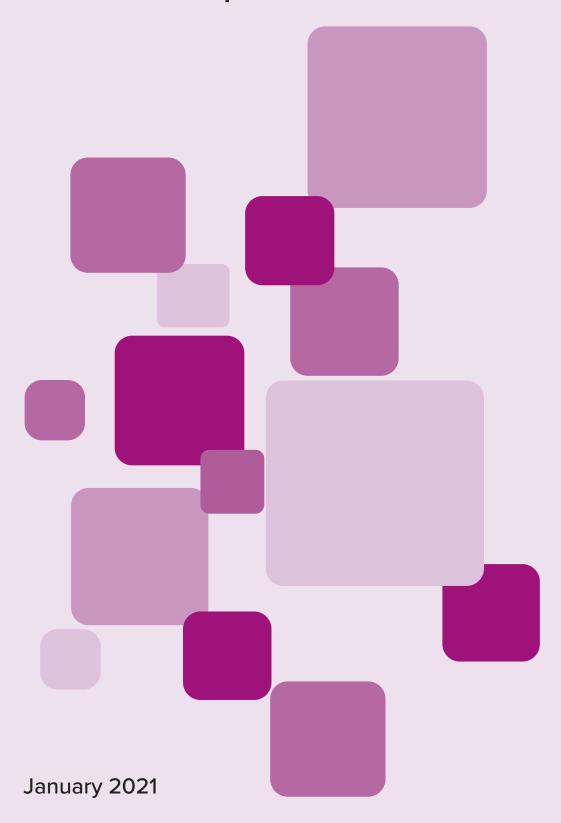


# **Substance Misuse Delivery Plan 2019–2022**

# Revised in response to COVID-19



#### **Substance Misuse Delivery Plan 2019-2022 and COVID-19**

#### Background

The Substance Misuse Delivery Plan 2019-2022 (the 'Plan'), which was published in October 2019, sets out the Welsh Government's key policy and operational priorities for the coming years. The priorities set out in the plan were informed by extensive consultation and engagement over a number of months during 2019. The onset of COVID-19 has led to the Welsh Government reviewing the Plan to ensure that it reflects the work that has been, and will be, undertaken as a result of the pandemic.

The impact of COVID-19 has been a challenge from a policy and operational perspective. Welsh Government, Commissioners and Services have worked closely during this period to ensure that individuals who need the support get it. We have been working with partners (particularly our Area Planning Boards (APBs) and substance misuse third sector) to ensure the needs of the most vulnerable substance misuse population are met and the appropriate guidance is in place. This work has been both proactive and reactive during these times of uncertainty.

During this period, the importance of the original key priorities in the Plan have been reinforced as services have had to rapidly adapt. Critically, significant work has been undertaken to protect essential services including Opioid Substitution Therapy (OST) and family support. These services were deemed essential through the NHS Operating Framework at the start of the pandemic to ensure they were still available. An example of the work undertaken is the support given to the rapid introduction of injectable buprenorphine to ease pressure on prescribing services. The new service replaced, where appropriate for each individual, daily oral medication services to support recovering users, helping to relieve pressure on pharmacy and NHS services during the pandemic whilst aiding social distancing requirements. However, it is a clinical decision as to when injectable buprenorphine is used.

In addition, significant partnership working has been undertaken to support both work to house all homeless people and prepare for the potential early release of prisoners. The Welsh Government also announced additional funding for use by Local Authorities (LAs) to protect homeless people during the COVID-19 outbreak. Working with partners, funded measures were implemented to ensure LAs could secure additional accommodation to support people who were sleeping rough or vulnerably housed, into safe accommodation. This ensured everyone had access to facilities enabling them to self-isolate and follow public health guidance on social distancing. We are also making significant investment (£50m) in the next phase of our response, focused on prevention and rapid re-housing. Guidance was developed to assist substance misuse and homelessness services, and those working with vulnerable populations, especially those with drug and/or alcohol use disorders, co-occurring mental health, and complex needs. This guidance was developed in line with current Public Health England

guidance (with support from Public Health Wales) and essential information for communicating with service users, members of staff, including volunteers and family or carers. The guidance seeks to address some of the very specific issues that apply to the sector in responding to COVID-19 whilst continuing to support some of the most vulnerable people in Wales.

Many services rapidly adapted to digital delivery but maintained outreach and face-to-face support for the most complex cases. Many substance misuse services have adapted and are now providing online (Skype) consultations and psychological support services ensuring ongoing support. This has included, where necessary, delivering OST medications to those who are self-isolating or unable to access their medication for other reasons. We have worked with our national helpline DAN 24/7 (and CALL mental health helpline) to ensure there is relevant information with regards to COVID-19 and services available during this time, including a link on the website providing updates on COVID-19. In addition, the DAN 24/7 website was upgraded to be digitally optimised for ease of accessibility and use. Throughout the response to COVID-19 both the Welsh Government and Area Planning Boards (APBs) have been acutely aware of the potential impacts on service users and the need to ensure service changes, wherever possible, took account of their views. As part of this process the Welsh Government, working with partners, commissioned a Peer Led COVID-19 Impact Study the findings of which will help inform future services in these exceptional times.

Given some of the key work undertaken during the pandemic, we have reviewed the Plan to consider where it needs to be updated in light of COVID-19 - particularly to meet the new challenges ahead. Having undertaken this review and considered the evidence highlighted by APBs and wider partners, it is suggested that the original priority areas for the next three years remain relevant, and have been reinforced during the pandemic. These priority areas are:

- Responding to co-occurring mental health problems which are common in substance misuse.
- Ensuring strong partnership working with housing and homelessness services to further develop the multi-disciplinary approach needed to support those with substance misuse issues who are homeless or at risk of homelessness.
- Ensuring that all prisons in Wales (and HMP Eastwood Park, women's prison) have a coordinated, transparent and consistent service for those with substance misuse problems in prison.
- Providing further support for families and carers of people who misuse substances.
- Improving access to services and ensuring people get the support and treatment when they need it.
- Strengthening our multiagency working and care planning to ensure peoples' needs are met.

- Tackling dependence on prescription only medicines (POM) and over the counter medicines (OTC).
- Ensuring that appropriate and responsive alcohol misuse services are in place following the implementation of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 on 2 March 2020.

However, given the impact of COVID-19, it is recommended that there are new actions which need to be included in the Plan and some actions where a greater emphasis needs to be placed. There are also certain actions where timescales have needed to be delayed given the need to prioritise the response to the pandemic.

#### **Proposed new actions**

- Ensure the ongoing delivery of essential services highlighted during the COVID-19 pandemic, including improving access to services and reduced waiting times. Ensure a range of OST provision is available based on the needs of the individual and best practice as set out both by the National Institute for Health and Care Excellence (NICE) and in the Orange Book (Ongoing).
- Evaluate the impact of injectable buprenorphine (Buvidal) (January 2021).
- Revise the DAN 24/7 website and work closely with APBs and Service Providers on this. The site will be seen as a key element of the digital offering for individuals and will link closely to other forms of digital support offered by service providers (December 2020).
- Establish a Wales wide Recovery Plan to support services in ensuring preparedness for potential second COVID-19 peak. In particular, this will consider the use of digital and new service models (December 2020).
- Review the actions in the Plan to assess them against those groups where it is becoming clearer they have been most impacted by COVID-19 (e.g. Black Asian and Minority Ethnic/low income/unemployed/in debt/children and young people (including those in the justice system)) (Ongoing).
- Closely monitor the trends in Drug Related Deaths (DRDs) throughout COVID-19
  and ensure that the National Implementation Board for Drug Poisoning
  Prevention (NIBDPP) can take the necessary actions. This will be informed by
  the recently re-established Case Review Co-ordinators (CRCs) Sub-Group which
  review all drug related deaths. Any specific actions from discussion with the
  NIBDPP will be incorporated into future updates of the Plan (Ongoing).
- To provide additional support through the Out of Work Peer Mentoring Service for short-term unemployed people with mental health and/or substance misuses issues as a result of COVID-19 (Ongoing).
- Ensure service user feedback is taken on board by taking into account the findings
  of the Peer Led COVID-19 Impact Study and continue carrying out service user
  research in relation to treatment and support during COVID-19, which in turn will
  influence future practice in meeting needs (Ongoing).

| Key Aim 1 – Preventing Harm  |  |                                   |
|--|--|-----------------------------------|
| Actions  | How we will know – Population & Performance Measures | Who is responsible?               |
| Outcome 1. People are able to make informed choices in o   | order to prevent and reduce the harn                 | n associated with substance misus |
| Contributes to:  |  |                                   |
| <ul> <li>Quadruple Aim 1: Improve population health and we</li> <li>Quadruple Aim 4: Improve the experience and quali</li> </ul> | ,  |                                   |
| ) WG to ensure that use of the DAN 24/7 site is  | Number of telephone calls to                         | WG, DAN 24/7, APBs                |
| maximised so that the needs of all individuals,  | DAN 24/7.  |                                   |
| families, carers and organisations are met through   | Number of Website hits to DAN                        |                                   |
| making the best use of technology in accessing   | 24/7.org.  |                                   |
| services. The site will be revised to ensure that it is fully mobile optimised, the video content and search                     | SOURCE : Welsh Government                            |                                   |
| functions are improved and systems are put in place  | Prevalence estimate of problem                       |                                   |
| to help take pressure off call centre and reduce any   | (EMCDDA) definition) drug use.                       |                                   |
| possible dropped call numbers [April 2021]   | SOURCE: Public Health Wales (PHW)                    |                                   |
| i) In terms of awareness of substance misuse   |  | WG, DAN 24/7, APBs                |
| services, the WG will work with APBs and the   | % reported drinking above the                        |                                   |
| DAN 24/7 service to ensure that services across  | UK Chief Medical Officers' Low                       |                                   |
| Wales are mapped so individuals, families and  | Risk Drinking Guidelines 2016                        |                                   |
| carers are aware of where they can get up to   | on a weekly basis (moderate,                         |                                   |
| date information on where to get help and support [April 2021]   |  |                                   |

| Key Aim 1 – Preventing Harm   |  |                     |
|---|--|---------------------|
| Actions   | How we will know – Population & Performance Measures   | Who is responsible? |
| iii) Revise the DAN 24/7 website and work closely with APBs and Service Providers on this. The site will be seen as a key element of the digital offering for individuals and will link closely to other forms of digital support offered by service providers  [December 2020]   | hazardous and harmful drinkers). % reported drinking at moderate, hazardous and harmful levels.  | DAN 24/7, WG, APBs  |
| iv) Continue to raise awareness of various aspects of substance misuse across the population, particularly as specific issues arise, including awareness of the public health aims of the introduction of Minimum Unit Pricing for Alcohol [Ongoing]  | % reported drinking above the UK Chief Medical Officers' Low Risk Drinking Guidelines 2016 which state, for both men and women, 'to keep health risks from alcohol to a low level it is safest not to drink more than 14 | WG                  |
| v) WG will continue to work with PHW to maintain the programme on Image and Performance Enhancing Drugs [IPEDs]. This includes harm reduction information, advice and training being provided to ensure individuals both using and at risk of using IPEDs are fully aware of the risks and harms. As part of the work, we will work closely with PHW to ensure that the community and elite sport sectors are fully aware of this information too [Ongoing] | wnits a week on a regular basis.' % reported drinking at moderate, hazardous and harmful levels.  SOURCE: National Survey for Wales, Welsh Government  | WG, PHW             |

| Key Aim 1 – Preventing Harm  |  |  |
|--|--|--|
| Actions  | How we will know – Population & Performance Measures | Who is responsible?                                  |
| vi) WG to work with partners on considering the recommendations from the review of the Wales Police Schools Programme (WPSP) ensuring it complements the curriculum reform through a WPSP Strategic Board, with an Operational Board sitting below that [Ongoing]                                      |  | WG, Police and Crime<br>Commissioners (PCCs), Police |
| vii) WG to work with partners on considering the recommendations from the review of the WPSP and how it can complement and add value to work underway, through the Joint Ministerial Task and Finish Group on a Whole School Approach, to improve emotional and mental wellbeing in learners [Ongoing] |  | WG, PCCs, Police                                     |
| viii) Conduct an evidence review to establish the links between substance misuse, alcohol consumption and gambling [December 2021]   |  | WG   |
| ix) WG, working with partners, to raise awareness with health professionals and the public, of harms associated with risky levels of alcohol consumption   |  | WG, PHW & other partners                             |

| Actions  | How we will know – Population & Performance Measures | Who is responsible?   |
|--|--|-----------------------|
| as well as providing clear advice on managing alcohol intake [Ongoing]   |  |                       |
| x) WG will work with partners on developing training, information and material to raise awareness of the trauma informed approach to substance misuse provision in Wales. The objective will seek to stop intergenerational problems and develop resilience to improve life chances, focussed on preventing and minimising the impact of Adverse Childhood Experiences (ACEs). We will work with partners who will also consider, for example, alignment with the Youth Justice and Female Offending blueprints for Wales objectives that will take place [April 2021] |  | WG, PCCs, Police, PHW |

Outcome 2. Substance misuse issues are identified and tackled early.

## Contributes to:

- ➤ Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention
- > Quadruple Aim 2: Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste
- > Quadruple Aim 4: Improve the experience and quality of care for individuals and families

| Ke   | y Aim 1 – Preventing Harm  |  |                     |
|------|--|--|---------------------|
| Act  | ions   | How we will know – Population & Performance Measures   | Who is responsible? |
| i)   | WG will work with GPs and representative bodies to increase knowledge and understanding around substance misuse and substance misuse services. WG will continue to work with the Royal College General Practitioners (RCGP) to encourage GPs (and other primary care professionals) to undertake the RCGP substance misuse certificates Part 1 and 2 and to specialise in substance misuse [Ongoing] | Number of new assessments to substance misuse services by the three most frequently reported substances.  SOURCE:WNDSM  Number of new individuals in contact with substance misuse services.  SOURCE:WNDSM | WG, RCGP            |
| ii)  | WG will work to ensure all primary care settings have direct referral routes to substance misuse assessment services and improve arrangements for the provision of shared care [April 2021]  | Number of GPs with special interest in substance misuse registered and trained to RCGP level 2.  SOURCE: RCGP Wales  | WG                  |
| iii) | APBs to work with Primary Care to develop care pathways with substance misuse providers to ensure GPs are aware of services available [Ongoing]  | Number of professionals trained and using 'brief interventions'.  SOURCE: PHW  | APBs                |
| iv)  | All APBs should consider how proactive outreach work is undertaken in their areas in   |  | APBs                |

| Ac | tions  | How we will know – Population & Performance Measures | Who is responsible? |
|----|--|--|---------------------|
|    | order to target hard to reach groups who may<br>not be accessing substance misuse services in<br>particular the homeless population [Ongoing]  |  |                     |
| v) | WG to work with PHW to publish the Alcohol Related Brain Damage (ARBD) Substance Misuse Treatment Framework and then implement the findings with the aim of ensuring timely diagnosis, referral, through clear care pathways, to specialist assessment, treatment and rehabilitation services with the support of an identified lead ARBD clinician within each Health Board (HB) area in Wales [April 2021] |  | WG, PHW             |

| Actions   | How we will know –Population & Performance Measures  | Who is responsible?             |
|---|--|---------------------------------|
| <b>Dutcome 3.</b> The physical and mental health and well-benealth inequalities are minimised.  | ing of people with substance misuse  | issues are improved and related |
| Contributes to:   |  |                                 |
| <ul> <li>Quadruple Aim 1: Improve population health and</li> <li>Quadruple Aim 2: Increase the value achieved from the best practice, and eliminating waste</li> <li>Quadruple Aim 4: Improve the experience and quadruple</li> </ul> | om funding of health and care through  | improvement, innovation, use of |
| Ensure the Mental Health and Substance  | Number of deaths from drug   | WG, HBs, APBs                   |
| Misuse Co-occurring Substance Misuse  | misuse – involving only illegal  |                                 |
| Treatment Framework is delivered, with the aim of improving joint working with mental health  | drugs. SOURCE: Office of National  |                                 |
| services and to better support those with co-   | Statistics (ONS)   |                                 |
| occurring problems. In addition to this, WG will undertake a best practice review of emerging pathways for individuals with a co-occurring problem which will involve looking at the barriers and good practice on work in this area  | Number of deaths from drug related poisonings – involving both legal and illegal drugs.  SOURCE: ONS |                                 |
| through working with the "Deep Dive" group.  We will involve practitioners and clinicians to  | Number of hospital admissions due primary named illicit drugs.                                       |                                 |
| help drive this agenda forward [March 2021]   | SOURCE:NWIS (PEDW)   |                                 |

| Act  | ions   | How we will know –Population & Performance Measures  | Who is responsible?                 |
|------|--|--|-------------------------------------|
|      | partnership with housing and homelessness services [February 2021]   | Number of people with protected characteristics accessing services.                                      |                                     |
| iii) | Welsh Government to work with APBs to ensure that services are accessible to all people with protected characteristics [Ongoing]   | Number of take home naloxone kits issued to:  New individuals Resupplied following use.                  | WG, APBs                            |
| iv)  | Welsh Government will seek evidence of appropriate transitional services for young people reaching the eligibility threshold for services. Also, consideration is given to this issue in the youth justice system [March 2021] | SOURCE: Harm Reduction Database  Number of alcohol specific deaths. SOURCE: ONS                          | WG, APBs, PCCs                      |
| v)   | Seek to co-locate services with local authority homelessness teams where appropriate, in order to provide a more person-centred service to those who are either homeless or at threat of homelessness [Ongoing]                | Number of hospital admissions with primary and any mention alcohol specific disease.  SOURCE:NWIS (PEDW) | LAs                                 |
| vi)  | In order to adopt a preventative approach, develop protocols with social housing and private sector  | Number of hospital admissions with alcohol attributable  | Community Housing Cymru (CHC), WLGA |

|   | How we will know –Population & Performance Measures   | Who is responsible? |
|---|---|---------------------|
| need of substance misuse services [May 2021]  | conditions (broad and narrow definition).  SOURCE:NWIS (PEDW)   |                     |
| boards (HBs) and other stakeholders to undertake work that will aim to ensure that all prisons in Wales (to also include Eastwood | Prevalence estimate of Hepatitis C, Hepatitis B infection and HIV amongst people who inject drugs in contact with specialist services. SOURCE: Unlinked | WG, HMPPS, HBs      |

<sup>&</sup>lt;sup>1</sup> Partnership agreement for prison health in Wales

| Act  | tions   | How we will know –Population & Performance Measures | Who is responsible?                          |
|------|---|---|--|
| Viii | APBs and HBs to conduct local needs analyses in relation to dependence or misuse of prescribed analgesics to ensure that appropriate support is provided through clinicians and wider service provision if required [Ongoing]   |   | APBs, HBs                                    |
| ix)  | WG, APBs and other partners through the National Implementation Board for Drug Poisoning Prevention (NIBDPP) to implement the recommendations of the PHW Review (further to the Drug Consensus Seminars) with a view of reducing fatal and non-fatal drug poisonings [Ongoing]  |   | WG, APBs, PHW                                |
| x)   | Closely monitor the trends in Drug Related Deaths throughout COVID-19 and ensure that the National Implementation Board for Drug Poisoning Prevention (NIBDPP) can take the necessary actions. This will be informed by the recently reestablished Case Review Co-ordinators Sub-Group which review all drug related deaths. Any specific actions from discussion with the NIBDPP |   | WG, Police, APBs (Case Review Co-ordinators) |

| Act   | ions   | How we will know –Population & Performance Measures | Who is responsible? |
|-------|--|---|---------------------|
|       | will be incorporated into future updates of the Plan [Ongoing]   |   |                     |
| xi)   | WG to work with partners to develop a national information sharing protocol in line with the Wales Accord on the Sharing of Personal Information (WASPI) [2021]  |   | WG                  |
| xii)  | WG to work with partners to ensure that all substance misuse workers are trained to understand the risks of suicide within people who misuse substances and are able to access appropriate interventions in line with the actions in Talk 2 Me [November 2021]   |   | WG, PHW, APBs       |
| xiii) | WG will continue to support the distribution of Take Home Naloxone (THN) and develop this within the community, in particular settings accessed by the homeless including temporary accommodation, to ensure maximum distribution and coverage. PHW will continue to monitor and report on the THN provision across Wales [Ongoing and annual reporting] |   | WG, PHW, APBs       |

| Actions   | How we will know –Population & Performance Measures | Who is responsible? |
|---|---|---------------------|
| xiv) WG to work with partners to establish the need<br>for Nyxoid (nasal Naloxone). Where need is<br>identified, work with areas to implement Nyxoid<br>with carers and services on the periphery of<br>substance misuse (such as police officers)<br>[Ongoing]                                     |   | WG, PHW, APBs       |
| xv) APBs to continue to develop, support and monitor needle and syringe provision and to ensure ample coverage and ease of access, with appropriate levels of harm reduction advice [Ongoing]   |   | APBs                |
| xvi) WG to monitor the effectiveness of the Public<br>Health (Minimum Price for Alcohol) (Wales) Act<br>2018 implemented in March 2020 which aims to<br>address some of the long-standing and<br>specific health concerns around the effects of<br>excess alcohol consumption in Wales<br>[Ongoing] |   | WG                  |
| xvii) WG will carry out a review of the level of the Minimum Unit Price (MUP) of alcohol, two years after implementation. WG has  |   | WG                  |

| Actions  | How we will know –Population & Performance Measures | Who is responsible? |
|--|---|---------------------|
| commissioned an evaluation of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018, which will include a focus on the impacts of MUP on retailers, as well as moderate, hazardous and harmful drinkers. Baseline reports for the evaluation will inform the review of the level of the MUP [Ongoing]                           |   |                     |
| wiii) WG will work closely with APBs to identify and manage any potential impact of MUP on services. WG will also work across a range of policy areas to identify opportunities to mitigate the potential unintended consequences of introducing minimum unit pricing for alcohol, which have been highlighted by stakeholders [Ongoing] |   | WG, APBs            |
| xix) WG and APBs to consider expanding Alcohol<br>Liaison Nurse services and consider the<br>evidence for developing alcohol assertive<br>outreach services in Wales [April 2021]  |   | WG, APBs, PHW       |
| xx) WG to work with APBs to re-establish routine opt-out testing (dry blood spot testing and   |   | WG, APBs, PHW       |

|  | How we will know –Population & Performance Measures | Who is responsible? |
|--|---|---------------------|
| venepuncture) for blood borne viruses (BBV) (hepatitis B, hepatitis C and HIV) and hepatitis B vaccination for all those in contact with substance misuse services, including low threshold services and community pharmacy providers and prisons [January 2021] |   |                     |
| performance measure for BBV testing to support the Welsh Government commitment to the WHO elimination target, this work is supported by a national task and finish group of practitioners and clinicians [December 2019]   |   | WG                  |
| (xii) We will work with GambleAware to ensure close links between substance misuse services and support for problem gamblers [Ongoing]   |   | WG, Gambleaware     |

| Ke   | Key Aim 2: Support for substance misusers to improve their health and aid and maintain recovery   |   |                     |  |
|------|---|---|---------------------|--|
| Ad   | ctions  | How we will know –Population & Performance Measures   | Who is responsible? |  |
|      | <ul> <li>Quadruple Aim 2: Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste</li> <li>Quadruple Aim 4: Improve the experience and quality of care for individuals and families</li> </ul> |   |                     |  |
| i)   | We will seek to secure additional European Social Funding to extend the Out of Work Peer Mentoring Service until August 2022 to support a further 5,000 people [August 2022]  | Number of people enrolling in the Out of Work Peer Mentoring Service. SOURCE: Welsh Government                  | WG                  |  |
| ii)  | We will publish the results of an independent evaluation of the Out of Work Service in order to help inform future decisions about support in this area [July 2020]   | Number of people gaining a qualification or work relevant certification upon leaving.  SOURCE: Welsh Government | WG                  |  |
| iii) | To provide additional support through the Out of Work Peer Mentoring Service for short-term unemployed with mental health and/or substance misuse issues as a result of COVID-19 [Ongoing]  | Number of people entering employment including self-employment upon leaving.  SOURCE: Welsh Government          | WG                  |  |
| iv)  | We will work with the Working Wales advice service to ensure close links between substance misuse services and employment support [Ongoing]   | Number of people engaged in job search upon leaving. SOURCE: Welsh Government                                   | WG, Working Wales   |  |

| Actions  | How we will know –Population & Performance Measures  | Who is responsible?  |
|--|--|----------------------|
| v) We will work with Job Centre Plus to ensure people who require treatment before they can begin looking for work are referred appropriately [Ongoing]  | Number of people increasing employability through completing work experience placement or volunteering opportunity.  SOURCE: Welsh Government  | WG, JCP              |
| vi) Attach volunteering opportunities in sheltered environments (to permit participation for those earliest in their substance misuse journey who may be able only to dip in and out of projects at this early point [Ongoing]   | Number of people in employment six months after leaving.  SOURCE: Welsh Government  Number of people returning to work after a period of sickness absence.  SOURCE: Welsh Government | WG                   |
| Outcome 5. People with substance misuse issues particiand recreation.  > Quadruple Aim 3: Enrich the wellbeing, capability are provided by the experience and quadruple Aim 4: Improve Aim 4: Improv | and engagement of the health and so  | ocial care workforce |
| i) All APBs to consider how links and access to community projects, diversionary activities and sporting activities can play a part in the health and  |  | APBs                 |

| Actions  | How we will know –Population & Performance Measures | Who is responsible? |
|--|---|---------------------|
| well-being of those with substance misuse issues. As part of this, APBs to consider how they can engage with the sports sector [Ongoing]   |   |                     |
| Outcome 6. Everyone affected by substance misuse is  | sues are treated with dignity, fairness a           | and respect.        |
| Contributes to:  |   |                     |
|  |   |                     |
| <ul> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> <li>Quadruple Aim 4: Improve the experience and quadruple</li> </ul>   |   |                     |
| <ul> <li>Quadruple Aim 4: Improve the experience and quadruple</li> <li>APBs to work with community groups and the local</li> </ul>  | uality of care for individuals and familie          |                     |
| <ul> <li>Quadruple Aim 4: Improve the experience and quadruple Aim 4: Improve the Aim 4: Improve the Aim 4</li></ul> | uality of care for individuals and familie          | es                  |
| <ul> <li>Quadruple Aim 4: Improve the experience and quadruple</li> <li>APBs to work with community groups and the local</li> </ul>  | uality of care for individuals and familie          | es                  |
| APBs to work with community groups and the local media to support people with lived experience of recovery to raise awareness of recovery, in order  | uality of care for individuals and familie          | es                  |
| APBs to work with community groups and the local media to support people with lived experience of recovery to raise awareness of recovery, in order to diminish the negative perceptions of people with  | uality of care for individuals and familie          | es                  |
| APBs to work with community groups and the local media to support people with lived experience of recovery to raise awareness of recovery, in order to diminish the negative perceptions of people with substance misuse issues [Ongoing]  | uality of care for individuals and familie          | APBs                |
| APBs to work with community groups and the local media to support people with lived experience of recovery to raise awareness of recovery, in order to diminish the negative perceptions of people with substance misuse issues [Ongoing]  APBs and WG to work with Armed Forces Liaison offices and military charity organisations to ensure services are accessible to and meet the needs of   | Number of veterans accessing                        | APBs                |
| APBs to work with community groups and the local media to support people with lived experience of recovery to raise awareness of recovery, in order to diminish the negative perceptions of people with substance misuse issues [Ongoing]  APBs and WG to work with Armed Forces Liaison offices and military charity organisations to ensure  | Number of veterans accessing                        | APBs                |

| Ke   | Key Aim 2: Support for substance misusers to improve their health and aid and maintain recovery   |   |                     |  |  |  |
|------|---|---|---------------------|--|--|--|
| Act  | ions  | How we will know –Population & Performance Measures   | Who is responsible? |  |  |  |
| Ou   | Dutcome 7. Everyone affected by substance misuse issue can access timely, evidence based, safe and effective quality services   |   |                     |  |  |  |
| Col  | Contributes to: <ul> <li>Quadruple Aim 2: Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste</li> <li>Quadruple Aim 4: Improve the experience and quality of care for individuals and families</li> </ul> |   |                     |  |  |  |
| i)   | As part of reviewing the commissioning of services, APBs should ensure services work more flexibly including outside of normal working hours and consider weekend provision [Ongoing]   | Percentage increase in numbers of people accessing services.  Source: NWIS  Achieve a waiting time of within 20 working days between referral | APBs                |  |  |  |
| ii)  | WG will work closely with APBs to ensure that their services are responsive to trends in data, particularly around drug and alcohol fatal and nonfatal poisonings, to ensure that the appropriate services are in place [Ongoing]   | and treatment. (KPI) SOURCE: WNDSM  | WG, APBs            |  |  |  |
| iii) | Establish a Wales wide Recovery Plan to support services in ensuring preparedness for potential second and any subsequent COVID-19 peaks. In  |   | WG, APBs            |  |  |  |

| ctions  | How we will know –Population & Performance Measures |          |
|---|---|----------|
| particular, this will consider the use of digital and new service models [December 2020]  |   |          |
| Work with APBs to ensure alignment of services and access to services to the areas where Housing First Trailblazer projects are operating. This should take the form of multidisciplinary teams so that substance misuse support for rough sleepers can support the aims and principles of Housing First and help individuals to tackle their addictions in a person-centred and trauma informed manner [December 2019] |   | WG, APBs |
| Ensure a range of Opiate Substitution Therapy (OST) provision is available based on the needs of the individual and best practice as set out both by NICE and in the Orange Book [March 2021]   |   | WG, APBs |
| ) Ensure the ongoing delivery of essential services highlighted during the COVID-19 pandemic, including improving access to services and reduced waiting times [Ongoing]  |   | WG, APBs |

| Ke    | Key Aim 2: Support for substance misusers to improve their health and aid and maintain recovery   |   |                     |  |
|-------|---|---|---------------------|--|
| Act   | ions  | How we will know –Population & Performance Measures | Who is responsible? |  |
| vii)  | We will work to develop pilots for rapid OST prescribing services in areas of greatest need based on best practice, in particular to meet the needs of the most complex individuals including those who are homeless or in temporary accommodation [March 2021] |   | WG, APBs            |  |
| viii) | Evaluate the impact of injectable buprenorphine (Buvidal) [January 2021]  |   | WG                  |  |
| ix)   | We will review our target for waiting times to ensure it is appropriate and leads to improved outcomes and monitor progress against this [April 2021]   |   | WG, APBs            |  |
| x)    | To ensure services meet the needs of older people in relation to reducing harm surrounding both drug and alcohol use (including Prescription Only Medicines) [Ongoing]  |   | APBs                |  |
| xi)   | APBs to work with service providers to ensure the physical health needs of the substance misuse population (particularly with an ageing population)   |   | APBs                |  |

| Actions  | How we will know –Population & Performance Measures | Who is responsible?      |
|--|---|--------------------------|
| are assessed and individuals referred to appropriate services where necessary [Ongoing xii) Welsh Government will work with "Drink Wise, A Well" on their Charter for Change which identified number of areas that could be improved in relating to older people's substance misuse services | ge<br>a<br>on                                       | WG, Drink Wise, Age Well |
| Wales [Ongoing]  xiii) We will monitor Rehab Cymru, the new Resident Treatment Framework, and ensure the availabilit of a range of residential treatments are maintaine and access and outcomes are improved [Ongoing]   | al<br>/   | WG                       |
| xiv) Develop referral pathways between rough<br>sleeping outreach teams and local authority<br>homelessness teams to residential<br>rehabilitation units. This should include<br>referral pathways from Housing First projects<br>[March 2021]   |   | WG, LAs                  |
| xv) Work to develop 'move on' processes for tho due to leave residential rehabilitation units, o   |   | WG                       |

| Actions  | How we will know –Population & Performance Measures | Who is responsible? |
|--|---|---------------------|
| prisons in particular with local authorities,<br>social housing landlords and Housing Support<br>services [March 2021]   |   |                     |
| Partners will seek to consider the quality of trauma informed secure provision within Youth Justice. Transition arrangements will be considered to ensure 'constructive resettlement' is achieved and access to services including mental health and substance misuse are appropriate    |   |                     |
| Review the actions in the Plan to assess them against those groups where it has become clear they have been most impacted by COVID-19 (e.g. Black, Asian and Minority Ethnic/low income/unemployed/in debt/children and young people (including those in the justice system))  [Ongoing] |   | WG                  |

| Key   | Key Aim 3: Supporting and protecting families   |  |                     |  |  |  |
|-------|---|--|---------------------|--|--|--|
| Actio | ns  | How we will know - Performance<br>Measures | Who is responsible? |  |  |  |
| Outo  | Outcome 8. Social exclusion and isolation as a result of substance misuse is minimised.   |  |                     |  |  |  |
| Cont  | Contributes to:   |  |                     |  |  |  |
|       | <ul> <li>Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention</li> <li>Quadruple Aim 2: Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste</li> <li>Quadruple Aim 4: Improve the experience and quality of care for individuals and families</li> </ul> |  |                     |  |  |  |
| 6     | APBs to work with partners to ensure services are accessible for all and that outreach services are available to those who are isolated due to their substance misuse issues, particularly older people [Ongoing]   |  | APBs                |  |  |  |
| Outo  | Outcome 9. The harms of substance misuse are reduced for Children and Families  |  |                     |  |  |  |
| Cont  | ributes to:   |  |                     |  |  |  |
| >     | <ul> <li>Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention</li> </ul>  |  |                     |  |  |  |
| i     | APBs to work with other programmes and community based groups who provide early nvention and prevention services, e.g. Flying start, Families First. The aim here is that timely and appropriate referrals are made to substance  |  | APBs                |  |  |  |

| Ke   | Key Aim 3: Supporting and protecting families  |  |                     |  |
|------|--|--|---------------------|--|
| Act  | ions   | How we will know - Performance<br>Measures | Who is responsible? |  |
|      | misuse services and that awareness of the harms associated with substance misuse and where to access sources of support is provided [Ongoing]                            |  |                     |  |
| ii)  | APBs to ensure that specialist services are available to children and families to provide support [December 2020]  |  | APBs                |  |
| iii) | APBs to ensure that services are developed with an awareness of Adverse Childhood Experiences and that staff are trained in this [April 2021]                            |  | APBs                |  |
| iv)  | APBs to ensure that there are transition services in place for young people and their families who have substance misuse issues, including co-occurring [September 2021] |  | APBs                |  |
| 0    | substance misuse issues, including co-occurring  |  |                     |  |

**Outcome 10.** Outcomes for Children and families on the edge or in care are improved.

### Contributes to:

> Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention

| Ke   | Key Aim 3: Supporting and protecting families   |  |                     |  |  |
|------|---|--|---------------------|--|--|
| Ac   | ions  | How we will know - Performance<br>Measures | Who is responsible? |  |  |
| i)   | Ensure there are joint systems in place for the early identification and preventative action to help reduce the numbers of children taken into care as a result of substance misuse [March 2021]  |  | APBs, RPBs          |  |  |
| ii)  | Provide accessible, timely services to parents with substance misuse problems so they are helped to keep the family unit together by managing risk [Ongoing]  |  | APBs                |  |  |
| iii) | Jointly ensure that services are easily accessible to support children and young people in care or on the edge of care whose lives are affected by substance misuse [Ongoing]   |  | APBs, LAs           |  |  |
| iv)  | APBs and Local Authority Social Services to ensure easy access to dedicated transition services for young people who have substance misuse issues and care experience. Levels of care and support offered at this stage in life should be at least equitable with those provided by children and young people's services [March 2022] |  | APBs, LAs           |  |  |

| Actions   | How we will know - Performance<br>Measures | Who is responsible? |
|---|--|---------------------|
| WG to work with the Improving Outcomes for Children Advisory Group to ensure work in this plan aligns with the aim of safely reducing the numbers of children in need of care by ensuring substance misuse services support families to stay together and reduce the need for children to be looked after by managing risk associated with substance misuse and supporting vulnerable families whose children are judged to be on the 'edge of care' [March 2021] |  | WG, LAs, APBs       |

| Ke   | Key Aim 4: Tackling Availability and protecting individuals and communities via enforcement activity  |  |                     |  |  |
|------|---|--|---------------------|--|--|
| Act  | ions  | How we will know – Population & Performance Measures   | Who is responsible? |  |  |
| Ou   | Outcome 11. People are / feel safer in relation to crime.   |  |                     |  |  |
| Co   | Contributes to:   |  |                     |  |  |
|      | Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention  |  |                     |  |  |
| i)   | WG and APBs to work with PCCs and the Police to set out key objectives in reducing the availably of illegal drugs and new psychoactive substances and publicise successful outcomes, particularly in relation to work on County Lines [December 2020] | Number of drug offences recorded by Welsh Police Forces.  SOURCE: ONS  Number of alcohol related offences recorded by Welsh Police Forces. | WG, APBs, PCCs      |  |  |
| ii)  | WG and the Violence Prevention Unit (VPU) in Wales to work together to ensure the objectives set in substance misuse treatment and safeguarding activity, compliment police disruption and aim to make county lines operating model inoperable        | SOURCE: ONS  | WG, VPU             |  |  |
| iii) | WG will work with the PCCs and Police to increase the availability of diversionary programmes and reduce the numbers of people entering the criminal justice system   |  | WG, PCCs, Police    |  |  |

| Actions  | How we will know – Population & Performance Measures | Who is responsible?  |
|--|--|----------------------|
| v) Support landlords in Wales to identify and support activity to tackle behaviours associated with gangrelated/county lines activity. In particular, working with the four Welsh police forces to ensure services are fully aware of trends in terms of activities and best practice in terms of prevention and interventions [Ongoing] |  | WG, PCCs, LAs, CHC   |
| <ul> <li>WG to work with alcohol industry, and other<br/>partners to ensure safe drinking messages are<br/>promoted in licenced premises and at retail outlets<br/>[Ongoing]</li> </ul>  |  | WG, Alcohol Industry |
| APBs to work with Community Alcohol Partnerships to develop local initiatives to tackle underage drinking and anti-social behaviour [Ongoing]  |  | APBs                 |
| vii) APBs and HBs to learn from good practice such a alcohol action areas and treatment centres to help target pockets of harmful drinking and practice [Ongoing]  |  | APBs, HBs            |

| Key Aim 4: Tackling Availability and protecting individuals and communities via enforcement activity   |  |                     |  |  |
|--|--|---------------------|--|--|
| Actions  | How we will know – Population & Performance Measures   | Who is responsible? |  |  |
| viii) APBs and WG to learn and share good practice on reducing drug related litter and work with relevant stakeholders to tackle localised hot spots [Ongoing]   |  | APBs, WG            |  |  |
| Outcome 12. Welsh speakers and their families are able to receive support for substance misuse issues through their own language.  |  |                     |  |  |
| Contributes to:  | ontributes to:   |                     |  |  |
| <ul> <li>Quadruple Aim 2: Increase the value achieved from the best practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> </ul>  | <ul> <li>Quadruple Aim 1: Improve population health and wellbeing through a focus on prevention</li> <li>Quadruple Aim 2: Increase the value achieved from funding of health and care through improvement, innovation, use of</li> </ul> |                     |  |  |
| i) Raise staff awareness about the need to make the<br>'Active Offer' (providing a Welsh language service<br>without service users having to ask for it) and<br>encourage providers to actively encourage their<br>workforce to develop capacity to use Welsh in the<br>workplace. This will include encouraging staff to<br>register and complete the online WorkWelsh<br>learning courses for the health and care sector | Numbers registering and completing Work Welsh learning courses.  SOURCE: National Centre for Learning Welsh  | WG, APBs            |  |  |

| Actions   | How we will know – Population & Performance Measures | Who is responsible? |
|---|--|---------------------|
| provided by the National Centre for Learning Welsh [Ongoing]  |  |                     |
| i) WG to work with NWIS to add fields to the Welsh National Database for Substance Misuse (WNDSM) to capture Welsh Language requirements [March 2022] |  | WG, NWIS            |

| Ke   | Key Aim 5 – Partnerships, Workforce and Service User Involvement  |  |                     |  |  |
|------|---|--|---------------------|--|--|
| Act  | tions   | How we will know – Population & Performance Measures | Who is responsible? |  |  |
| Ou   | Outcome 13. Area Planning Boards are fit for the future   |  |                     |  |  |
| Со   | ntributes to:   |  |                     |  |  |
|      | <ul> <li>Quadruple Aim 2: Increase the value achieved from best practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> </ul>   | · ·  |                     |  |  |
| i)   | WG and APBs to review the partnership structures and relationships ensuring these are well aligned with Regional Partnership Boards, Public Service Boards and Community Safety structures [March 2021]   |  | WG, APBs            |  |  |
| ii)  | WG and APBs to ensure data sharing agreements are in place to support effective joint working, particularly in relation to early intervention and harm reduction through information sharing of fatal and non-fatal drug poisonings [December 2020] |  | WG, APBs            |  |  |
| iii) | All APBs to review clinical governance arrangements to ensure these are robust and support the delivery of effective services [March 2021]  |  | APBs                |  |  |

| Act   | ions  | How we will know – Population & Performance Measures | Who is responsible? |
|-------|---|--|---------------------|
| iv)   | APBs to ensure strong governance and monitoring around safeguarding within services and formalise relationships with safeguarding boards [March 2020]                 |  | APBs                |
| v)    | WG and APBs to explore the development of a substance misuse outcomes framework [March 2021]  |  | WG, APBs            |
| vi)   | WG to review the status of the National Core<br>Standards for Substance Misuse in light of other<br>health and social care legislation and standards<br>[March 2021]  |  | WG                  |
| vii)  | WG and APBs to ensure that the implementation of the Welsh Community Care Information System (WCCIS) progresses for substance misuse services nationally [March 2022] |  | WG, APBs            |
| viii) | WG to consider options to support the status of APBs within the local and regional partnership landscape [December 2020]  |  | WG                  |

| Ac  | ions   | How we will know – Population & Performance Measures   | Who is responsible?  |
|-----|--|--|----------------------|
| ix) | All APBs to ensure that they have strong service user representation on their board [December 2020]  |  | APBs                 |
| x)  | Consider how service users can be supported to overcome barriers to engagement which are as a result of being digitally excluded [Ongoing]   |  | WG, APBs             |
| Ou  | tcome 14. The substance misuse workforce is skilled  | d and informed   |                      |
| _   |  |  |                      |
| Co  | ntributes to:  |  |                      |
| Co  | <ul> <li>Quadruple Aim 2: Increase the value achieved frest practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> </ul>  | , and the second se |                      |
|     | <ul> <li>Quadruple Aim 2: Increase the value achieved fr<br/>best practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> </ul>  | , and the second se | ocial care workforce |
| i)  | <ul> <li>Quadruple Aim 2: Increase the value achieved fr<br/>best practice, and eliminating waste</li> </ul>   | , and the second se |                      |
|     | <ul> <li>Quadruple Aim 2: Increase the value achieved frobest practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> <li>WG and APBs to review the workforce development needs of the substance misuse</li> </ul> | , and the second se | ocial care workforce |

| Actions   | How we will know – Population & Performance Measures | Who is responsible? |
|---|--|---------------------|
| emotional and clinical challenges of end of life care, loss and bereavement [July 2021]   |  |                     |
| <b>Dutcome 15.</b> Service User involvement is embedded in Contributes to:  | to delivery and planning of services.                |                     |
| <ul> <li>Quadruple Aim 2: Increase the value achieved from the best practice, and eliminating waste</li> <li>Quadruple Aim 3: Enrich the wellbeing, capability</li> </ul> |  |                     |
|   |  |                     |
| WG will work with APBs to ensure they involve service users and people with lived experience in the design and delivery of services [Ongoing]                             |  | WG, APBs            |

| Key Aim 5 – Partnerships, Workforce and Service User Involvement   |  |                     |  |
|--|--|---------------------|--|
| Actions  | How we will know – Population & Performance Measures | Who is responsible? |  |
| iii) Ensure service users' feedback is taken on board by carrying out research in relation to treatment and support during COVID-19, which in turn will influence future practice in meeting their needs [Ongoing] |  | WG                  |  |