

Pecyn Dogfennau



Mark James LLM, DPA, DCA
Prif Weithredwr,
Chief Executive,
Neuadd y Sir, Caerfyrddin. SA31 1JP
County Hall, Carmarthen. SA31 1JP

DYDD MAWRTH, 4 MEHEFIN 2019

AT: HOLL AELODAU'R CYFARFOD AR Y CYD Y PWYLLGORAU CRAFFU DIOGELU'R CYHOEDD A'R AMGYLCHEDD & GOFAL CYMDEITHASOL AC IECHYD

YR WYF DRWY HYN YN EICH GALW I FYNYCHU CYFARFOD O'R CYFARFOD AR Y CYD Y PWYLLGORAU CRAFFU DIOGELU'R CYHOEDD A'R AMGYLCHEDD & GOFAL CYMDEITHASOL AC IECHYD SYDD I'W GYNNAL YN SIAMBR, - NEUADD Y SIR, CAERFYRDDIN. SA31 1JP. AM 10.00 YB AR DYDD LLUN, 10FED MEHEFIN, 2019 ER MWYN CYFLAWNI'R MATERION A AMLINELLIR AR YR AGENDA ATODEDIG.

Mark James DYB

PRIF WEITHREDWR



AILGYLCHWCH OS GWELWCH YN DDA

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www.sirgar.llyw.cymru

YOUR COUNCIL doitonline
www.carmarthenshire.gov.wales

PWYLLGOR CRAFFU DIOGELU'R CYHOEDD A'R AMGYLCHEDD 14 AELOD

GRŴP PLAID CYMRU – 8 AELOD

- | | | |
|----|------------|--------------------------------|
| 1. | Cynghorydd | Mansel Charles |
| 2. | Cynghorydd | Karen Davies |
| 3. | Cynghorydd | Jeanette Gilasbey |
| 4. | Cynghorydd | Dorian Phillips |
| 5. | Cynghorydd | Susan Phillips |
| 6. | Cynghorydd | Alan Speake |
| 7. | Cynghorydd | Dai Thomas |
| 8. | Cynghorydd | Aled Vaughan Owen (Vice Chair) |

GRŴP LLAFUR – 3 AELOD

- | | | |
|----|------------|------------------------|
| 1. | Cynghorydd | Penny Edwards |
| 2. | Cynghorydd | Tina Higgins |
| 3. | Cynghorydd | John James (Cadeirydd) |

GRŴP ANNIBYNNOL – 2 AELOD

- | | | |
|----|------------|---------------|
| 1. | Cynghorydd | Arwel Davies |
| 2. | Cynghorydd | Joseph Davies |

GRŴP ANNIBYNNOL NEWYDD – 1 AELOD

- | | | |
|----|------------|-------------|
| 1. | Cynghorydd | Eryl Morgan |
|----|------------|-------------|

PWYLLGOR CRAFFU GOFAL CYMDEITHASOL AC IECHYD 14 AELOD

GRŴP PLAID CYMRU – 7 AELOD

- | | | |
|----|------------|----------------------------|
| 1. | Cynghorydd | Kim Broom |
| 2. | Cynghorydd | Karen Davies |
| 3. | Cynghorydd | Tyssul Evans |
| 4. | Cynghorydd | Jean Lewis |
| 5. | Cynghorydd | Emlyn Schiavone |
| 6. | Cynghorydd | Gwyneth Thomas (Cadeirydd) |
| 7. | Cynghorydd | Dorian Williams |

GRŴP LLAFUR – 4 AELOD

- | | | |
|----|------------|------------|
| 1. | Cynghorydd | Rob Evans |
| 2. | Cynghorydd | Amanda Fox |
| 3. | Cynghorydd | Gary Jones |
| 4. | Cynghorydd | Ken Lloyd |

GRŴP ANNIBYNNOL – 2 AELOD

- | | | |
|----|------------|---------------------------------|
| 1. | Cynghorydd | Ieuan Wyn Davies (Is-Cadeirydd) |
| 2. | Cynghorydd | Sue Allen |

GRŴP ANNIBYNNOL NEWYDD– 1 AELOD

- | | | |
|----|------------|-----------------|
| 1. | Cynghorydd | Louvain Roberts |
|----|------------|-----------------|

AGENDA

1. PENODI CADEIRYDD AR GYFER Y CYFARFOD
2. YMDDIHEURIADAU AM ABSENOLDEB
3. DATGANIADAU O FUDDIANNAU PERSONOL GAN GYNNWYS UNRHYW CHWIPIAU PLEIDIAU A RODDIR MEWN YMATEB I UNRHYW EITEM AR YR AGENDA
4. CWESTIYNAU GAN Y CYHOEDD (NID OEDD DIM WEDI DOD I LAW)
5. ADRODDIAD BLYNYDDOL Y BWRDD CYNLLUNIO RHANBARTHOL YNGHYLCH CAMDDEFNYDDIO CYFFURIAU AC ALCOHOL 2018-19 5 - 32
6. ADRODDIAD BLYNYDDOL Y GWASANAETH CAMDDEFNYDDIO SYLWEDDAU 2018-19 33 - 44
7. LLOFNODI YN GOFNOD CYWIR COFNODION Y CYFARFOD A GYNHALIWYD AR 21AIN MAI, 2018 45 - 50

JOINT ENVIRONMENTAL & PUBLIC PROTECTION AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

10th JUNE 2019

AREA PLANNING BOARD'S DRUG & ALCOHOL MISUSE ANNUAL REPORT 2018-19

To consider and comment on the following issues:

- That the Committee considers and comments on the Area Planning Board's annual report on Drug and Alcohol Misuse for 2018-19.

Reasons:

- To ensure that the Committee is updated on current commissioning arrangements, the substance misuse services provided and key issues of interest.
- To enable the Committee to exercise its scrutiny role.

To be referred to the Executive Board for decision: NO

Executive Board Member Portfolio Holder:

Cllr. Cefin Campbell – Communities and Rural Affairs

Directorate: Chief Executive's	Designations:	Tel Nos. / E-Mail Addresses:
Name of Head of Service: Wendy Walters	Director of Regeneration and Policy	01267 224112 wswalters@carmarthenshire.gov.uk
Report Author: Joanna Dainton	Head of Commissioning & Partnership Strategy Development (Drug & Alcohol Misuse), Hywel Dda University Health Board	

EXECUTIVE SUMMARY

JOINT ENVIRONMENTAL & PUBLIC PROTECTION AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

10TH JUNE 2019

AREA PLANNING BOARD'S DRUG & ALCOHOL MISUSE ANNUAL REPORT 2018-19

This report covers a range of areas, serving to inform members and update them on current commissioning arrangements and the provision of substance misuse services.

The report provides information on the strategic objectives regarding the provision of such services, the funding arrangements and services/projects commissioned.

Information relating to current issues is also provided including local developments and confirmation of the governance and planning arrangements in place on a regional basis.

Priorities for the next 12 months are also outlined.

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report.

Signed: **Wendy Walters** Director of Regeneration and Policy

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	NONE	NONE	NONE	YES	NONE	NONE

1. Policy and Crime & Disorder

The 'Safer Communities Partnership' group has a statutory duty to contribute to a local plan to address substance misuse issues locally and it works closely with partner agencies in the commissioning of services and ensuring work is undertaken in the areas of prevention, education, treatment and enforcement.

5. Risk Management

The effects of alcohol and drug misuse are far reaching, impacting on children, young people, adults, whole families and communities

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below:

Signed: Wendy Walters Director of Regeneration and Policy

1. **Local Member(s)** – N/A
2. **Community / Town Council** – N/A
3. **Relevant Partners** – The report was prepared by officers of the Hywel Dda Health Board on behalf of the Area Planning Board.
4. **Staff Side Representatives and other Organisations** – N/A

Section 100D Local Government Act, 1972 – Access to Information List of Background Papers used in the preparation of this report:

THESE ARE DETAILED BELOW:

Title of Document	File Ref No. / Locations that the papers are available for public inspection
Welsh Government Substance Misuse Strategy for Wales “Working Together to Reduce Harm” 2008-18	Welsh - https://gweddill.gov.wales/dsjlg/publications/communitysafety/strategy/strategycy.pdf?lang=cy English - https://gweddill.gov.wales/dsjlg/publications/communitysafety/strategy/strategyen.pdf?lang=en
Welsh Government. Working Together to Reduce Harm. Substance Misuse Annual Report and Forward Look 2018	Welsh- https://gweddill.gov.wales/docs/dhss/publications/adroddiad-blynyddol-ar-gamdefnyddio-sylweddau-a-rhagolwg-2018.pdf English – https://gweddill.gov.wales/docs/dhss/publications/substance-misuse-annual-report-and-forward-look-2018.pdf
Hywel Dda University Health Board. Our Future Generations Living Well – A Health and Wellbeing Framework for Hywel Dda	English - http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf
Public Health (Minimum Price for Alcohol) (Wales) Act 2018	Welsh - http://www.legislation.gov.uk/anaw/2018/5/pdfs/anaw_20180005_we.pdf English – http://www.legislation.gov.uk/anaw/2018/5/pdfs/anaw_20180005_en.pdf
Figure 8 Consultancy Review of Working Together to Reduce Harm – Final Report	Welsh - https://llyw.cymru/sites/default/files/statistics-and-research/2018-12/180419-review-working-together-reduce-harm-cy.pdf English- https://gweddill.gov.wales/docs/caecd/research/2018/180419-review-working-together-reduce-harm-summary-en.pdf
Figure 8 Consultancy Review of Working Together to Reduce Harm – Appendices	Welsh - https://llyw.cymru/sites/default/files/statistics-and-research/2018-12/180419-review-working-together-reduce-harm-appendix-cy.pdf English – https://gov.wales/sites/default/files/statistics-and-research/2018-12/180419-review-working-together-reduce-harm-appendix-en.pdf
Figure 8 Consultancy Review of Working Together to Reduce Harm – Final Report – Summary	Welsh - https://llyw.cymru/sites/default/files/statistics-and-research/2018-12/180419-review-working-together-reduce-harm-summary-cy.pdf English – https://gov.wales/sites/default/files/statistics-and-research/2018-12/180419-review-working-together-reduce-harm-summary-en.pdf

Mae'r dudalen hon yn wag yn fwriadol

Dyfed Area Planning Board for Drug and Alcohol Misuse

Annual Report 2018-19



Introduction

Dyfed Area Planning Board is the partnership body responsible for supporting the planning, commissioning and performance management of substance misuse services.

Area Planning Boards (APBs) for Substance Misuse in Wales were created in April 2013, co-terminus with the new Local Health Board boundaries. The Dyfed Area Planning Board is a multi –agency partnership made up of the key organisations that have the statutory responsibility for tackling drug and alcohol misuse in the area. The statutory responsible authorities are Dyfed Powys Police, Ceredigion, Carmarthenshire and Pembrokeshire Local Authorities, Hywel Dda Local Health Board, Probation and Fire Service. In addition Public Health Wales, the Youth Offending Service and the Police and Crime Commissioner’s office are non-statutory responsible authority members of the APB.

The Dyfed Area Planning Board has responsibility for management of the following budgets:

Welsh Government Substance Misuse Action Fund - **£2,550,364**

NHS Ring fenced Allocation - **£1.841 Million**

In addition, APB member organisations, through a Memorandum of Understanding, try to ensure that their individual organisational spends on drug and alcohol misuse is in line with the agreed collective strategic priorities.

The Area Planning Board Executive has four main areas of responsibility in relation to the drug and alcohol misuse agenda:

- Strategic Direction, Progress and Delivery
- Governance, Scrutiny & Accountability
- Finance
- Performance

The Welsh Government 10 year Substance Misuse Strategy “Tackling Drug and Alcohol Misuse: A Partnership Approach” came to an end in 2018 and work is underway on the development of its next approach. It is likely that this will be in line with the key aims of the previous strategy which focused on:

- Prevention and Harm Reduction
- Families and Communities
- Treatment, Recovery and Availability

Developments during 2018-19

A number of consultation events and workshops have been held with all APB partners and stakeholders as part of the development of the new commissioning strategy. During these events priorities and gaps in services were identified from the review of local need and evidence base. These key areas of work were discussed during the APB Executive Board in March 2019 and the budgets for the financial year 2019/20 were adjusted accordingly to allow for investment in these areas.

Dyfed APB has retendered for the Young Persons service as the contract on the previous service came to an end on 31st March 2019. The new contract is for 1 year only to allow the APB to develop a new model of service based on changing needs and the clear commitment identified in the consultation events to move towards a well-being approach across partnerships and organisations.

The Alcohol Liaison Service, currently available in Prince Philip Hospital in Llanelli, Glangwili Hospital in Carmarthen and Bronglais Hospital in Aberystwyth has commenced recruitment for a new post in Withybush hospital, Pembrokeshire which will ensure equitable provision across the four Hywel Dda University Health Board Hospital sites.

In response to concerns from the Llanelli Business Improvement District Task Force Group, a Llanelli Discarded Needles Task and Finish Group has been established. Terms of Reference have been agreed and an Action Plan has been developed. This is a well-attended multi agency action group which includes APB Commissioning Team, Dyfed Powys Police, Carmarthenshire Council, DDAS(Dyfed Drug and Alcohol Services - Tier 2), CDAT (Community Drug and Alcohol Team - Tier 3), Choices (Young Person Service) , Llanelli Town Councillors and local businesses. This group is seeing good results and demonstrating positive joint working with local partners.

Education and Awareness

Preventing future substance misuse is as important as treating the established problem and Dyfed APB acknowledge the importance of projects to educate and raise awareness.

The regional young people Choices service is commissioned to support schools across the region to deliver sessions to young people alongside the All Wales Schools Liaison Service which is delivered by Dyfed Powys Police.

Dyfed APB also recognises the need to provide projects which are targeted at the general adult population, including older adults and during 2018-19 specific work was undertaken with over 50s groups in Ceredigion using AUDIT – C as a screening tool.

During the stakeholder sessions, which were held as part of the development of the new Dyfed APB Commissioning Strategy, one of the key themes that has emerged is the need to develop a wellbeing approach across a whole system and across partnerships and organisations which will also include the work required to develop the existing provision on education and awareness with the following key themes agreed as areas for development and investment.

- An approach / structure that tackles all vulnerabilities
- A Strategic Prevention Board across partnerships
- A Wider approach to prevention that builds on protective factors and resilience building
- An understanding of work and position across each of the counties for this agenda is needed prior to investment in a “new service” or approach.
- A consistent, co-ordinated approach to whole population or targeted prevention, either within schools or in other settings such as youth services and for those young people not in education or employment

Dyfed APB have agreed to invest in a 2 year senior Prevention and Community asset based development role to map out the current approach, community co-production focused work and programme development across whole population and targeted prevention interventions in line with the evidence base.

Harm Reduction

Our approach to Harm Reduction:

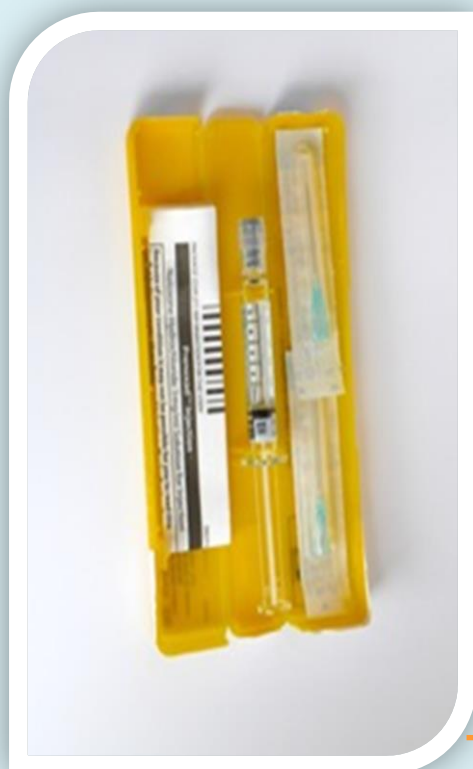
Harm reduction includes policies, programmes and practices that aim to keep people safe and minimise death, disease and injury from high risk behaviour. Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources and supports for individuals, families and communities to be safer and healthier.

The approach by Dyfed APB is to support service users to reduce the harms they may be causing to themselves. There are a number of harm reduction initiatives in place including:

Take Home Naloxone:

Naloxone is an emergency antidote to opiate overdose. It blocks Opioid receptors to counteract the effects of Opioid drugs (such as heroin, methadone and morphine), reversing the life – threatening effects of an overdose. Following a successful pilot project launched in 2009 and an independent evaluation, the Welsh Government has successfully rolled out a programme to distribute Take Home Naloxone kits and this programme will remain a key priority for the Dyfed APB.

Take Home Naloxone Kits Dyfed Issued in 2018-19:



Naloxone Training Provided = **263**

- 16 x Family/Carer
- 45 x Professionals
- 202 x Person at risk

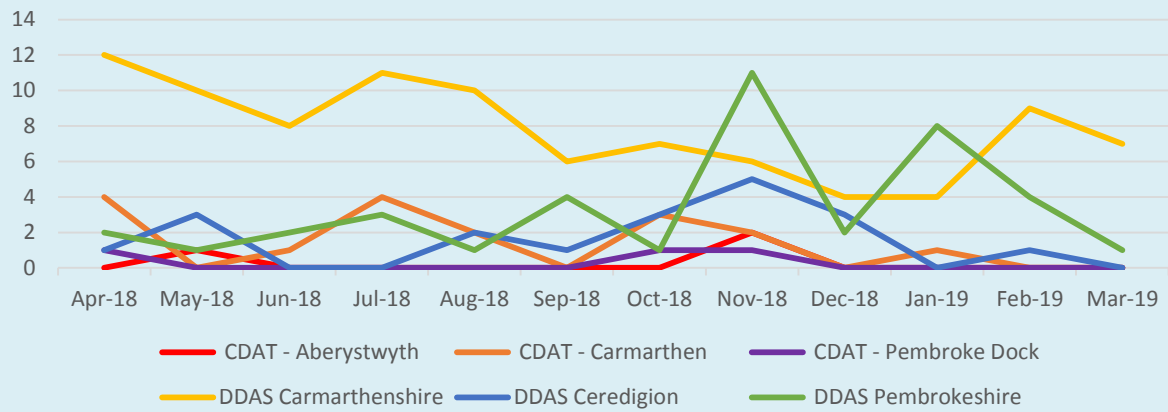
Kits Issued to New Individuals = **194**

Number of Kits Resupplied = **176**

- 22 x Ceredigion
- 43 x Pembrokeshire
- 111 x Carmarthenshire

Number reportedly used in overdose = **33**

Number of Naloxone Kits Resupplied in Dyfed in 2018-19



Dyfed Needle Syringe Programme

The needle syringe programme provides needles and other drug related paraphernalia to people who inject drugs, including image and performance enhancing drugs.

The main aim of the needle syringe programme is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment, such as HIV, Hepatitis B and C. In turn, this will reduce the prevalence of blood borne viruses and bacterial infections, so benefiting the wider community.

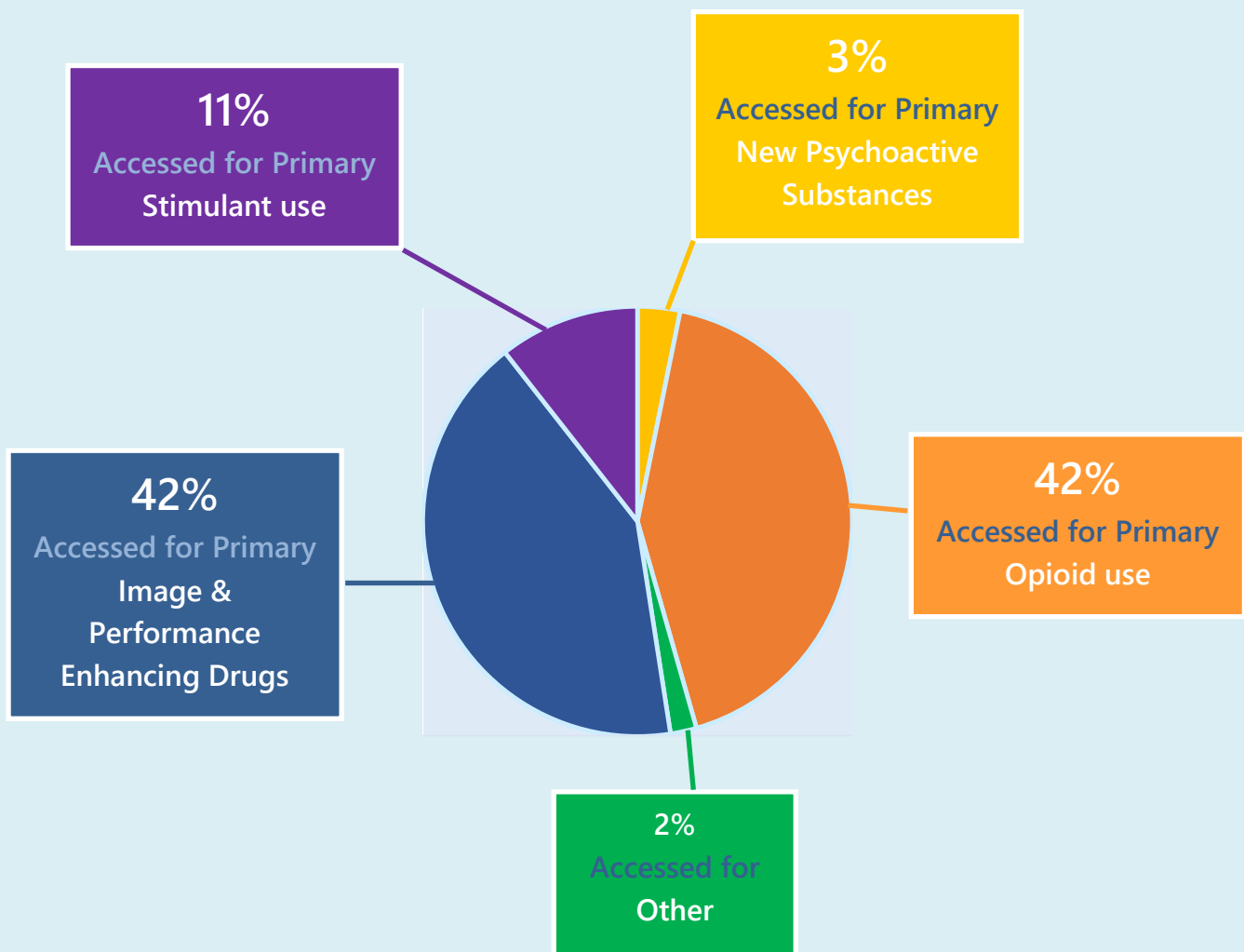
In Dyfed the APB approved needle syringe programme is provided across the region via fixed sites in services such as DDAS, as well as being provided in community pharmacies across Carmarthenshire, Ceredigion and Pembrokeshire to ensure equitable access across the region.



During 2018-19 **585** new clients registered on to the Dyfed Needle Syringe Programme.

A total of **2086** individuals accessed the Dyfed Needle Syringe Programme during 2018-19 resulting in **15,587** transactions being recorded across the region.

During 2018-19 clients accessed the Dyfed Needle Syringe Programme for the following primary substances:



WEDINOS

WEDINOS is a project to provide a system for the collection and testing of new psychoactive substances and combination of substances, which provides rapid and accurate information to individuals and organisations to reduce harm and provide pragmatic harm reduction advice. During 2018 – 19 a total of 26 samples were submitted for testing by the Dyfed region, from which 41 substances were identified in combination and isolation.



Treatment

High quality treatment is the most effective way of improving the physical and mental health and wellbeing of problematic substance users. The provision of support provided across the Hywel Dda area ranges from basic harm minimisation and other advice; to inpatient detoxification, residential care and relapse prevention.

Referrals

There were

3,369

Referrals into substance misuse services in Hywel Dda during 2018-19, which is a

9.6%↑ on 2017-18

In 2018-19 the number of clients assessed for problematic alcohol use was

1362 (55%) 

Compared with

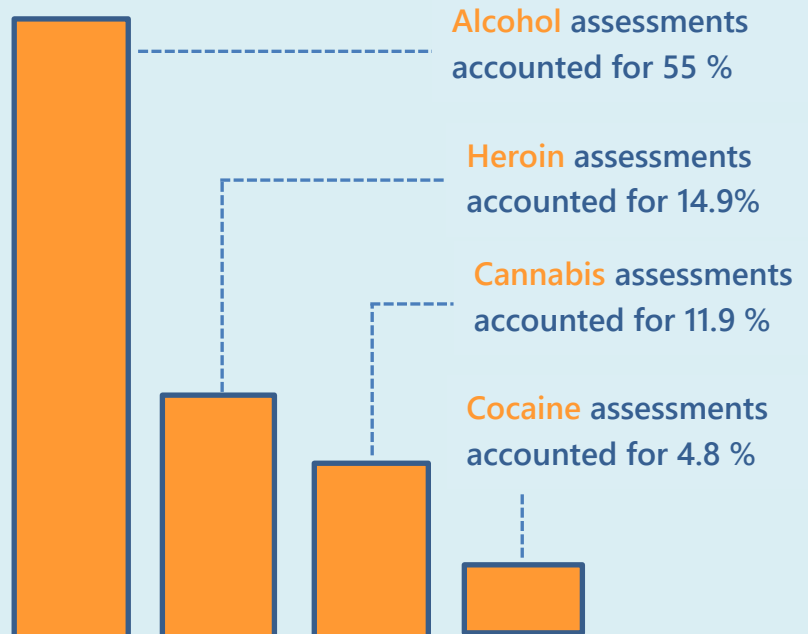
1112 (45%) assessed for

problematic alcohol use 

Assessments

The total number of clients assessed by Hywel Dda Specialist substance misuse providers in 2018-19 was

2474 which is an increase of **199** (8.7%) on 2017-18



247

Clients assessed were under 20 years old



2040


Clients assessed were between 20-59 years old



183

Clients assessed were 60 years or over

In 2018-19 males accounted for

63% of Alcohol assessments 

& **71%** of drug assessments 

Treatment

5% Of Dyfed clients Did Not Attend (DNA) before treatment began following the assessment stage.



The total number of clients starting treatment in 2018-19 was **2,344**



Waiting Times:

During 2018-19 **93.5%** of clients accessed services within the Welsh Government target of 20 working days of referral

Alcohol:

In Dyfed **93%** of clients commenced treatment within 20 days, with an average waiting time of **11** days from referral to treatment



Drugs:

In Dyfed **95%** of clients commenced treatment within 20 days, with an average waiting time of **9** days from referral to

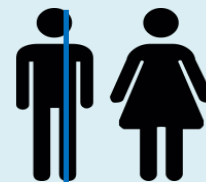


Drug Related Deaths



In 2018-19 Dyfed had **17** reported drug related deaths, which was a slight **↑** on the **16** cases reported during 2017-18, but **↓** on the **20** reported cases in 2016-17

82%



18%

Recovery

Recovery can be defined as “a process in which the difficulties associated with substance misuse are eliminated or significantly reduced and the resulting personal improvement becomes sustainable”. Dyfed APB funds a wide range of recovery services via the Regional Tier 2 Drug and Alcohol service (DDAS). These include “Moving on in Recovery 12 session programme”, “coffee and company”, men only groups, walks and volunteering in skills base activities. These groups have very good service user engagement and feedback is positive with some clients reporting a reduction in usage.

DDAS also run the nationally commissioned Out Of Work Peer Mentoring Service. The OoWS operates across all of Wales and is open to people who live in Wales, aged 16-24 and not in employment, education or training (NEET), or aged 25+ and long-term unemployed or economically inactive. A key aim of the OoWS is to support participants into employment or education, or to measurably improve their labour market position. The key barrier for participants to working or to education is a history of substance misuse and/or mental ill-health. Because of this focus, the OoWS is a specialist programme catering to those who cannot or will not engage with mainstream services, or for whom mainstream services are not suitable.

The OoWS combines pre-employment engagement, peer mentoring, and employment-focused support, and works with stakeholders including healthcare professionals and employers.

Cyfle Cymru Peer Mentoring Programme – Dyfed

The Cyfle Cymru Peer Mentoring Programme is a European Social Fund/Welsh Government funded project covering all Wales.

Barod manage the Dyfed aspect of the contract in partnership with Hafal. The aim of the project is to aid Substance Misuse and Mental Health service users who are embarking on their recovery journey back into work, education, training or volunteering.

The project is heavily monitored and audited by the Welsh Government.

The Peer Mentoring Programme in Dyfed has a new Lead Peer Mentor in post, new processes and procedures have been developed which have helped staff achieve the targets. All staff are on their own journeys of recovery and often this

project is their first foray back into the working environment. This can be challenging for all involved but the team are now achieving their weekly target of 9 registrations per week. If registration outcomes are maintained, then the project should complete its target by July 2020. Other outcome criteria such as non-accredited courses have already been met and achieved.

Job outcomes are always the last to be achieved as the individual progresses through training and education, but it must be noted that not all participants want to return to work and are content and confident to become volunteers. Cyfle Cymru offers a wide range of activities designed to build confidence, self esteem and empower individuals to move forward.

The team consists of 11 regional Peer Mentors of which there is a Lead Peer Mentor, 2 x Young Persons Peer Mentors (16-25), 1x Job Specialist and 2 x Hafal Mental Health workers. There is also 3 additional Assistant Peer Mentors who are on short term contracts and have progressed from within the service.

The service is achieving well and is becoming well known and respected within the substance misuse and mental health field and is greatly valued amongst its participants.

Reducing Availability

Dyfed APB is committed to work with partners to help tackle the harms associated with substance misuse related crime and anti-social behaviour. A number of cross partnership groups have been established where intelligence and data is considered and priority areas are agreed. Dyfed APB will be building on this work during 2019/20

There are Community Safety Partnerships in Carmarthenshire, Ceredigion and Pembrokeshire which oversee the reducing availability agenda.

Regional and local groups such as Serious Organised Crime Board are identifying priority areas for each locality to tackle.

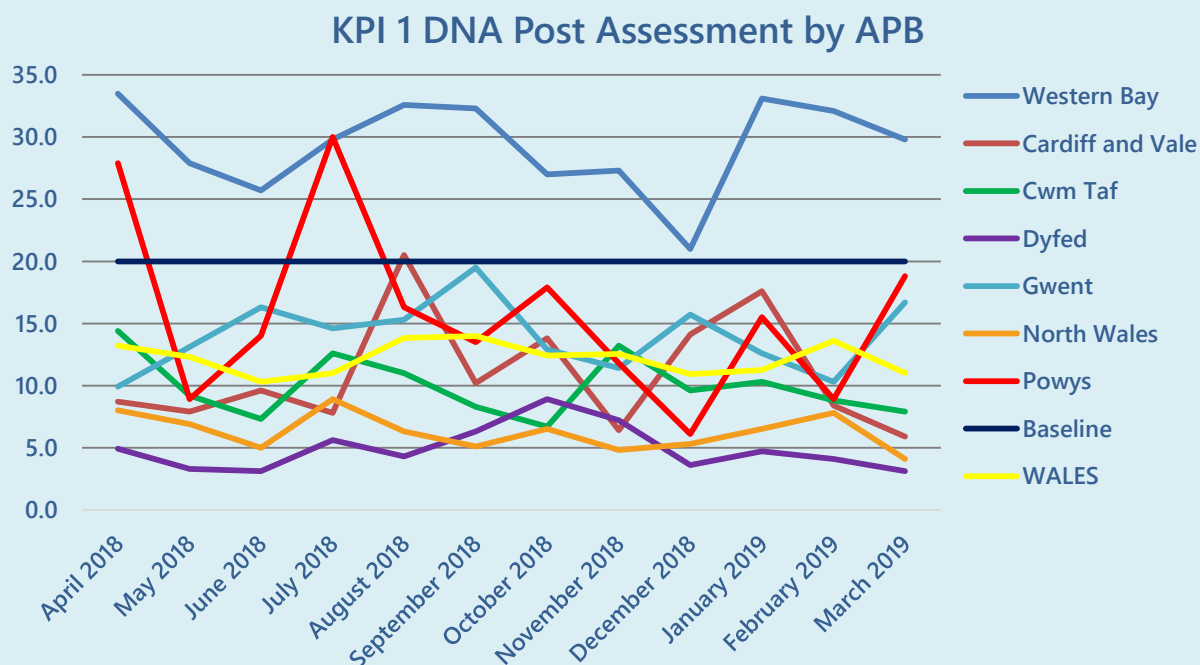
Performance

The graphs below show Dyfed Area Planning Board's performance against the Welsh Government Key Performance Indicators (KPIs) for drug and alcohol misuse across a 12 month rolling period. The figures offer a comparison with other Area Planning Boards. Overall Dyfed Area Planning Board performs well compared to the rest of Wales.

KPI's

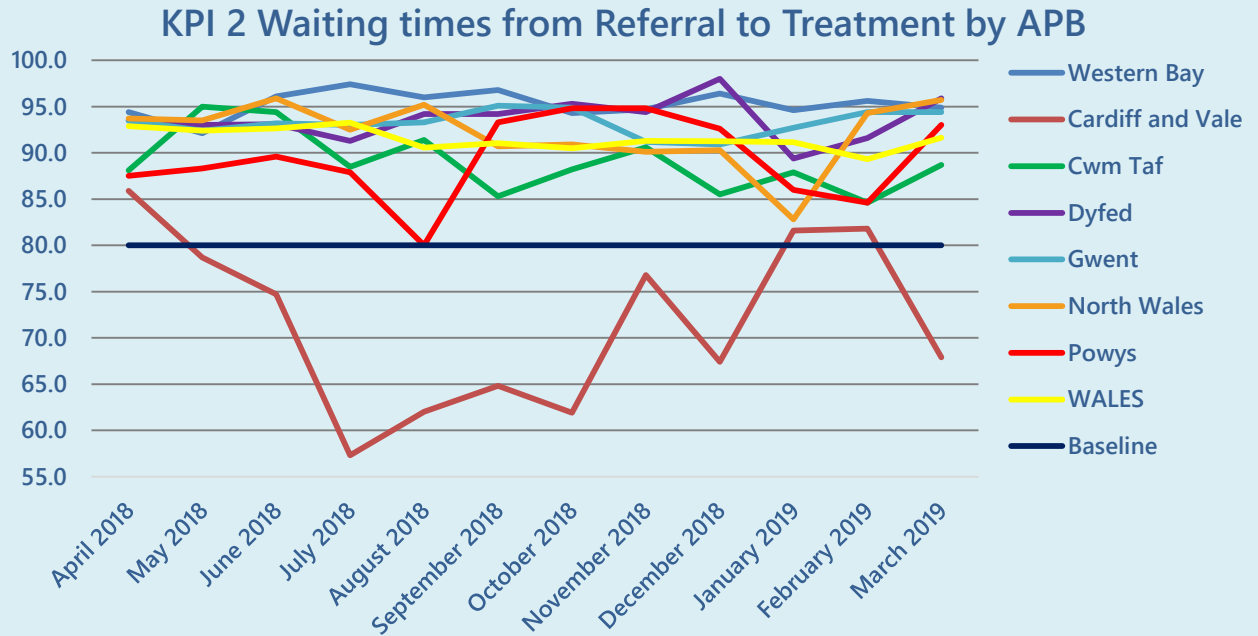
KPI 1 = % of DNA's (Did not attend) Post Assessment - Target set by Welsh Government is $\leq 20\%$

The graph below shows that Dyfed had one of the lowest DNA rates across Wales during 2018-19, recording 7 months where less than 5% of individuals did not attending following assessments



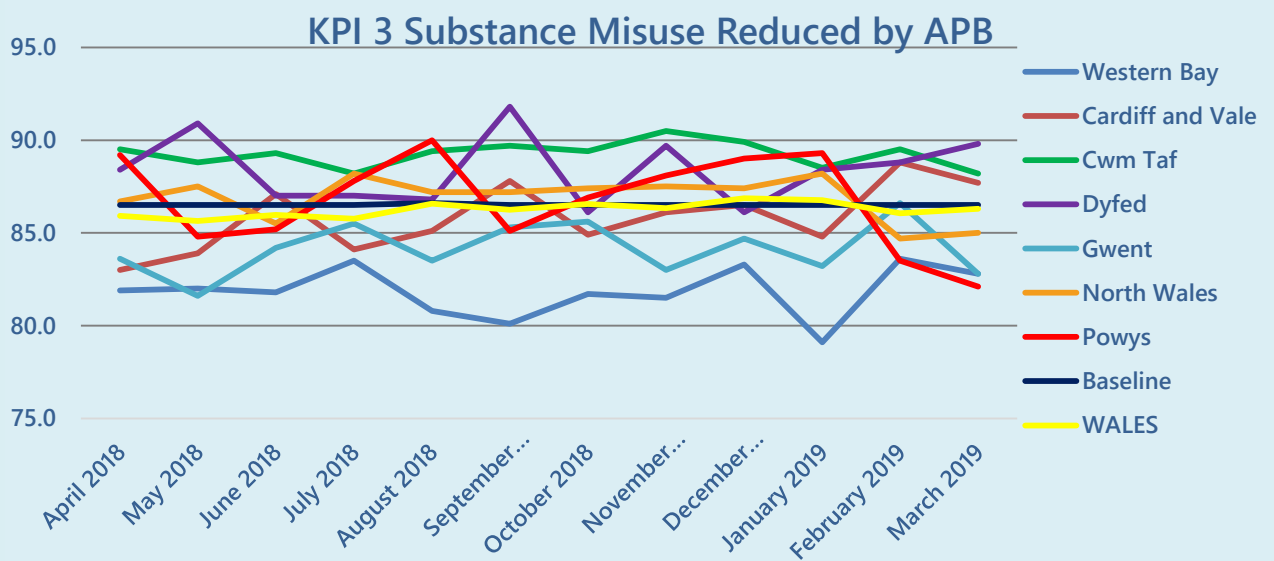
KPI 2 = Waiting Times from Referral to Treatment (within 20 working days) – Target set by Welsh Government is $\geq 80\%$

In Dyfed waiting times for access to services is low, with 93.5% of clients being seen within 20 days during 2018-19.



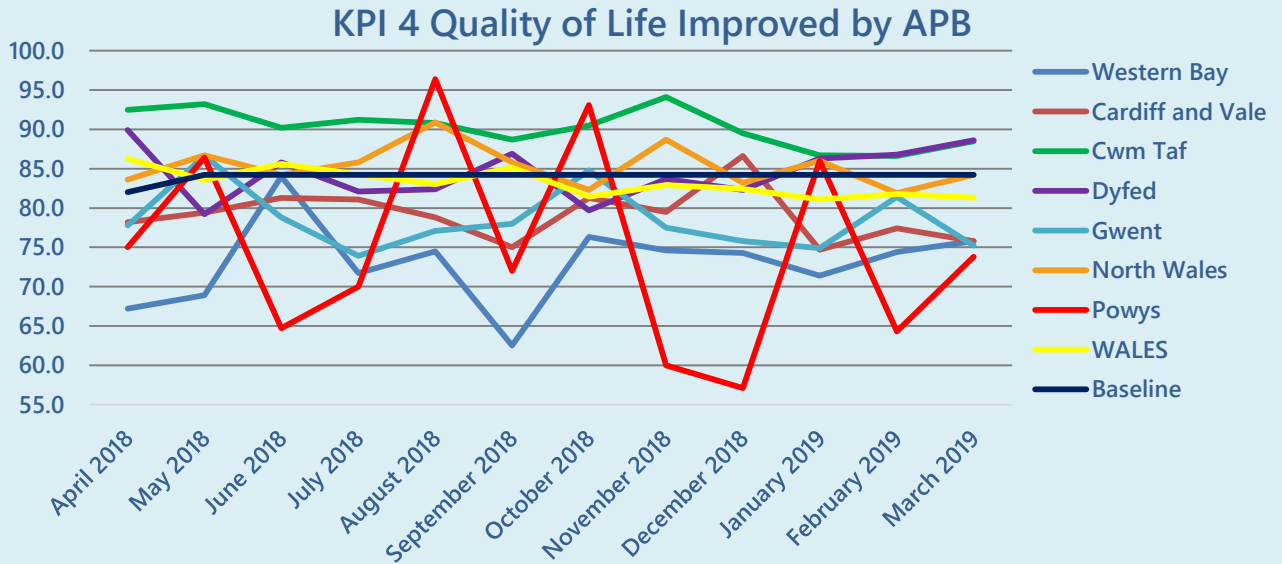
KPI 3 = Substance Misuse is reduced between treatment start and treatment completion: - Welsh Government target is $\geq 86.5\%$

During 2018-19 Dyfed achieved a cumulative result of 88.4%, which is above the target set by Welsh Government for this Key Performance Indicator.



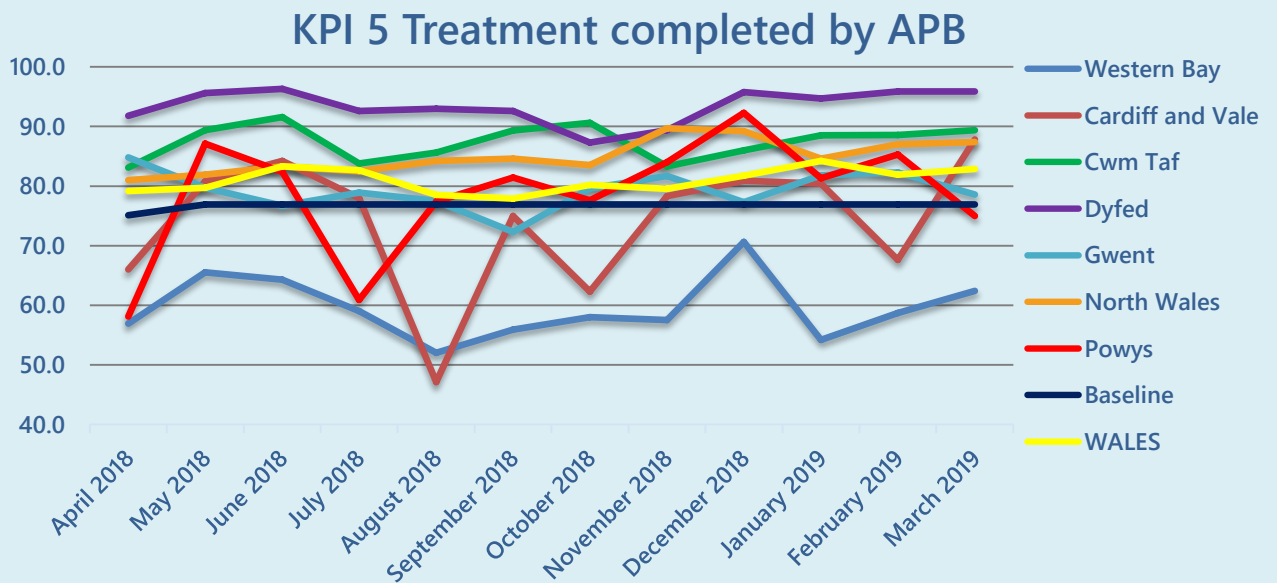
KPI 4 = Quality of Life Improved (TOP):- Welsh Government target is $\geq 84.2\%$

During 2018-19 Dyfed achieved a cumulative percentage of 84.8%, which is slightly above the target set by Welsh Government.



KPI 5 = Numbers completing Treatment:- Welsh Government target is $\geq 76.9\%$

Dyfed achieved a cumulative percentage of 93.2% during 2018-19, making Dyfed APB one of the best in Wales for this Key Performance Indicator.



Examples of Good practice

The Alcohol Liaison Service commenced in 2014. The aim of the service is reduce alcohol related harm through early identification of hazardous, harmful or dependent drinkers and to improve the care of patients with alcohol dependency and alcohol liver disease.

This programme originally provided the service in Prince Philip Hospital, Llanelli and Bronglais Hospital, Aberystwyth and has now been rolled out across the region to Glangwili Hospital, Carmarthen and recruitment is underway to provide the service in Withybush Hospital in Haverfordwest.

The service identifies all patients using alcohol harmfully, or with alcohol dependence, improving public health outcomes. It also reduces the impact of harmful drinking and aims to treat patients early before complications of alcohol dependency develop.

This service has worked extremely well and works collaboratively between hospital and community alcohol services which have seen an increase in referrals into community services. Dyfed APB has been successful in securing ongoing Health funding to ensure this service continues beyond the end of March 2020.

The Alcohol Liaison Service uses Audit C, a validated screening tool, to identify those patients with increased or higher risk drinking and deliver an alcohol brief intervention (ABI) where appropriate. The ABI can be effective in just 5 minutes with 1 in 8 people making positive changes.

In addition to this the Alcohol Liaison nurses have implemented the Clinical Institute Withdrawal Assessment of Alcohol Scale (CIWAR-ar) which is a symptom triggered alcohol withdrawal scale that allows a shorter alcohol detoxification programme, therefore reducing inpatient stays in hospital. During the first 6 months of CIWAR-ar in Prince Philip Hospital it was calculated that 271 bed days were saved during that period. At a full cost of £372 per bed day there was a nominal saving of £100,812 during the 6 month period. The aim is to roll out CIWAR-as in all hospital site once the Alcohol Liaison Service has a full complement of staff

Service user Feedback & Case Studies

Pembrokeshire

In Service User's own words

What did you come to DDAS for?

"I came to DDAS to break my dependency on alcohol, which had been a major issue in my life for some 20 years – a long enough time to make me realise that I had a continuing problem, which I eventually accepted as an addiction. My addiction was severely impairing my functioning, physically, mentally and emotionally. I was unable to work and the be all and end all of my life had become getting sufficient booze into me to get drunk. It could not go on without premature death or me harming others around me".

What did DDAS do/offer?

"This was not my first intervention by services - I go back to the days of PRISM. DDAS set up a drink reduction plan initially – a miserable failure. This resulted in Tier 3 Social Care intervention. The difficulty seemed to be around setting up a detox. It was eventually decided that a residential detox was the only option. I was detoxed in hospital in Cardiff, but it was a challenge for me to find a residential placement which offered care and input of a spiritual nature and where I felt supported if other residents were homophobic. This resulted in my voluntary decision to leave the rehab unit.

Having returned to Pembs from the rehab unit I was dry for about a month, however deluded myself thinking that I could drink some alcohol. Within weeks I was dependent again – this time worse than ever. I could barely eat, would not go to bed all night, sleep all day, was in freefall. Having dialled emergency services on a number of occasions, I was taken to A & E in Withybush and always discharged. Eventually I was seen by a psychiatrist at Bro Cerwen presenting with what I and the family (one a consultant doctor) thought were paranoid episodes. I was admitted to Bro Cerwen and detoxed there. I discharged myself after 3 days and I have not had a drink since".

Where am I now?

"I am alcohol free. Have been through the Moving on Group - which was helpful in providing extended space to think through the process of 'drying out'. Meeting

others in the same position has been salutary. My housing situation has changed. I have been given my own modest bungalow by PCC. I am embarked on basic IT courses, which I freely admit I do not like, but see the need for. Perhaps most significant of all for me (after alcohol) has been the fact that this process has also led to a real attempt to give up smoking - with support via DDAS. The future looks way better than it did just over a year ago. The road to this point has been rocky and full of steep hills and the mountain of perseverance has yet to be successfully scaled”.

Ceredigion

Service Users Presenting Information:

- Service user B was drinking 6-10 pints of beer a week on average usually in a pub at the weekend.
- Service user had a history of suicide attempts.
- Service user was recently treated for Post Traumatic Stress Disorder (PTSD) after being assaulted in 2016.
- Service user realised he had been relying on alcohol as a way of coping with the symptoms of his PTSD and wished to change this as he recognised the alcohol in itself was having an impact on his mental health.

What did DDAS do for client?

- DDAS Worker completed an Initial Assessment with the service user.
- Service user started attending SMART Recovery meetings held by DDAS and peer facilitators.
- DDAS Interventions worker worked with service user on a stabilisation and reduction plan around his alcohol use whilst working on maximising his recovery capital.
- Service user utilised the DDAS drop-in in addition to his structured appointments frequently dropping in for a cup of tea and a chat with other service users and staff.
- Service user was referred to Peer Mentoring and attended a Woodlands course.
- Service user and DDAS staff member worked on re-establishing hobbies he hadn't done for some time due to his previous low mood and declining mental health.

Where is the service user now?

- DDAS worker informed the service user before being discharged, that there was a new paid employment opportunity, a 12 week peer support assistant placement with Cyfle Cymru coming up. DDAS supported service user to complete their CV and apply for this position.

- Service user is now closed to DDAS, attended an interview for the above post and was successful in being offered the placement.
- Service user has now started in their new role and is a valued and popular member of the team.

Carmarthenshire

Service users presenting information:

- Service user A has been in treatment with DDAS on and off since 2015, having several referrals for treatment within this time period. The most recent referral was in January 2018.
- Service user A has a history of polydrug use including IV Cocaine, 80-120mg MSJ's (type of benzodiazepine) daily, Cannabis, Mephedrone and Steroid use. During previous treatment episodes with DDAS, he has managed to sustain abstinence from cocaine for 2 years and mephedrone for over four years.
- Service user A now wished to address his MSJ use (80mg daily) and his treatment goal was abstinence.
- Service user's main reason for use was to manage his anxiety.

What did DDAS do/offer?

- DDAS Outreach Worker completed an Initial Assessment with the service user.
- DDAS Worker discussed with service user what has worked well and not so well for them during previous attempts in treatment and in the service provided by DDAS.
- DDAS worker completed ITEP (type of treatment intervention) mapping focussing on pros and cons of use and change.
- Harm reduction advice provided around varying strength MSJ's and sudden cessation risks.
- DDAS worker advised and worked with the service user on a benzodiazepine reduction plan that was slow and steady and guided by the service users pace to ensure his mental health did not deteriorate. Service user achieved abstinence with his MSJ use.
- During the reduction, service user A started complaining of withdrawal symptoms that concerned us including visual and auditory hallucinations and he had stopped socialising with his friends becoming very withdrawn. DDAS Worker raised the service user as a case of concern in the weekly allocation meeting with CDAT and SCT.
- CDAT agreed they would ask a nurse of theirs to attend DDAS's next appointment who was also concerned about his mental health. CDAT nurse contacted CMHT to ask if they would see the client.

- Service user A developed suicidal thoughts and therefore the DDAS Worker completed several ASIST interventions (suicide prevention support) with him.
- Service user A was eventually seen in Brynamir and diagnosed with drug induced psychosis. Service User had started taking 20mg of MSJ's again by this point to manage his mental health (10mg in the morning and 10mg at night). CMHT agreed to support the service user with a prescribed diazepam reduction plan if he continued to work with DDAS. Service User also prescribed with anti-psychotic medication.

Where is the service user at now?

- Service user is now drug free, including the cannabis and steroid use.
- Service user has moved back to his own flat, after living with family whilst he was poorly.
- Service user continues to take his prescribed medication as directed.
- Service user is completing relapse prevention work with DDAS in aftercare.
- Service user is awaiting an assessment for Asperger's Spectrum Disorder and ADHD with the Learning Disabilities Team.
- DDAS completed a referral into the Peer Mentoring Team to support the service user with confidence building and volunteering experience and service user has recently completed a Health and Safety course.

Key Challenges for next 12 months

Welsh Government commissioned Figure 8 to undertake a review of its 10 year strategy Working Together to Reduce Harm 2008-2018. This review found that the strategy had achieved significant progress, particularly in terms of treatment, harm reduction and partnership working. Locally, future plans will build on the significant progress already made but with an increased focus on prevention and early intervention measures.


In 2019 - 20 Dyfed APB has received an increase in the SMAF budget. Guidance from Welsh Government in relation to the SMAF budget, stipulates that plans for the increase in funding, in addition to being in line with strategic priorities' should also contribute to one or more of the following areas:



- Co-occurring Substance Misuse and Mental Health
- Children & Families
- Harm Reduction & Drug Related Deaths
- Access to Services
- Waiting Times
- Alcohol Misuse
- Tier 4
- Recovery
- Increasing the range of Primary Care Provision

The series of consultation workshops held by Dyfed APB as part of the development of its new commissioning strategy has been used to inform a new spending plan which has been submitted to Welsh Government for consideration.

One of the key themes that has emerged within all of the stakeholder sessions and some of the national strategy development sessions, is the need to develop a wellbeing approach across a whole system and across partnerships and organisations.

In order to further develop and support this it is proposed that the approach is therefore aligned with both the Welsh Strategy for substance misuse and the three strategic goals within the recently published Hywel Dda Health Board Strategy "Our Future Generations Living Well" (2019) to ensure a focus towards improving health and wellbeing for our population, not just misuse of substances, as follows:

-  **Starting & Developing Well:** Every child will have the best start in life, supporting positive behaviours and outcomes across the life course

-  **Living & Working Well:** Every adult will live and work in resilient communities that empower personal and collective responsibility for health and wellbeing
-  **Growing Older Well:** Every older person will be supported to sustain health and wellbeing across older age

It is proposed approaches will be across the whole system, adopting a social model for health using, where possible an asset based community development approach.

There will be a detailed plan for each of the strategic goals, outlining key priorities for action in each goal area across whole population prevention, targeted prevention, early intervention, harm reduction, treatment and recovery

**PWYLLGOR CRAFFU AR Y CYD
DIOGELU'R CYHOEDD A'R AMGYLCHEDD A
GOFAL CYMDEITHASOL AC IECHYD
10 MEHEFIN 2019**

**ADRODDIAD BLYNYDDOL Y GWASANAETH CAMDDEFNYDDIO
SYLWEDDAU 2018-19**

Y Pwrpas:

Rhoi gwybod i'r Aelodau am y gwaith sydd wedi cael ei wneud gan wasanaethau cyffuriau ac alcohol arbenigol yr Awdurdod.

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

Rôl yr awdurdod lleol o ran rhoi sylw i ganlyniadau defnyddio alcohol a chyffuriau mewn ffordd broblemus.

Y Rhesymau:

Galluogi'r Aelodau i gyflawni eu rôl craffu.

**Angen cyfeirio'r mater at y Bwrdd Gweithredol / Cyngor er mwyn gwneud penderfyniad:
NAC OES****YR AELOD O'R BWRDD GWEITHREDOL SY'N GYFRIFOL AM Y PORTFFOLIO:-**

Y Cyng. Jane Tremlett
(Yr Aelod o'r Bwrdd Gweithredol sy'n Gyfrifol am y Portffolio Gofal Cymdeithasol ac Iechyd)

**Y Gyfarwyddiaeth:
Cymunedau**

**Enw Pennaeth y
Gwasanaeth:**

Avril Bracey

Awdur yr Adroddiad:

Kelvin Barlow

Swydd:

**Y Pennaeth Iechyd Meddwl ac
Anableddau Dysgu**

**Uwch-reolwr, Anghenion Cymhleth
a Phontio**

Rhifau ffôn:

01267 228092

Cyfeiriadau E-bost:

Abracey@sirgar.gov.uk

Kelvinbarlow@sirgar.gov.uk

**JOINT ENVIRONMENT & PUBLIC PROTECTION AND SOCIAL
CARE AND HEALTH SCRUTINY COMMITTEE**

10 JUNE 2019

SUBSTANCE MISUSE SERVICE ANNUAL REPORT 2018-19

This report provides an overview of all the activity through the year 2018-19 and outlines objectives for the forthcoming year.

DETAILED REPORT ATTACHED?

YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report :

Signed: **Avril Bracey** **Head of Mental Health & Learning Disabilities**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	NONE	NONE	NONE	NONE	NONE	NONE

1. Policy, Crime & Disorder and Equalities

The local authority is part of the Area Planning Board (APB) for Substance Misuse which tackles the prevention, enforcement and treatment of drug and alcohol use on a regional basis.

An important part of our response to problematic drug and alcohol use is the provision of a social work service to people affected, this includes adults, children and families.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: **Avril Bracey** **Head of Mental Health & Learning Disabilities**

- 1. Local Member(s) - n/a
- 2. Community / Town Council – n/a
- 3. Relevant Partners - n/a
- 4. Staff Side Representatives and other Organisations - n/a

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Mae'r dudalen hon yn wag yn fwriadol



Substance Misuse Service

Annual Report 2018-19

1. Introduction

This report is a summary report of the activity of the Carmarthenshire County Council Substance Misuse Team. The team are part of the Mental Health & Learning Disabilities division within Communities and also receive grant funding from the Area Planning Board.

The substance misuse team are a team of social workers, trained and experienced in working with people affected by their own or someone else's drug and alcohol use. The team undertake assessments and care and support planning under the Social Services and Wellbeing (Wales) Act 2014. This can include the provision of support in the community and access to specialist residential and accommodation based services, including residential rehabilitation. An additional aim for the team is to provide advice, information and training in relation to drug and alcohol misuse to other teams within social services.

We deliver a '**Hidden Harm Service**' which works with parents with drug and alcohol problems. The service prioritises cases where substance misuse is the primary factor in children becoming 'looked after' or placed at risk by their parent substance misuse. We work in partnership with our young carer's service to provide direct support to children.

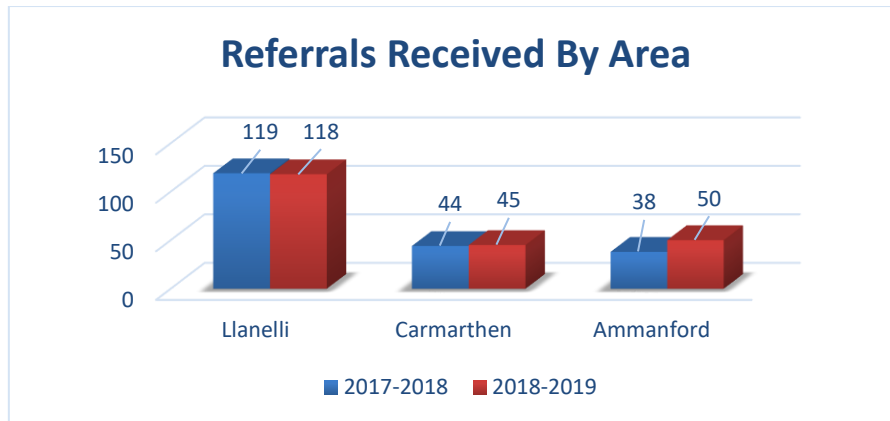
This year the team implemented a new structure which includes a Team Manager, A Consultant Social Worker and 4 Social Workers. This provides the capacity to meet the key aims of the team. The team are based in Ty Elwyn in Llanelli, co-located with Hywel Dda Health Board's specialist substance misuse team. This has allowed them to develop strong partnerships with a range of teams.

2. Total Number of Referrals Received each year.



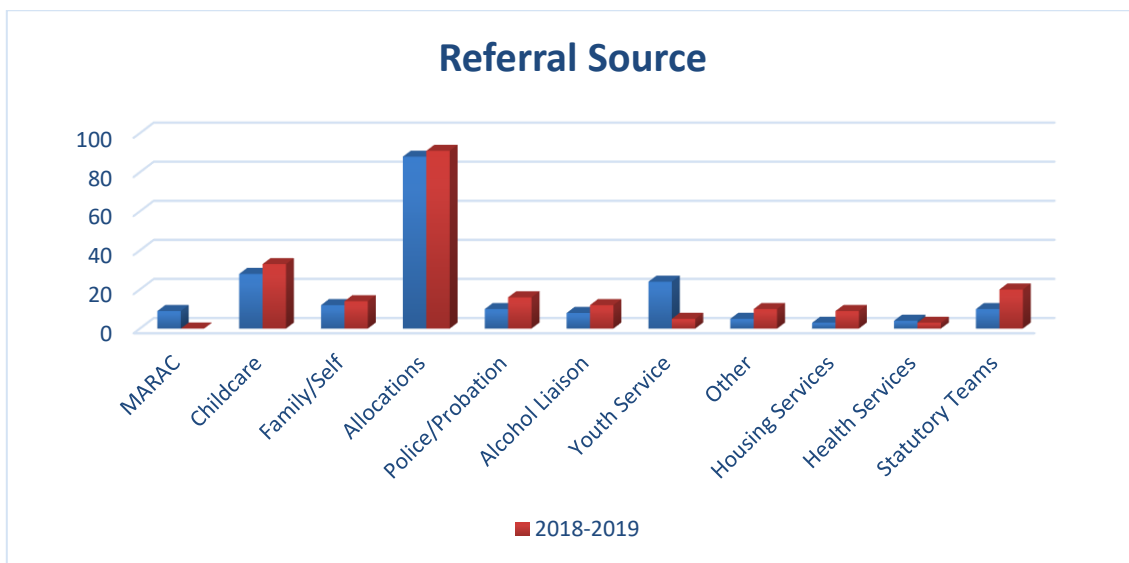
The team received 213 referrals during 2018-2019. There has been a consistent demand for the service, with a slight increase in demand for assessment since the introduction of the Social Service and Wellbeing Wales Act in 2016.

3. Referrals by Area



The above graph illustrates a consistent pattern of referral to the team from 3 main localities in Carmarthenshire. This reflects the same pattern of demand experienced by other services. This is a consistent pattern with the Llanelli area accounting for the greatest demand.

4. Referrals by source

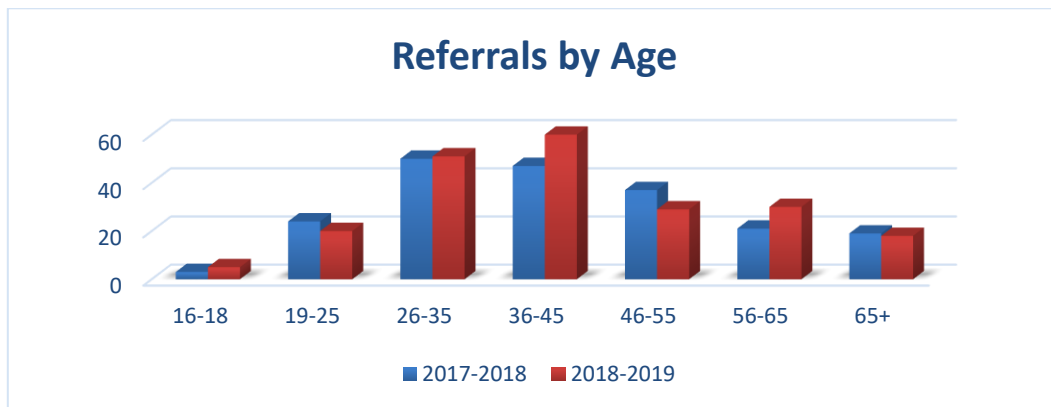


The above graph illustrates a consistent pattern of referrals to the team. This is not changed in the past 2 years.

The majority of referrals to the team (91) come via our partners: Dyfed Drug & Alcohol Service (DDAS) and the Community Drug & Alcohol Team (CDAT). We meet every week to discuss cases to ensure they receive the right help at the right time. This is a long established arrangement where we take a collaborative approach to the management of risk and avoid duplication.

We have received 53 referrals from other Social Work Teams (Child Care 33 & Adult Teams 20). This illustrates our role in providing support within the Communities and Children’s services departments where there are risks associated with drug and alcohol use.

5. Referrals by Age

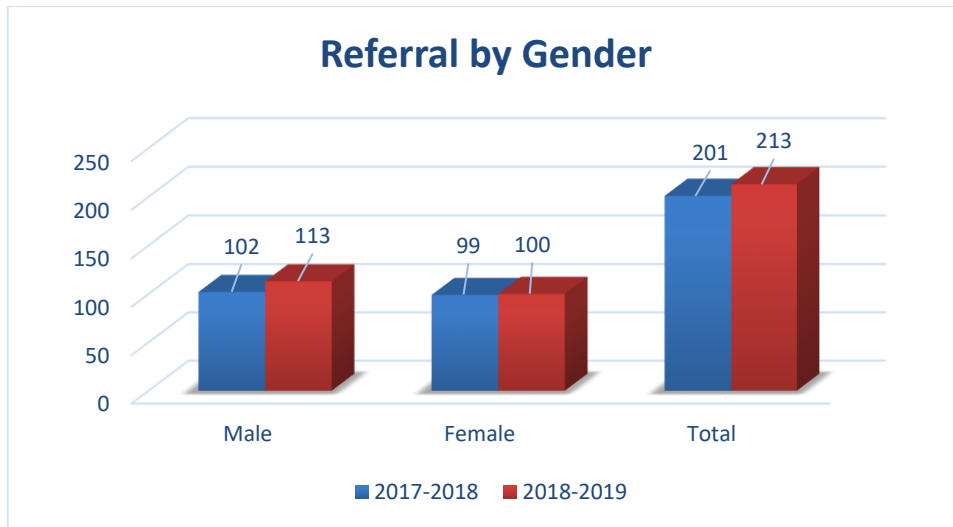


The above graph illustrates a consistent pattern of referral by age over the past 2 years. There has been a slight increase in referrals to the team for people aged 56 and over.

We work with a small number of young people approaching adulthood and aim to ensure a smooth transition into adult services. The average age for referrals into our team is 42.

It is notable that the team received 48 referrals for people aged 56 and over, this accounts for 22% of our referrals.

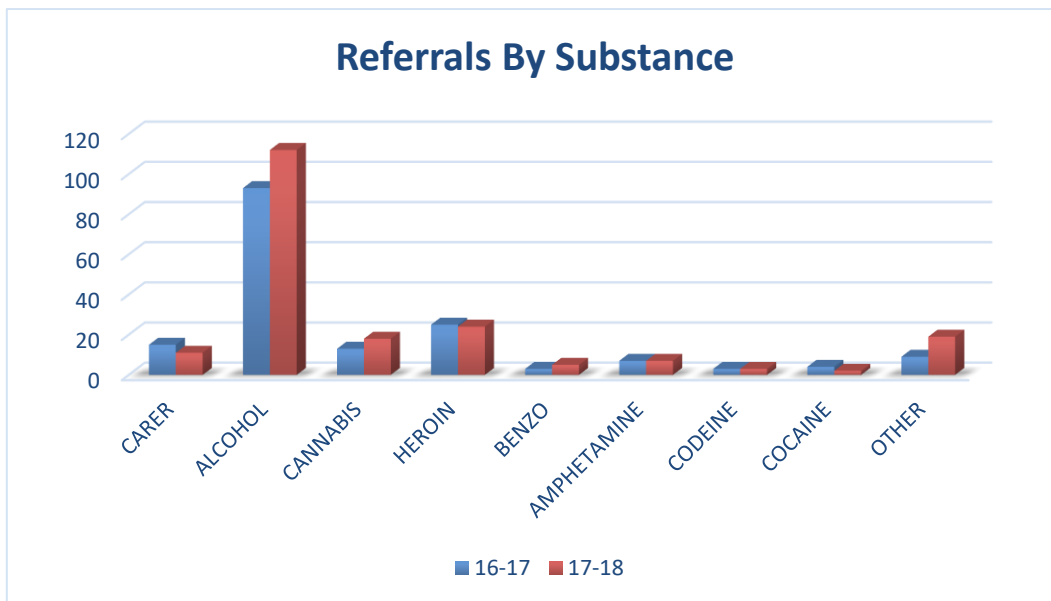
6. Gender



The above graph illustrates a consistent trend for referrals for men and women over the past 2 years, with men and women accounting for approximately 50% each.

This is different to referral rates to other services where men account for 63% of Alcohol assessments 71% of drug assessments. This reflects the role of the team in working with Children's services where the mother may be the main carer.

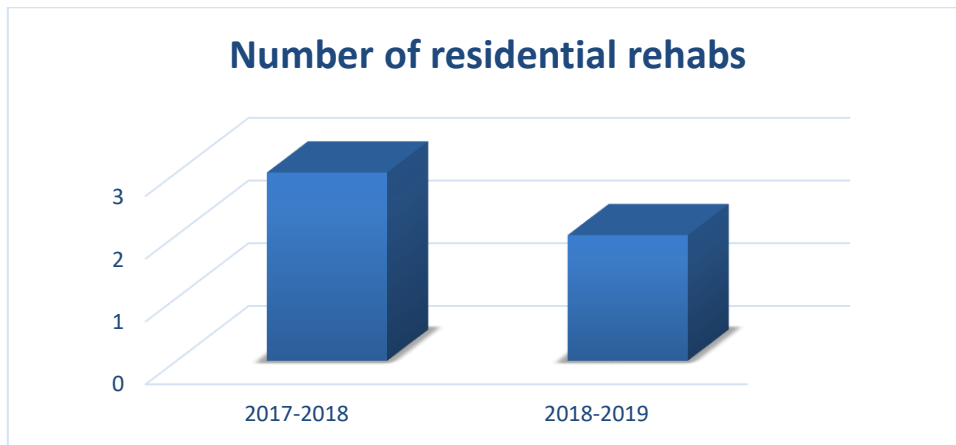
7. Substance Used



The above graph illustrates a consistent pattern of referral by substance to the team over the past 2 years. Alcohol is the main substance identified accounting for almost 60% of all referrals.

The figures for carers do not record the substance used. There saw a slight decrease from 15 to 11 referrals for carer's assessment last year which may reflect the greater investment by the Area Planning Board in service for 'concerned others'

8. Residential Rehabilitation



The above illustrates a small decline from 3 people in 17-18 to 2 in 18-19 who were funded by Carmarthenshire County Council to attend Residential Rehabilitation.

The total cost of both residential rehabs were £27,200. There has been a steady reduction in the use of residential rehabilitation in recent years with a greater focus upon supporting people in their communities and a greater investment in community services.

9. Working with the Older Adult

Drink Wise, Age Well is a National project and aims to help people make healthier choices about their alcohol use as they age. One way they do this is by supporting those working in our communities and health and social care providers to better recognise and respond to people whose drinking may be causing them harm.

The team have 'adapted' this training and piloted it this year, training 40 people targeting staff in our community resource teams. This has helped in developing working links across teams and raising awareness of the impact of alcohol use in older people and staff.

10.What will we do this Year?

This year we will build on our working links with partnership agencies in the following areas;

- Improve our care management practice to become 'paperless' and ensure our performance continues to meet key performance measures at a time of increased demand.
- Improve the capability of Children & Adult Services staff to recognise and respond to substance misuse through training and direct work.
- Work with partner organisations, in particular Hywel Dda Health Board and Housing services to develop supported accommodation for Older Adults with substance misuse issues.
- Monitor emerging trends and quickly respond to risks to safeguard vulnerable adults, children and families.
- Continue to use research and evidence based practice to inform our working practice.
- Further develop the specification of our supported accommodation project at Derwen Newydd in order to provide a safe and protected environment.

Gary James Team Manager 2019

CYFARFOD AR Y CYD Y PWYLLGORAU CRAFFU DIOGELU'R CYHOEDD A'R AMGYLCHEDD & GOFAL CYMDEITHASOL AC IECHYD

DYDD LLUN, 21^{AIN} MAI, 2018

YN BRESENNOL: Y Cynghorydd G. Thomas (Cadeirydd)

Diogelu'r Cyhoedd a'r Amgylchedd:

Y Cynghorwyr: J.A. Davies, T.A.J. Davies, P.M. Edwards, A.L. Fox, S.J.G. Gilasbey, J.D. James, A. Vaughan Owen, B.D.J. Phillips, J.S. Phillips, A.D.T. Speake a D. Thomas.

Y Cynghorydd D.L. Jones – Yn eilyddio dros y Cynghorydd T. Higgins;
Y Cynghorydd G. H. John – Yn eilyddio dros y Cynghorydd A. James;
Y Cynghorydd D. E. Williams – Yn eilyddio dros y Cynghorydd A. Davies.

Gofal Cymdeithasol & Iechyd:

Y Cynghorwyr: S.M. Allen, K.V. Broom, I.W. Davies, R.E. Evans, W.T. Evans, M.J.A. Lewis, K. Lloyd, B.A.L. Roberts, E.M.J.G. Schiavone, E. Morgan a D.T. Williams.

Y Cynghorydd D.E. Williams – Yn eilyddio dros y Cynghorydd A. Davies;
Y Cynghorydd J.G. Prosser – Yn eilyddio dros y Cynghorydd A. McPherson.

Hefyd yn bresennol:

Y Cynghorydd P.M. Hughes, Aelod y Bwrdd Gweithredol dros Diogelu'r Cyhoedd;
Y Cynghorydd J. Tremlett, Aelod y Bwrdd Gweithredol dros Gofal Cymdeithasol ac Iechyd.

Yr oedd y swyddogion canlynol yn gwasanaethu yn y cyfarfod:

A. Bracey, Pennaeth Iechyd Meddwl ac Anableddau Dysgu;
K. Thomas, Rheolwr Diogelwch Cymunedol;
K. Barlow, Uwch Reolwr-Anghenion Cymhleth a Throsoglwyddo;
M. Evans Thomas, Prif Swyddog Gwasanaethau Democraidd;
J. Owen, Swyddog Gwasanaethau Democraidd.

Hefyd yn bresennol o Fwrdd Iechyd Prifysgol Hywel Dda:

Ms Ros Jervis, Cyfarwyddwr Iechyd y Cyhoedd
Ms Joanna Dainton, Pennaeth Datblygu Strategaeth Comisiynu a Phartneriaeth
(Camdefnyddio Cyffuriau ac Alcohol)

Y Siambr, Neuadd y Sir, Caerfyrddin: 10:00a.m. - 11:55 a.m.

1. PENODI CADEIRYDD AR GYFER Y CYFARFOD

PENDERFYNWYD YN UNFRYDOL benodi'r Cynghorydd G. Thomas yn Gadeirydd ar gyfer y cyfarfod.

2. YMDDIHEURIADAU AM ABSENOLDEB

Derbyniwyd ymddiheuriadau am absenoldeb gan y Cynghorwyr A. Davies, T. Higgins, A. James, E.G. Thomas ac A. McPherson.

3. DATGANIADAU O FUDDIANNAU PERSONOL

Ni chafwyd dim datganiadau o fuddiant personol.

4. DATGAN CHWIPIAID PLAID SYDD WEDI EU GWAHARDD

Ni chafwyd dim datganiadau ynghylch chwip waharddedig.

5. CWESTIYNAU GAN Y CYHOEDD

Dywedodd y Cadeirydd nad oedd dim cwestiynau wedi dod i law gan y cyhoedd.

6. ADRODDIAD BLYNYDDOL Y BWRDD CYNLLUNIO RHANBARTHOL YNGHYLCH CAMDDEFNYDDIO CYFFURIAU AC ALCOHOL 2017

Estynnodd y Cadeirydd groeso i'r cyfarfod i Ms Ros Jervis, Cyfarwyddwr Iechyd y Cyhoedd, a Ms Joanna Dainton, Pennaeth Datblygu Strategaeth Comisiynu a Phartneriaeth (Camddefnyddio Cyffuriau ac Alcohol) Bwrdd Iechyd Prifysgol Hywel Dda.

Bu'r Pwyllgor yn ystyried Adroddiad Blynyddol Camddefnyddio Cyffuriau ac Alcohol y Bwrdd Cynllunio Ardal, a oedd yn rhoi sylw i ystod o feysydd, er mwyn rhoi gwybodaeth i aelodau a'u diweddarau o ran y trefniadau comisiynu presennol a'r gwasanaethau camddefnyddio sylweddau a ddarperir. Roedd yn cynnwys gwybodaeth am y canlynol:

- yr amcanion strategol mewn perthynas â darparu gwasanaethau o'r fath, y trefniadau cyllido, a'r gwasanaethau/prosiectau a gomisiynir;
- datblygiadau lleol a chadarnhad o'r trefniadau llywodraethu a chynllunio sydd ar waith yn rhanbarthol.

Rhoddwyd sylw i'r materion canlynol wrth drafod yr adroddiad:-

- Cyfeiriwyd at y cyflawniadau a wnaed yn 2017, a oedd yn cynnwys dosbarthu 397 o gitiau Naloxone. Gofynnwyd pwy oedd wedi derbyn cit Naloxone. Yn ogystal, dywedwyd y gallai codi ymwybyddiaeth o Naloxone a'i ddiben fod yn fuddiol. Gellid cyflawni hyn drwy gynnal y sioe deithiol ynghylch Naloxone ar draws y sir a darparu hyfforddiant i'r rheiny sy'n goruchwyllo drysau tafarnau/clybiau. Esboniodd Cyfarwyddwr Iechyd y Cyhoedd fod Naloxone yn feddyginiaeth a ddefnyddir i atal effeithiau opioidau, yn arbennig mewn achosion gorddos a bod citiau wedi'u dosbarthu'n eang. Roedd yn cydnabod y byddai codi ymwybyddiaeth yn fuddiol ac y byddai hi'n ystyried ehangu'r rhaglen hyfforddiant yn y dyfodol. Ychwanegodd Pennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth (Camddefnyddio Cyffuriau ac Alcohol) fod Naloxone eisoes yn cael ei ddosbarthu'n eang ar draws ardal Hywel Dda.

- Codwyd pryder mawr o ran nifer gynyddol y bobl ifanc sydd â phroblemau mewn perthynas ag alcohol a chyffuriau, a'r amcan yw cael gwared ar broblemau yn hytrach na'u cuddio. Roedd Cyfarwyddwr Iechyd y Cyhoedd yn cydnabod bod hwn yn faes heriol a bod ymchwil yn cael ei wneud yn barhaus i sicrhau bod y gwasanaethau cywir yn cael eu comisiynu. Roedd y Bwrdd Cynllunio Ardal yn cynnwys aml-asiantaethau, y mae pob un ohonynt â chyfrifoldeb i fynd i'r afael â chymhlethdod y materion sy'n codi. Mae'r gwasanaethau triniaeth integredig sy'n darparu dull cyfannol a grŵp deuol sy'n cefnogi ac yn llywio materion heriol o ran iechyd meddwl a chaethiwed.

Yn ogystal, esboniodd Cyfarwyddwr Iechyd y Cyhoedd i'r Pwyllgor fod gwybodaeth newydd wedi dangos nad yw dibyniaeth ar alcohol yn gyfyngedig i bobl ifanc, roedd yn effeithio ar ystod eang o oedrannau gan gynnwys grwpiau o oedran hŷn. Addysg, atal ac ymyrraeth gynnar oedd y prif feysydd a gafodd sylw gan y Bwrdd, a oedd yn hanfodol er mwyn lleihau dibyniaeth ar alcohol. Ychwanegodd Pennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth y byddai'r Bwrdd Cynllunio Ardal yn ymgymryd ag ymarferion i gomisiynu gwasanaethau yn y sector addysg mewn ysgolion a cholegau.

- O ran Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a'r 5 ffordd o weithio, gofynnwyd a oedd unrhyw gydweithio â'r trydydd sector a chymunedau? Dywedodd Pennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth fod Gwasanaethau Cyffuriau ac Alcohol Dyfed, sy'n wasanaeth i oedolion, yn gweithio mewn partneriaeth â Dan 24/7, Barod (Drugaid Cymru gynt) a Kaleidoscope, ac mae gan bob un o'r rheiny gysylltiadau agos â chymunedau a busnesau lleol. Yn ogystal, roedd y Bwrdd Cynllunio Ardal yn seiliedig ar feysydd blaenoriaeth Strategaeth Llywodraeth Cymru, ac roedd yn cynnwys Cynllun Cyflawni a oedd yn canolbwyntio ar driniaeth ac adferiad.
- Cyfeiriwyd at blant mewn angen y mae eu rhieni'n cam-drin sylweddau. Gwnaed ymholiad ynghylch diffiniad o blant mewn angen. Esboniodd yr Uwch-reolwr - Anghenion Cymhleth a Phontio, fod plant mewn angen yn golygu plant sy'n derbyn gofal a chymorth a oedd yn cynnwys plant a oedd yn hysbys i'r gwasanaethau cymdeithasol a'r plant/teuluoedd hynny y nodwyd bod angen cymorth ychwanegol arnynt.
- Gofynnwyd sut yr ydym yn gwybod a yw'r gwasanaethau'n llwyddiannus. Dywedodd Pennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth fod y Bwrdd Cynllunio Ardal yn derbyn ac yn craffu adroddiad ynghylch pob gwasanaeth yn chwarterol, sy'n tynnu sylw Cadeirydd y Bwrdd Cynllunio Ardal at feysydd sy'n peri pryder. Yn ogystal, roedd strwythur y Bwrdd yn caniatáu prosesau sicrhau ansawdd a monitro cadarn.
- Gofynnwyd i'r swyddogion sut y mae'r gwasanaeth yn darparu canolfannau galw heibio ac esboniodd Pennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth (Camddefnyddio Cyffuriau ac Alcohol) fod rhaid i'r holl ganolfannau galw heibio ddarparu gwybodaeth bob chwarter, a bod unrhyw faterion sy'n codi yn cael eu hadrodd i'r Bwrdd.
Mae gan y Bwrdd Iechyd fframwaith sicrhau ansawdd tynn ac os nad yw asiantaeth yn rhoi gwerth am yr arian i ddefnyddiwr y gwasanaeth, bydd y Bwrdd yn ymyrryd.

- Gofynnwyd a oedd cynlluniau i gynnal adolygiad ynghylch effeithiolrwydd blynyddol y Bwrdd Cynllunio. Dywedodd Cyfarwyddwr Iechyd y Cyhoedd fod Arolygiaeth Iechyd Cymru wedi comisiynu adolygiad i'r holl Fyrddau Cynllunio Ardal ar draws Cymru yn gynharach eleni. Disgwylir i ganlyniadau'r adolygiad gael eu cyhoeddi ym mis Gorffennaf/mis Awst 2018.
- Cyfeiriwyd at y 5,000 o ddiwrnodau gwely a oedd wedi'u defnyddio gan gleifion â chyflyrau sy'n gysylltiedig ag alcohol o fewn Bwrdd Iechyd Hywel Dda. Dywedwyd ei fod yn ddiddorol nodi mai'r gost i'r Bwrdd Iechyd oedd dros £5.2 miliwn fesul diwrnod ar gyfer trin cleifion preswyl yn unig.

Diolchodd y Cadeirydd i Gyfarwyddwr Iechyd y Cyhoedd a Phennaeth Datblygu'r Strategaeth Comisiynu a Phartneriaeth am yr adroddiad a'r cyflwyniad manwl.

PENDERFYNWYD YN UNFRYDOL dderbyn yr adroddiad.

7. ADRODDIAD BLYNYDDOL Y GWASANAETH CAMDDEFNYDDIO SYLWEDDAU 2016-17

Bu'r Pwyllgor yn ystyried Adroddiad Blynyddol y Gwasanaeth Camddefnyddio Sylweddau 2016-17 a oedd yn amlinellu'r amcanion ar gyfer y flwyddyn sydd i ddod.

Rhoddodd yr adroddiad wybodaeth ystadegol am ystod o wahanol categorïau atgyfeirio a dadansoddiad o ddata o ran oedran, rhywedd a'r sylweddau a ddefnyddir.

Rhoddwyd sylw i'r materion canlynol wrth drafod yr adroddiad:-

- Mewn ymateb i ymholiad a wnaed ynghylch digartrefedd o ganlyniad i ddibyniaeth ar alcohol/cyffuriau, dywedodd yr Uwch-reolwr - Anghenion Cymhleth a Phontio fod yna gysylltiadau agos rhwng digartrefedd a'r defnydd o alcohol/cyffuriau, a oedd wedi'u hystyried a'u cynnwys yn y Strategaeth Ddigartrefedd.
- O ran adsefydlu, gofynnwyd a oedd y prosiect 'tŷ sych' yn gweithio. Esboniodd yr Uwch-reolwr - Anghenion Cymhleth a Phontio i'r Pwyllgor mai tŷ 5 ystafell wely yn Nhŷ-croes yw'r prosiect, sydd â'r nod o gynorthwyo unigolion wrth iddynt adfer drwy ddarparu cyngor arbenigol mewn amgylchedd cefnogol, a bod nifer o lwyddiannau wedi dod yn sgil y prosiect.
- Mewn ymateb i ymholiad a wnaed ynghylch niwed i'r ymennydd sy'n gysylltiedig ag alcohol a chyffuriau, dywedodd yr Uwch-reolwr - Anghenion Cymhleth a Phontio nad oedd tystiolaeth wirioneddol i awgrymu bod yna gyswllt rhwng defnyddio cyffuriau a niwed i'r ymennydd, er bod yna dystiolaeth i awgrymu bod yna gyswllt rhwng alcohol a phobl yn datblygu anawsterau gwybyddol gan arwain at ddementia yn hwyrach mewn bywyd. Fodd bynnag, gallai fod yna gysylltiadau rhwng defnyddio cyffuriau ac effaith bosibl ar iechyd meddwl.

- O ran cyflwyno isafswm pris yr uned ar gyfer alcohol yn yr Alban, rhoddwyd gwybod i'r Pwyllgor gan Gyfarwyddwr Iechyd y Cyhoedd fod Llywodraeth Cymru wedi ymrwymo i fabwysiadu strwythur prisio unedau yng Nghymru ac mai'r gobaith yw y byddai cytundeb ffurfiol yn cael ei wneud dros yr haf, ac wedyn byddai cyfnod cyflwyno o 2 flynedd.
- Gwnaed ymholiad ynghylch Bws Drugaid a pha mor aml mae'n cael ei ddefnyddio. Dywedodd Cyfarwyddwr Iechyd y Cyhoedd mai Gwasanaethau Cyffuriau ac Alcohol Dyfed oedd yn berchen ar y bws ac y byddai hi'n hapus i wneud ymholiadau a rhoi ffigurau i'r Pwyllgor.

PENDERFYNWYD YN UNFRYDOL dderbyn yr adroddiad.

8. LLOFNODI FEL COFNOD CYWIR GOFNODION CYFARFOD Y PWYLLGOR A GYNHALIWDYD AR Y 26AIN O FEDI 2016

PENDERFYNWYD Ilofnodi cofnodion cyfarfod ar y cyd y Pwyllgorau Craffu - Diogelu'r Cyhoedd a'r Amgylchedd a Gofal Cymdeithasol ac Iechyd a gynhaliwyd ar 26 Medi 2016, gan eu bod yn gywir.

CADEIRYDD

DYDDIAD

Mae'r dudalen hon yn wag yn fwriadol