



Llywodraeth Cymru
Welsh Government

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Revised Guidance for Commissioning Substance Misuse Services

October 2015

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INTRODUCTION

This document aims to provide guidance to Substance Misuse Area Planning Boards (APBs) on developing a commissioning strategy but is also of interest to stakeholders, including service providers and service users. It replaces the Welsh Government guidance issued in 2005 to take into account emerging expertise on commissioning; the strengthened role of the APBs, the requirement to establish outcome based commissioning strategy and new national and local priorities – not least the changing landscape of substance misuse with the increase of new psychoactive substances evident..

Following a review in 2011, the role and membership of the APB was strengthened to assist responsible authorities to discharge their statutory responsibility for formulating and implementing a strategy for tackling substance misuse through the regional footprint. Therefore the APB has a role commissioning a wide range of services to address substance misuse problems in their geographical area. This involves taking a common strategic approach to meeting the needs of the populations they serve. Without a rigorous, systematic and strategic approach, the efficiency and effectiveness of services for their community will be undermined, and there is a greater risk that services will be of poor quality, overlap, be poorly used or fail to deliver the outcomes needed.

The commissioning process will provide APBs the opportunity to further develop services that are based on the Welsh Government's stated policy objective of prudent healthcare. Prudent healthcare is built around a set of principles that remodels the relationship between service users and providers on the basis of co-production, ensuring both are equal partners in any treatment delivered. It also means that we must use resources effectively by delivering services that are evidence based and provided by a broad range of professionals, enabling the workforce to be shaped on the 'only do what you can do' principle.

APBs will also be expected to assist in delivering the aims of the new plan for primary care services. The aim of this plan is to develop a more "social" model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root cause of poor health are addressed. Through the commissioning process we want to ensure substance misuse services are linked appropriately to other primary care services, ensuring integrated care pathways are in place which focuses on the needs of the service user. To enable the APB to do this effectively they will need to ensure there is appropriate input from primary care at an APB level and evidence that substance misuse is integrated within a broader system of local community health services.

The first section of this document outlines the overarching principles of commissioning substance misuse services and the cross cutting themes which should be considered when doing so. The second section sets out the four-stage framework for commissioning which involves the following activities; analyse, plan, do and review. Each of the sections that follow considers a stage of the framework and the activities that APBs will need to undertake to manage that stage effectively.

Finally, a check list and reference materials to support key stages of the commissioning cycle are included in the Appendices.

Scope of the Commissioning strategy

The scope of these strategies must include action taken to address the more 'traditional' substances as well as those substances that have emerged in the last few years, including new psychoactive substances and steroid and image enhancing drugs.

Commissioning strategies also need to consider the breadth of the national strategy when responding to needs of their population. APBs and their partners must consider prevention of substance misuse by targeting efforts towards those individuals and communities most at risk but also ensuring that the needs of the wider population are addressed. Where substance misuse does occur, those affected must be able to access timely, evidence based and effective quality treatment services. These treatment services need to ensure that the principle of 'recovery' is embedded within their delivery and that when commissioning services the APB considers the needs of particular groups, such as offenders and young substance misusers as differing approaches are often needed.

It is important that there is also support for the families of substance misusers as it is understood that relatives and carers can play a vital role in helping substance misusers succeed in treatment but services also need to be made available to reduce the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member. The APB also has a role in considering how it can assist in reducing the harms by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances.

This guidance will assist APBs in delivering against these key priorities and to demonstrate compliance against the National Core Standards for Substance Misuse.

1. The Background Context to a Commissioning Strategy.

1.1 Background.

The statutory responsibility for formulating and implementing a strategy for combating substance misuse in Wales rests with the 'responsible authorities' which form Community Safety Partnerships (CSPs). It is recognised that the commitment of CSPs to tackling the substance misuse agenda in Wales has been pivotal to delivering the progress which has been made in Wales over recent years.

However, the Welsh Government's strategy for substance misuse 'Working Together to Reduce Harm' (2008-18) advocated strongly that CSPs and other agencies involved in tackling and reducing the harms associated with substance misuse should do more to plan treatment services and to pool resources at a regional level where appropriate. To support this delivery at a regional (local health board) level, APB structures were established in 2010.

Following a review in 2011, the role and membership of the APB was strengthened in order to assist responsible authorities to discharge their duties in relation to substance misuse through the regional footprint. APBs are now required to develop an outcome based commissioning strategy across the APB area and to produce a fully costed implementation plan to support this strategy. The membership of the APBs includes representatives from the 'responsible authorities', which comprise CSPs, to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level. For ease, this relationship will be thereafter included within this guidance in the encompassing definition of 'APB'.

The move to the regional footprint is in line with the Welsh Government's wider collaboration agenda, combining resources for the development and management of substance misuse services across an APB area provides opportunities for strengthening service planning, commissioning, delivery and performance management whilst also achieving efficiencies.

For further detail on the role, remit and governance of the APBs please refer to 'Guidance for Substance Misuse Area Planning Boards' issued in August 2012 and available at www.wales.gov.uk/substancemisuse

1.2 Defining Commissioning.

To enable a shared understanding of commissioning, the following definition is put forward as it captures the key elements of the commissioning task for APBs:

'Commissioning is the process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sectors.'

(The Audit Commission, 'Making Ends Meet', October 2003).

However it is understood that there are many different definitions of commissioning and procurement, emphasising the different aspects of the task, dependent upon the context in which they are set.

Whichever definition is used it emphasises the importance of meeting needs at a strategic level, understanding the needs of all people within a target population and then commissioning services which meet the needs of the service users, no matter who provides them.

1.3 Defining Procurement.

Although this document is concerned with commissioning, it is useful to have an understanding of, and to establish the difference between the term 'commissioning' and closely related activities, such as 'procurement'. The Wales Procurement Policy Statement (WPPS) defines procurement as:

'The process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment'.

(Sustainable Procurement Task Force (2006).

As the definition suggests procurement can cover a range of activities undertaken with and for people with substance misuse issues including, for example, agreeing a contract or service level agreement with a provider to deliver a certain service and monitoring the success of that service. Such activities can be undertaken by care managers or contract managers for the APB. They need to be undertaken, however, within the context of an overall commissioning framework, if they are to contribute to the achievement of efficient and effective services which meet the needs of the population for whom the APB has responsibility.

The glossary of terms at appendix three provides further definitions in relation to related tasks such as purchasing, contracting and allied contract arrangements.

1.4 Overarching Principles of Commissioning Substance Misuse Services

Commissioning effective substance misuse services should also promote a preventative agenda and not only meets the need of known service users but also capture problematic users who do not current access services. There are a number of themes that should run through the preparation of the substance misuse commissioning strategy including:

- Ensuring that the principles of prudent healthcare are embedded in all parts of the commissioning process.
- Ensuring services commissioned embed the principles of recovery and harm reduction;
- Ensuring that services have been influenced by the needs and views of service users and
- Services deliver clear measurable outcomes.

These principles are outlined in more detailed in 1.4.1 below.

1.4.1 Prudent Health care – Prudent Services.

APBs in Wales need to embed the value-based principles encouraged by prudent healthcare across its entire system. Prudent healthcare in this context requires the right service intervening at the right time and in the right way using an evidence based approach. Where more than one service is required to intervene this should be done collaboratively making best use of resources, ensuring a proportionate response and avoiding duplication of effort and treatment.

This cultural shift is of relevance when commissioning substance misuse services as we need to ensure that services are efficient, effective and empowering. To assist those commissioning substance misuse services the following broader principles have been adapted from the stated principles of prudent healthcare:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production (please see 1.4.4 for more information)
- Care for those with the greatest health need first, making the most effective use of all skills and resources
- Do only what is needed, no more, no less; and do no harm
- Reduce inappropriate variation using evidence based practices consistently and transparently.

However, the prudent healthcare concept of ‘only do what only you can do’ remains a powerful one, especially for a prudent health and social care workforce for the future. It will therefore be important to maintain the concept that no professional should routinely be providing a service, which does not require their level of clinical ability or expertise – only do what only you can do – as Wales continues its prudent healthcare journey.

Please also see appendix 2 for more information on the ‘making prudent healthcare happen’ resource, which contains a chapter on substance misuse <http://www.prudenthealthcare.org.uk/substancemisuse/> .

1.4.2 Recovery Oriented Integrated Systems of Care.

In October 2013 the Welsh Government published guidance entitled ‘Recovery Oriented Integrated Systems of Care’ (ROISC). This document provides support for APB commissioners, planners, service providers and service users on establishing integrated systems of recovery oriented service provision, enabling the principles of recovery to be embedded in the culture of treatment provision across Wales.

This guidance is available under the publications tab of www.wales.gov.uk/substancemisuse and provides more information on the support available to deliver ROISC and a number of tools which can be used to monitor and measure the effectiveness and quality of ROISC.

The principles incorporated within this framework need to be appropriately evidenced in an APB commissioning framework to ensure that recovery-based approaches are integrated into core substance misuse treatment services.

1.4.3 Harm Reduction Approach.

The harm reduction approach to substance use is based on a strong commitment to public health principles. It is evidence based and cost effective when delivered in a targeted way at reducing the harms and risks to an individual and the community in which they live. Although harm reduction does not focus primarily on abstinence it does incorporate recovery as part of a range of goals and outcomes over time and therefore any commissioning strategy should ensure that there are a range of intervention options available. The Welsh Government published a Health and Wellbeing Compendium in 2013 which provides guidance and recommendations for action under seven specific elements of health care, including oral health, prevention / testing and treatment for blood borne viruses and targeting vulnerable groups. This is available under the publications tab of www.wales.gov.uk/substancemisuse

1.4.4 Working Together in Partnership – Co-production.

Various terms are used to describe collaborative approaches to service delivery for example outcomes-focus, person-centered, 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.

Evidence is growing of the capacity of co-production to increase efficacy, sustainability and value for money.

Co-production offers a powerful response to the current funding constraints since it utilises the experience, knowledge and abilities of all participants, including the service user – a previously under utilised resource. Services can become more effective and relevant since service users and their communities are helping to design and deliver the outcomes. Service-user engagement encourages buy-in and ultimately ownership, resulting in genuinely sustainable projects. More effective and more sustainable outcomes clearly offer better value for money, not only in relation to a specific service or project but also by empowering and engaging citizens.

Co-production and citizen-engagement should also be at the heart of the emerging focus on prevention/early action as the only viable response to increasing demand and decreasing budgets. An example of this is the Welsh Government's new plan for primary care services which aims to develop a more "social" model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root cause of poor health are addressed.

1.4.5 Principles of co-production

Co-production works on the principle that we are all equal partners and have something of value to contribute. The core principles of co-production are:

- Valuing people as assets: people are acknowledged as equal partners in the design and delivery of services, not as passive or problematic recipients of public services.
- Building on people's existing capabilities: the traditional deficit model begins with people's needs; co-produced services start with their abilities and look for opportunities to help these flourish.
- Mutuality and reciprocity: co-production is based on an equal and reciprocal partnership between professionals, service-users and their communities.
- Peer support networks: co-production utilises local and personal networks to maximise the effective transfer of knowledge and support change.
- Facilitating rather than delivering: professionals are encouraged to become facilitators of change rather than providers of services.

Welsh Government has recently published the revised Substance Misuse Service User Involvement Framework which provides additional information on the principles of co-production and best practice in relation to service user engagement. This is available under the publications tab at www.wales.gov.uk/substancemisuse.

1.4.6 Ensuring Outcome Based Commissioning and Contracting.

When developing an outcome based commissioning strategy, it is important that service users, providers and commissioners all have a shared understanding of what is trying to be achieved. This will help to gain a better assessment of needs and therefore where to target finite resources. Defining these outcomes should be at the start of the process and will assist in stakeholders agreeing a shared vision for the APB. Put simply, an outcome is a condition of wellbeing that we want for the population.

These outcomes are not being prescribed by the Welsh Government for the reasons outlined above and it is important that the APB have ownership of these outcomes and that they are informed by their local needs assessments.

However, we do expect agreed outcomes to be in line with the 2008-18 Welsh Government substance misuse strategy and the supporting delivery plans. The Welsh Government will use existing mechanisms to hold the APBs to account for their own delivery, this includes progress against the APB actions in the current national delivery plan, progress in achieving the substance misuse Key Performance Indicators and compliance against the core standards, which set out the minimum standards expected for substance misuse services.

Effective monitoring of outcomes alongside the cost is extremely important in determining value for money and the commissioning strategy should explicitly show that this assessment has been made.

Focusing on outcomes will mean taking a different approach in monitoring provider performance. By doing this the provider's task becomes more about achieving those outcomes rather than just solely counting activity levels. Done well, 'outcome based commissioning' allow providers the opportunity to amend the volume and nature of a service according to need, without having to constantly change the assessment if the agreed outcomes are not being achieved.

The developed commissioning plan must specify the outcomes that are trying to be achieved and which services / projects they feel are best placed to meet these needs. Commissioners need to develop a formal way of aggregating data to measure whether these outcomes are being achieved or not. The intended outcomes and how they will be monitored then need to be clearly stated in both the commissioning plans and contracts.

One such way of defining outcomes and measures used to track progress is the 'Results Based Accountability' (RBA) approach. RBA put simply considers two types of accountability:

- 'Population accountability' which is about whole populations, irrespective of whether they receive any services. Therefore outcomes delivered at this level are not delivered by single organisations and accountability for achieving them needs to be shared.
- 'Performance accountability', which considers specific client populations, or put another way, people who are in receipt of our services. In many cases, despite still working with other stakeholders, agencies contracted to deliver a service retain accountability for this. Performance measures here help us to quantify how well a programme or service is being delivered.

1.4.7 Decommissioning

Decommissioning is a natural part of the commissioning process and can happen in a wide range of circumstances, including:

- Ending a service completely i.e. no re-commissioning of a service occurs.
- Combining parts of existing services into a new, different one.
- As part of wider service redesign, where a service is no longer provided and is decommissioned or combined with other services.
- Budget cuts which lead to re-commissioning a new service.

Decommissioning services effectively is as important as the commissioning of services and commissioners should ensure that there is appropriate time built into any commissioning process to allow for to the implementation of a decommissioning process in a planned manner.

To enable commissioners to decommission effectively there needs to be good communication with all stakeholders. Commissioners should ensure that there is comprehensive understanding of the needs of the users, services and prospective services and the potential impact of any proposed services changes. This will allow commissioners to appropriately identify and manage risk when considering the decommissioning of any service.

The National Audit Office has produced a useful toolkit in relation to decommissioning which can be found at: <http://www.nao.org.uk/decommissioning/>.

This toolkit provides information on a staged approach to decommissioning, covering the following elements:

- Making a decision to decommission.
- Re-designing services
- Planning decommissioning
- Carrying out decommissioning
- The impact of decommissioning

1.5 Cross Cutting Themes

1.5.1 Working with the Third Sector.

The Third Sector is used in Wales as an inclusive and overarching description of a very diverse range of organisations that share a set of values and characteristics. The types of organisations included in the definition can range from small community or charitable associations to larger housing associations and many variations in between. In January 2014 the Welsh Government published the 'Third Sector Scheme' which is the key policy framework which underpins the Welsh Government's relationship with the Third Sector in Wales and sets out Welsh Ministers' intentions in taking forward this relationship.

Annexed to the scheme is the Code of Practice for Funding the Third Sector. This Code provides information about Welsh Government's approach to funding, with sections on Commissioning, Grants and Procurement and therefore its 17 principles will be equally relevant to the APBs commissioning of third sector organisations. The Welsh Government will expect to see evidence that this guidance is taken account of in its work with the Third Sector and in particular that early discussion is held with Third Sector organisations with evidence included of their engagement with the commissioning process where appropriate. For further information on the scheme the document can be found at:

<http://gov.wales/topics/people-and-communities/voluntarysector/?lang=en>

Any commissioning arrangement needs to also ensure that smaller third sector organisations across Wales are not being disadvantaged from tendering for the delivery of any specific service by the process and expectations being applied, adhering to the principles outlined in the Wales Procurement Policy, highlighted in

section 1.5.2 and appendix two will enable the APB to assure that this is not the case.

1.5.2 Ensuring that Procurement Activities are undertaken in line with Best Practice

In 2012 the Welsh Government published a Wales Procurement Policy Statement which clearly set out the procurement practices and the specific actions that is now required of every public sector organisation in Wales. APBs should make every effort to ensure that they are compliant and fully adopt the guidance that can be accessed through the web-based Procurement Route Planner, at <http://prp.wales.gov.uk/>. This includes a full suite of on-line step by step guidance developed specifically for the contracting of social care services, which contains many useful templates and practical advice. Complying with this guidance will help ensure adherence to [EU Procurement Regulations](#) and relevant social care legislation.

This suite of guidance will assist in procurement decisions being made on a quality/cost/risk basis whilst allowing consideration of the longer term impact of decisions made. There is also a section within the route planner, entitled 'strategic framework' which provides additional information about the key strategies guidance to support joint work and collaboration.

It is also important that each APB has a clearly defined process to enable stakeholders to raise any concerns in relation to procurement. Ordinarily this will be by raising concerns with the lead procuring authority in the first instance and if necessary the relevant APB chair. If concerns are not resolved with either the procuring authority or the APB, Value Wales can also provide assistance. APBs will be requested to document their process for dealing with these concerns and this is expected to be ratified by the APB.

1.5.3 Equality and Diversity

The Equality Act 2010 and related Welsh specific public sector equality duties regulations impose duties on relevant Welsh authorities including the requirement to publish equality objectives. Authorities are required to publish a statement which sets out the steps taken in order to achieve each equality objective and also to monitor the progress of achieving those objectives. The Welsh Government Equality Objectives (that sit within a Strategic Equality Plan) will help ensure that public services and employment are fair, accessible, responsive to people's needs, and that communities are inclusive. People should not be treated less favourably because of their gender, race, language, faith or belief, sexual orientation, age, pregnancy and maternity, being married or in a civil partnership, being a disabled person, or being transgender. These objectives underpin Welsh Government's work, ensuring a joined up approach to achieving better outcomes for the people of Wales and as such the APBs are required to adopt these principles within their own work.

APBs should ensure that when they are developing and implementing a commissioning strategy that they consider the effects on those which have protected characteristics, as set out in the 2010 Act, when making decisions

1.5.4 Welsh Language Requirements.

The Welsh Government believes that the Welsh language is an integral part of Wales' identity and is committed to creating a truly bilingual Wales, where people can live their lives through English, Welsh or both languages. The Welsh Language (Wales) Measure 2011 confirmed the Welsh language's official status in Wales and established the role of the Welsh Language Commissioner. The Commissioner's principal role is to promote and facilitate the use of the Welsh language. The Welsh Government's Language Strategy – A living language: a language for living – and its Welsh Language Scheme, both look to increase the mainstreaming of the Welsh language into all aspects of the Welsh Government's work, as well as increasing the use of Welsh in the communities of Wales.

'More than just words', published in 2012, has been developed to strengthen Welsh language services among frontline health and social services. This framework provides a systematic approach to improve services for those who need or choose to receive their care in Welsh. APBs would also be expected to respond to this need when commissioning substance misuse services, please see appendix 2 for further information on this publication.

The Welsh Language Commissioner website also has further information on the use of the Welsh Language and is at:

<http://www.comisiynyddygydraeg.org/english/Pages/Home.aspx>

1.5.5 Children and Young People

Substance misuse amongst children and young people in Wales is a recognised challenge for commissioners and providers of services. In order to reduce prevalence, harm and its related consequences it is important to provide services that are based on evidence and good practice. The Welsh Government has published two guidance documents in relation to substance misuse and children and young people. The APB is asked to consider the content of both when undertaking commissioning of services for children of young people and developing transition arrangements between child and adult services.

Both documents, entitled 'Integrated Care for Children and Young People Aged 18 Years and Under who Misuse Substances' (2010) and the 'Compendium of Good Practice Guidance on Integrated Care for Children & Young People aged up to 18 years of age who Misuse Substances' (2012) are available at: www.wales.gov.uk/substancemisuse. Please also see appendix 2 for further information and on responsibilities related to the Rights of children and Young Persons (Wales) Measure 2011.

1.5.6 Older people.

Substance misuse among older people as a discrete group receives relatively little attention. With the evidence suggesting that it is not identified and treated adequately in this age group despite their greater susceptibility to harm at lower levels of use than younger people. APBs are therefore required to ensure that access to substance misuse treatment for those aged over 50 years is improved. To assist the

Welsh Government has published guidance entitled 'Improving Access to Substance Misuse Treatment for Older People' which is also available at www.wales.gov.uk/substancemisuse.

1.5.7 Tackling Poverty

The Welsh Government has made it clear that tackling poverty is a priority objective and finding ways of preventing and reducing poverty in Wales must be a key focus at the national and local level. The Tackling Poverty Action Plan, published in 2013 signals that resources must be used to help those most in need and seek to prevent future generations experiencing poverty. The APB will be required to consider poverty issues throughout their commissioning process and they should consider areas where joint planning and coordination of services with tackling poverty programmes such as Communities First, Supporting People and Families First could improve outcomes for low income groups

One of the key areas that APBs are asked to consider when tackling poverty is the appropriate use of community benefit clauses, this is already an explicit requirement when considering applications for substance misuse capital funding.

By considering community benefits APBs can ensure wherever possible that public contracts offer disadvantaged people / target groups' opportunities for employment and training to improve employability and break out of the cycle of deprivation and poverty.

1.6 Area Planning Board Governance Arrangements.

To ensure the intended outcomes for stakeholders are defined and achieved good governance arrangements need to be in place. The International Federation of Accountants (IFAC) and Chartered Institute of Public Finance and Accountancy – CIPFA (2014) stated that a fundamental function of this is to ensure that the planned outcomes are achieved while acting in the public interest, which requires behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law alongside ensuring openness and comprehensive stakeholder engagement.

In addition to these overarching principles, CIPFA states that good governance in the public sector also requires effective arrangements for:

- Defining outcomes in terms of sustainable economic, social, and environmental benefits.
- Determining the interventions necessary to optimise the achievement of the intended outcomes.
- Developing the entity's capacity, including the capability of its leadership and the individuals within it.
- Managing risks and performance through robust internal control and strong public financial management.
- Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.

These core values are equally applicable in an APB setting and are reflected in the specific tasks that should be undertaken as part of developing a commissioning strategy.

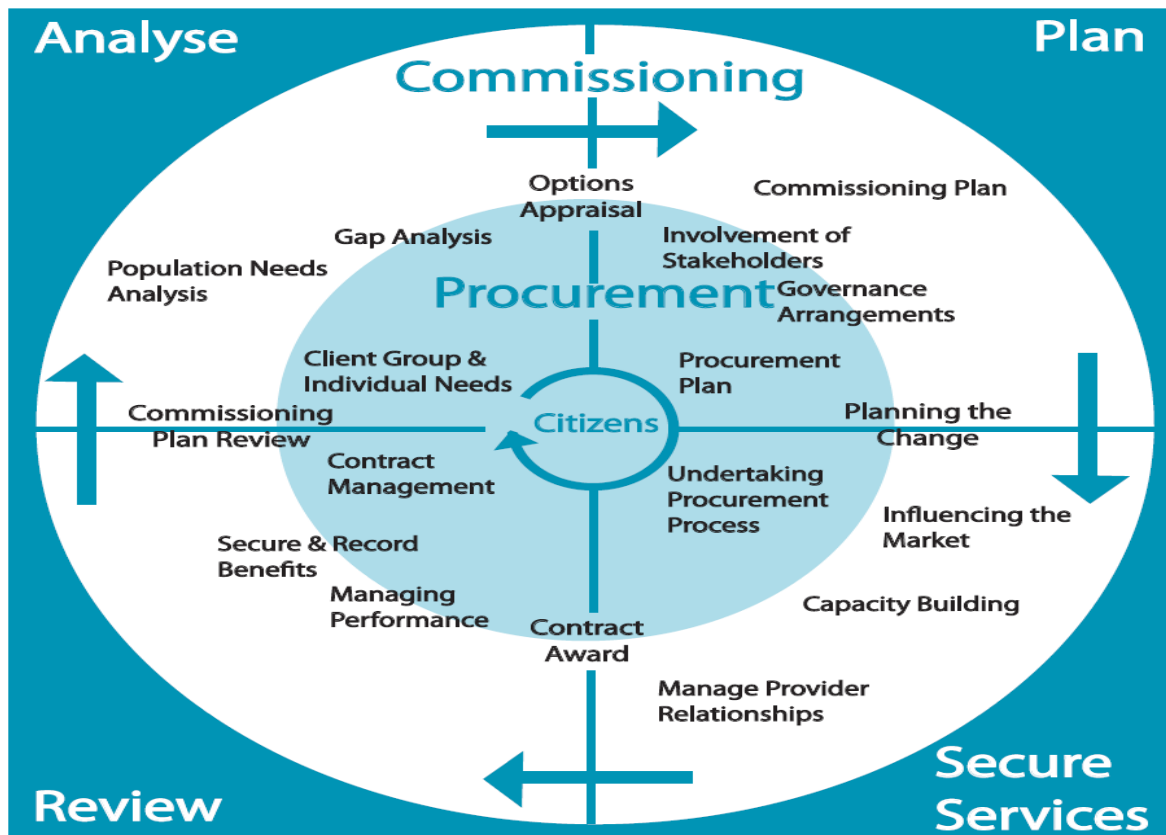
The 'Guidance for Area Planning Boards' published in 2012 includes an example memorandum of understanding which sets out suggested governance arrangements. Each APB needs to ensure that their financial / management and accountability arrangements are clearly laid out including links to existing risk pooling arrangements if applicable. These arrangements should also determine what decisions it reserves for itself and which powers have been delegated elsewhere i.e. to the APB support team or relevant sub group.

Further advice and guidance in respect to good governance is also available at:

- Governance in Community Health Partnerships:
http://www.audit-scotland.gov.uk/docs/health/2006/nr_060822_governance_health_issues.pdf
- Drugs and alcohol services: self assessment checklist for partners:
http://www.audit-scotland.gov.uk/good_practice/partnership.php
- Best value toolkit: Effective partnership working:
http://www.audit-scotland.gov.uk/docs/best_value/2010/bv_100809_partnership_working_toolkit.pdf
- Governing partnerships (Audit Commission):
<http://webarchive.nationalarchives.gov.uk/20150421134146/http://archive.audit-commission.gov.uk/auditcommission/aboutus/publications/pages/national-reports-and-studies-archive.aspx.html>
- NHS e-governance manual: Governing in Partnership:
<http://www.wales.nhs.uk/governance-emanual/home>

2.0. A Framework for Commissioning

The diagram below, developed originally by the Institute of Public Care at Oxford Brookes University, illustrates the relationship between the activities involved in commissioning and procurement.



The framework places commissioning within a four stage cycle involving the following tasks:

- **Analysis:** Understanding the purpose of the agencies involved, the needs they must address, and the environment in which they operate.
- **Planning:** Identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed.
- **Doing (securing services):** Ensuring that the services needed are delivered as planned.
- **Reviewing:** Monitoring the impact of services, and evaluating the extent to which they have achieved the purpose intended.

Following the commissioning cycle round, the **analysis stage** involves activities such as:

- Clarifying the overall purpose and strategic aims and the research and knowledge base for the services.
- Needs analysis, identifying the current and likely future needs of the whole population for the relevant services – this can involve considering population

trends as well as trends in alcohol or drug use, to build up a picture of likely future need.

- Market analysis, mapping and reviewing existing services and contracts, across health, social care, criminal justice (both community and custodial) and the voluntary / private sector, understanding provider strengths and weaknesses and identifying opportunities for improvement or change in providers.
- Resource analysis, identifying the resources currently available, and agreeing the future resources, across agencies, which will be allocated to meet the needs of the substance misusing population.

The **planning stage** of the commissioning cycle is concerned with identifying how commissioning agencies will promote the development of services to meet the needs of the population concerned. This involves:

- Gap analysis, using available information, to review the whole system and identify what is needed in the future.
- Specifying strategic commissioning intentions and what outcomes you want to achieve.
- Planning, by writing a commissioning strategy which identifies clear service development priorities.

The **doing (securing services) stage** of the commissioning cycle is concerned with activities to ensure that providers deliver their services in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. This can involve:

- Managing the balance of services. Ensuring that services are sustainable, and offer value for money. Ensuring a good mix of service providers, offering users an element of choice in how their needs are met.
- Clearly describing the nature of services you wish to purchase and the outcomes to be achieved and having clear mechanisms in which to measure progress against these.
- Making effective contract arrangements for selecting the most appropriate service providers, who will deliver good quality services that offer best value for money.
- Making arrangements to ensure service quality, including identifying the quality assurance criteria that should be included in contracts in order to ensure services meet the standards required.
- Procuring new services and decommissioning services that do not meet the needs of the client group.

Finally, the **reviewing stage** of the commissioning cycle involves monitoring, evaluation and review of the commissioning strategy, establishing the extent to which the priorities and targets in the strategy have been met, and identifying what changes need to be made to the strategy or to services as a result. This can involve:

- Pulling together information from individual contracts or service level agreements.
- Analysing whether strategic commissioning objectives are being met.
- Analysing any changes in population need, reviewing the overall impact of services, and considering the effectiveness of service models across the market to respond to the different needs of people with substance misuse issues.
- Identifying revisions needed to the strategic priorities and targets. The rest of this document explains in more detail the four stages of the commissioning cycle, and describes the activities that APBs will have to undertake to manage commissioning effectively at each of these stages.

Appendix 5 provides an overview of all stages to consider when writing the commissioning strategy.

2.0.1 Scoping the work required

Like any management task, commissioning activities need to be carefully scoped, planned and resourced to ensure that they address the right issues, involve the right people, and include the right activities to get the job done. Successful development and implementation of a commissioning plan will require clear answers to the following questions:

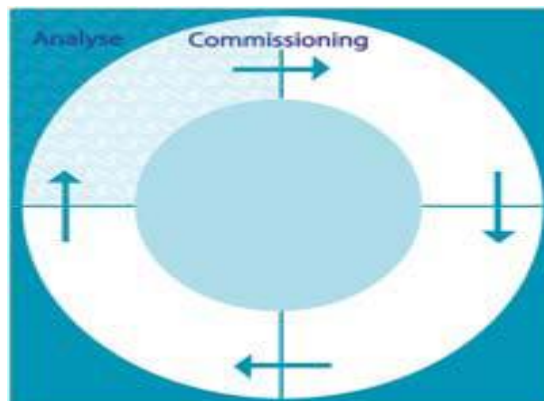
- Whose commissioning plan is it, and what type of documents will be produced?
- Who are the citizens whose needs the commissioning plan is intended to meet?
- What national requirements and what regional and local strategic commitments will the commissioning plan address?
- What outcomes are you trying to achieve when developing the commissioning plan?
- What services need to be considered in the commissioning plan e.g. health, education, social care, housing, criminal and youth justice?
- What period will the commissioning plan cover? Length of the plan should enable sustainability and assist in longer term planning.
- Who will do the work to develop the commissioning plan, how much time will they need?
- When does the commissioning plan need to be completed – when does it need to be implemented?
- How will citizens, service users and carers be involved in the development of the commissioning plan?
- How will other stakeholders, including the third and private sectors, be able to contribute to the commissioning plan?

The responses to these questions need to be agreed early on at an APB level to enable the successful implementation of a commissioning strategy.

Appendix 1a provides a template which is designed to help the APB address the key issues prior to commencement.

Appendix 1b provides key points in relation to the analysing and planning phases of the process and appendix 1c focuses on the writing of the commissioning plan itself.

2.1 The Analysis Stage – Gathering Intelligence



The analysis stage of the commissioning cycle involves the following activities, which will help establish the basis of the commissioning strategy:

- Clarifying the purpose and the strategic aims of the APB, taking account of All-Wales and local substance misuse priorities.
- Undertaking a needs analysis.
- Undertaking a market analysis, mapping existing services, including contracting arrangements and the quality of services.
- Analysing the resource base for the commissioning strategy.

These activities are considered in turn below.

2.1.1 The Purpose and Strategic Aims of the APB

The reason for this activity is to establish a common perspective across the APB about the purpose and strategic aims of substance misuse services, based on the national and local priorities for tackling substance misuse. This vision sets the scene for the commissioning strategy. It explains what must be included in the strategy, defines the boundaries of the population covered by substance misuse services and specifies which partner agencies are involved in developing and agreeing the strategy. All-Wales and local strategic drivers should inform the APBs broad strategic aims, and these need to be underpinned by shared values and outcomes.

To produce an agreed statement of purpose and strategic aims for the APB consideration should be given to the areas outlined in the sections below:

- The membership, roles and values of the APB.
- Establishing a clear commissioning function within the APB.
- The national agenda, research and best practice in tackling substance misuse in Wales.
- The regional and local agenda.

Membership, Roles and Values of the APB

The various roles and responsibilities of the agencies and individuals within the APB will also need to be identified.

The responsible authorities of the CSPs in Wales have a remit to ensure the delivery of substance misuse services for their local area. The strengthened role of the APB will assist in these authorities discharging their responsibilities through a regional forum.

This grouping takes into account most of the commissioners within an APB membership. However, links with criminal justice commissioning also need to be retained and therefore will require officials from the elected Police and Crime Commissioner's Office to be consulted in respect to the development of any outcome based commissioning strategy. This will ensure that any commissioning strategy will take into account the Police and Crime Plan. The APB should also work with the National Offender Management Service (NOMS) to ensure that the needs of those who are in custody in Wales or those coming back into Wales following a custodial sentence are taken into consideration.

Other agencies which do not have a responsibility for commissioning such as service providers, users and carers have a different but pivotal role, to help commissioners make the best commissioning decisions for their community.

Within the commissioning process there needs to be a clear separation of these responsibilities but both elements are integral to an effective outcome. Thus the APB must ensure that all stakeholders understand how and when to make their contributions.

The APB Guidance (2012) provides further detail on the membership of the APB and their specific roles and responsibilities.

Establishing a Clear Commissioning Function within the APB.

It is understood that for some functions of the APB it is not appropriate for the full membership to be present, for example performance, finance or contract management issues and in these instances the APB guidance suggests the establishment of appropriate sub groups to lead on these elements of the work.

The National Agenda, Research and Best Practice Available

The first task is to identify and justify the key policies and principles which will underpin the commissioning strategy. This can be done by selecting key themes from the national context for substance misuse services, and from research, national guidance and good practice. To help with this task, Appendix 2 contains summaries of relevant national policy and guidance, research and good practice.

The Regional and Local Agenda

Analysis of the current priorities for the APB should be undertaken, including for example:

Boundaries for commissioning specific substance misuse services - The boundaries for commissioning substance misuse services should be clearly defined in terms of the client group and geographical area. If particular services are to be jointly commissioned with other APBs, across particular geographical areas and/or service user groups, then this should be clearly stated.

Local strategic drivers – CSPs / Local Service Boards etc. will undertake assessments which in practice would be used to inform the regional commissioning plan and will allow continued focus on common actions which can be delivered at a regional level to ensure appropriate links are made. The health board integrated medium term plans will also be a source of information when considering the current priorities for the APB (please see appendix 2 for further information).

CHECKLIST: THE PURPOSE AND STRATEGIC AIMS OF THE APB

Before moving on to the next element of this stage, the following should be in place:

- Clear membership, roles and values of the APB.
- A clear commissioning function within the APB established.
- Clear links to other APBs and the national arrangements.
- Analysis of the national agenda, research and best practice in tackling substance misuse in Wales.
- Analysis of the regional and local agencies' agendas.
- An agreed statement of purpose and strategic aims for the APB.

2.1.2 Needs Analysis

The needs analysis stage of the commissioning cycle is concerned with ensuring that commissioning intentions are informed by an understanding of need in relation to the availability and quality of service provision and the volume and nature of substance misuse locally. A fully comprehensive needs analysis would cover each of the activities described in the sections below:

- Demographic analysis including public health analysis, covering both current and anticipated future needs
- Findings from service user and carer research.
- Consultation with service providers.

APBs should also ensure that they review other strategic plans to enable work to be 'joined up' appropriately, including police strategic assessments, Police and Crime Plans, and integrated health and social care plans.

Guidance on the responsibilities and duties on health and social care services to provide integrated arrangements for assessment and care management for older people can be found at the link below:

Additionally APBs should strive to engage with those that who are either not current or have never accessed services, establishing the reasons why people have not engaged with services previously will allow the APB to tailor services for this 'harder to reach' group.

Demographic Analysis

The purpose of undertaking a demographic analysis is to estimate the level and location of need in relation to substance misuse across the population served by the APB. In order to do this effectively, the following types of data are needed:

- Population data disaggregated by age, gender, ethnicity, welsh language need, location and mobility patterns. National and regional prevalence rates for drug and alcohol misuse disaggregated by age, gender, ethnicity, socio economic picture and location.
- Numbers of people known to substance misuse services.
- The range of substances misused within the population and their relative prevalence and incidence.

In order to establish a baseline estimate of the level and location of need, prevalence rates derived from research can be applied to population data.

By comparing the prevalence of people in need of substance misuse services, with the numbers and types of users actually known to be receiving substance misuse services, it is possible to estimate the degree of unmet need, in relation to particular groups of the population, types of services and geographical location.

Appendix 4 contains information and links to helpful sources of information to inform the demographic analysis, including public health data sources.

Findings from Service User and Carer Research

An important element in assessing need is to consider the relevant needs identified directly by those people who have used substance misuse services, and their families and carers. At this point in the commissioning cycle it may be most useful to consider existing national or local user and carer research or findings from recent local consultations with service users and carers, including their views on the extent of substance misuse issues and desired outcomes.

Consultation with Service Providers

Service providers are able to draw on their day-to-day contact with service users and their carers, as well as their practical knowledge of what works well, to inform the needs analysis stage of the commissioning cycle. The perspectives of managers and practitioners from provider agencies are a valuable element, and can be collected by:

- Meetings with individual service providers.
- Service provider forums.

- Focus groups.
- Questionnaires.

CHECKLIST: NEEDS ANALYSIS

Before moving onto the next element of this stage check that a comprehensive needs analysis has been completed, including:

- Demographic analysis including analysis of public health data.
- Findings from service user and carer research.
- Consultation with service providers.

2.1.3 Market Analysis

In this element of the analysis stage of the commissioning cycle, an overall picture of the current range and quality of services available to service users in the region is being sought. To do this, a combination of four activities is useful:

- Mapping existing substance misuse services.
- Mapping existing contract arrangements.
- Analysing the quality of services.
- Consulting with service users, families and carers.

Mapping Existing Substance Misuse Services

Mapping existing substance misuse services is an important element of strategic planning and a picture is needed to be built up, for example of:

- Availability and location of current services across providers. This should also include the mapping of pharmacy provision if specific substance misuse services are being delivered i.e. needle exchange or supervised consumption.
- Accessibility of services - are there barriers to service access because of factors such as language, geographical location, opening times, building design or stigma attached to attendance?
- Balance between public, private and voluntary services, and the range and scope of the different providers in the market.
- Range of services provided by each individual provider.
- Cost of services.
- Workforce – are there enough, sufficiently skilled staff available?
- Sustainability - how robust is the market?

Ways of collecting this information include: gathering information via questionnaires; reviewing annual reports of service providers; holding meetings with groups of providers; and conducting interviews with individual service managers.

Mapping Existing Contract Arrangements

Existing contract arrangements also need to be reviewed, to help build up a picture of the capacity for change and development in services.

When analysing existing contracts the following should be considered:

- What are the range and types of contracts in place?
- How long have these contracts been in place?
- How much spot purchasing is done?
- Are contracts, service, volume or outcome driven?
- What is the balance between the independent/voluntary and statutory sector?

Analysing the Quality of Services

It is important that commissioners analyse the quality and effectiveness of the services that are provided to ensure that they are addressing the detailed needs of the service users and carers. Analysing service quality is therefore a key element at this stage of the commissioning cycle, and it is important to ensure a degree of objectivity in the analysis. It is not always possible or advisable to analyse the quality of all aspects of services at one time and priorities will need to be identified, but examples include:

- Acceptability of services – do they meet client’s requirements/are they satisfied with these services?
- Equity – is there any unwarranted exclusion of clients to services as a result of policy or practice on, for example, race, gender, age or language?
Please see equality and diversity section at 1.5.3 for further detail
- Effectiveness – what are the outcomes of treatment or care?
- Efficiency – for example, are there significant waiting times for services?
- Sustainability – are services commissioned in a way which will promote long-term development?
- Appropriateness – what is the degree of alignment between the assessed needs of service users and the services actually provided?
- Co-ordination – do services provide effectively co-ordinated packages of care?
- Do services provide value for money against available benchmarking information?

There are different approaches which can be used to undertake an analysis of service quality. However commissioners are advised to ensure that on-going monitoring of the compliance against the National Core Standards for Substance Misuse Services in Wales published in 2010 is pivotal to this process. As a minimum commissioners need to have a good understanding of providers performance and ensure mechanisms are in place in to capture any concerns.

Further information on the National Core Standards for Substance Misuse Services in Wales is available on the publications tab at www.wales.gov.uk/substancemisuse.

Engagement with Service Users, Families and Carers

Engaging with service users, families and carers in reviewing and developing services is one of the most valuable activities at this stage of commissioning, but it can also be the most challenging. Section 1.4.3 of the guidance outlines the principles of Co-production and should be integral in the development of the commissioning strategy.

For further information in respect to involving service users in the delivery, planning and monitoring of substance misuse services, please see the refreshed Service User Involvement Framework, available at: www.wales.gov.uk/substancemisuse.

CHECKLIST: MARKET ANALYSIS

Before moving onto the next element of this stage it is important to check that a market analysis has been completed and the following is in place:

- Mapped existing substance misuse services.
- Mapped existing contract arrangements.
- Analysed the quality of services.
- Consulted with service users, families and carers.

The Institute of Public Care (IPC) have devised a toolkit to help commissioners develop a Market Position Statement (MPS) which assists in ensuring the market evolves to meet current and projected future need. While the particular focus is on adult social care, much of the guidance is also more broadly applicable and can be found at: <http://ipc.brookes.ac.uk/publications/index.php?absid=658>

2.1.4 Resource Analysis

In addition to the activities described above, at this stage commissioners also need to consider the existing and potential resource base available for commissioning substance misuse services. Useful information will include:

- The current and potential future budgets available for commissioning substance misuse services and if these are likely to change or end in the future to ensure appropriate contingency plans are in place if required.
- A breakdown of how budgets are allocated.
- An analysis of the extent to which budgets are committed, and where they may be flexible in the future.
- A breakdown between capital and revenue spend.
- Information about the distribution of resources between different sectors, service user groups and across the tiers of service provision.
- An analysis of the allocation of resources mapped against strategic priorities.
- Information about the existence of available resources in complimentary strategic initiatives, for example, Supporting People, Communities First,

Community Safety / Criminal Justice Funds, the NHS Estates Strategy, or the investment plans of national voluntary sector organisations.

- Information on the sustainability and the balance between core and grant funding including an analysis of the risks attached to reliance on short-term funding.
- Information on the availability of matched funding schemes and where resources should be made available for this.
- Identifying future capital needs for substance misuse service developments.
- Identifying areas where future savings or investment might be made.

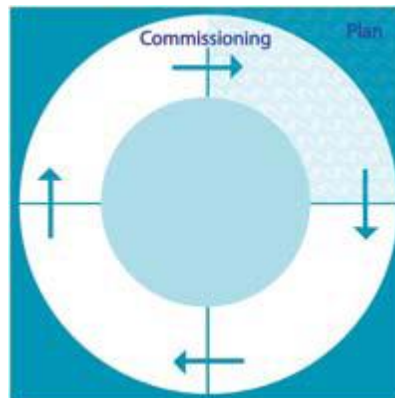
CHECKLIST: RESOURCE ANALYSIS

Before moving onto the next stage, it is important to check that the following is in place:

- Identified the current and future substance misuse services budget.
- Identified the global budget and broken down the budget allocation.
- Identified potential areas for future savings or investments.
- Identified all alternative sources of funding/resources.
- Allocated resources against strategic priorities.

3 The Planning Stage – Developing the Commissioning Strategy

3.1 Introduction



By now an APB should have all the information that is needed to develop and begin to write its commissioning strategy using the information obtained from local needs, market and resource analysis. The APB will be in a position to identify gaps in current service provision and to prioritise the allocation of resources to meet these gaps having regard to strategic priorities and identified need.

3.2 Gap Analysis

To achieve successful commissioning, a gap analysis should be carried out involving the following activities to establish gaps between identified needs (obtained from their needs analysis) and existing provision (obtained from their market analysis). Therefore:

- Review the data collected in the needs analysis stage about the nature, extent and location of service need.
- Review the data collected in the market analysis about the extent to which services currently meet those needs and are likely to meet them in the future.
- Review quality and consultation data about what sorts of services are most effective and efficient, and whether these types of services are currently being delivered.
- Complete a list of identified gaps across the tiers of service provision and across the service user groups. In doing this commissioners should consider:
 - Are there any gaps in particular types of services?
 - Is there an absence of service within a particular community?
 - Are some services weak or of poor quality?
 - Are some services in inappropriate locations or inaccessible?
 - Is there an over-provision of particular services?
 - Is there an over-provision of services within particular communities?
 - Is the funding for particular services sustainable?

Having identified the gaps in service provision a risk assessment will need to be carried out to gauge the impact of these gaps in service have on achieving the outcomes identified when determining their overarching strategic aims.

CHECKLIST: GAP ANALYSIS

Before moving onto the next stage, the following should be in place:

- A review of the nature, extent and location of service need.
- A review of the extent to which services currently meet needs.
- A complete list of identified gaps across tiers/ service user groups.
- A risk assessment undertaken in relation to the identified service gaps.

3.3 Prioritisation and Strategic Commissioning Intentions

Having carried out an assessment of the risks associated with the gaps in service provision commissioners are now in a position to move on to prioritise the allocation of resources across the service user groups and tiers of services and identify shortfalls. This may mean:

- Continuing to invest in existing services.
- Disinvesting in or de-commissioning certain existing services.
- Commissioning new services.
- Re-configuring existing services.

In carrying out this process the legal implications of existing contractual arrangements will need to be considered. In determining which of these activities should take place commissioners will need to be guided by the strategic aims and outcomes that they identified at the beginning of this process.

CHECKLIST: PRIORITISATION AND STRATEGIC COMMISSIONING INTENTIONS

Before moving onto the next stage, the following should be in place:

- The strategic commissioning intentions should be clear.
- The allocation of resources should be prioritised in accordance with the strategic commissioning intentions.
- Consideration of the legal implications of any changes to existing services.

3.4 Producing the Commissioning Strategy

At this point APB commissioners need to:

- Write the strategy.
- Consult on the strategy with all stakeholders.

- Obtain the formal agreement of the APB to the strategy.
- Obtain the endorsement of the responsible authorities through their decision-making structures.
- Obtain formal agreement of agencies committing resources to the strategy through their budget processes.
- Inform existing providers of the future commissioning intentions.
- Publish the document.

3.4.1 Contents of the Commissioning Strategy

Writing the strategy is the point at which all of the work so far is drawn together into a succinct analysis. The strategy document should at least include the following elements:

- Introduction
- National and Local Guidance and Research
- Needs Assessment
- Market Analysis
- Gap Analysis and the Design of Future Provision
- Financial Position
- Service development and what outcomes are expected from the services
- Monitoring Arrangements

Please see appendix 5 for further information.

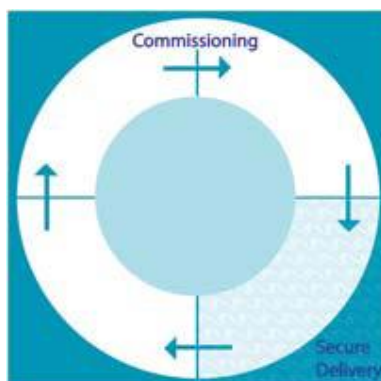
CHECKLIST: PRODUCING THE COMMISSIONING STRATEGY

Before moving onto the next stage, the following should be in place:

- A written commissioning strategy document.
- A process in which the commissioning strategy document has been consulted upon and which has had formal agreement by all commissioning agencies involved in the APB.
- A published document.

4. The Doing Stage – Securing Services

4.1 Introduction



The next stage of the commissioning cycle deals with the day-to-day tasks of securing services, particularly developing the range of services that have been identified as needed in the strategy. Market management is the key element in the commissioning cycle, through which services can be shaped and influenced to best meet the needs of people with substance misuse issues. This stage includes the following elements:

- Managing service balance.
- Making arrangements for specifying services.
- Making arrangements for selecting service providers.
- Making arrangements for contracting.
- Ensuring quality.
- Identifying potential new providers - what possible alternative suppliers of services are there, and what kind of services might they offer?
- Researching substance misuse services elsewhere in the UK, and opportunities to maintain and/or develop existing services.

4.2 Managing Service Balance

It is important for commissioners to influence the market on a day-to-day basis in ways that meet the needs of their service user groups and help achieve the aims of the commissioning strategy. One way of clarifying how this will be achieved is to complete a statement informed by the strategy that identifies how the following areas will be addressed:

- The mix of providers: ensuring that there is a mix of service providers to ensure the range of needs identified in the needs assessment are adequately catered for, and that services are viable and sustainable in the long term.
- Degree of competition: competition between service providers which may help to ensure value for money.
- Degree of choice: ideally, service users, their families and carers should have a choice of services in order to select the service which best meets their needs.

- Incentives for providers: commissioners should attempt to create incentives for new providers to enter the market or existing providers to offer new services.
- Joint commissioning across an APB area and / or more than one APB area

Commissioners will then need to undertake activities to achieve any changes required to the service balance. Some aspects that need to be considered include:

- Re-configuring existing services – the extent to which existing providers have the capacity or desire to revise their services, and whether required changes could be successfully implemented needs to be explored.
- Investing further in existing services – this is often seen as the most straightforward of options, but careful consideration needs to be given to ensuring that additional benefits are likely to be gained from further investment.
- Decommissioning services – although often difficult and controversial, decommissioning is a crucial option for commissioners requiring resources to develop new services. It is sometimes appropriate to end existing contracts or service level agreements, particularly where an existing service is not meeting the needs of the population, and appears unlikely to be able to do so. However careful consideration should be given to: identifying those areas which need to be de-commissioned as part of the overall commissioning strategy; agreeing the objectives of decommissioning with all of the relevant decision makers from the commissioning agencies in the APB; and developing exit strategies that seek to minimise the impact on existing service users (please see section 1.4.5 for further guidance on decommissioning)
- Commissioning new services – for example, identifying other substance misuse service providers not already working in the area, and what opportunities there might be to do so or existing local providers to develop new services.

CHECKLIST: MANAGING SERVICE BALANCE

Before moving onto the next element, the following should be in place:

- A statement informed by the commissioning strategy which specifies the service balance that is aimed for.
- A plan for the activities required to achieve changes in service balance.

Once the above is undertaken the next part of the process deals with the processes required to ensure that service balance is managed in ways which are fair, legal, effective and efficient.

4.3 Arrangements for Specifying Services

Commissioning 'outcomes' requires very different specifications as you are measuring the result of the work rather than the activity itself. By focusing on the 'end', rather than the 'means', it will help providers to focus on their impact and provides an opportunity to define success more broadly. This is a change of culture which is not without challenge but should enhance the quality of services by focusing on the difference that services make to their users

The developed commissioning plan must specify the outcomes that are trying to be achieved and which services / projects they feel are best placed to meet these needs. Commissioners should develop or review a service specification for each of the services identified in the commissioning strategy taking into account the outcomes you wish to obtain from the service delivery. Each of these agreed service specifications will need to:

- Reflect identified needs.
- Take into account issues of language, race, age and gender.
- Meet commissioning strategy objectives.
- Reflect nationally accepted best practice.
- Specific locally agreed principles and values.
- Specify the outcomes you wish to be achieved.
- Specific national standards/ related targets.
- Specify expectations in relation to staffing levels, training, qualification and experience.
- Comply with local or national service standards and guidance.
- Include a standardised range of output and outcome measures.

All proposed service arrangements need to be clear and agreed by all APB members. The guidance for Area Planning Boards, issued in 2012, specifically states that its membership needs to ensure that all services have the appropriate governance, risk management and contract management procedures and processes in place. In doing so the APB needs to ensure that there is also an emphasis on the clinical governance aspect of its remit and the membership of each APB needs to ensure they have access to this expertise. This role should also be integral to the commissioning arrangements to ensure services commissioned are clinically effective. Services should also be in line with NICE (National Institute of Clinical Excellence) guidance and the Welsh Government Substance Misuse Treatment Frameworks.

Once agreed an appropriate transition period also needs to be built in to ensure any impact on services is minimised.

CHECKLIST: ARRANGEMENTS FOR SPECIFYING SERVICES

Before moving onto the next stage, the following should be in place:

- Clear arrangements have been made and agreed by all APB members for specifying services.
- Specifications are developed for all services in the commissioning strategy.
- All existing service specifications are reviewed and amended where required.

4.4 Arrangements for Selecting Service Providers

This element is concerned with determining processes that will ensure the most appropriate providers are selected to deliver good quality services that offer the best value for money. In order to do this APB partners need to agree:

- Which agency is going to lead the tendering process?
- How tenders are to be evaluated against specified criteria.
- How risk assessments regarding the viability of provider organisations are to be undertaken.
- What arrangements are to be made for involving all commissioning agencies in the selection process?

CHECKLIST: ARRANGEMENTS FOR SELECTING SERVICE PROVIDERS

Before moving onto the next element, check the following is in place:

- A lead agency for the tendering process is agreed.
- Evaluation criteria for tenders agreed.
- Agreed arrangements for the risk assessment of providers.
- Agreed arrangements for the selection process.

4.5 Arrangements for Contracting

Formal arrangements for contracting need to be agreed by the APB. They will need to be legal and acceptable to all members and realistically designed to meet the size and nature of the services involved. APBs need to be aware that this may be a lengthy process which may take six - nine months. Some of the issues which will need to be agreed by the APB agencies will include:

- Which agency is to be the lead agency for contracting services?
- Whether a contract manager is required for larger contracts, who this should be and if resources need to be allocated for this.
- Type of contracts to be used e.g. block, spot, cost and/or volume.

- Format of contract delivery i.e. consortiums or lead / sub contracting arrangements
- The format for contract conditions/clauses, which cover all contingencies including for example: the contract period and timescale; recording and reviewing arrangements; specific expectations of the provider, such as clinical governance, health and safety, confidentiality, insurance etc.; options for variations/extensions; dispute resolution; termination or suspension.

CHECKLIST: ARRANGEMENTS FOR CONTRACTING

Before moving onto the next stage, check the following is in place:

- An agreed lead agency for contracting services.
- An agreement on the types and format of contracts to be used.
- An agreement who should be contract manager (if required).

4.6 Ensuring Quality

In addition to the arrangements for setting and managing contracts, quality assurance criteria need to be developed and included in contracts. These criteria need to adhere to the National Core Standards for Substance Misuse Services in Wales, published in May 2010. In particular, APBs should ensure that they have mechanisms in place to identify and subsequently manage any suspected instances of fraud or financial mismanagement.

CHECKLIST: ENSURING QUALITY

Before moving on to the next stage, check the following is in place:

- Appropriate quality assurance criteria in line with the published Core Standards is developed and agreed.
- The above criteria appropriately included in contracts.
- Appropriate Financial controls are in place.

4.6.1 Registration of Substance Misuse Services with Health Inspectorate Wales (HIW).

To comply with the UK Care Standards Act 2000 it is likely that certain substance misuse services will be required to register with HIW. A service is likely to require registration if:

- The service is provided by medical practitioners (i.e. GP's or Consultants) or they are involved in treating patients.
- The service is provided in the same building on a regular basis.

However the decision on registration is made on a case by case basis and it is advised that a registration query form is completed so HIW can advise whether a specific service requires registration.

The registration query form is available from: hiwregistration@wales.gsi.gov.uk or you can contact 0300 062 8163 if you have any additional queries.

If registration is required, HIW will require an organisation to evidence that they meet the 'Independent Health Care (Wales) Regulations 2011' and the 'National Minimum Standards for Independent Health Care in Wales.'

A copy of the regulations can be found at:
<http://www.legislation.gov.uk/wsi/2011/734/contents/made>

A copy of the standards can be found at <http://www.hiw.org.uk/opendoc/234735>

4.7 Identifying Potential New Providers

Once the above has been undertaken the APB needs to consider what possible alternative suppliers of services may be available and what types of services might they offer.

CHECKLIST: IDENTIFYING POTENTIAL NEW PROVIDERS

Before moving on to the next stage, check the following is in place:

- Any possible alternative suppliers have been identified.
- Confirmation on what type of services they can offer.

4.8 Researching Substance Misuse Services

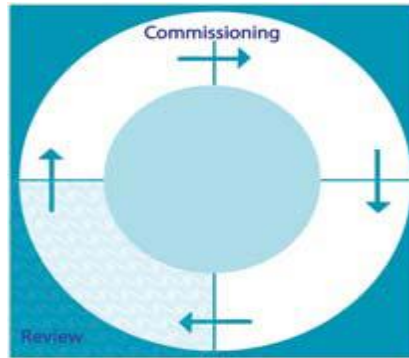
Lastly the APB needs to consider what services are available elsewhere in the UK and that all opportunities to maintain and develop existing services are considered.

CHECKLIST: RESEARCHING SUBSTANCE MISUSE SERVICES

Before moving on to the next stage, check the following is in place:

- Documentation to show what substance misuse services are available elsewhere in the UK.
- All opportunities to maintain and/or develop existing services are considered.

5.0 The Review Stage – Strategy Monitoring, Evaluation and Review



5.1 Introduction

This final stage of the commissioning cycle is concerned with monitoring, evaluating and reviewing the commissioning strategy and its impact, to determine whether the strategic objectives of the strategy are being met, the effectiveness of the services being commissioned and the impact of the commissioning strategy on tackling substance misuse and their defined outcomes.

5.2 Monitoring

Monitoring activities should allow the APB to regularly ask questions about the services it is commissioning, such as the following:

- How are services performing against the agreed specification? (see section 4.3)
- Are services meeting assessed need?
- Are services being provided, to the required standard?
- How much do they cost and are they providing value for money?
- Are appropriate services being commissioned?
- To what extent are services meeting commissioning objectives / outcomes?
- What are the views of service providers, service users, stakeholders and the wider public about the effectiveness of services?

And about the effectiveness of the strategy itself, such as:

- Are the gaps in service need being met?
- Do commissioning priorities need to be changed?
- Do services need to be commissioned differently?
- Is there a need to review and reconfigure existing services?

In order that the APBs are in a position to undertake regular reviews of the commissioning strategy arrangements need to be in place to monitor activity, performance and impact of services using the information from the Welsh National Database for Substance Misuse (WNSDM) and other corresponding information covering finance, activity reports and user outcomes.

It will be important to set the parameters for reporting in terms of frequency and type of reports. For the purposes of reviewing commissioning strategies, quarterly reports to inform reviews would seem the most pragmatic approach.

Also the information collected as part of the needs assessment of the strategy, outlined in appendix 4, also provides additional sources of routinely collected information which can also be used to monitor progress.

CHECKLIST: MONITORING

Before moving onto the next stage, check the following is in place:

- Mechanisms for the monitoring and analysis of data are established.
- Assessments on performance against service specifications.
- Consultation arrangements with stakeholders about service effectiveness.
- A mechanism to Identify and agree any changes to the commissioning strategy that are needed.

5.3 Evaluation and Review

To complement these on-going monitoring arrangements, it will also be important for APBs to establish formal mechanisms to evaluate the information collected which will inform the periodic review of commissioned services and the performance of the strategy as a whole. Things that the APB may wish to consider are:

- Establish a strategy delivery group comprising, for example responsible authorities of the CSP, (e.g. LHB, LA, Police, and Probation), service providers and service users.
- Agreeing terms of reference for the review group to use to consider activity, performance and outcomes for service users and its implications.
- Agreeing regular points in the year where data will be collected and analysed.
- Agreeing how performance problems identified by the monitoring information will be addressed by the APB.
- Agreeing how recommendations from the group about changes to commissioning priorities and consequent review of resource allocation will be considered and formally adopted by the APB.
- Agreeing a mechanism to ensure that any complaints, compliments and suggestions in respect to service delivery are incorporated into reviewing the quality of services.
- Considering how national policy and legislation impact on commissioning priorities

CHECKLIST: EVALUATION AND REVIEW

Check that following is in place:

- Arrangements to ensure regular evaluation and review of the information that is being collected.
- Arrangements that enable the APB to respond to changing commissioning priorities, which arise from the evaluation and reviewing activity.

An outline of all the stages and elements in the commissioning cycle can be found in appendix 5.

APPENDIX 1 – Templates and Checklists

1a Commissioning Plan Scoping Template

Purpose

Before the commissioning plan is developed, it is important to make sure commissioning activities are carefully scoped, planned and resourced, to ensure they address the right issues, involve the right people, and include the right activities to get the job done. This template is designed to help you address the key issues before you begin. In some cases it will provide a brief record of decisions; in others it will be a prompt for further work before key decisions can be made.

How to complete this template

Some of the questions in the template below are straightforward; others are more complex and will need to be agreed between APB partners in the light of the specific requirements for the commissioning plan being developed.

Always ensure that the proposed scope of the commissioning plan is agreed with key decision-makers.

Next steps

Once you have completed this template and the scope of the commissioning plan has been agreed with key partners, you should be ready to move onto the analysis and planning phases of the process (appendix 1b), and write the commissioning plan itself (appendix 1c).

Commissioning Plan Scoping Template

Question	Decision, notes, additional questions
1. Whose commissioning plan is it e.g. APB?	
2. What type of document will be produced e.g. a short statement of strategic intent or a detailed analysis and plan?	
3. Who is the audience(s) for the written plan e.g. elected members, local authority officers, service users and is it written in an accessible format	
4. Who are the citizens whose needs the plan is intended to meet e.g. adults within a geographical area, age range?	
5. What period will the plan cover – this should normally be 3-5 years	
6. What national requirements and what regional, local strategic commitments will the plan address e.g. compliance with legislation, policy and local business plans?	
7. Commissioning plans should include all directly provided and contracted social care services What other services need to be considered in the plan e.g. health, education, housing, youth justice?	
8. When does the plan need to be completed?	
9. When does the plan need to be implemented?	
10. How will citizens, service users and carers be involved in developing the plan?	
11. How will other stakeholders, including the third and private sectors, be able to contribute to the plan?	
12. Who will do the work to develop the plan, how much time will they need e.g. who will lead the work, who else will be involved, who will provide data?	

APPENDIX 1b

Analysis activities checklist

Legislation, policy, strategy and guidance		
Outcome: Stakeholders are clear about what key policies, guidance, strategic plans, and research and best practice should underpin the work.		
Question	Decision, notes, additional questions	Potential sources of information
1. Has the scope of the commissioning plan been identified and agreed with key partners?		<ul style="list-style-type: none"> • Commissioning Strategy Scoping Template
2. Which key national legislation, policy and guidance will underpin the commissioning activity for the citizen group concerned?		<ul style="list-style-type: none"> • Appendices of Substance Misuse Commissioning Guidance • Welsh Language Act • Tackling Poverty Action Plan
3. Which key national, regional and local strategies will underpin the commissioning activity for the citizen group concerned?		<ul style="list-style-type: none"> • Appendices of Substance Misuse Commissioning Guidance
4. What key research and/or best practice for the citizen group concerned, will help inform the commissioning activity?		<ul style="list-style-type: none"> • Substance misuse treatment frameworks
5. Have the key policies etc. (as above) been drawn together and analysed? Have they been shared with all stakeholders?		<ul style="list-style-type: none"> • Working Together to Reduce Harm 2008 – 2018 • Recovery Framework • Service User Involvement Framework

Legislation, policy, strategy and guidance

Outcome: Stakeholders are clear about what key policies, guidance, strategic plans, and research and best practice should underpin the work.

Question	Decision, notes, additional questions	Potential sources of information
<p>6. What vision and values will guide commissioning activities? Have they been shared with key stakeholders?</p>		<ul style="list-style-type: none"> • Working Together to Reduce Harm 2008 – 2018 • Recovery Framework • Service User Involvement Framework • Health and Wellbeing Compendium • 'Making Prudent Healthcare happen' website • Co-occurring treatment framework • Improving access to services for older people • Integrated Care for Young People aged up to 18. • Compendium of good practice guidance on integrated care for children and young people.

Population Needs Analysis

Outcome: Commissioning intentions are informed by an understanding of the needs of the local population

Question	Decision, notes, additional questions	Potential sources of information
7. Has an analysis of demographic information been carried out to identify prevalence, incidence and population risk factors? What are its key findings for the population group concerned?		<ul style="list-style-type: none"> • Population need analysis template • Daffodil Care Needs Projection System • The Office for National Statistics • Public Health Wales • Welsh Government Substance Misuse Annual Reports • NHS Wales Informatics Service – hospital admissions. • Blood Borne Virus incidence rates • Harm Reduction Database
8. What is the overall picture of the assessed needs and required outcomes for service users and carers?		<ul style="list-style-type: none"> • Findings from service user / carer research • Local Carers Strategy • Consultation with service providers. • Unified Assessment Care Planning

Population Needs Analysis

Outcome: Commissioning intentions are informed by an understanding of the needs of the local population

Question	Decision, notes, additional questions	Potential sources of information
9. Have the findings of the above needs assessment been shared and agreed with key stakeholders?		

Services Analysis

Outcome: Commissioning intentions are informed by an overall picture of the range and quality of services to meet the needs of the population, both now and in the future.

Question	Decision, notes, additional questions	Potential sources of information
10. Has a mapping exercise been done to identify the range of services that is available to meet current and future needs?		<ul style="list-style-type: none"> • Provider sector and services analysis template (not yet developed)
11. Has a review exercise been done to identify the quality and outcomes of services that are available to meet current and future needs?		<ul style="list-style-type: none"> • Inspection results • Complaints and compliments • Core Standards • Findings from service user and carer research • Findings from contract monitoring • Complaints / compliment log?
12. What service developments are planned? Have existing commitments to service change been identified?		<ul style="list-style-type: none"> • Providers' business plans • Discussion with providers

Population Needs Analysis

Outcome: Commissioning intentions are informed by an understanding of the needs of the local population

Question	Decision, notes, additional questions	Potential sources of information
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Resource Analysis

Outcome: Commissioning intentions are informed by information about the resource base available.

Question	Decision, notes, additional questions	Potential sources of information
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13. Have the existing and potential resources been identified and analysed? What resources or potential resources are available to fund services in the future?

- Partner agency budgets
- Spend on existing contracts/SLAs through the SMAF grant
- European Social Fund
- Other potential sources, e.g. UK Government, Big Lottery, Libor fund

Analysis of commissioning information

Outcome: Commissioning information has been drawn together and analysed to inform commissioning intentions and enable the commissioning plan to be written

Question	Decision, notes, additional questions	Potential sources of information
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14. Have the key features of the analyses above been drawn together and shared with key stakeholders, in order to secure their early commitment to commissioning intentions?

- Analysis of:
- Legislation, strategy, policy and guidance
 - Population needs
 - Care sector and services
 - Resources

APPENDIX 1c.

Commissioning Plan Template

Introduction		
Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents		
Task	Information, notes, additional questions	Potential sources of information
1. Describe the purpose of the plan i.e. is it a short statement of strategic intent or a detailed analysis and plan? What are the key issues it will address?		<ul style="list-style-type: none"> • Scoping Template
2. Set out the shared values and vision.		<ul style="list-style-type: none"> • Analysis template
3. Provide a brief picture of the service area under consideration, the priorities and the outcomes that the plan is trying to achieve.		<ul style="list-style-type: none"> • Scoping Template
4. Describe briefly how the plan was developed and which key stakeholders were involved.		<ul style="list-style-type: none"> • Scoping Template • Communication plan
5. Describe briefly how the plan links with other key planning documents e.g. the Health, Social Care and Wellbeing Strategy etc.		<ul style="list-style-type: none"> • Analysis template

National and local Guidance, Strategy and Research

Outcome: Stakeholders are clear about the key policies, guidance, strategic plans, research and best practice which underpin the commissioning plan.

Task	Information, notes, additional questions	Potential sources of information
6. Give an overview of the population concerned.		<ul style="list-style-type: none"> • Analysis template • Demographic needs analysis
7. Provide a brief outline of the main messages from research, national guidance and good practice that have informed the plan.		<ul style="list-style-type: none"> • Analysis template

Population Needs Assessment

Outcome: Stakeholders are clear about the assessed care needs and desired outcomes of the citizen population concerned

Task	Information, notes, additional questions	Potential sources of information
8. Specify the scope and nature of the needs to be addressed by the plan e.g. the provision of services to meet the needs of older people with dementia.		<ul style="list-style-type: none"> • Scoping template
9. Summarise the key findings of the needs analysis for the population concerned, showing demographic trends and the size and prevalence of need.		<ul style="list-style-type: none"> • Analysis template • Population needs analysis

Introduction

Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents

Task	Information, notes, additional questions	Potential sources of information
10. Summarise the key findings from local research or consultation with key stakeholders e.g. whole populations, Patients, tenants, service users/carers.		<ul style="list-style-type: none"> • Analysis template
11. Provide an overall assessment of the needs of the population group concerned and the implication of this data.		<ul style="list-style-type: none"> • Analysis template • Population needs analysis
12. Describe the outcomes that the plan is intended to achieve for the population concerned, and how these are different to the outcomes experienced by the population now.		<ul style="list-style-type: none"> • Analysis template

Service Review

Outcome: Stakeholders are clear about the overall picture of the range and quality of services available to meet the needs of the population, both now and in the future.

Task	Information, notes, additional questions	Potential sources of information
13. Give a brief picture of existing services and their use as well as a wider picture of the care sector. This should include services provided by the local authority as well as contracted services.		<ul style="list-style-type: none"> • Analysis template

Introduction

Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents

Task	Information, notes, additional questions	Potential sources of information
14. Provide an assessment of current gaps in service availability or performance.		<ul style="list-style-type: none"> • Analysis template • Gap analysis
15. Provide a map of services showing where services are located and the type of organisation providing them e.g. statutory, third sector, private, specialist etc.		<ul style="list-style-type: none"> • Analysis template
16. Summarise service quantity and explain if there is an under or over supply of services. Include specific issues e.g. lack of provision in a particular geographic location or oversupply of a particular type of service.		<ul style="list-style-type: none"> • Analysis template • Gap analysis
17. Summarise service performance and describe whether services are meeting needs fully or partially.		<ul style="list-style-type: none"> • Analysis template
18. Summarise the contractual and grant arrangements in place and any strengths or weaknesses in the arrangements.		<ul style="list-style-type: none"> • Analysis template

Introduction

Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents

Task	Information, notes, additional questions	Potential sources of information
19. Set out a picture of the financial resources available now and potentially over the period of the plan.		<ul style="list-style-type: none"> • Resources analysis
20. Describe current and future trends in service provision across the public, private and voluntary sector.		<ul style="list-style-type: none"> • Analysis template
21. Summarise known oversupply, shortfall or pressure points in provision, now or in the future, and areas of poor performance.		<ul style="list-style-type: none"> • Gap analysis

Gap analysis and the design of future provision

Outcome: Stakeholders are clear about gaps in service provision and the shape of services required to meet needs

Task	Information, notes, additional questions	Potential sources of information
22. Provide a gap analysis, specifying where: <ul style="list-style-type: none"> • There are gaps in particular types of service; • Services need to be revised or updated to meet best practice or legislative requirements; • Services are inappropriate or in inaccessible locations; • There is over-provision of particular 		<ul style="list-style-type: none"> • Gap analysis • Analysis template

Introduction

Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents

Task	Information, notes, additional questions	Potential sources of information
services compared to population needs; • Improvements are needed in service cost effectiveness, efficiency or performance.		
23. Provide an assessment of the coherence of pathways between agencies e.g. health and social care and between types of service e.g. accommodation and day services.		<ul style="list-style-type: none"> • Stakeholder map
24. Specify the shape of future services and the strategic priorities/ outcomes necessary to achieving them within the timeframe of the plan.		<ul style="list-style-type: none"> • Analysis template • Options appraisal
25. Set out an appraisal of the options available to secure services, including risks.		<ul style="list-style-type: none"> • Options appraisal template • SCHRS PRP options appraisal
26. Describe the key commissioning objectives and the rationale behind them.		<ul style="list-style-type: none"> • Outcome framework
27. Set out the resource implications of the key commissioning objectives.		<ul style="list-style-type: none"> • Resource analysis

Service Development, Procurement and Market Management Plans

Outcome: Stakeholders will be clear about how service changes will be implemented and how the change process will be managed

Task	Information, notes, additional questions	Potential sources of information
28. Describe how the planned services changes will be implemented in practice e.g. through procurement and internal service development plans.		<ul style="list-style-type: none"> Options appraisal template
29. Describe how links will made through local authority annual business plans.		<ul style="list-style-type: none"> Analysis template
30. Set out a plan for how the provider base will be managed, including any changes to contracting, partnership or grant-making arrangements		<ul style="list-style-type: none"> Impact assessment template –

Monitoring Arrangements

Outcome: Stakeholders will be clear about how the commissioning plan and services will be monitored to determine whether the plan is shaping services in the way intended

Task	Information, notes, additional questions	Potential sources of information
31. Describe how the commissioning plan will be monitored to determine whether it is shaping services in the way intended.		<ul style="list-style-type: none"> Service review template

Introduction

Outcome: Stakeholders are clear about the scope of the plan, how it has been developed and how it links with other key planning documents

Task	Information, notes, additional questions	Potential sources of information
32. Describe how services and contracts will be monitored to ensure they are delivering the objectives set out in the commissioning plan		<ul style="list-style-type: none"> • Market management plan

Appendices

Outcome: Stakeholders will have access to the information which has informed the key objectives in the commissioning plan

Task	Information, notes, additional questions
33. The full population needs and care sector/services analysis	
34. Results of consultation exercises	
35. Key social care and health performance indicators, and other important indicators appropriate to the population group concerned	
36. A glossary of terms used in the plan	
37. Key research and guidance documents	
38. An action plan setting out how the commissioning plan will be implemented and by who etc.	

APPENDIX 2

The National Agenda

This appendix relates to section 2.1.1 in the document and will be useful when you are identifying the key policies and principles which underpin the commissioning strategy. The appendix contains summaries of and links to:

- a) National Policy and Guidance.
- b) Relevant Legislation
- c) Research.
- d) Best Practice.

2a National Policy and Guidance

Many of the following sources are Welsh documents, some are published in England but apply to the whole of the UK; others which do not apply directly to Wales are also included as they may provide useful reference materials.

Working Together to Reduce Harm (2008 – 2018)

The Welsh Government's ten year strategy *Working Together to Reduce Harm* was launched in October 2008 and can be accessed at www.wales.gov.uk .

It sets out a clear national programme for tackling and reducing the harms associated with substance misuse and is structured around four action areas:

- Preventing harm.
- Supporting substance misusers.
- Supporting families.
- Tackling availability and protecting individuals and communities.

The strategy sets out the Welsh Government's approach to tackling the full range of substances that are misused in Wales and covers:

- Illegal drugs such as heroin, cocaine, ecstasy, amphetamines, LSD and cannabis.
- Alcohol.
- New Psychoactive Substances
- Prescription only medicines (POM) such as benzodiazepines.
- Over the counter medicines (OTC) such as preparations containing codeine.
- Volatile substances such as aerosol propellants, butane, solvents and glues.

The strategy is also supported by a detailed delivery plan 'The Substance Misuse Delivery Plan 2013-2015'

Guidance for Substance Misuse Area Planning Boards (2012)

This guidance is aimed at those agencies involved in the planning, commissioning and delivery of substance misuse services across Wales and is intended to support partner agencies in undertaking the roles of the APB.

APBs were established in 2010 as part of the new arrangements to deliver the Welsh Government Substance Misuse Strategy 'Working Together to Reduce Harm'. 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.

The APB Guidance can be accessed at the publications tab on www.wales.gov.uk/substancemisuse.

Substance Misuse Treatment Frameworks (SMTF)

The Welsh Government has delivered on a suite of documents which sets out the framework under which various elements of Substance Misuse Services should be delivered. The documents aim to:

- Set out a national template for the commissioning of treatment for substance misuse services which meets the needs of diverse local populations.
- Support equity, parity and consistency in the commissioning and provision of substance misuse treatment and care in Wales.
- Assist in identifying the links between the services, thus enabling the development of integrated care systems.
- Identify details of the expected level of provision, which will provide a template against which monitoring, audit and evaluation can be undertaken.

There are a number of frameworks which look specifically at vulnerable groups, including co-occurring mental health issues, veterans and improving access to services for older people and services commissioned should have due regard to this guidance.

SMTFs which have been published to date can be accessed at the policy and guidance tab on www.wales.gov.uk/substancemisuse.

National Core Standards for Substance Misuse Services in Wales (2010)

A set of core standards has been developed by the Welsh Government for substance misuse services in Wales. These aim to:

- Strengthen the governance and accountability of substance misuse service planning and delivery.
- Ensure a citizen focussed approach is integrated into all key activities related to service planning, review and delivery.
- Ensure a full range of services is delivered effectively, safely and consistently across Wales.

This document can be accessed at: can be accessed at the publications tab on www.wales.gov.uk/substancemisuse.

Integrated Care and Integrated Care Pathways for Adult Substance Misuse Services in Wales (2010)

The Wales substance misuse strategy “Working Together to Reduce Harm” sets out a vision for service integration that facilitates service users moving seamlessly between services, and accessing a number of mutually supportive services without the need for multiple assessments.

To enable this vision to be achieved the Welsh Government has provided guidance on the development of Integrated Care Pathways. This will:

- Help to ensure consistency and parity of approach across Wales.
- Ensure access to care is not based on historical arrangements.
- Help to clarify roles and the availability of expertise.
- Improve communication, reducing duplication and removing conflicting expectations.

This document can be accessed at: can be accessed at the publications tab on www.wales.gov.uk/substancemisuse.

Integrated Care for Children and Young People aged up to 18 years of age who misuse substances (2010)

The aim of this document is to provide partners with operational guidance on the detailed development of integrated care and treatment services for children and young people, up to and including 18 years of age, who have substance misuse problems.

It draws together the latest evidence of effectiveness across the four tiers of service and published Welsh Government guidance on safeguarding issues, consent and confidentiality.

This document can be accessed at the publications tab on: www.wales.gov.uk/substancemisuse.

Workforce Development

The substance misuse workforce is very broad as it includes those working with adults, children and young people and those in specialised services as well as more mainstream services such as education and social care. Ensuring this workforce is adequately skilled and resourced is essential to providing appropriate, safe and effective substance misuse interventions.

'The Substance Misuse Workforce Development Action Plan (2011-2014) has been actively implemented across Area Planning Boards to various levels and the vision and key principles within this document will remain a core requirement for any future commissioned services by the Area Planning Board. In addition, Area Planning Boards need to be aware of their respective local and regional substance misuse risks and thereafter ensure that suitable training and support is, where possible made available. A further workforce action plan will be developed as part of the 2016-18 Substance Misuse Delivery Plan. Once published each APB will be required to progress the actions as laid down

To assist in ensuring that the workforce remains appropriately skilled there are Drug and Alcohol National Occupational Standards (DANOS). These, were revised in 2014, state from the perspective of employers, workers, regulatory bodies and Government, the quality of service and outcomes expected. The DANOS standards are the agreed specification of the standard of performance required by substance misuse workers wherever they are working in the sector. More information is available at:

<http://www.trainingexchange.org.uk/danos.asp> and www.wales.gov.uk/substancemisuse.

Other sources of guidance include:

- The Care Council for Wales also has a useful section on National Occupational Standards (NOS) which can be found at: <http://www.ccwales.org.uk/national-occupational-standards/>
- The Health and Social Care NOS which are jointly owned by all the alliance partners within Skills for Care and Development and Skills for Health have specific standards in relation to commissioning, procurement and contracting. More information is available at: <http://www.skillsforcare.org.uk/Standards/NOS/National-occupational-standards.aspx>.
- Professional Membership bodies, including the Royal Colleges of Nursing, General Practitioners and Psychiatrists.

Programme for Government (2011)

The Programme for Government outlines the Welsh Government's priorities for the current Assembly term. The document emphasises the outcomes we are working towards and includes a series of indicators that demonstrate how the Welsh Government is delivering for the people of Wales.

For more information please see www.wales.gov.uk/about/programmeforgov.

Together for Health (2011)

Together for Health outlines the Welsh Government's Health Strategy which sets out the vision for the NHS over a five year period. This document places primary and community services at the centre of delivery, where prevention, quality and transparency are at the heart of the healthcare agenda.

For more information please see:

<http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012)

The Welsh Government's 10-year strategy is aimed at improving the lives of people using mental health services, their carers and their families.

At the heart of the Strategy is the Mental Health (Wales) Measure 2010, which places legal duties on Health Boards and Local Authorities to improve support for people with mental ill-health.

The main themes of Together for Mental Health are:

- Promoting mental wellbeing and, where possible, preventing mental health problems developing.
- Establishing a new partnership with the public, centred on:
 - o Improving information on mental health
 - o Increasing service user and carer involvement in decisions around their care
 - o Changing attitudes to mental health by tackling stigma and discrimination.
- Delivering a well designed, fully integrated network of care. This will be based on the recovery and enablement of service users in order to live as fulfilled and independent a life as possible.
- Addressing the range of factors in people's lives which can affect mental health and wellbeing through Care and Treatment Planning and joint-working across sectors.

The document can be accessed at:

<http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

Integrated Medium Term Plans – Health Boards.

The NHS Finance (Wales) Act 2014 and associated NHS Wales Planning Framework signaled a new medium-term approach to planning, requiring health boards and NHS trusts to set out how resources will be used over a three year period to:

- Address areas of population health need and improve health outcomes.
- Improve the quality of care, and
- Ensure best value from resources.

Wales Procurement Policy Statement (2012)

The Statement sets out ten principles for how the public sector should carry out procurement from being professionally resourced to using procurement to deliver 'community benefits' and support the Welsh economy. These are as follows:

1. **Strategic** - Procurement should be recognised and managed as a strategic corporate function that organises and understands expenditure; influencing early planning and service design and involved in decision making to support delivery of overarching objectives.
2. **Professionally resourced** – procurement expenditure should be subject to an appropriate level of professional involvement and influence, adopting the initial benchmark of a minimum of one procurement professional per £10m of expenditure across the wider public sector.
3. **Economic, Social and Environmental Impact** - Value for Money should be considered as the optimum combination of whole-of-life costs in terms of not only generating efficiency savings and good quality outcomes for the organisation, but also benefit to society, the economy, and the environment, both now and in the future.
4. **Community Benefits** – delivery of social, economic and environmental benefit through effective application of Community Benefits policy must be an integral consideration in procurement.
5. **Open, accessible competition** – public bodies should adopt risk based, proportionate approaches to procurement to ensure that contract opportunities are open to all and smaller, local suppliers are not precluded from winning contracts individually, as consortia, or through roles within the supply chain.
6. **Simplified Standard Processes** – procurement processes should be open and transparent and based on standard approaches and use of common systems that appropriately minimise complexity, cost, timescales and requirements for suppliers.
7. **Collaboration** – areas of common expenditure should be addressed collectively using standardised approaches and specifications managed by the National Procurement Service (NPS) to reduce duplication, to get the best response from the market, to embed the principles of this Policy Statement for the benefit of Wales; and to share resources and expertise.
8. **Supplier Engagement and Innovation** – dialogue with suppliers should be improved to help get the best response from the market place, to inform and educate suppliers, and to deliver optimum value for money.

9. **Policy Development and Implementation** – deployment of policy which supports the achievement of the seven well-being goals for Wales as set out in the Well-being of Future Generations (Wales) Act (2015)
10. **Measurement and Impact** – in accordance with good management practice, procurement performance and outcomes should be monitored to support continuous improvement, and examples of good and poor practice openly shared.

Further information on how the above is to be achieved is available at:

<http://wales.gov.uk/topics/improvingservices/better/vfm/publications/procurement-policy-statement/?lang=en>

More than just words/Mwy na geiriau ...'

Is the strategic framework developed to ensure that Welsh speakers can access services in Health and Social Services in the Welsh Language. We know that where Welsh is a first language, being able to use and receive services in this language should be a core component of care and not an optional extra. Effective communication is a key requirement of care services and the Welsh Language in Social Care framework recognises this need across all aspects of physical health and mental health care. The active offer principle within 'More than just words' means moving the responsibility from the user to ask for services through the medium of Welsh, to the service which must ensure it provides them. This principle should also be taken on board when delivering substance misuse services and as part of your needs assessment you should consider the numbers of Welsh speakers to ensure that there are available services. More information on the use of the Welsh Language is available at:

<http://www.welshlanguagecommissioner.org/english/Pages/Home.aspx>

Sustainable social services for Wales: a framework for action (2015)

This document looks at how social services in Wales need to re-shape and re-focus in the light of the new challenges that are being faced – in particular, a shift in our expectations of social services, demographic change, fragmentation of families and communities and the impact of issues such as substance misuse.

This document is available at:

<http://gov.wales/topics/health/publications/socialcare/guidance1/services/?lang=en>

Fulfilled Lives, Supportive Communities. Commissioning Framework Guidance and Good Practice (2010)

This document provides statutory guidance on commissioning social services. The Framework and Guidance applies to commissioning by local authority social services and commissioning by wider partnerships where social services are engaged. This guidance also encourages the premise of partnership working and therefore the principles still apply in the context of substance misuse. This document is available at:

<http://prp.gov.wales/planners/social/strategicframework/wgpolicystrategyguidance/flscguidance/>

“The Right to be Safe” (2010)

This is the Welsh Government’s six year integrated strategy for tackling all forms of violence against women and domestic abuse. Further information can be found at: <http://wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en>

Carers Strategy for Wales (2013)

This document provides a framework for agencies to work together to deliver services and support to carers. The strategy outlines the key actions the Welsh Government will undertake up to 2016.

There are five priority areas:

- Health and social care.
- Identification, information and consultation.
- Young carers and young adult carers.
- Support and a life outside of the caring role; and
- Carers and employment.

Further information can be found at:

<http://wales.gov.uk/topics/health/publications/socialcare/strategies/carers-strategy/?lang=en>

Wales Reducing Reoffending Strategy (2014-16)

The strategy looks to bring together partners from all sectors in a concerted effort to reduce crime and reoffending in order to make Wales safer. To drive effective implementation of the strategy, a delivery plan has been developed. A copy of the strategy can be found below.

https://www.gov.uk/government/publications?departments%5B%5D=national-offender-management-service&publication_type=corporate-reports

2b Relevant Legislation

Social Services and Well Being (Wales) Act

This Act became law in Wales on 1 May 2014 and gave effect to the Ministerial priorities outlined in the White Paper *Sustainable Social Services for Wales: A Framework for Action*. It has, at its heart, two key objectives. Firstly, to improve the well-being outcomes for people who need care and support, together with carers who need support; and secondly, to reform social services law to deliver the Welsh Government's commitment to integrate social services to support people of all ages as part of families and communities.

Further information can be found at:

<http://gov.wales/topics/health/socialcare/act/?lang=en>

The Well-being of Future Generations (Wales) Act

The Act was introduced on 7 July 2014 in order to strengthen existing governance arrangements for improving the well-being of Wales. To ensure that present needs are met without compromising the ability of future generations to meet their own needs.

The Act:

- Identifies goals to improve the well-being of Wales.
- Introduces national indicators that will measure the difference being made to the well-being of Wales.
- Establishes a Future Generations Commissioner for Wales to act as an advocate for future generations.
- Puts Local Service Boards and well-being plans on a statutory basis and simplifies requirements for integrated community planning.

Further information can be found at:

<http://gov.wales/legislation/programme/assemblybills/future-generations/?lang=en>

The Local Government (Wales) Bill

The Bill was introduced on 26 January 2015 and is the first of 2 proposed bills which will deliver local government reform in Wales. The Bill will facilitate a programme of mergers of local authorities.

The Bill enables preparations to be made for a programme of local government mergers and reform, and includes provisions to facilitate the voluntary merger of 2 or more principal local authorities by April 2018.

The Bill puts in place safeguards to discourage and counter activities by existing principal local authorities which might bring reputational or financial harm on any new principal local authority created by future merger.

Further information can be found at:

<http://gov.wales/legislation/programme/assemblybills/local-government/?lang=en>

'Rights of Children and Young Persons (Wales) Measure' 2011

The Measure placed a duty on all Welsh Ministers to have due regard to the substantive rights and obligations within the UN Convention on the Rights of the Child (UNCRC) and its optional protocols. Section 2 of the Measure requires Ministers to publish a Children's Rights Scheme which sets out the arrangements Ministers will have in place to have due regard to the UNCRC.

The publication of the first Children's Rights Scheme in May 2012 set out the arrangements for complying with the due regard duty when considering proposed new legislation, proposed new policies and a review of or change to an existing policy and/or legislation. The duty to have due regard to the UNCRC has now been extended further and from May 2014, all Ministers will need to have due regard to the UNCRC when exercising any of their Ministerial functions.

Further information and related documents in relation to the Rights of Children and Young Persons (Wales) Measure 2011 can be found at:

<http://www.legislation.gov.uk/mwa/2011/2/contents> and in respect to the UNCRC can be found at: <http://www.uncrcletsgetitright.co.uk/>

Welsh Language (Wales) Measure 2011

The Welsh Language (Wales) Measure (2011) and subsequent Welsh Language Standards that will follow set out the statutory obligation regarding the use of the Welsh language in the delivery of public services. The Measure also created a Welsh Language Commissioner with strong enforcement powers to protect the rights of Welsh speakers to access services through the medium of Welsh. Further information can be found at <http://gov.wales/newsroom/welshlanguage/?lang=en>

The Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Act.

The Gender-based Violence, Domestic Abuse and Sexual Violence (Wales) Act was introduced on 30 June 2014.

The Act is aimed at improving the public sector response in Wales to gender-based violence, domestic abuse and sexual violence. It is intended to provide a strategic focus on these issues and ensure consistent consideration of preventive, protective and supportive mechanisms in the delivery of services.

The Act places duties on the Welsh Ministers, County and County Borough Councils ("Local Authorities") and Local Health Boards to prepare and publish strategies to address gender-based violence, domestic abuse and sexual violence. The provisions within the Bill will also require Welsh Ministers to appoint a Ministerial Adviser and provide the Welsh Ministers with the power to issue guidance to relevant

authorities on how, in the exercise of their functions, they could contribute to the achievement of the purpose of the Bill.

Further information can be found at: <http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/?lang=en>

Housing (Wales) Act 2015.

Wales' first ever housing act aims to improve the supply, quality and standards of housing in Wales. The key elements of the act include:

- introduction of a compulsory registration and licensing scheme for private rented sector landlords and letting and management agents
- reform of homelessness law, including placing a stronger duty on local authorities to prevent homelessness and allowing them to use suitable accommodation in the private sector
- placing a duty on local authorities to provide sites for Gypsies and Travelers where a need has been identified
- introduction of standards for local authorities on rents, service charges and quality of accommodation

2c Good Practice

Advisory Panel on Substance Misuse (APoSM)

The Advisory Panel on Substance Misuse is an independent expert advisory Welsh Government Sponsored Body (WGSB) established under general executive powers of the Welsh Ministers and funded by the Welsh Government. The remit of the panel is to advise on measures to prevent or reduce substance misuse, and the associated health and social harms.

For further information relating to the Advisory Panel on Substance Misuse (APoSM) please contact aposm@wales.gsi.gov.uk

Advisory Council on the Misuse of Drugs. (ACMD)

The Advisory Council on the Misuse of Drugs makes recommendations to Government on the control of dangerous or otherwise harmful drugs, including classification and scheduling under the Misuse of Drugs Act 1971 and its regulations. ACMD is an advisory non-departmental public body of the Home Office.

National Institute for Health and Clinical Excellence (NICE)

NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. There are also specific pages in relation to both alcohol and drugs, further information can be accessed at: www.nice.org.uk/guidance/health-protection/drug-misuse and www.nice.org.uk/guidance/lifestyle-and-wellbeing/alcohol

Public Health Wales (PHW)

Public Health Wales provide robust, evidence based guidance and information on the range of harms associated with substance misuse, which may also include increased sexual and other risk activity (e.g. crime and incarceration) and associated risk of infection with blood borne viruses and sexually transmitted infections. Their website can be accessed at: www.wales.nhs.uk/sitesplus/888/page/72997

Public Health England (PHE)

In 2013 the National Treatment Agency (NTA) became part of Public Health England (PHE), an executive agency of the Department of Health.

PHE promotes a balanced and ambitious system to reduce the harm to health and wellbeing caused by alcohol and drugs. They support local partners by providing high quality information and intelligence about drugs and alcohol, expertise, bespoke support, and by benchmarking performance and developing and sharing evidence of effective practice. Website can be accessed at www.nta.nhs.uk

Scottish Drugs Forum

Membership based drugs policy and information organisation and is a national resource of expertise on drug issues. Website can be accessed at <http://www.sdf.org.uk/>

Alcohol Concern and Alcohol Concern Cymru

Alcohol Concern / Alcohol Concern Cymru is the national voluntary agency and its respective Welsh arm on alcohol misuse, playing a key role in promoting and advising on the development of national alcohol policy and providing the principle source of information on alcohol to the public, professionals and government. Website can be accessed at: <http://www.alcoholconcern.org.uk/>

ReSolv

ReSolv is a national voluntary agency specialising in tackling Volatile Substance Abuse (VSA). Website can be accessed at: www.re-solv.org

Supporting public service transformation: cost benefit analysis guidance for local partnerships

This document published by HM Treasury, Public Sector Transformation Network and New Economy provides cost benefit analysis guidance for local partnerships. This document can be accessed at:

<https://www.gov.uk/government/publications/supporting-public-service-transformation-cost-benefit-analysis-guidance-for-local-partnerships>

Wales Council for Voluntary Action (WCVA)

The WCVA provides a range of support to third sector organisations and also represents and campaign for voluntary organisations, volunteers and communities. The WCVA website can be accessed at: <http://www.wcva.org.uk/home>

Making prudent healthcare happen

The 'Making prudent healthcare happen' online resource has been designed to explain some of the key concepts behind prudent healthcare. It captures perspectives of those working in or using health and social care services in Wales about what prudent healthcare means to them and its potential for Wales.

The online resource can be accessed at <http://www.prudenthealthcare.wales> In particular there is an article in relation to substance misuse: <http://www.prudenthealthcare.org.uk/substancemisuse/>

Social Care Procurement Route Planner

This is a free web-based resource which provides comprehensive information on the commissioning and procurement of care services. It is available at: <http://prp.wales.gov.uk/>

Sell2Wales.

The new Sell2Wales website (www.sell2wales.gov.uk) is an information source and procurement portal set up by the Welsh Government.

The site aims to help public sector buyers to advertise and manage tender opportunities. By offering:

- A simplified system where tendering opportunities can be documented.
- Free registration allowing full use of tools to help search for tendering opportunities.
- Access to procurement services in one place.
- The facility to advertise tenders and to supply goods and services to the public sector.
- Free contract and procurement information.
- Case studies of Sell2Wales users.
- The chance to search latest procurement news and events.

Supplier Qualification Information Database (SQUID)

The SQUID looks to simplify and standardise the procurement selection process whilst improving transparency and developing a system for storing common core supplier data (on Sell2Wales) for use at selection/pre-qualification. The key benefits of using SQUID include:

- Reducing duplicated effort for suppliers (and buyers).

- Promoting a risk-based and proportionate approach to question-setting, by providing a risk profiling tool for buyers.
- Improved transparency and consistency across the Welsh public sector.

The latest version of SQuID is available at: <http://prp.wales.gov.uk/>

APPENDIX 3

Glossary

The Glossary of Terms from the Area Planning Board Guidance 2012 forms the core of this appendix, with some additional key words and explanations relating to commissioning and substance misuse.

ACMD	Advisory Council on the Misuse of Drugs.
Alliance Contract	An alliance contract is one contract between the commissioner and an alliance of agencies who deliver a service / project. This arrangement allows for the sharing of risk across all parties and a collective ownership of opportunities and responsibilities associated with delivery of the whole project or service
APBs	Area Planning Boards
APoSM	Advisory Panel on Substance Misuse
Care Package	A collective name for the services a person can expect to receive following assessment.
Carer	A person providing care who is not employed to do so by an agency or organisation. A carer is often a relative or friend looking after someone at home who is frail or ill, the carer can be of any age.
Care Management	The process of meeting needs at an individual level, which is sometimes known as micro commissioning.
Commissioning	The process of meeting needs at a strategic level for whole groups of service users and/or whole populations, and of developing policy directions, service models and the market, to meet those needs in the most appropriate and cost effective way.
Contract	A mutual agreement enforceable by law.
Contracting	The process of negotiating and agreeing the terms of a contract for services, and on-going management of the contract including payment and monitoring.
CSPs	Community Safety Partnerships
Decommissioning	The process of planning and managing a reduction in service activity or terminating a contract in line with commissioning objectives.
Drug and Alcohol National Occupational Standards	National Occupational Standards describe competence-based performance in the workplace. They state from the perspective of employers, workers, regulatory bodies and Government interests, the quality of service and outcomes expected. The

(DANOS)		DANOS standards are the agreed specification of the standard of performance required by substance misuse workers wherever they are working in the sector.
EU Procurement Directives		The European Union (EU) procurement directives which together with UK legislation set out the law on public sector procurement. Along with the EU treaty principles including openness, transparency and equal treatment and relevant European and domestic case law, their purpose is to open up the market for goods and services purchased by public sector bodies. This also accords with the EU principle of the free movement of goods and services within the EU.
Form of Tender		The document provided by the purchasing agency on which the service provider or supplier makes its formal offer.
Framework Agreement/ Contract		A contract or agreement listing a range of providers who have demonstrated that they are able to provide specified goods or services. Once in place, organisations or individuals (direct payment or individual budget holders) can call upon one or more of the providers for goods or services as required. "Call-off" of services from the framework must operate in accordance with the criteria set out when the framework was established.
Grants		Payments made to external bodies to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.
Independent Sector		An umbrella term for all non-statutory organisations delivering public care, including a wide range of private companies, voluntary and community organisations.
Joint Commissioning		The process in which two or more organisations act together to co-ordinate the commissioning of services, taking joint responsibility for the translation of strategy into action.
KPIs		Key Performance Indicators
Local Health Boards		Locally managed free-standing NHS bodies, responsible for delivering health care and health improvements to local residents. They commission or directly provide a range of community health services as part of their functions. These bodies are subject to structural and other changes in Wales, which will directly affect their role in commissioning and related matters.
Local Service Boards		Cross-agency partnerships of key leaders from the statutory, private and third sectors with the aim of improving joint working and facilitating whole system delivery of citizen centred services in a particular locality.
NHS		National Health Service

NICE	National Institute of Clinical Excellence
Non Statutory Sector	Voluntary, independent and private sector provision
Outcomes	The impact, result or effect of services on the community or of a service intervention on an individual, e.g. the reduction in crime in a local community or completion of formal education.
Outputs	The number of units of care delivered by the provider, e.g. the number of service users receiving support or the number care plans completed.
Partnering	A relationship between purchasers and providers of goods and services throughout the supply chain which is designed to maximise the effectiveness of each participant's resources.
PCCs	Police and Crime Commissioner's
PHE	Public Health England.
PHW	Public Health Wales
Pooled Funds	A mechanism for commissioning partners to bring money together, in a separate fund, to pay for agreed services.
Provider	A generic term for an organization that delivers a care service.
Procurement	The process of identifying and securing a provider, including stimulating/managing the market and competitive tendering, and, thereafter, monitoring and evaluating the effectiveness of services.
Providers	Any person, group of people or organisation supplying goods or services. Providers may be in the statutory or non-statutory sectors.
Purchasing	The process of buying or funding services.
Purchaser	A budget-holder who contracts to buy a service from a provider.
RBA	Results Based Accountability
Regional	Co-terminous with Health Board boundaries.
Responsible Authorities	Bodies that make up the Community Safety Partnership is the term in common use. These authorities are referred to under section 5 of the Crime and Disorder Act 1998.
Service Level Agreements	Written undertakings agreed between purchasing authorities and their in-house provider departments.

(SLAs)

Social Enterprises	Businesses with primarily social or environmental objectives. Their surpluses are re-invested in the business or in the community. Social enterprises include cooperatives, development trusts, community enterprises, housing associations and social firms.
Statutory Body	A body set up by legislation whose duties are laid down by law.
SMAF	Substance Misuse Action Fund
SMARTs	Substance Misuse Advisory Regional Teams comprising of Welsh Government staff. There are two teams, one covering the Dyfed, Powys, Abertawe-Bro-Morgannwg and Cardiff and Vale Health Board areas. The other covering the Gwent, Cwm Taf and North Wales Health Board areas.
SMLOs	Substance Misuse Lead Officers
SMTF	Substance Misuse Treatment Framework
Tender	A formal offer to provide services as a response to a specification, usually for a stated price or in accordance with a schedule of stated prices.
Tenderer	A person or body that has, or been invited to, submit a tender.
Third Sector	Includes the full range of non-public, non-private organisations which are non-governmental and 'value-driven'; that is, motivated by the desire to further social, environmental or cultural objectives rather than to make a profit.
TOP	Treatment Outcomes Profile
Voluntary and Community Sector	An 'umbrella term', referring to registered charities as well as non-charitable non-profit organisations, associations, self-help groups and community groups, which operate on a non-profit-making basis, to provide help and support to the group of people they exist to serve. They may be local or national and they may employ staff or depend entirely on volunteers.
WNDSM	Welsh National Database for Substance Misuse

APPENDIX 4

Needs Analysis

This appendix relates to section 2.3 in the document and contains some sources which may assist you in undertaking population needs analysis, including:

- Demographic analysis.
- Public health analysis.

Demographic Analysis

Office for National Statistics (ONS)

The ONS provides information and statistical data about Britain's economy, population and society at national and local level. Summaries and detailed data are published on the website at: www.statistics.gov.uk

Statistical Directorate for Wales

The Statistical Directorate for Wales collects, processes, interprets and publishes information about the economic and social condition of Wales; and promotes the use of that information in decision making within government and beyond. It covers a wide range of topics including demography, health, housing, education, training, agriculture, industry, the economy, local government, transport, the environment and the Welsh language. <http://www.wales.gov.uk/keypubstatisticsforwales/index.htm>

Welsh Index of Multiple Deprivation (2014)

This is the official measure of relative deprivation at the small area level for Wales. For further information on the WIMD and the data that is collected please see: <http://wales.gov.uk/statistics-and-research/welsh-index-multiple-deprivation/?lang=en>

LSB Insight

LSB Insight is a tool to assist partners involved within Local Service Boards. This tool holds core datasets and associated intelligence in a single place which is kept up to date. It's intended that it should save time and effort locally and encourages consistency. You will need to register to use this tool, which can be accessed at: <http://www.dataunitwales.gov.uk/lsb-insight-goes-live>

Public Health Analysis

Public Health Wales

Public Health Wales brings together the public health resources of the five former health authorities in Wales, including input from academic departments - with those of the Public Health Laboratory Service in Wales. <http://www.wales.nhs.uk/sitesplus/888/home>

Treatment Data

The Substance Misuse Statistical Report contains information from the Welsh National Database for Substance Misuse (WNDSM) on treatment activity. This is accessible at: www.wales.gov.uk/substancemisuse on the 'measuring the impact' tab.

Annual Profile of Substance Misuse.

This statistical report provides a summary of routinely-reported substance misuse related evidence currently available in Wales. Evidence is drawn from a number of data sources including information from the Patient Episode Database Wales (PEDW), the Harm Reduction Database (HRD) Wales, Office for National Statistics (ONS) information, Education and Home Office data. Types of data include alcohol and drug related deaths, alcohol and drug related hospital admissions, blood borne virus and crime data. This is accessible at: www.wales.gov.uk/substancemisuse on the 'measuring the impact' tab.

Daffodil.

'Daffodil' is a web-based system which pulls together the information you need to plan what care services might be required in your local area in the future. The site includes information from research and population projections which show potential need for care over the next 20 years for children, adults and older people. This is available at: <http://www.daffodilcymru.org.uk/>

APPENDIX 5

Writing Your Commissioning Strategy

This appendix relates to section 3.4 in the document and provides an outline of what elements you might include in your commissioning strategy.

Introduction

- The purpose of the plan and shared values and vision.
- A brief picture of substance misuse service, the priorities and the outcomes that the strategy is trying to achieve.
- A brief description of how the strategy was developed and how it links with other key planning documents.

National Guidance and Research

- A brief outline of the main messages from research, national guidance and good practice that have informed the plan.
- Additionally key drivers for change should be highlighted and to reference any 'must do's from legislation, guidance etc.

Needs Assessment

- The size and nature of needs to be addressed by the plan.
- Demographic analysis – showing the size and prevalence of need.
- Findings from local research or consultation with whole populations, service users, concerned others (family member or carers) and service providers.
- An overall assessment of needs of the group concerned (i.e. health, housing, social care and criminal justice) and the implications arising from this data.

NB. It is not necessary for the full needs analysis to be incorporated into the main body of the strategy as this is usually contained in separate appendices, however enough detail should be included to help readers understand the strategy, your objectives and the rationale behind them.

Service Review (Market Analysis)

- A picture of existing substance misuse services and their use as well as a wider picture of the market and an assessment in current gaps in service availability or performance.
- A map of services showing where services are located and the type of organisation providing them.
- Service quantity – is there an over or under supply of services.
- Service performance – whether services are meeting needs fully or partially.
- The contractual and grant arrangements in place and any strengths / weaknesses in the arrangements.

- Assessment of likely future market wide commissioning issues such as workforce availability, property price and availability and an overall assessment of the robustness of the market.
- A picture of the financial resources available now and potentially over the period of the plan. This should include all available resources, such as grant and core funding, and how it is likely to increase or decrease over the term of the strategy, this should not be just restricted to specific substance misuse budgets but can include other funds such as social services or police if there are identified joint needs which are looking to be commissioned.
- Current and future trends in service provision across the public, private and voluntary sector.
- A summary of known over or under supply in substance misuse provision, now or in the future, and areas of poor performance.

Gap Analysis and the Design of Future Provision

- The shape of future services and the strategic priorities / outcomes necessary to achieving them within the timeframe of the plan.
- Appraisals of the options available, including risks.
- Key commissioning objectives, the rationale behind them and the resource implications.

Service Development, Procurement and Market Management Plans.

- How the planned service changes will be implemented in practice through procurement and internal service development plans.
- How links will be made through relevant local authority and health business plans, which will detail improvement actions to be taken across all relevant services, including those directly-provided and procured.
- A plan for how the market will be managed, including any changes to contracting, partnership or grant making arrangements.

Monitoring Arrangements

- How both the commissioning plan and services/contracts will be monitored in the future to determine whether the plan is shaping services in the way intended.

Appendices

- The full needs and market analysis
- Results of consultation exercises
- All key performance indicators, and other important indicators appropriate to substance misuse services (the measuring the impact section of the Welsh Substance Misuse Strategy reported within the annual reports provides an aide memoire of such indicators).
- A glossary of terms used in the plan.
- Key research and guidance documents.
- Action plan.

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