-commissioning purposes, the existing financial envelope has been developed to outline a 'current state' financial envelope forecast. This is provided in Annex 1.

### **Programme Team**

Programme Roles	NPT pay banding range	Position
Programme Manager	£60,000 - £65,000	Agreed- funded APB

As the programme develops, the programme resource outlined within this document may require additional resources. Discussion with the Area Planning Board responsible authorities and the APB team on the most effective means of developing this programme will need to be considered. In order to ensure flexibility in approach, partner organisations could be asked to consider whether they are able to commit a resource from within their existing staffing resources i.e.- nominations for staff to be involved in workstreams as linked to their existing roles). Roles do not necessarily need to be newly constructed and funded, and could, come from existing roles nominated from their respective organisations. This will be developed as the outline business case is developed into the detailed business case.

## **11.Sustainability**

The recommendations outlined will enable the procurement of a long-term contract, making the supply of services more efficient, enabling long term sustainability planning to take place with commissioners and providers. The contract will be reliant on continued funding from Welsh Government and allied partners, and therefore sustainability of services will be dependent on continued funding available.

The transformation programme will involve proactively altering operational practice and behaviours which will be developed in relation to sustainability principles.

## 12. Assumptions

**Timelines:** The estimated duration of tasks, milestones and deadlines contained within this document are on the basis that all partners undertake their activities within the required timescales as developed in the programme plan. As each organisation has to agree and sign off legal agreements for example through their respective legal departments, this may cause delay.

**Technology:** The technology assumptions around IT system join up are made on the basis of strategic need, rather than technical knowledge that the compatibility of different systems IT will enable delivery.

**Resource:** The availability and allocation of programme resource (people, materials and equipment the programme team need will be available). The availability and continuance of funding from Welsh government and commissioners.

## 12. Risks

The key overarching risks of not re-commissioning the substance use services is an ending to service provision resulting in a heavily increased demand on primary and secondary care services. The ending of the services would remove vital harm reduction facilities and leave a significant number of individuals at risk of premature mortality or overdose. The key risk of continuing with the existing service structures is the continued areas of unmet need, with continued high mortality rates and substance use related harms felt by individuals, families and communities.

### Programme Risks

<i>Risk</i>	<i>Mitigation</i>
<i>Risk of challenge should the APB choose not to re-commission services from members of the public, from key stakeholders, from Public Services Boards and Welsh Government.</i>	<i>The providers will continue to deliver existing services and work to existing service specifications to ensure need is met where possible.</i>
<i>Interdependencies with multiple organisations may result in delay in re-commissioning process</i>	<i>All risks will be managed within the transformation programme risk register. Risks will be identified by all of the partners within the APB and will be managed via the programme manager. Exception reports will be produced to inform at executive level across the responsible authorities where risk level has become a barrier to progress.</i>
<i>Staff engagement and retention</i>	<i>Good staff engagement processes in place for consistent and clear messaging during transitions and commissioning process.</i>
<i>APB structure resilience to maintain business as usual whilst transformation is underway</i>	<i>Resource plan for transformation programme/ programme team resource to ensure APB is able to conduct business as usual</i>

<p><i>Interdependencies with multiple organisations may be at different stages of readiness</i></p>	<p><i>Agreement at Executive level across all responsible authorities has already been agreed. Any arising barriers will need be addressed. Programme manager will provide exception reports to Exec where critical areas of progress that delay milestone completion.</i></p>
<p><i>Risk of destabilising the existing 'good parts' of the system</i></p>	<p><i>Learning from 'what works' will be integrated into the programme. Learning Logs will be kept as part of the programme plan. Existing APB team will be in place to ensure continuity of service delivery whilst re-commissioning.</i></p>

**Annex 1****Financial Envelope**

Existing Financial Envelope the Western Bay Substance Misuse Alliance can spend on a contract award:

In scope Revenue Breakdown (2023/2024) to give indicative costs:	
Allocated SMAF Grant Funding (Tiers 2 and 3 provision)	£3,858,716.00
Allocated Complex Needs Grant Funding	£414,750.00
Swansea Bay University Health Board ring fenced funding	£3069,000.00
Swansea, Neath Port Talbot and Health Board Joint partner contribution	£166,075.27
Swansea Bay University Health Board Third sector grant contribution	£209,786.00
Swansea Bay University Health Board subsidy payment	£54,405.00
Neath Port Talbot County Borough Council additional contribution	£23,820.00
Police and Crime Commissioner and HMPPS joint contribution	Circa 1 million (TBC is currently committed to Offender Intervention Service Contract in Swansea NPT area)
<b>Total Funding Envelope utilising existing funding (to date)</b>	<b>£ 8796,552.27</b>
Within the financial envelope above there are <u>ring fenced costs</u> for use as a minimum spend on the below areas:	
SBUHB Ring fenced	£3069,000.00
Residential Rehabilitation	£116,400.00
Detox Unit	£120,600.00
Children and young people	£543,059.66
Complex Needs funding	£414,750.00

## Potential Financial Revenue Breakdown 2024/2025

In scope Revenue Breakdown (2024/2025)	
Allocated SMAF Grant Funding (Tiers 2 and 3)	£3977,216.00
Allocated Complex Needs Grant Funding	£533,250.00
Swansea Bat University Heal Board Ring Fenced Funding	£3098,277.00
Swansea Council Contribution and Neath Port Talbot contribution	£166,075.27
Swansea Bay Health Board Third sector grant contribution	£209,786.00
Swansea Bay University Health Board subsidy payment	£54,405.00
Neath Port Talbot County Borough Council additional contribution	£23,820.00
Police and Crime Commissioner and HMPPS joint Contribution	TBC (potentially circa 1 million)
<b>Total Funding Envelope</b>	<b>£9062,829.27</b>
Within the financial envelope above there are <u>ring fenced costs</u> for use as a minimum spend on the below areas:	
SBUHB Ring Fenced	£3098,277.00
Residential Rehabilitation	£116,400.00
Detox Unit	£120,600.00
Children and Young people	£740,625.00
Complex Needs funding	£414,750.00

**Annex 2:**  
**Draft Schedule of tasks for an Alliance Contract**

<b>Alliance 4 Step Approach</b>	<b>Activity</b>	<b>Consideration</b>	<b>Sign off milestone</b>
<b>Readiness Phase</b> September 2023 – January 2024	Outline Business case agreed	Identify initial programme resources required and secure any additional funding required	APB agreement to proceed 25/09/2023
	Establish implementation Governance Structures	APB sub groups, task and finish, leadership	
	Implement system design workshops	Co production developed	
	Agree Alliance vision	This will be the outcome from the workshops	
	Agree Alliance purpose		
	Agree Alliance objectives		
	Agree Alliance outcomes		
	Agree Financial envelope	Funding for first years and subsequent years	
	Agree Scope	Organisational red lines/ boundaries are clarified	
	Alliance Mandate developed and agreed	Absolute clarity on what the Alliance has been set up to achieve and for whom	APB to agree 20/11/2023 29/01/2024
	Develop draft commissioning Strategy	APB to agree and approve final draft.	APB to agree 20/11/2023 29/01/2024
	Programme Initiation Document completion	Direction and scope of the programme will be outlined and this will form the agreement to proceed on which all partners are committing to.	APB to agree 20/11/2023 29/01/2024
	Publish commissioning strategy		
Jan 2024 - July 2024	Procurement strategy Agreed		
	Procurement risks identified and mitigated		

Commitment stage	Design Procurement Route	-The route will need to ensure member organisations alignment with alliance vision and values -Due diligence on member organisations	
	Inter-authority agreement	Sets out each partners responsibility	
	Agree finalised Procurement route	WG approval for agreed tendering process	APB to agree 03/06/2024
	Develop outcome measures	Design workshops (Co production continued)	
	Develop the performance framework and KPI's	Co production continued	
	Agree Alliance performance targets (minimum, stretch, game breaking)		
	Agree payments and invoicing mechanisms		
	Agree Alliance Financial reporting mechanisms		
	Agree platforms and technology to be used within Alliance (patient record system)		
	Agree Alliance governance structures		
	Issue PIN Notice (Legal requirement of notification of potential Alliance Contract		
	Agree legal requirements		
	Scope Alliance Team (Roles within Alliance leadership)		



	Alliance legal agreement formed	Contains all of the commitment stage development documents (scope, schedule, finance, invoicing, performance schedule, expectations, service standards schedule) etc	APB agree Date of this APB is not yet in diary
July 2024- March 2025  <b>Formation Stage</b>	Alliance leadership and governance	Joint governance and management structure	
	Contract notice issued	Procurement stage	
	Initial provider return	Procurement stage	
	Dialogue and testing	Strength and understanding of bidders of Alliance	
	Alliance Leadership Team conduct selection workshops	Supports development of governance understanding	
	Develop KPIs with bidders	Test and develop the terms and conditions with bidders- how will they measure outcomes	
	Evaluation of bidding process	Full collaboration of decision with APB partners as part of the Alliance Leadership Team. This includes full collaboration with people with lived experienced as part of the panel also.	This will be signed off as part of the procurement exercise so will not go to a formal APB meeting, although the APB will be informed on the result in line with procurement rules.
	Preferred Bidder group selected	Successful bidding group is agreed following collaboration	
	Preferred Bidder Group announced		
April 2025  <b>Operational Stage</b>	Award of contract		
	Finalise the Alliance Leadership Team		
	Move to operational		

	implementation phase		
	Alliance is launched		
	Manage the market		
	Continued development of Alliance relationships and culture		
	Evaluate Alliance performance	Review outcomes for people Review strategic Outcomes	
	Manage the contract		
	Review strategy and market performance		
	Gather feedback for learning		

[A healthier Wales: long term plan for health and social care | GOV.WALES](#)

[Core standards for substance misuse services | GOV.WALES](#)

[Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](#)

[phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2019-20/Rebalancing-Act.pdf \(revolving-doors.org.uk\).](#)

[Review of drugs: phase two report - GOV.UK \(www.gov.uk\)](#)

[26361 Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem \(gov.wales\)](#)

[Swansea PSB Assessment of Local Well-being 2022 v3.0 300922.pdf](#)

[Swansea Public Services Local Well-being Plan 2023 28 \(1\).pdf](#)

[neath-port-talbot-wellbeing-plan-english-final.pdf \(npt.gov.uk\)nptwellbeing.wales – Well-Being-Assessment substance-misuse-treatment-framework-guidance-for-evidence-based-community-prescribing-in-the-treatment-of-substance-misuse.pdf \(gov.wales\)](#)

[Substance misuse delivery plan: 2019 to 2022 | GOV.WALES](#)

[Find guidance | NICE](#)

## **Appendix 2:**

### **Integrated Impact Assessment (IIA)**

This Integrated Impact Assessment considers the duties and requirements of the following legislation in order to inform and ensure effective decision making and compliance:

- Equality Act 2010
- Welsh Language Standards (No.1) Regulations 2015
- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016

#### **Version Control**

<b>Version</b>	<b>Author</b>	<b>Job title</b>	<b>Date</b>
Version 1	Angharad Metcalfe	Transformation Programme Manager	06.09.23

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## 1. Details of the initiative

	<b>Title of the Initiative:</b> Permission to provide information on the Transformation Programme – The Alliance Outline Business case
<b>1a</b>	<b>Service Area:</b> Social Services, Health & Housing
<b>1b</b>	<b>Directorate:</b> Housing & Communities
<b>1c</b>	<p><b>Summary of the initiative:</b> This Outline Business case sets out the proposals to develop an integrated Public Health approach to the prevention of and treatment for substance use.</p> <p>The aim will be to replace the current range of contracts, and service level agreements through commissioning an integrated highly visible, accessible and effective substance misuse service that delivers integrated treatment and support to meet the needs of the diverse population of Swansea and Neath Port Talbot. This will ensure that people in the community using drugs and alcohol will receive a comprehensive and seamless service to reduce the harm to the individual, families, friends, carers and communities.</p>
<b>1d</b>	<b>Is this a ‘strategic decision’?</b> Yes
<b>1e</b>	<p><b>Who will be directly affected by this initiative?</b></p> <p>The intended outcome is that the Outline Business Case will improve the current services offered to people with drug and alcohol use needs, their friends, families and the wider community in Neath Port Talbot and Swansea areas.</p>
<b>1f</b>	<p><b>When and how were people consulted?</b></p> <p>This Outline Business Case has utilised consultations including the Health and Social Review (HSR) of Tier 2 and Tier 3 services conducted in 2019, The Health Inspectorate Wales Joint Thematic Inspection (2017-18), the Strategic Evaluation of Prescribing Services (2022) and the Children and Young people review of services (2023).</p> <p>The HSR involved a total of 196 questionnaires which were completed by stakeholders (young people, adult service users, concerned others, the third sector, members of staff, GPs and the public). Focus groups and one-to-one interviews were facilitated by team members who met with 39 adult service users or concerned others, 17 young people affected by substance use and over 110 individuals from the APB or working in substance use services and partner organisations.</p> <p>The StEPS Survey was launched on the 20th of May and ran for 6 weeks, to the 1st of July. The survey was on-line, although people who use services were also provided with hard copies to complete, which were uploaded to the on-line survey. The StEPS Survey was launched on the 20th of May and ran for 6 weeks, to the 1st of July.</p> <p>The survey was on-line, but people who use services were also provided with hard copies to complete, which were uploaded to the on-line survey by the Service User Involvement Officer.</p>

1. The majority of respondents were from Swansea (32 responses (80%)) with a smaller number from NPT (8, 20%).
2. The majority were professionals (26 responses, 65%) with a good response from people with lived experience (14 responses, 35%). No concerned others completed the survey.

The Western Bay Independent Drug Commission has been set up to act as a 'critical friend' to the Transformation Programme and during the spring and summer of 2023 the Commission has established a programme of public evidence sessions, following an initial call for evidence. All drug and alcohol services have been connected with and visited by commission facilitators, and have now been followed up with more formal visits by Commission members in Swansea during August. The Commission is now transitioning to its next phase of work which will include five sub-groups conducting a 'deeper dive' of the key themes that have arisen out of the early evidence gathering. The outcomes of the Western Bay Independent Drug Commission will be provided in a formal report in January, although interim findings will be reported verbally into the Area Planning Board.

Full information is provided within the embedded documents in section 1g below.

#### 1g **What were the outcomes of the consultation?**

There are many findings of the consultations which provides some overarching thematic areas of consideration. Key issues in the current system include access, demand, capacity, quality of care, integration, criminal justice links, outcome measures, co-production, data and evaluation, communication and workforce planning. These are areas that will need to be considered in the next phase of the work.

Consultation feedback that informed this Impact Assessment include:

- The outcome of the Health and Social Review of Tier 2 and Tier 3 services
- The outcome of the HIW Inspection (2017-2018)
- The Strategic Evaluation of Prescribing Services (2022)
- CYP 2023

## 2. Evidence

**What evidence was used in assessing the initiative?**

The evidence used to assess the initiative included the evidence outlined in 1f and 1g above, but also includes data provided from the currently commissioned substance use services operating in Swansea and Neath Port Talbot.

In 2021/2022 across all services commissioned by the APB, 4,062 people were supported, in 2022/2023 this figure rose to 4,548. For criminal justice commissioned services, in 2021/22 there were 2,605 referrals with 764 people on caseload March 2022. In 2022/23 there were 2,828 referral and 833 people on caseload March 2023.

<b>Demographics</b> (% split) (does not include CJS)		
Local Authority	Swansea: 67%	NPT: 33%
Gender	Females: 35%	Males: 65%
Ethnicity 23% had none recorded	White: 75%	Other: 3%

The percentage split with Local Authority Areas reflects there are more people accessing services as a percentage of the general population in Swansea compared to Neath Port Talbot (population split: Swansea: 63; NPT 37).

#### Key statistics at a glance:

There are almost twice as many males accessing services than females.

There are much fewer ethnic minorities accessing services compared to white people.

70% of people accessing services were aged between 30 and 55.

There are limitations in the recording on Welsh Community Care Information System (WCCIS) and there have been issues with providers routinely entering data, linked to the general functionality of WCCIS itself. Protected characteristics appear to be one of the areas where recording is poor, but this is not the only concern and as part of the transformation plan going forward this will be an area for development. It should be noted that there are plans to move over to a new system in the next 18 months to 2 years. We do not yet know what that system will be, or what the capability will be to extract data from one system and upload to another.

Public Health Wales compiles a summary of routinely reported substance misuse related data, drawn from a number of sources including Digital Health and Care Wales, Harm Reduction Database (HRD) Wales, Welsh National Database for Substance Misuse (WNDSM), Office for National Statistics (ONS), Local Authority Education services and home Office data. The report is titled 'Data Mining Wales: The annual profile for Substance Misuse 2021-22 and can be accessed using the following link: [phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/](https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2021-22/)

### 3. Equalities

a) How does the initiative impact on people who share a **protected characteristic**?

Protected Characteristic	+	-	+/-	Why will it have this impact?
Age	x			<p>The current substance treatment services are provided to children, young people and adults across all age groups, however the age range most represented according to our data is between 30-55 in 2023.</p> <p>The Outline Business case will look to develop drug and alcohol services across the region, to encourage development of harm reduction education in schools, colleges and universities, alongside ensuring access to and services designed for children, young people and adults across all ages. The services will be developed to meet population needs and trends within all age groups.</p> <p>The Outline Business Case will be developed and will include further consultation with people who use services and experts in the field of substance use to ensure services for all age groups are accessible, effective and deliver outcomes required. The programme will have a risk register to monitor unintended consequences of implementation. There will also be continued public consultation through the Independent Western Bay Drugs Commission.</p>
Disability	x			<p>There is currently limited information regarding the disability status of people presenting to substance treatment services, however, as part of the programme we will be seeking to develop the ability to record and analyse data in respect of disability more effectively.</p> <p>Research shows that some groups of people with learning disabilities are more likely to misuse substances than others. For example, people with profound and multiple learning disabilities are unlikely to have the</p>

		<p>opportunity. However, it has also been found that people with learning disabilities have an increased risk of substance misuse if they:</p> <ul style="list-style-type: none"> <li>• have borderline to mild learning disabilities</li> <li>• are young and male</li> <li>• have mental health problems</li> </ul> <p>Interviews conducted as part of Government research with people with learning disabilities who were misusing alcohol or drugs showed that the main reasons for this could be described as ‘self-medicating against life’s negative experiences’.</p> <p>These included reasons related to:</p> <ul style="list-style-type: none"> <li>• psychological trauma, such as bereavement or abuse</li> <li>• social distance from their community such as isolation and loneliness</li> </ul> <p>The following link can be used to access full information:</p> <p><u><a href="https://www.gov.uk/guidance/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments">Substance misuse in people with learning disabilities: reasonable adjustments guidance - GOV.UK (www.gov.uk)</a></u></p> <p>By increasing the effectiveness and accessibility of services for substance use as part of this programme, and through integrating substance use services with learning disability teams, we will be better placed to ensure linked up provision of services for this cohort. The principles contained within the Outline Business Case will be a benefit to people with this protected characteristic as a result.</p> <p>The Outline business case will continue to be developed and include further consultation with people who use services and experts in the field, to ensure services for all age groups are accessible, effective and deliver outcomes required. The programme will have a risk register to</p>
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			<p>monitor unintended consequences of implementation.</p> <p>There will also be continued public consultation through the Independent Western Bay Area Planning Board which will help to identify any unintended consequences of implementing the draft Plan.</p>
<p>Gender reassignment</p>	<p>x</p>		<p>We do not have any data in relation to people with this protected characteristic in relation to the current substance treatment services</p> <p>According to the 2021 Census 93.37% of residents stated that the gender they identify with is the same as their sex registered at birth.</p> <p>Research in both Scotland and across the United Kingdom (UK) suggests that Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) people are more likely to use alcohol and other drugs and develop problematic or dependant use than the general population (Emslie, Lennox &amp; Ireland, 2015; Valentine &amp; Maund, 2016; Bachmann &amp; Gooch, 2018). Similar to disproportionate rates of mental ill-health experienced by LGBTQ+ people, disproportionate use of alcohol and other drugs and associated harms represent one of many health inequalities facing LGBTQ+ people (Bachmann &amp; Gooch, 2018).</p> <p><a href="https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use">https://www.sfad.org.uk/what-the-research-says-about-lgbtq-people-and-substance-use</a></p> <p>The Outline business case will be developed and include further consultation with people who use services and experts in the field to ensure services for all gender groups are accessible, effective and deliver outcomes required. The programme will have a risk register to monitor unintended consequences of implementation.</p> <p>There will also be continued public consultation through the Independent</p>

			Western Bay Area Planning Board which will help to identify any unintended consequences of the developing programme.
Marriage & civil partnership	x		<p>We have limited data in relation to how many people with this protected characteristic are presenting to substance use services. However, through developing new services, opportunities to consider the evidence for substance misuse interventions delivered to couples (i.e: - both the individual affected by substance misuse and their partners) and the impact on their relationship conflict will be an area of focus.</p> <p>The most frequently referenced form of substance use intervention in the literature with a focus on the couple, is behavioural couples therapy (BCT). BCT seeks to directly address the pattern by which substance use and relationship problems can reinforce each other. The intervention aims to make use of the couple relationship as a tool to support the substance abusing partner in their effort to change, and to change the family environment to one which better promotes abstinence (Chanel and Wesley, 2015).</p> <p>Through developing new services, the range of specialism and approach taken by services will be developed using research evidence of innovation and best practice, and therefore there will be a benefit to all people that may face or experience drug and alcohol use issues which include people with this particular characteristic.</p> <p>The Outline Business Case will be developed and include further consultation with people who use services and experts in the field to ensure services for all age groups are accessible, effective and deliver outcomes required. The programme will have a risk register to monitor unintended consequences of implementation.</p> <p>There will also be continued public consultation through the Independent Western Bay Area Planning Board which will</p>

			help to identify any unintended consequences of implementing the programme.
Pregnancy and maternity	x		<p>It is really important that pregnant women who use alcohol and/or drugs have the support they need to reduce harm, and according to NICE guidance are recommended to have access to continuity of midwifery care through provision of a named midwife, but will also have the opportunity to be supported through their care by a specialist midwife, and/or community drug/alcohol treatment service.</p> <p>The new drug and alcohol services, will include provision for women who may be pregnant and therefore will be developed with professionals who are routinely involved in the care of pregnant women, including midwives, GPs and primary care professional who may encounter pregnant women with complex social factors. Services will be developed in line with NICE guidelines for antenatal care.</p> <p><u><a href="#">Introduction   Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors   Guidance   NICE</a></u></p> <p>Through developing a more effective service for alcohol and drug treatment that is integrated we would expect to see improvements in the services for people with this protected characteristic</p> <p>Public consultation is underway through the Independent Western Bay Drugs Commission. The integration of people with lived experience in all aspects of the programme, will also help to identify any unintended consequences of implementing the outline business case.</p>
Race	x		Data in relation to those that are entering into drugs and alcohol services, indicate that the percentage of ethnic minority groups

		<p>accessing services is less than the overall percentage in the population.</p> <p>NPT's BAME population percentage in the 2021 census indicated that, 96.6% of people in Neath Port Talbot identified their ethnic group within the "White" category (compared with 98.1% in 2011), while 1.1% identified their ethnic group within the "Mixed or Multiple" category (compared with 0.7% the previous decade). Across Wales, the percentage of people from the "Asian, Asian British or Asian Welsh" ethnic group increased from 2.3% to 2.9%.</p> <p>The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category increased from 0.2% in 2011 to 0.4% in 2021. There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.</p> <p><u><a href="#">Drug dependency in adults - GOV.UK</a></u></p> <p><u><a href="#">Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk)</a></u></p> <ul style="list-style-type: none"> <li>• 7.5% of Black people (including both sexes) reported at least one sign of drug dependency in the past year, compared with 3% of White British people</li> <li>• 11.5% of Black males reported at least one sign of drug dependency in the past year, compared with 4% of White British males</li> </ul> <p>There is some evidence that race and ethnicity may impact treatment access for drug and alcohol in the UK, but the evidence is limited and often of poor quality. The aim of a recent report by the UK government is</p>
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			<p>to consider the evidence regarding prevalence of drug use in ethnic minority groups, challenges facing the reporting and engagement in and access to treatment services<sup>4</sup>. Developing and designing our services with experts in this field and with ethnic minority communities will enable us to improve the access and quality of services for people with this protected characteristic.</p> <p>Public consultation is underway through the Independent Western Bay Drugs Commission. The integration of with people with lived experience in all aspects of the programme, will also help to identify any unintended consequences of implementing the outline business case.</p> <p>4.Racial/ethnic equity in substance use treatment research: the way forward   Addiction Science &amp; Clinical Practice   Full Text (biomedcentral.com)</p>
<p>Religion or belief</p>		<p>x</p>	<p>We have limited data in relation to this protected characteristic.</p> <p>According to some studies, religion and spirituality can have both positive and negative effects on substance use treatment. On one hand, some people may find faith-based approaches helpful in preventing and recovering from substance use, as they provide support, motivation, and a sense of purpose<sup>1,2</sup>. On the other hand, some people may face barriers or challenges in accessing substance abuse treatment due to their religious beliefs or practices, such as stigma, discrimination, lack of resources, or conflicts with the treatment program<sup>3,4</sup>. Therefore, the relationship between religion and substance abuse treatment is complex and may vary depending on the individual, the context, and the type of program.</p> <p>Through listening to people who use services, and through increasing the quality and accessibility of the current substance use services there will be a benefit to all</p>

			<p>people including people with this particular characteristic.</p> <p>Public consultation is underway through the Independent Western Bay Drugs Commission. The integration of with people with lived experience in all aspects of the programme, will also help to identify any unintended consequences of implementing the outline business case.</p> <p>1. <a href="https://link.springer.com">link.springer.com</a> 2. <a href="https://www.americamagazine.org">americamagazine.org</a>  3. <a href="https://www.jstor.org">jstor.org</a> 4. <a href="https://www.marripedia.org">marripedia.org</a>  5. <a href="https://www.rsc.byu.edu">rsc.byu.edu</a> 6. <a href="https://www.pressbooks.ulib.csuohio.edu">pressbooks.ulib.csuohio.edu</a>  7. <a href="https://www.americanaddictioncenters.org">americanaddictioncenters.org</a>+4 more</p>
Sex	x		<p>The percentage of women accessing drug and alcohol treatment services is far less than men.</p> <p>According to the statistics from the National Drug Treatment Monitoring System (NDTMS)<sup>1</sup>, there were 275,896 adults in contact with drug and alcohol services between April 2020 and March 2021 in England.</p> <p>More than two-thirds of them were male and less than one-third female (69% male to 31% female)<sup>2</sup>. This proportion varies greatly by substance group. For example, over half (51%) of the adults in treatment were there for problems with opiates, and this remains the largest substance group<sup>1</sup>.</p> <p>Gender-specific addiction treatment refers to drug and alcohol programs that are designed to specifically treat men and women separately<sup>3</sup>. According to the National Survey on Drug Use and Health (NSDUH), there are fundamental biological and cultural differences between men and women in terms of substance abuse<sup>3</sup>. For example, women are more likely than men to use prescription drugs for non-medical purposes, such as painkillers or sleeping pills<sup>3</sup>. Women are also more likely than men to experience mental health problems, such</p>

			<p>as depression or anxiety, that may be related to their substance use<sup>3</sup>.</p> <p>Gender-specific addiction treatment programs aim to address these differences by offering individually tailored recovery programs that meet a woman’s specific physical and emotional needs as well as her place in family and society<sup>4</sup>. Research has shown that gender-specific treatment can improve outcomes for women with substance use disorders, such as reducing relapse rates, increasing abstinence rates, enhancing self-esteem, improving social functioning, and reducing gender-based violence<sup>4</sup>.</p> <ul style="list-style-type: none"> <li>• Substance misuse treatment for adults: statistics 2020 to 2021</li> <li>• Gender-Specific Treatment Programs - Addiction Center</li> <li>• Adult substance misuse treatment statistics 2019 to 2020: report</li> <li>• Rehab for Women: Gender-Specific Addiction Treatment</li> </ul> <p>By commissioning and developing substance use services that take into consideration sex, and considers specific responses to address these differences, there will be a benefit to all people based on their particular characteristic.</p> <p>Public consultation is underway through the Independent Western Bay Drugs Commission. The integration of with people with lived experience in all aspects of the programme, will also help to identify any unintended consequences of implementing the outline business case.</p>
<p>Sexual orientation</p>	<p>x</p>		<p>We do not have any data in relation to people with this protected characteristic in relation to accessing the substance treatment services we provide.</p> <p>According to the Office for National Statistics (ONS), sexual orientation is one of the factors that can influence the experience of substance misuse and its consequences<sup>1</sup>. Sexual orientation   GOV.WALES</p>

			<p>Written evidence to Parliament provided by the LGBT foundation provides evidence of the experience of the health harm with statistics on drug use in LGBT communities and can be accessed using the following link:                  DRP0038 - Evidence on Drugs policy (parliament.uk)</p> <p>It reports that LGBT people are more likely to use illicit drugs compared to the general population contributing towards increasing health inequalities faced by LGBT communities.</p> <ul style="list-style-type: none"> <li>• Combined data from the 2011/12, 2012/13 and 2013/14 Crime Survey found that 28.4% of LGB adults took illicit drugs in the last year compared to 8.1% of heterosexual adults.</li> <li>• Gay and bisexual men were three times as likely to use drugs in the last year compared to heterosexual men (33% compared to 11.1%).</li> <li>• LGBT people are often early adopters of new drugs, such as club drugs and novel psychoactive substances.</li> </ul> <p>By increasing the effectiveness and accessibility of substance treatment services, and designing services with the LGBTQ+ community, there will be a benefit to people with this protected characteristic.</p>
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**What action will be taken to improve positive or mitigate negative impacts?**

- Undertake individual impact assessments and consultation for specific project within the programme of work
- Develop Monitoring and scrutiny of performance of commissioned services
- Independent Western Bay drugs commission public consultation outcomes

b) How will the initiative assist or inhibit the ability to meet the **Public Sector Equality Duty**?



Public Sector Equality Duty (PSED)	+	-	+/-	Why will it have this impact?
To eliminate discrimination, harassment and victimisation	x			<p>This Outline Business case will build on and further develop strategic partnerships with agencies to help develop and implement robust responses for those experiencing drug and alcohol related harm. This includes children, young people and adults and includes people on Probation and in Prisons and those with mental health issues and other complex needs. The new system will aim to increase the recording ability of the data systems to ensure protected characteristics are effectively recorded and monitored to ensure improvements in access. Key to the programme is that the services that people need to address their substance use related harm remove any barriers to that access, which may be related to discrimination, harassment or victimisation.</p> <p>The following examples from the Outline Business outline at a high level how:</p> <p><i>“A clear engagement strategy for services will be required to improve access and encourage and increase the take-up of treatment <u>to all people</u>, and specifically for people who are currently underrepresented in services”</i></p> <p><i>“To deliver substance services that focus on promotion of early intervention, resilience and self-care to improve people’s health and well-being and reduce health inequalities.”</i></p>
To advance equality of opportunity between different groups	x			<p>The Outline Business case supports this duty as one of its key outcomes is to ensure there is equality in access to services that meet the needs of all people, recognising their diverse range of needs. It will also aim to support people to overcome challenges in accessing the most effective treatment and reducing the harm caused to them and others through their use of illicit substances.</p> <p>This ensures that there is equality of opportunity for people to have secure and safe access to treatment and support.</p>
To foster good relations between different groups	x			<p>The Outline business case supports this duty as it will help support those that have found it difficult to attend drug and alcohol treatment services and remain in treatment</p> <p>The Outline Business case aims to increase the range and type of substance treatment services for people who may have multiple needs, for example they may have social care needs, mental health needs, homelessness and through developing cohesive services, where there is no wrong door, we will help</p>

			<p>to reduce social exclusion and isolation. It will also help to support cohesive communities and support implementation of the place making charter commitments. An example from the Outline Business Case, <i>‘A Public Health approach to the prevention of and treatment for substance misuse promotes full integration with all the relevant service sectors, recognising that supporting the ‘whole’ individual, i.e., working with all facets of an individual’s life, is more effective and cost-effective in achieving sustained benefit.’</i> The approach will support people with multiple and complex needs and will aim to <i>‘Keep people at the centre and be informed by lived and living experience’</i> and <i>‘build effective pathways and joint working with specialist systems- mental health, housing, social care.’</i></p> <p>The programme of work will require strong partnership working between the statutory organisations working together and commissioning the right models of support for people in our communities.</p>
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<p><b>What action will be taken to improve positive or mitigate negative impacts?</b></p>
<ul style="list-style-type: none"> <li>• Undertake individual impact assessments and consultation for specific projects as part of the programme of work</li> <li>• Develop Monitoring and scrutiny of performance of commissioned services</li> <li>• Independent Western Bay drugs commission public consultation outcomes</li> </ul>

**4. Socio Economic Duty**

Impact	Details of the impact/advantage/disadvantage
Positive/Advantage	<p>The Outline Business Case aims to support people and communities that are classed as experiencing some of the highest levels of socio-economic disadvantage. This includes giving people the tools and support to break cycles of drug and alcohol use, reduce Adverse Childhood Experiences and increase access to support they need, when they need it. The aim of the approach is to work with all facets of the individuals life, which requires full integration with all relevant service sectors.</p> <p>A high number of the actions within the Outline Business Case supports this objective :“Local partnerships should involve collaboration on needs assessment and commissioning plans. Local plans for the required package of services (including treatment, recovery support, mental health services, care of physical co-morbidities, and support for housing and employment) should be produced and published jointly, in collaboration between all those agencies</p>

	<p>responsible for providing services for drug users in a given local authority area.”</p> <p>At the individual level there is often a financial impact related to their use of substances, which places great financial strain to fund illicit/ extensive use of substances. Through the provision of effective substance use services we will be better placed to reduce the financial burden of use through effective reduction of drug/alcohol consumption.</p>
Negative/Disadvantage	
Neutral	

### What action will be taken to reduce inequality of outcome

- Undertake individual impact assessments and consultation for specific projects within the programme of work
- Develop Monitoring and scrutiny of performance of commissioned services
- Independent Western Bay drugs commission public consultation outcomes

## 5. Community Cohesion/Social Exclusion/Poverty

	+	-	+/-	Why will it have this impact?
Community Cohesion	x			<p>By supporting the implementation of the place making charter commitments, there is the need for community cohesion to be developed as part of the Outline Business Case. As part of the Outline Business Case we will involve local communities and Elected Members in the development of the programme, and ensure that we carefully consider and balance local needs when taking forward our aims and objectives.</p> <p>This will include developing a stakeholder engagement plan to ensure appropriate and timely communication. We will also be working across the partnership landscape, so that local intelligence informs our strategic planning and to ensure our approach dovetails with partnership processes.</p>
Social Exclusion	x			<p>Drug use becomes problematic for individuals due to a range of complex factors which are often beyond their control, rather than a proactive 'decision' to</p>

			become dependent. Stigma is described as a 'key structural driver, because it instils a fear in people from "coming forward" and seeking treatment for their substance use due to a fear of social judgement and shaming. There is often a stigma associated with drug and alcohol use and social exclusion experienced. The programme aims to develop a robust approach to communication, with the aim of educating, de-stigmatising and establishing substance use more conceptually as a health and social issue amongst the wider population to promote prevention and early engagement with services required.
Poverty	x		It is recognised that problem drug use is derived from intertwined and complex issues, which includes poverty, with people living in more deprived areas and with lower socio-economic capital are at greater risk of harm. The impact of poverty is evidenced through the proportion of all patients admitted for alcohol-specific conditions living in the most deprived areas in Wales as being 3.3 times higher than those from the least deprived areas in Wales. In relation to illicit drug use, this figure rose to 7.3 times higher. <sup>23</sup>

### What action will be taken to improve positive or mitigate negative impacts?

- Undertake individual impact assessments and consultation for specific projects within the programme of work
- Develop Monitoring and scrutiny of performance of commissioned services
- Independent Western Bay drugs commission public consultation outcomes

## 6. Welsh

	+	-	+/-	Why will it have this effect?
What effect does the initiative have on: – people's opportunities to use the Welsh language			x	People will be able to access services using the Welsh language. Services will be delivered in line with the Councils Welsh Language Policy.
– treating the Welsh and English languages equally			x	A Welsh Translation of all associated documents will be developed. Services will be delivered in line with the Councils Welsh Language Policy.

<sup>23</sup> 2 <https://phw.nhs.wales/publications/publications1/data-mining-wales-the-annual-profile-for-substance-misuse-2020-21/p10>

**What action will be taken to improve positive or mitigate negative impacts?**

- Undertake individual impact assessments and consultation for specific projects within the programmes of work
- Develop Monitoring and scrutiny of performance of commissioned services
- Independent Western Bay drugs commission public consultation outcomes

## 7. Biodiversity

How will the initiative assist or inhibit the ability to meet the **Biodiversity Duty**?

Biodiversity Duty	+	-	+/-	Why will it have this impact?
To maintain and enhance biodiversity	x			The plan will support implementation of the Councils place making principles and will encourage the delivery of decarbonisation objectives. There will be consideration as we develop the programme on how we can support the environment. We will ensure that the Councils wider environmental objectives are supported through the planning work, both in terms of ensuring environmental considerations are embedded within our planning and by putting in place measures to encourage energy efficient estates and services. These measures will include requesting evidence of how developments support the lowering of carbon emissions and reduction of energy consumption.
To promote the resilience of ecosystems, i.e. supporting protection of the wider environment, such as air quality, flood alleviation, etc.	x			

**What action will be taken to improve positive or mitigate negative impacts?**

- Undertake individual impact assessments and consultation for specific project within the programme of work
- Develop Monitoring and scrutiny of performance of commissioned services
- Independent Western Bay drugs commission public consultation outcomes

## 8. Well-being of Future Generations

How have the five ways of working been applied in the development of the initiative?

Ways of Working	Details
<p>i. <b>Long term</b> – looking at least 10 years (and up to 25 years) ahead</p>	<p>A key aim of the Outline Business Case is to commission services in a way that provides longer contracts to enable embedding of effective services, rather than the continuous commissioning cycles for short term contracts. The longer term contracting enables providers to develop their services, focus on delivery rather than competing for funding and supports long term partnerships to be built. Providers will be better placed to offer assurances to their staffing group of the long-term funding which enables them to keep their expert, committed staff (as they have longer term contracts).</p> <p>The Outline Business Case aims to ensure that people in communities will be provided with the care they need, ensuring access to treatment that supports their long-term sustainable control over their use and improving their well-being.</p>
<p>ii. <b>Prevention</b> – preventing problems occurring or getting worse</p>	<p>A significant focus of the Outline Business Case is the early intervention and prevention from people becoming involved in substance use, and reducing the harm of future use. Actions to prevent this include the communications in schools, colleges and universities, alongside the general population level public health communication work to reduce harm and increase access to services.</p> <p>Developing quality services that provide effective clinical and psychosocial support to people with substance use issues aims to prevent those who have existing problems from getting worse, and achieving sustained control of their use and achieving better outcomes they want through receiving the right support at the right time</p>
<p>iii. <b>Collaboration</b> – working with other services internal or external</p>	<p>Working collaboratively underpins the Outline Business Case and is a requirement for all statutory organisations to work together to implement the aims and objectives contained. It is an ambitious Outline Business Case which will require building on the Council's strategic partnerships to</p>

	<p>implement robust responses for those using drugs and alcohol.</p> <p>The Outline Business case asserts: <i>“In order to address the issues identified in our current substance misuse system, the way services are commissioned and delivered needs to change. A new system needs to be developed which focusses on a continuum support and treatment, but which is experienced as integrated, person centred, and which is focussed on prevention, wellbeing and recovery..... There are a range of interfacing services and opportunities for integration and pooling budgets which will be explored during the life course of the programme, for example Mental health, Education, training and employment support services, Housing organisations etc.”</i></p>
<p>iv. <b>Involvement</b> – involving people, ensuring they reflect the diversity of the population</p>	<p>The Outline Business Case has been developed from reviews of the existing substance use landscape provision. The reviews have included engagement with numerous key stakeholders which includes those who access services, frontline workers, strategic partners and commissioners of services which will continue whilst the programme develops.</p> <p>The Outline Business Case emphasises the need and importance of involvement throughout the developing programme of work and through the proceeding commissioning that will be undertaken:  <i>“Commissioning for outcomes, outcomes which the people using our services, and those with lived experience of substance misuse have told us are important to them” and our commitment to “Keep people at the centre and be informed by lived and living experience” are inherent values within this work. Ensuring that a diverse range of voices are heard throughout this programme will be key to ensuring it meets the needs of the diverse range of communities in Neath and Port Talbot.</i></p>
<p>v. <b>Integration</b> – making connections to maximise contribution to:</p>	<p>Substance use services on a South Wales basis are currently commissioned by the Health Board, Police and Crime Commissioner, HMPPS and Local Authorities. Services work to separate service specifications and are monitored for impact based on the service delivered. While this structure has functioned well, it remains underpinned by traditional, bilateral contracting arrangements that do not specifically encourage collaborative working and have limited the level of integration achieved. With each</p>

	<p>organisation working to different outcomes and performance judged individually, there is little incentive to take a best-for-system, outcome-based decisions.</p> <p>In order to address the issues identified in our current substance misuse system, the way services are commissioned and delivered needs to change. A new system needs to be developed which focusses on a continuum support and treatment, but which is experienced as integrated, person centred, and which is focussed on prevention, wellbeing and recovery.</p> <p>Therefore, to transform the quality and continuity of services, we need to do more to secure greater integration of services to provide a joined-up approach to care, with improved information sharing and communication between organisations. The Outline Business case aims to provide an opportunity to formally integrate in a contractual co-operative agreement. Initiatives that are commissioned and provided jointly and which are driven by the individual's needs have the greatest potential to bring about positive health outcomes and contribute to a much wider social dividend.</p>
<p><b>Council's well-being objectives</b></p>	<p>Well-being Objective 1: All children have the best start in life – by preventing families from becoming involved in substance use, and supporting those who are involved by providing them with the clinical, psychosocial and holistic support they need.</p> <p>Well-being Objective 2: All our communities will be thriving and sustainable – by providing access to effective and timely substance use services, those who are at risk of harm from substance use will be supported to improve their health and well-being and achieving the outcomes they want in the long term.</p> <p>Well-being Objective 3: Our local environment, culture and heritage can be enjoyed by future generations – by implementing place making principles in our strategic planning and by supporting decarbonisation.</p> <p>Well-being Objective 4: There are more green, secure and well-paid jobs and skills across the area are improved – by commissioning services in a longer-term sustainable manner, providers will be able to offer longer term contracts. Through developing our long-term estates strategy services and commissioners will be better placed to encourage environmentally friendly developments that meet the needs of diverse communities in Neath and Port Talbot.</p>



<b>Other public bodies objectives</b>	
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## 9. Monitoring Arrangements

Provide information on the monitoring arrangements to:  
Monitor the impact of the initiative on Equalities, Community Cohesion, the Welsh Measure, Biodiversity Duty and the Wellbeing Objectives.

- |  |
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| <ul style="list-style-type: none"> <li>• Undertake individual impact assessments and consultation for specific project within the programme of work</li> <li>• Develop Monitoring and scrutiny of performance of commissioned services</li> <li>• Independent Western Bay drugs commission public consultation outcomes</li> </ul> |
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## 10. Assessment Conclusions

Please provide details of the conclusions reached in relation to each element of the assessment:

	<b>Conclusion</b>
<b>Equalities</b>	It is intended that the Outline Business Case will have a positive impact on people that have a protected characteristic.
<b>Socio Economic Disadvantage</b>	It is intended that the Outline Business Case will have a positive socio-economic impact on people and communities.
<b>Community Cohesion/ Social Exclusion/Poverty</b>	It is intended that the Outline Business Case will have a positive PSED impact on people and communities.
<b>Welsh</b>	It is intended that the Outline Business Case will have a neutral impact on Welsh Language.
<b>Biodiversity</b>	It is intended that the Outline Business Case will have a positive impact on biodiversity.
<b>Well-being of Future Generations</b>	It is intended that the Outline Business Case will support the Council in achieving the five ways of working.

### Overall Conclusion

Please indicate the conclusion reached:

- **Continue** - as planned as no problems and all opportunities have been maximised



Please provide details of the overall conclusion reached in relation to the initiative

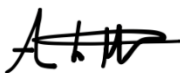
The Outline Business Case will have a positive impact on people that are experiencing drug and alcohol use related harm alongside their children, friends and families. It aims to proactively address the additional related harm from anti-social behaviour, drug litter, Night- time economy and offending behaviour which is impacting our communities.

## 11. Actions

What actions are required in relation to obtaining further data/information, to reduce or remove negative impacts or improve positive impacts?

Action	Who will be responsible for seeing it is done?	When will it be done by?	How will we know we have achieved our objective?
Undertake individual impact assessments and consultation for specific programmes of work	Transformation Programme Manager	Before any decision is made	Impact assessments and consultation documents completed.

## 12. Sign off

	Name	Position	Signature	Date
<b>Completed by</b>	Angharad Metcalfe	Transformation Programme Manager		03/10/2023
<b>Signed off by</b>	Chelé Zandra Howard	Interim Head of Housing & Communities		