



Llywodraeth Cymru  
Welsh Government

# Working Together to Reduce Harm

Revised Guidance for Substance  
Misuse Area Planning Boards 2017

# Guidance

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## 1. Introduction

This guidance is aimed at those agencies involved in the planning, commissioning and delivery of substance misuse services across Wales. It replaces guidance issued in August 2012.

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

In September 2011, the Welsh Government commenced a review to consider how the APB structure was developing and to what extent they were delivering against their intended role and functions. The review also looked at the barriers APBs had faced within the first 18 months of operation, how these had been overcome and whether their role should be further enhanced. The outcome of the review was published in a Welsh Government Cabinet Written Statement in February 2012 and implemented through updated guidance issued in August 2012.

This revised guidance is intended to support partner agencies in the continued management of APBs in light of operational experience and as a consequence of key legislative changes.

## 2. Legislative Framework

### 2.1 Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals.

Each public body listed in the Act must work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must set and publish well-being objectives. The Act also requires public bodies to act in accordance with 'the sustainable development principle'. This means that public bodies must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The Act also establishes **Public Services Boards (PSBs)** for each local authority area in Wales and imposes a duty on PSBs to improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals.

Please see [Annex A](#) for additional information.

## 2.2 Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act came into force in April 2016, the Act brings together and modernises social services law in Wales and imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support.

Local authorities and health boards must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues), with **Partnership Boards** required to prioritise the integration of services.

Please see [Annex B](#) for additional information.

## 2.3 Crime and Disorder Act 1998

The Crime and Disorder Act 1998 (“1998 Act”) sets out the duties of responsible authorities in relation to tackling crime and disorder in their areas. Section 5 of the 1998 Act defines the ‘responsible authorities’ in each Welsh local government area as:

- the council for the area;
- every chief officer of the police any part of whose police area lies within the area;
- every fire and rescue authority any part of whose area so lies;
- every local health board any part of whose area so lies; and
- every provider of probation services operating within the area.

The responsible authorities for a local government area are collectively known as a Community Safety Partnership, or ‘CSP’.

Section 6 of the 1998 Act provides that as well as formulating and implementing a strategy for the reduction of crime and disorder, responsible authorities must also have a strategy for combatting the misuse of drugs, alcohol and other substances in the area.

CSPs are charged with formulating and implementing a strategy for their respective Local Authority areas in combatting the misuse of drugs, alcohol and other substances.

## 2.4 Housing (Wales) Act 2014

Part 2 of the Housing (Wales) Act 2014 came into force in 2015. The main objective of the law is to ensure people who are homeless or facing homelessness receive help as early as possible. It places a duty on local authorities to work with people who are at risk of losing their home within 56 days to help find a solution to their problems.

There is a strong association between homelessness and substance misuse and the new legislation outlines a responsibility for local authorities to understand levels of homelessness and activities that contribute to homelessness prevention and availability of satisfactory support for people who are or may become homeless.

### **3. Partnership Working**

#### **3.1 Statutory Responsibility**

The statutory responsibility for formulating and implementing a local strategy for combating substance misuse in each local government area in Wales continues to rest with the responsible authorities for that area which forms CSPs. 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. The APB structure was therefore established to support delivery at a regional (Local Health Board) level. The membership of the APBs includes representatives from all the responsible authorities which comprise CSPs to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level.

In addition to the statutory duties for which there is explicit provision to discharge planning duties via the Local well-being Plan, PSBs are able in principle to include community safety strategies in their Plan and so discharge responsible authorities planning duties under the Crime and Disorder Act 1998. As with the other statutory duties, boards need to satisfy themselves that they have fully met the requirements of both the Crime and Disorder Act 1998. Any decision on what would be included in a Local well-being Plan would need to align with/take account of the regional delivery arrangements set out above.

#### **3.2 Regional governance and reporting arrangements**

APBs are, in line with the Welsh Government's wider collaboration agenda, combining resources for the development and management of substance misuse services across CSP areas. This provides opportunities for strengthening service planning, commissioning, delivery and performance management whilst also achieving efficiencies. This regional approach has now been in operation for a number of years. It has helped to relieve some of the burden at individual CSP level but also enabled experience and expertise to be shared more effectively on a national level.

#### **3.3 Local Government Reform**

On October 4<sup>th</sup> 2016 the Cabinet Secretary for Finance and Local Government made a statement<sup>1</sup> proposing a way forward on local government reform based on putting in place a mandatory and systematic approach to regional working in local government. There will now follow a period of discussion and consultation with local government and other stakeholders on the potential geography of the regional arrangements and the services which might be included. The aim will be to mandate

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<sup>1</sup> <http://gov.wales/about/cabinet/cabinetstatements/2016-new/lgreformupdate/?lang=en>

the services and governance arrangements on consistent geographical footprints whilst rationalising existing collaborative arrangements.

In developing governance arrangements and commissioning strategies APBs are advised to be cognisant of developments relating to local government reform and its potential impact on governance, commissioning and contracting arrangements. We will also continue to explore ways in which we can support the effective governance of APBs as part of the local government reform agenda.

### **3.3 Other planning structures / strategies and information sources for consideration at APB level**

Current planning structures / strategy documents the APB needs to take into consideration include:

- CSP Strategic Assessments
- Supporting People Regional Commissioning Plans (will change to Regional Strategic Plans from April 2017)
- Local Authority Homelessness Strategies (to be published starting 2018)
- Youth Offending Team Plans
- Public Services Boards (where the Board is focussing on substance misuse issues)
- Assessment of Local Well-being under the Well-being of Future Generations (Wales) Act 2015
- Assessment of care and support needs under section 14 Social Services and Well-being (Wales) Act 2014 [SSWB] (population assessment)
- Regional Partnership Boards under section 168 of the SSWB Act

It is also considered good practice for the APB to consider alignment with other planning structures such as the Integrated Family Support Teams as appropriate.

## **4. National Structures**

Below are the key national forums which are in existence to support the delivery of the substance misuse strategy. It is recognised in order to be effective the APBs need to ensure they have mechanisms in place to contribute to and receive feedback from these boards. A diagram depicting these arrangements can be found in [Annex C](#).

### ***Substance Misuse National Partnership Board (NPB)***

At the All Wales level a national substance misuse national partnership board has been established to oversee the delivery of the Welsh Government's 10 year strategy. In doing so it ensures the strategy is reviewed and 'refreshed' in light of the emerging developments or changes in patterns of substance misuse. This Board is also charged with ensuring the necessary links are made with other related strategy groups.

### ***Advisory Panel on Substance Misuse (APoSM)***

This Panel advises the Cabinet Secretary for Health, Well-being and Sport and the Minister for Social Services and Public Health about issues relating to substance misuse.

The Panel is made up of publicly appointed people with expertise or a close interest in substance misuse. It is an Office of the Commissioner for Public Appointments (OCPA) regulated advisory Welsh Government Sponsored Body (WGSB).

The Panel provides specific advice on the development of the Welsh Substance Misuse Strategy, responding to National Assembly for Wales Committee's substance misuse inquiries and advises the National Partnership Board on any issues in relation to themes and patterns of substance misuse. APoSM also considers guidance evolving from national bodies such as the Advisory Council on the Misuse of Drugs (ACMD), the National Centre for Clinical Excellence (NICE) and the European Monitoring Centre for Drug and Drug Addiction and advises on the frontline impact which any policy developments may have.

#### ***National Implementation Board for Drug Poisoning Prevention (NIBDPP)***

The overall purpose of the National Implementation Board for Drug Poisoning Prevention (NIBDPP) is to oversee and monitor the work undertaken by Health Boards, Area Planning Boards and other substance misuse partners to reduce the number of drug related deaths and the number of hospital admissions for drug poisonings in Wales.

The NIBDPP will support the full implementation of Harm Reduction Group recommendations and advise on what further action needs to be taken at both national and local level, and identify areas of good practice and disseminate information with regard to progress and existing barriers to progress in relation to implementation, to all relevant stakeholders.

#### ***Data Information and Analysis Board (DIAB)***

This group advises on the how the performance of the strategy can be effectively measured and on the impact which policy decisions have on the operational usage of the Welsh National Database for Substance Misuse (WNDSM). The DIAB also has a role in identifying areas where data quality needs to be improved and, through the APB representatives, to ensure quality and consistency of data collection systems across Wales are maintained / improved.

#### ***Area Planning Board Chairs Group***

This group is made up of the Chairs and Vice Chairs of APBs across Wales and is a formal sub group of the National Partnership Board. The group provides a forum where good practice and 'lessons learnt' can be disseminated across the 7 APBs and serves as mechanism to benchmark performance across Wales.

#### ***Alcohol Related Brain Damage Working Group***

The purpose of the Welsh Government Alcohol Related Brain Damage (ARBD) Working Group is to support the implementation of the ARBD proposed actions within the new Substance Misuse Delivery Plan 2016-18 and to consider what further action is required to address the increasing problem of ARBD in Wales. Specifically the Group will advise on what further action needs to be taken at both national and local level and identify areas of good practice and disseminate information with regard to

progress and existing barriers to progress in relation to implementation, to all relevant stakeholders.

***Welsh Government and Alcohol Industry Network (WGAIN)***

The overall purpose of the Welsh Government and the Alcohol Industry Network (WGAIN) is to work together to address the complex issues surrounding alcohol misuse and promote responsible drinking in Wales. The network will work together to deliver on the Public Health Responsibility Deal pledges as well as considering the wider issues surrounding alcohol misuse and responsible drinking in Wales. The group is chaired by Tracey Breheny, Deputy Director Substance Misuse, Government and Corporate Business. Stakeholders on the Network consist of Welsh Government officials, breweries, supermarkets and trade associations. Public Health Wales have observer status on the group.

***Welsh Government Out-of-Work Service Board***

This Board oversees the development, implementation and delivery of the Out-of-Work Service. This service aims to support people recovering from substance misuse including alcohol and/or mental health issues. The main mechanisms are peer mentoring and specialist employment support. The Out-of-Work Service management team reports to the Board, and works with key stakeholders including Area Planning Boards, Justice Stakeholders, DWP and others as appropriate.

## **5 Substance Misuse Area Planning Boards - Key Principles**

### **5.1 Embedding the requirements of the Well-being of Future Generations (Wales) Act (2015)**

APBs should be seeking to work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must align their commissioning strategies to the well-being objectives of their organisations and be able to demonstrate how they have applied the ‘sustainable development principle’ in practice. Please see 2.1 for further information.

### **5.2 Prudent Health and Care**

APBs in Wales need to embed the value-based principles encouraged by prudent health and care across its entire system. Prudent health and care 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 APBs need to ensure that services are efficient, effective and empowering. The following broader principles have been adapted from the stated principles of prudent health and care:

- Achieve health and well-being with the public, patients and professionals as equal partners through co-production
- 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.

Please see below a link to the ‘making prudent healthcare happen’ resource, which contains a chapter on substance misuse

<http://www.prudenthealthcare.org.uk/substancemisuse/>

### **5.3 Service User Involvement**

The Welsh Government commitment in ensuring there is service user involvement in the planning, design and delivery of substance misuse services is unchanged.

Service users clearly have unique experiences and knowledge which enable them to give “expert advice” in this field and thus planning and delivery of services are likely to be more effective if there is direct involvement with individuals who use the services.

Each APB is expected to ensure there are a variety of mechanisms in place to effectively engage and involve service users within their work. The precise mechanisms will be a regional decision for each APB but may be through direct representation on the Board or via reporting structures with established local service user fora.

Further information on how service users can be actively involved can be found within the Substance Misuse Treatment Framework entitled “Service User Involvement”.

#### **5.4 Children and Young People**

The principles outlined in this guidance remain as valid when considering outcomes for children and young people in relation to substance misuse. It is acknowledged improved outcomes can only be delivered and sustained when key services work together to plan and implement provision.

To enable the APBs to fully discharge their role in this area they should include representation as appropriate from the relevant partner agencies such as Social Services, Children and Mental Health Services, Education, Youth Offending Services and appropriate voluntary organisations.

Providing the range of education, prevention and treatment services for children and young people who misuse services is a key component of safeguarding and promoting the health and well-being of children. Safeguarding children should not be seen as a separate activity from promoting their welfare and should be placed in the context of wider service delivery. Therefore, it is imperative substance misuse services maintain good working relationships with social services and other colleagues involved in the Safeguarding Children’s Boards.

#### **5.5 Diverse groups**

The bodies within an APB should have due regard to the diversity of their area and any specific needs that minority or hard to reach groups may have.

The needs of under-represented groups need to be considered fully in the planning and service delivery process.

#### **5.6 Welsh Language Standards**

The Welsh Government wants to see the Welsh language thriving in Wales with increased opportunities to use the Welsh language. The Welsh Government is committed to impress the importance of being able to deliver services in the service users’ language of choice and to ensure when developing policy there is a mechanism for identifying and addressing any Welsh Language issues. The APB will be expected to work with service delivery and planning organisations in order to achieve this. Furthermore, if applicable, each representative of the APB is required to comply with the relevant Welsh Language Standards. The Welsh Language Commissioner website has further information on the use of the Welsh Language and is at:

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

## **5.7 Information Sharing / Data protection**

Sharing information is part of good communication and is vital to the delivery and planning of substance misuse services. Any personally identifiable information should be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI). All Local Health Boards and local authorities in Wales are signatories to the WASPI Accord. More information on WASPI can be found via the following link:

<http://www.waspi.org/>

APBs need to have a system in place where information is shared in accordance with appropriate information sharing protocols and is in adherence to data protection legislation .

Each APB representative should also maintain the confidentiality of any information he/she receives from another party or representative which has been designated as confidential and shall use it only for the purposes covered within the appropriate information sharing protocols.

APBs should be aware that the Social Services and Well-being (Wales) Act 2014 provides a strengthened legal framework for safeguarding children and has introduced a “duty to report” to the local authority and defines a “child at risk”.

Staff across the local authority, health and police must report concerns to the local authority where they have reasonable cause to believe a child to be at risk of or experiencing abuse, neglect or harm. Following such notification, local authorities will exercise their existing duty to investigate under section 47 of the Children Act 1989.

## **5.8 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.

Whilst the Substance Misuse Workforce Development Action Plan (2011-2014) has now lapsed, the core principles and expectations within that document remain. APBs are expected to understand the developmental needs of their respective workforce and action plan to meet training need accordingly. The Welsh Government provides a bursary scheme to each APB annually to facilitate such training, but consideration to the use of SMAF revenue funding should also be given.

## **5.9 Provision of Evidence Based interventions**

NHS bodies must ensure that in planning, commissioning or providing services that they comply with the Standards for Health Services in Wales as set out in the *Doing Well, Doing Better* Framework and in particular standards 7 which sets out requirements for the provision of safe and clinically effective care.

Welsh Government expects the NHS and other organisations that commission and plan services to ensure that they are based on clinical need and in line with the principles of Prudent Healthcare that only interventions with a robust evidence base are provided.

It is accepted that certain environmental and other supportive approaches designed to make services more acceptable and approachable may be used by providers, but this should not extend to provision of interventions where treatments have no proven therapeutic outcomes, other than in the context of a good quality research settings, where that evidence base may be further developed. NICE clinical guidelines and other evidence based information such as the **Cochrane Database** of Systematic Reviews would be appropriate sources of information.

### **5.10 Notice of funding decision to Third Sector organisations**

It is a requirement of the Third Sector Code of Practice for the Welsh Government to give Third Sector organisations at least 3 months notice of their decision either to award or withdraw funding. We would also expect the APBs to adhere as close as possible to this principle, so, for example, if the APB intends to withdraw funding on the 1 August APBs must notify the organisation concerned of any decision by 31 May, APBs should therefore build this requirement into their expenditure plans. APBs must at least issue a notification letter if not the final award letter by this date. This notification must be in writing.

## **6 Roles and responsibilities of the Substance Misuse Area Planning Boards**

The APBs' primary objective continues to be the improving and strengthening of the arrangements for the planning, commissioning and performance management of substance misuse services in Wales. It is also intended APBs will assist responsible authorities and other relevant partners to discharge their statutory responsibility by providing a mechanism to pool scarce resources where appropriate and share expertise to deliver the Welsh Government's Substance Misuse Strategy.

### **6.1 Key role of the Area Planning Boards**

To assist responsible authorities to discharge their duties in relation to substance misuse by:–

- Development of an outcome based commissioning strategy across the APB area.
- Production of a fully costed implementation plan to support the commissioning and estates strategy – this should make both capital and revenue implications of the strategy explicit.

- Ensuring there are appropriate budget, accounting and audit management systems in place to effectively administer the Substance Misuse Action Fund (SMAF) revenue and capital funds within each of the APB's constituent organisation's governance structure.
- Ensuring the National Core Standards for Substance Misuse and other relevant standards are embedded in all service planning and delivery systems with appropriate arrangements in place for performance management and review.
- Ensuring all funded services form part of an integrated care pathway based upon the guidance documents 'Integrated Care and Integrated Care Pathways for Adult Substance Misuse Services in Wales' and 'Integrated Care for Children and Young People aged up to 18 years of age who misuse substances'.
- Ensuring arrangements are in place to receive, consider and act on performance management data.
- Identifying opportunities where planning, commissioning and delivering services on a regional basis will be cost effective and provide a better platform for engagement with service providers or users.
- Work with the Regional Partnership Boards and locally through primary clusters to set out in formal plans including the LHBs Intermediate Medium Term Plans (IMTP), how they intend to assess and address any current and projected gaps in services identified as part of their substance misuse care
- Work with the Regional Partnership Boards and locally through primary clusters to assess the substance misuse care and support needs of their population in line with the requirements of the Social Services and Well-being (Wales) Act 2014 (population needs assessments) and the Well-being of Future Generations Act (Wales) 2015.
- Work closely with Regional Partnership Boards, established under the Social Services Wellbeing (Wales) Act 2014, to ensure that substance misuse services are considered in the context of other care and support services.

## **6.2 Membership of the Area Planning Boards**

Members of the APB need to have sufficient seniority to be able to give weight to their decisions and recommendations. The precise membership and structure of APBs and their sub groups will be for regional determination but as a minimum the membership should include representatives from the following organisations within their overall structure:-

- Director of Public Health and /or representative of local Public Health Wales team
- The Local Health Board (both a planning representative and a clinical representative of the Substance Misuse Treatment team)
- Each local authority covered by the APB

- Police Service
- Probation Trust
- Supporting People/ Homelessness / Housing representative
- Primary Care representative
- Voluntary/Independent/Private Sector Substance Misuse Service provider
- Children and Young People Planning, i.e. children services / Youth Offending Team.

APBs should ensure their membership effectively supports the requirement to engage in partnership working with related Boards (such as the CSP, RPB, PSB). In addition APBs, where possible, should consider putting in place arrangements to engage with Safeguarding Boards (who work to safeguard and promote the welfare of children and adults within their Board area) to identify opportunities to work in partnership in order to deliver agreed common outcomes.

The Police and Crime Commissioners should also be invited to attend.

A member of the Substance Misuse Team of the Welsh Government will sit on each APB in an advisory capacity.

The role of each member can be seen in [Annex D](#).

### **6.3 Chair and Vice Chair of the Area Planning Boards**

It is envisaged the Chairperson and Vice Chairperson will be from either Public Health Wales or one of the responsible authorities.

The Chair's role will be to ensure the APB operates efficiently and in line with the governance arrangement agreed by each APB.

### **6.4 APB Commissioning and Planning Support / Secretariat arrangements**

Each APB will need to define their specific support arrangements. However, service development, planning, commissioning and performance management and secretariat functions should be delivered at a regional level.

Any SMAF revenue funding for commissioning and planning support services will only be approved if it can be demonstrated that funding and support for the regional team does not adversely affect the stability of existing services and is at the minimum level needed to support front line substance misuse services effectively. APBs are expected to realise efficiency savings in this area wherever possible.

## **7. Funding**

### **7.1 Substance Misuse Action Fund (SMAF) - Revenue**

The Substance Misuse Action Fund (SMAF) - Revenue will continue to be allocated on a regional basis. Welsh Government will inform the APB area of their allocation as defined by funding formula with formal approval subject to the submission of an expenditure plan on the online funding tool. It is expected that formal approval will be given to APBs in January each year, however this is subject to confirmation of the overarching Welsh Government budget.

Priorities for the use of these resources continues to complement the priorities outlined in the substance misuse strategy for Wales 'Working Together to Reduce Harm' and reinforces the following:-

- improving the access, availability and quality of children and young peoples' services;
- addressing waiting lists including those for in-patient services;
- tackling alcohol misuse;
- commissioning appropriate detoxification and rehabilitation services;
- integrating recovery into mainstream services.

### **7.2 SMAF - Revenue Ring Fence arrangements**

The ring fenced allocations for children and young people, Tier 4 and counselling provision should be allocated in the following manner:-

#### **7.2.1 Children and Young People**

The ring fenced children and young people monies must be used to fund the continued development of substance misuse services for under 18s in line with the guidance 'Integrated Care for Children and Young People Age 18 years and under who misuse Substances' issued in March 2011.

#### **7.2.2 Tier 4**

A residential rehabilitation preferred providers list was implemented in April 2015 to help sustain the provision of high quality Tier 4 services in Wales. All residential rehabilitation placements commissioned using the ring fenced allocation must comply with this framework, except in circumstances where the framework does not meet the needs of the clients, in such circumstances prior approval should be sought from your Substance Misuse Advisory Regional Team (SMART).

### 7.2.3 Counselling

The counselling ring fenced allocation should continue to be used in line with the substance misuse treatment framework 'Guidance for Evidence Based Psychosocial Interventions in the Treatment of Substance Misuse' published in 2011.

*Note: For further information please refer to the SMAF Revenue Guidance.*

### **7.3 Substance Misuse Action Fund (SMAF) – Capital**

The Substance Misuse Action Fund (SMAF) Capital will be allocated via a national bidding process. There will only be one round in June each year, however this may be subject to change. Proposals must first be approved by APBs in line with their agreed Estates strategy.

Priority is given to proposals which:-

- Focus on improving the capacity, access and/or quality of treatment facilities through the creation of multi-agency bases, residential treatment and detoxification centres, increasing GP shared care participation, youth facilities, mobile outreach and day-centres;
- Demonstrate collaborative ventures between partnerships on a regional (or multi-regional) basis; and
- Addresses assessed local need and reflect priorities in action plans.

*Note: For further information please refer to the SMAF Capital Guidance.*

### **7.4 Local Health Board ring-fenced funding for substance misuse services**

The Welsh Government requires the APBs to work collaboratively with their respective Local Health Boards to ensure that the funding allocated to tackling substance misuse is both coordinated to provide the most effective use of the available funding and to avoid potential duplication. Given that the APBs have responsibility for agreeing and signing off the Health Board's contributions to substance misuse, the need for consideration of the assessed needs of the region alongside the current APB commissioning strategy must also be taken into consideration to ensure the best outcomes are delivered.

Funding allocations to Local Health Boards for substance misuse services will be withheld from LHBs until confirmation is received from the Chair of the relevant APB that the use of these resources complements the delivery of the Welsh Government Substance Misuse Strategy three year implementation plan, the Health Board local delivery plans and local substance misuse action plans.

It is therefore expected that the Local Health Board and APB engage in dialogue as early as possible to ensure that planned interventions meet the above criteria, thus allowing the APB to discharge its responsibilities, subsequently enabling the Welsh Government to authorise payments.

## **7.5 Other sources of funding**

APBs should also have oversight of other sources of funding available within their area to deliver substance misuse services, and as part of their commissioning role encourage wider models of service delivery including the establishment of social enterprises.

## **7.6 Pooled Funding**

The Partnership Arrangements (Wales) Regulations 2015 require Regional Partnership Boards to establish pooled funds. These are required in relation to the exercise of their family support functions and in relation to any functions they exercise jointly in response to the population assessment of care and support needs required by the Social Services and Well-being (Wales) Act 2014. Pooled funds are also required in relation to the provision of care home accommodation for adults from April 2018.

Further detail is provided in the Part 9 Statutory Guidance (partnership Arrangements):

<http://gov.wales/docs/dhss/publications/151218part9en.pdf>

## **8. Governance**

The Welsh Government does not wish to be prescriptive about regional structures and working arrangements. All regions are different and it is therefore important they should be able to develop arrangements which suit their particular circumstances.

However, the following should be taken into consideration:

### **8.1 Memorandum of Understanding (MoU)**

APBs are advised to agree a Memorandum of Understanding (MoU) which sets out the APBs governance arrangements and describes its operating procedures, key aims and roles of the APB.

Whilst the memorandum of understanding will not be legally binding, all members of the APB, its subgroups and their participating organisations will be expected to adopt these arrangements. As a minimum the APB should review and update the MoU annually.

### **8.2 Financial management arrangements**

The APB will recommend one of the 'responsible authorities' to act as the 'grant recipient'. It is advised that the 'grant recipient' is a Local Authority due to their wide ranging powers.

The 'grant recipient' will receive the allocation of SMAF revenue on behalf of the APB area and then administer it in accordance with the agreement of the responsible authorities within the APB membership. The nominated 'grant recipient' will ensure it has the necessary legal power to hold and administer the SMAF revenue and will

need to ensure there are appropriate budget, accounting and audit management systems in place.

The 'grant recipient' will ensure it adheres to all terms and conditions of funding and has regard to any guidance issued by the Welsh Government in respect to its role in holding and administering the SMAF on behalf of the APB.

Where the regional team does not sit within the 'grant recipient' body a 'service level agreement' which describes the roles and responsibilities of each organisation in relation to the management of the SMAF revenue and the subsequent award and monitoring of contracts should be agreed.

### **8.3 Clinical Governance**

The Local Health Board's clinical representative will have a role in making recommendations in relation to ensuring appropriate clinical governance arrangements have been put in place in respect to services commissioned by the APB.

### **8.4 Status of the Area Planning Boards**

The APB is a mechanism which allows the responsible authorities to come together at a regional level to enable their statutory responsibilities to be discharged. This means representatives on the APB will remain accountable to their separate organisations. Entering into a Memorandum of Understanding (See 8.1) does not change, replace, substitute or amend in any way the statutory duties or other responsibilities of the organisations forming the APB. As the APB is an unincorporated body it has no legal powers. It will operate as a collaboration of organisations.

In addition, the APB itself would not be able to commission work, procure goods/services, incur costs or enter into contracts etc. as it does not have the legal status to do so. In practice, where it is proposed to undertake any of the aforementioned activities, it will be necessary for either the nominated grant recipient body and / or other named statutory partners to carry forward the proposals approved by the responsible authorities.

### **8.5 Sub Groups**

The memorandum of understanding should also include a section on governance arrangements for sub groups. It is understood there will be some areas of business where it is not appropriate for the full membership of the APB to be present, for example performance, finance or contract management issues and in these instances it may be appropriate for sub groups to lead on these areas of work.

### **8.6 Accountability Arrangements of the APB**

The Chairperson will retain responsibility for the governance arrangements of the APB.

The Chief Executive of the Health Board will be accountable for adhering to the NHS performance management framework and will retain responsibility for clinical governance.

The 'responsible authorities' of the APB will be responsible for the allocation of SMAF revenue and capital funds (in accordance with application(s) for grant made to the Welsh Government) and for signing off the ring fenced health budget in respect to substance misuse (see 7.4 above).

The 'responsible authorities' of the APB will be responsible for nominating a banker to undertake the role outlined in 8.2.

The 'responsible authorities' of the APB will be responsible for reporting on the statutory KPIs for substance misuse services.

### **8.7 Conflict of interest**

To allow the APB to undertake its role appropriately there needs to be a clear demarcation of some of its responsibilities to ensure there is appropriate membership attending the relevant discussions. Therefore, discussions around commissioning, performance and financial management should be structured so as to ensure that no actual or perceived conflict of interest occurs.

All member representatives have the responsibility of notifying the chairperson of a potential conflict of interest. Dependent on the type of the interest the member representative should be asked to leave the room for specific agenda items.

### **8.8 Dealing with disputes**

The APB will consider any concerns or criticisms a member may have in relation to the role or functioning of the APB and it will be within the discretion of the APB to resolve any issues by consensus or if appropriate by majority vote.

### **8.9 Risk Sharing**

APB are advised to consider the use of a risk sharing agreement, in order to fairly share risks across the partnership and to clearly identify accountability in the event of any financial losses. APBs should also have clear processes and procedures in place to manage any safeguarding issues which could emerge as a result of their commissioning arrangements.

Further information on good governance arrangements can be found at:-

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](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](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](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>

## 9. Performance Management Framework

The Welsh Government has put in place an overarching Substance Misuse Performance Management Framework which includes:-

- The Welsh National Database for Substance Misuse which collects detailed information on those accessing substance misuse treatment services in Wales, reports from which are available monthly at provider, local authority and APB level.
- A suite of Substance Misuse Key Performance Indicators which is monitored on both a monthly and an annual basis.
- The introduction of the National Treatment Agency (NTA) Treatment Outcome Profile (TOP) as the standardised outcome measurement tool across Wales. Allowing the direct measurement of the impact of treatment on an individual.
- A research and evaluation programme on substance misuse related projects. Examples of which include the All Wales Training Needs Analysis and Substance Misuse Counselling Workforce Shortages. A list of published research and evaluation documents are available at: <http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/research>

Further information on the Performance Management Framework overall is available at:  
<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/pmf>

The APB should also ensure appropriate arrangements are put in place to consider key performance targets and indicators and other routinely collected data and intelligence which can inform service planning and design, including:

- Welsh Government Substance Misuse KPIs.
- Treatment Outcome Profile data.
- Home Office Public Service Agreement (PSA) Targets.
- NHS Annual Operating Framework.
- Local Authority Performance Management Framework.
- Prison Health Performance and Quality Indicators.

- Unit cost information.
- Drug supply, testing and seizure information.
- Substance misuse prevalence data.
- Reviews of drug related deaths and near fatal incidents.
- Alcohol related violence incident data.
- Alcohol test purchase.
- Hospital admission and A& E data.
- Education data such as school exclusions.
- Children defined as at risk / in need.
- Service user surveys / consultations.
- Youth Offending Team data in relation to the percentage of children and young people in the youth justice system identified via screening as requiring assessment and treatment.
- Population Needs Assessments.

The Substance Misuse Statistical report contains information from the Welsh National Database for Substance Misuse and additional substance misuse related data available from routinely published sources in Wales, this is accessible at: <http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/stats/?lang=en>

APBs will also be required to submit to the Welsh Government of a quarterly basis progress against the 'APB performance dashboard'.

## **10 Related Guidance Documents**

Below is a summary of guidance documents which the APBs should find useful in the discharge of their role.

### **10.1 Substance Misuse Treatment Frameworks (SMTF)**

The Welsh Government has developed 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.

These documents are available at:

<http://wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/treatmentframework>

The appropriate SMART will continue to work with colleagues both locally and regionally to ensure all of the SMTF modules are firmly embedded within service provider and partner agencies' practice.

## 10.2 National Core Standards

A set of National 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.

The core standards are available at: <http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/corestandards/?lang=en>

## 10.3 Integrated Care Pathways

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.

## 10.4 Integrated Care for Children and Young People aged up to 18 years of age who misuse substances.

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.

## **10.5 Commissioning Guidance**

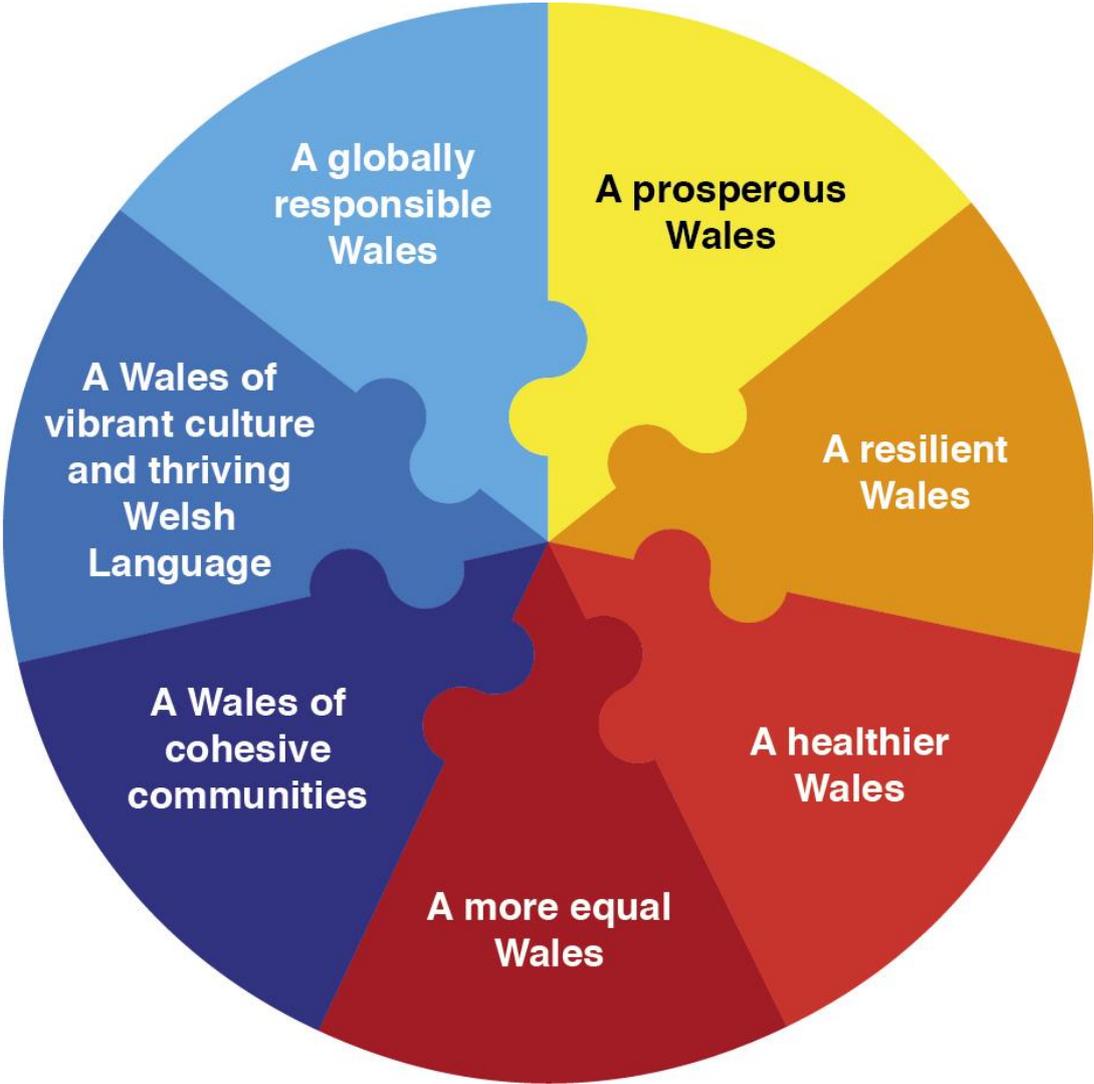
Revised Commissioning Guidance was published in October 2015, which aims to provide guidance to APBs on developing their commissioning strategy. It replaces the Welsh Government guidance issued in 2005 to take into account emerging expertise on commissioning; the strengthened role of the APBs, the requirement to establish an outcome based commissioning strategy and new national and local priorities.

A copy of the guidance can be found at : <http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/commissioning/?lang=en>

# Annex A – Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals.

## Well-being Goals



Each public body listed in the Act must work to improve the economic, social, environmental and cultural well-being of Wales. To do this they must set and publish well-being objectives. The Act also requires public bodies to act in accordance with ‘the sustainable development principle’. This means that public bodies must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.

There are **5 things** that public bodies need to think about to show that they have applied the sustainable development principle.



**Long term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

**Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

**Integration** - Considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

**Collaboration** - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

**Involvement** - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

The Act also establishes **Public Services Boards (PSBs)** for each local authority area in Wales and imposes a duty on PSBs to improve the economic, social, environmental and cultural well-being of its area by contributing to the achievement of the well-being goals.

The Members of each Public Services Board are:-

- The local authority;
- The Local Health Board for an area, any part of which falls within the local authority area;
- The Welsh Fire and Rescue Authority for an area, any part of which falls within the local authority area;
- The Natural Resources body for Wales.

In addition to these members, each PSB must also invite the following people to participate on the Board who become 'invited participants' if they accept the invite:-

- The Welsh Ministers.
- The Chief Constable for a police area, any part of which falls within the local authority area.
- The Police and Crime Commissioner for a police area.
- Certain Probation Services, as specified by the Act.
- at least one body representing relevant voluntary organisations.

PSBs can also invite other people who carry out public functions to participate in their work.

Each PSB must improve the economic, social, environmental and cultural well-being of its area by working to achieve the well-being goals. It will do this by:-

- Assessing the state of economic, social, environmental and cultural well-being in its area;
- Setting objectives that are designed to maximise the PSBs contribution to the wellbeing goals; and
- Taking reasonable steps to meet those objectives.

They must do this in accordance with the sustainable development principle.

Each PSB must prepare and publish a plan setting out its objectives and the steps it will take to meet them. This is called a Local Well-being Plan. It must say:-

- Why the PSB feels their objectives will contribute within their local area to achieving the well-being goals, and

- How it has had regard to the Assessment of Local Well-being in setting its objectives and steps to take.

Each PSB will carry out an annual review of their plan showing their progress. When producing their assessments of local well-being and Local Well-being plan, PSBs must consult widely.

**Further information** on the Wellbeing of Future Generations Act (Wales) 2015 can be found

<http://gov.wales/topics/people-and-communities/people/future-generations-act/statutory-guidance/?lang=en>

<http://www.thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

<http://www.senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=010103>

## **Annex B - Social Services and Well-being (Wales) Act 2014**

The Social Services and Well-being (Wales) Act came into force in April 2016, the Act brings together and modernises social services law in Wales and imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support.

There are four main '**principles**' of the Act:-

### 2.2.1 Well-being

The Act supports people who have care and support needs to achieve **well-being**. Well-being means a person is happy, healthy and is comfortable with their life and what they do. The Welsh Government has published a well-being Statement to set out what this means. It says '**well-being**' is made up of **eight main parts**:-

- Making sure you have your rights
- Being physically, mentally and emotionally happy
- You are protected from abuse, harm and neglect
- Having education, training, sports and play
- Positive relationships with family and friends
- Being part of the community
- Having a social life and enough money to live a healthy life
- Having a good home

### 2.2.2 People

People are at the heart of the new system by giving them an equal say in the support they receive. Assessments are to be carried out in the best way to meet an individual's needs using a new process which is simple and avoids unnecessary bureaucracy.

The focus is on what matters to the person and how they can use their own strengths and resources to do those things. Assessment is a partnership between the person and the professional. Carers will also have an equal right to assessment.

Powers to ensure adults and children are kept safe from abuse or neglect are stronger and there will be a national independent safeguarding board. If there is cause to suspect an adult or child is at risk, this **MUST** be reported to the local authority.

A consistent, streamlined framework introduces one set of financial assessment and charging arrangements for residential and non-residential care.

There will be greater transparency – each person required to pay a charge receives a written statement detailing the charge and how it has been calculated. A universal review process will enable a person to correct or query charges made.

People are able to access advocacy services to support them to have a voice in the decisions that affect their lives if they are needed.

### 2.2.3 Partnership

Local authorities and health boards must work together to assess care and support needs (and carer support needs) of the population in their area (including people with substance misuse issues). As a result they will identify what services are needed and they must ensure their resources are used effectively.

Partnership boards will need to prioritise the integration of services in relation to:-

- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities
- Carers, including young carers
- Integrated Family Support Services
- Children with complex needs due to disability or illness

### 2.2.4 Prevention

The Act requires services are made available which will promote the prevention of escalating need and ensure the right help is available at the right time. Local authorities will arrange the right preventative services to reduce need for formal support in their area.

This will be informed by an assessment undertaken by the local authority in partnership with the health board. It will establish the needs of the people who need care and support, and carers who need support, in their area.

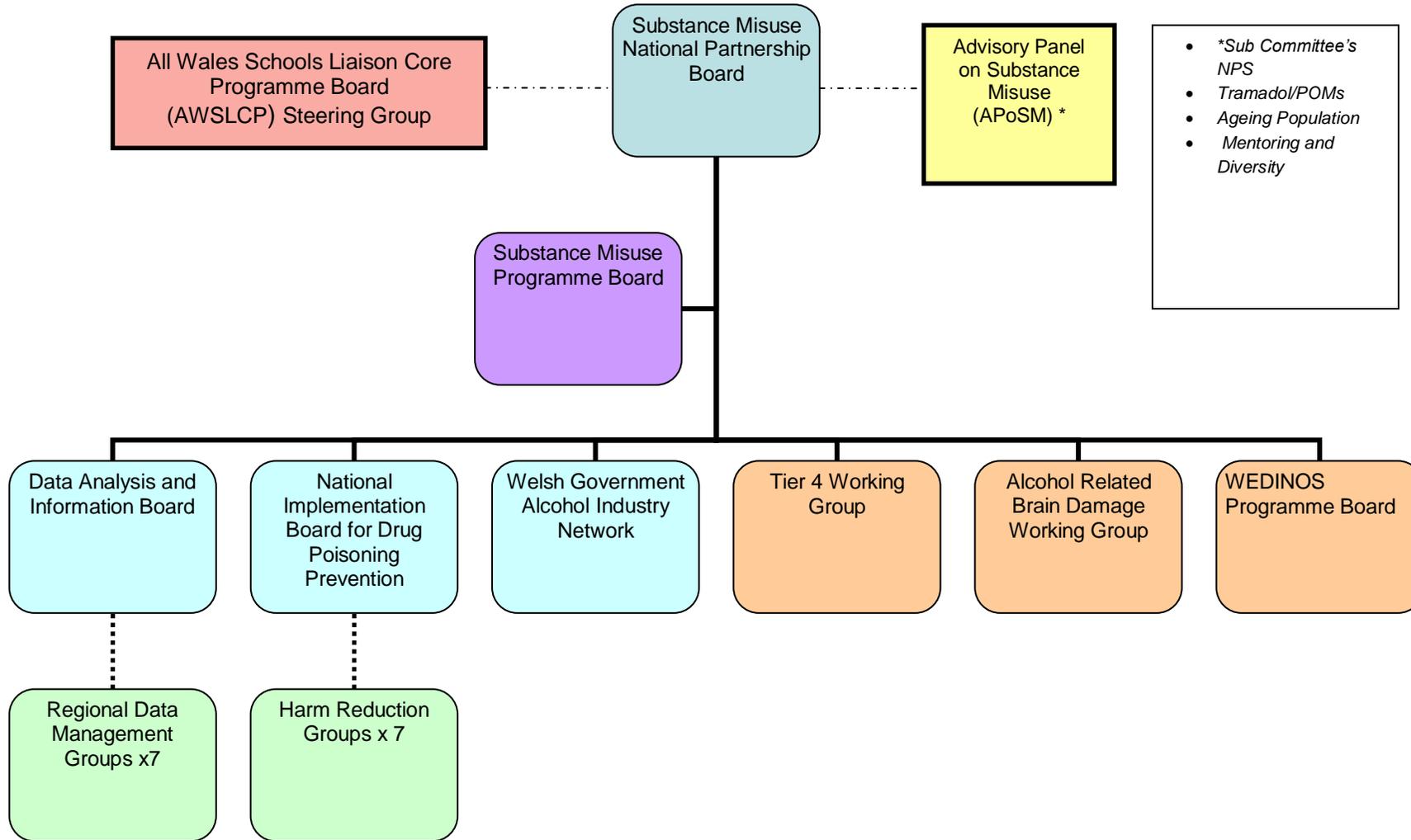
Local authorities are also required to provide a bilingual Information, Advice and Assistance service. This will make it easy for everyone to access relevant, clear information and advice about all of the services available in the area. This will help people make decisions about the support they need to live the life they want. This service will be welcoming and supportive to help people find solutions early on. This service will be a preventative service in itself.

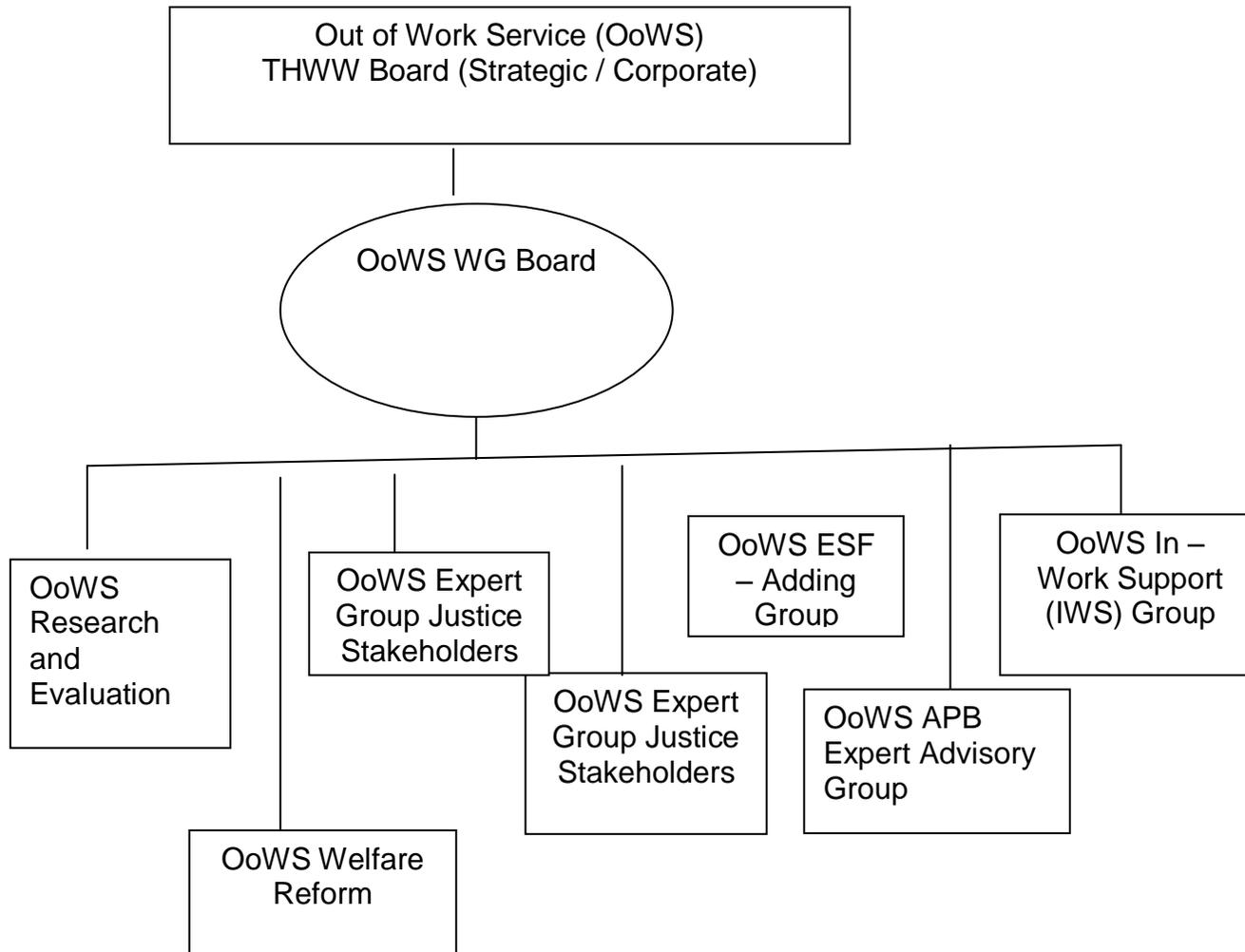
They will also be required to promote social enterprises and co-operatives which involve people who need care and support.

**Further information** on the Social Services and Well-being Act (Wales) 2014 can be found :

<http://gov.wales/topics/health/socialcare/act/?skip=1&lang=en>  
<http://www.ccwales.org.uk/getting-in-on-the-act-hub/>

## Annex C – National Structures





## **Annex D - Roles of organisational representatives**

### **Public Health Wales**

It is envisaged Public Health Wales (PHW) both at a national and local level through the LHB Public Health teams will continue to have a lead role in the APB; to continue to strengthen their ability to further develop partnerships with local authorities to support their statutory duties and to improve the delivery of public health services at local and community levels.

PHW will act as an advisor to the Area Planning Board to ensure due consideration is given to the epidemiology of substance misuse and evidence base for interventions, care models, care pathways and prevention activities. PHW will also be able to advise on appropriate evaluation for interventions.

### **Health Boards**

The seven Local Health Boards are formally accountable to the Minister for Health and Social Services through the Chief Executive, NHS Wales and are responsible for the planning, designing and securing delivery of primary, community and secondary care services and where appropriate specialist services for their areas. This includes substance misuse services and where relevant clinical services within the Prison.

### **Local Authorities**

Each Local Authority delivers a wide range of services, where a number of these business areas can have a direct impact on the planning and delivery of substance misuse services, emphasising the importance of ensuring Local Authority representation on the Board. The Local Authority should retain flexibility in ensuring appropriate representation to the Area Planning Board, examples of which could be Social Services, Education, Housing or Public Protection.

### **Criminal Justice**

Police representation will be crucial in ensuring there is a coherent read through from the local CSP strategy to the strategic direction of the APB. Criminal justice colleagues will also be best placed to provide advice on the tackling availability section of the All Wales Substance Misuse Strategy, for instance advising on trends in relation to drug use and hot spots in relation to alcohol related violence. They can also ensure there are appropriate linkages between criminal justice and generic services.

### **'Responsible authority'**

The Local Health Board, Local Authority, Police Chief Constable and Probation Services role on the APB will also take into account their organisations' remit in respect to being a defined responsible authority under the Crime and Disorder Act 1998.

### **Senior Voluntary / Independent / Private Sector Substance Misuse Service provider representative**

The provider representative will be responsible in ensuring the views of provider agencies are represented at APB level. It is suggested each APB has a provider forum as a sub group to ensure there is a mechanism from which to glean these views. This group will be considered as members of the wider partners to the board and therefore will be precluded from involvement in commissioning, planning and financial discussions as a conflict of interest may arise from being party to these discussions

### **Representatives from Children and Young People Planning, i.e. children services / Youth Offending Team.**

Representatives will be charged to ensure there are appropriate links with the children and young planning arrangements.

### **Welsh Government**

Officials from the Substance Misuse Team of the Welsh Government will sit on the Area Planning Board in an advisory capacity, and will advise members of the APB on:-

- The development and implementation of the local/regional Commissioning Strategies; including the development of service specifications, costings and performance monitoring indicators.
- Planning, performance and resource management issues including performance against the new Core Standards and the Key Performance Indicators for substance misuse.
- Good practice.
- Compliance with the reporting requirements of the WNDSM and the Treatment Outcome Profile (TOP); this includes identifying data quality issues and facilitating resolution.
- The resolution of performance issues.
- Policy direction of the current All Wales Substance Misuse Strategy.

It is recognised the Welsh Government also have a role in approving expenditure plans and performance management of commissioners / providers in their day to day activities. When official Welsh Government approval is required this will need to be made explicit and the official will undertake this function outside the auspices of the APB (and any sub groups).