

PWYLLGOR CRAFFU AR Y CYD - DIOGELU'R CYHOEDD A'R AMGYLCHEDD A GOFAL CYMDEITHASOL AC IECHYD

21^{AIN} MAI 2018

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

Ystyried y materion canlynol a chyflwyno sylwadau arnynt:

- Bod y Pwyllgor yn ystyried adroddiad blynyddol y Bwrdd Cynllunio Rhanbarthol ynghylch Camddefnyddio Cyffuriau ac Alcohol ar gyfer 2017 ac yn cyflwyno sylwadau arno.

Y Rhesymau:

- Sicrhau bod y Pwyllgor yn cael y wybodaeth ddiweddaraf am y trefniadau comisiynu presennol, y gwasanaethau camddefnyddio sylweddau a ddarperir a materion allweddol o ddiddordeb.
- Galluogi'r Pwyllgor i gyflawni ei rôl craffu.

I'w gyfeirio at y Bwrdd Gweithredol am benderfyniad: NAC OES

Yr Aelod o'r Bwrdd Gweithredol sy'n dal y Portffolio:

Y Cyng. Cefin Campbell – Cymunedau a Materion Gwledig

Y Gyfarwyddiaeth: Y Prif Weithredwr	Swydd:	Rhifau ffôn/ Cyfeiriadau E-bost:
Enw Pennaeth y Gwasanaeth: Wendy Walters	Cyfarwyddwr Adfywio a Pholisi	01267 224112 wswalters@sirgar.gov.uk
Awdur yr Adroddiad: Joanna Dainton	Pennaeth Datblygu Strategaeth Partneriaeth a Chomisiynu (Camddefnyddio Cyffuriau ac Alcohol), Bwrdd Iechyd Prifysgol Hywel Dda	

EXECUTIVE SUMMARY

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

21ST MAY 2018

AREA PLANNING BOARD'S DRUG & ALCOHOL MISUSE ANNUAL REPORT 2017

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.

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 'Fair and Safe Communities' 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's Substance Misuse Strategy for Wales "Working Together to Reduce Harm" 2008-18	<p>Cymraeg - http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?skjip=1&lang=cy</p> <p>English - http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en</p>

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AREA PLANNING BOARD'S DRUG & ALCOHOL MISUSE ANNUAL REPORT 2017

1. 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 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 strategy for tackling drug and alcohol misuse across the region is underpinned by the Welsh Government's 10 year Strategy, "Working Together to Reduce Harm" and associated "Delivery plan for 2016 to 2018".

The four priority areas covered in the national strategy and local delivery plans are:

- Preventing Harm
- Support for substance misusers to improve their health and maintain recovery
- Supporting and protecting families
- Tackling availability and protecting individuals and communities via enforcement activity.

2. PROFILE

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

2.1 Alcohol

Those at risk of harm from alcohol misuse come from across the spectrum of society. They include chronic heavy drinkers, adults at home drinking at hazardous or harmful levels, and children and young adults who suffer from the consequences of parental alcohol misuse. The health impact of misuse of alcohol is considerable. More people die from alcohol related

causes than from breast cancer, cervical cancer, and MRSA infection combined. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal. In addition, alcohol is a major contributing factor to the risk of cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum. Foetal alcohol syndrome is also a risk to the babies of mothers who use alcohol.

There is increasing recognition of the significant health harm that alcohol can cause. In Wales, 15 per cent of all hospital admissions are due to alcohol intoxication; with 30,000 hospital bed days related to alcohol each year and liver disease responsible for about 1600 admissions. The estimated health service cost in Wales of alcohol related chronic disease and alcohol related acute incidents is between £70 million and £85million each year. (Alcohol in Wales Report 2014).

Most recent data on hospital admissions for Hywel Dda Health Board show that over 5000 bed days were taken up by patients with alcohol related conditions at a cost to the Health Board of over £5.2 million per year in inpatient treatment alone.

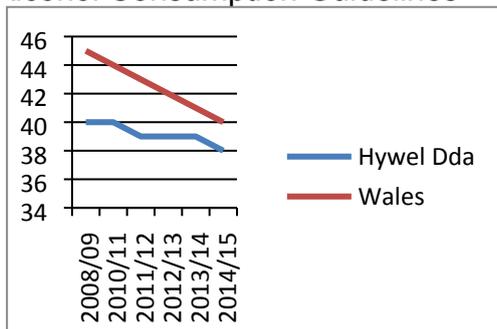
2.2 Alcohol consumption

The Welsh Health Survey ceased in 2015. From April 2016, it has been replaced by the National Survey for Wales. The 2016 survey reported 22% of adults in Hywel Dda drinking above 14 units per week.

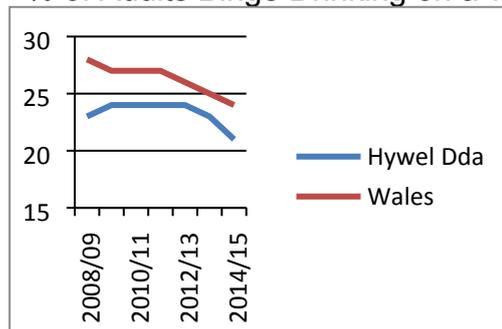
The graphs below show the position over recent years.

% of Adults Exceeding Maximum Daily

Alcohol Consumption Guidelines



% of Adults Binge Drinking on a Weekly Basis



The Welsh Health survey data above, shows the percentage of adults drinking above the recommended guidelines in Hywel Dda has reduced by 3% since 2010 /11, from 40% to 37% in 2014/15. Similarly the percentage of adults binge drinking has reduced by 4% over the same time period, from 24% to 20%.

2.3 Hospital Admissions 2016 / 17

Across Wales individual hospital admissions for alcohol specific conditions are decreasing, whereas alcohol attributable admissions are increasing (over past 5 years) by 6.7 per cent for males and 6.9 per cent for females.

Mortality and hospital admission due to alcohol are strongly related to deprivation.

The figures below show the Hywel Dda position.

2.3.1 Individuals admitted to hospital for an alcohol specific condition

During 16 – 17, Hywel Dda saw the largest increase in rates of alcohol related hospital admissions for an alcohol specific condition across Wales. Carmarthenshire had an admission rate of 375 individuals per 100,000 population, an increase in 25% since 2015-16 and an increase of 46% since 12-13. (Nine of the 22 local authorities saw a decrease,

Merthyr had the highest with a rate of 456 individuals per 100,000 population). This is a changed position, compared to 15 – 16 figures where both Ceredigion and Pembrokeshire were showing a decrease in rates and Carmarthenshire a small increase of 6.7% compared to the previous year. It is worth noting that both Ceredigion and Carmarthenshire introduced hospital based alcohol liaison nurses during this time, whereas Pembrokeshire does not have a hospital based alcohol liaison service.

Individuals resident in Wales admitted to hospital for an alcohol specific condition in any position, 16 – 17, by Local Authority Area, European Age Standardised Rate

Health Board Area	Local Authority Area	EASR 2016-17	Change Since 2015-16	Change Since 12-13
Hywel Dda	Carmarthenshire	375	25%	46%
	Ceredigion	279	13%	17%
	Pembrokeshire	363	3%	-14%

2.3.2 Alcohol Attributable Hospital Admissions

Alcohol attributable hospital admissions in Carmarthenshire in 16 -17, have increased by 12% compared to 15 - 16 and by 27% during the past 5 years. Ceredigion has increased by 8% in the past year and by 19% compared to admission rates five years ago.

Alcohol Attributable Hospital Admission, individuals resident in Wales, episode base, broad measure 2016 – 2017 by Local Authority area EASR

Health Board Area	Local Authority Area	EASR 2016-17	Change Since 2015-16	Change Since 12-13
Hywel Dda	Carmarthenshire	2040	12%	27%
	Ceredigion	1615	8%	19%
	Pembrokeshire	2008	0%	9%

2.4. Drugs

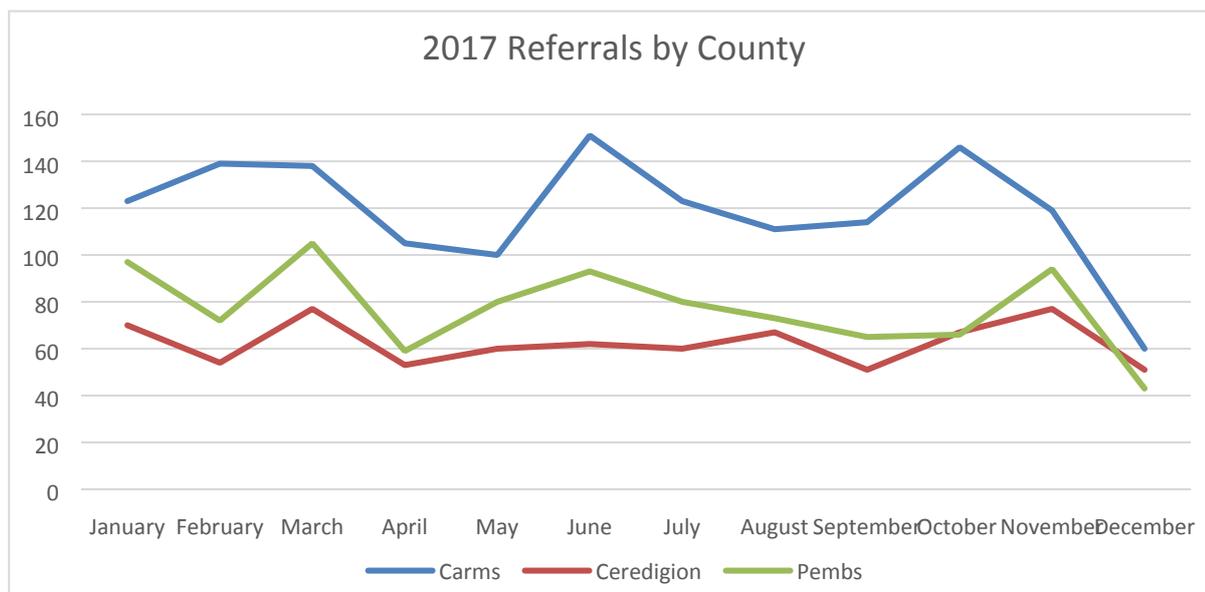
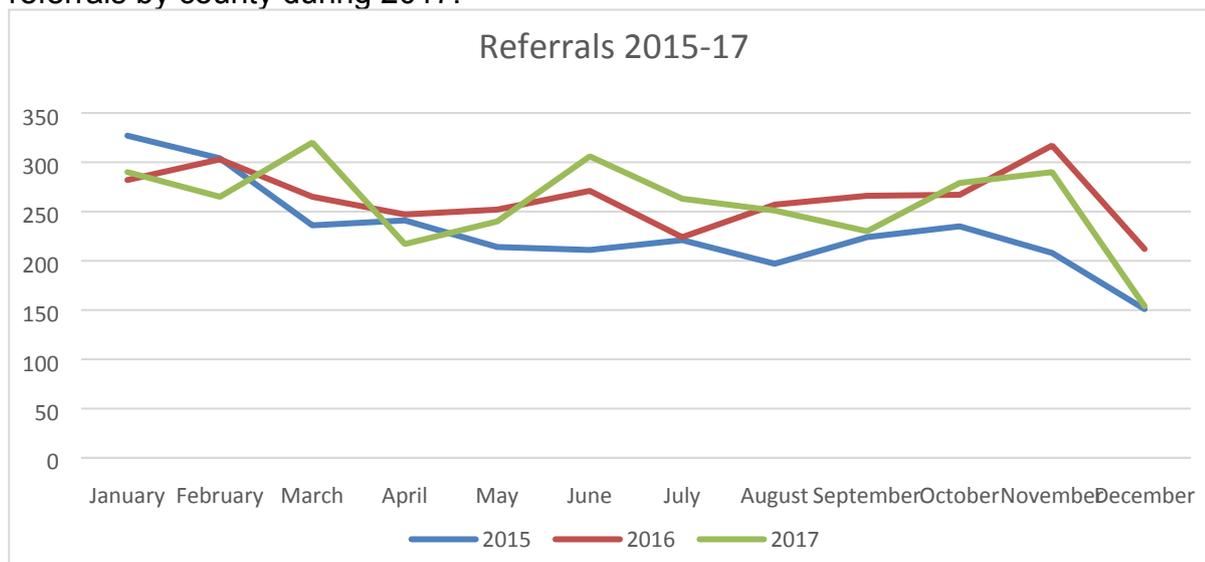
Misuse of drugs, both legal and illegal, and other mind-altering substances such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, infections caused by injecting, and the toxic effects of the many substances that dealers mix with the active substance. Although the greatest harms are associated with the use of illicit drugs, the misuse of prescription-only medicines and over the counter medicines continues to be a problem. There are estimated to be just under 20,000 problem drug users in Wales. The health service cost in Wales of problem drug use have been estimated at £17.6 million per year

There was an increase in drug related deaths during 2016 and 2017 compared to 2015 - 16, in line with a similar increase in England and Wales. A multi-agency case review process has been established and an action plan produced to understand the reasons behind this. Naloxone is being distributed as widely as possible and distribution of Naloxone from hospital sites is being explored.

2.5 Treatment Service Referrals

In 2016 /17 there were 1197 referrals for alcohol treatment (compared to 1137 in 15/16) and 978 referrals for drug treatment.

The graphs below show the referral rate over the past two years and a comparison of referrals by county during 2017.



2.6 Children and Young People (aged up to 24 years)

Children in Need with Parental Substance Misuse problems

Overall there has been a decrease of 2.1 per cent in the total number of children in need from 19,290 in 2015 to 18,885 in 2016. There were 4,855 children in need registered with local authorities as at 31 March 2016 due to parental substance misuse, a fall of 2.2 per cent on the figure for 2015.

There are considerable variations between local authorities in the proportion of Children in Need with parental substance misuse, with the Wales average 26%. The Hywel Dda figures are below the Welsh average with 24% in Carmarthenshire, 9% in Ceredigion and 13% in Pembrokeshire the latter two having the lowest proportion in Wales. These areas have had dedicated Hidden Harm services for some time which may account for the lower figures. In terms of Children in Need in Wales with substance misuse problems themselves, there were 5% in Carmarthenshire, 6% in Pembrokeshire and 3% in Ceredigion.

There was no consistent relationship between the proportion of children in need with substance misuse problems and the percentage with parental substance misuse problems when compared between local authorities.

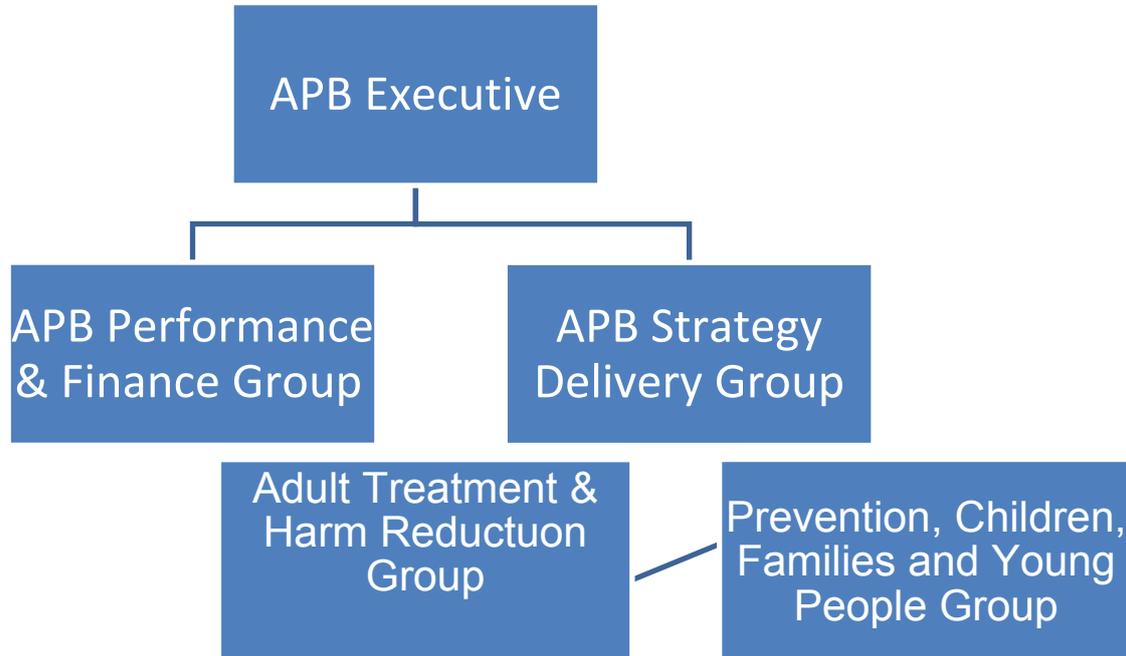
School Exclusions due to substance misuse are needed for the Hywel Dda area. However, data indicates that permanent exclusions as a result of drug or alcohol related rose overall from 370 to 380 (2.7 per cent).

3. STRATEGY DELIVERY – What are our aims & what have we achieved?

The APB vision is that:

- People will be healthier and experience fewer risks as a result of alcohol and drug use
- Fewer adults and young people will use drugs or drink alcohol at levels that are damaging to themselves or others
- Individuals will be able to recover from problematic drug and alcohol use and improve their health, wellbeing and life chances
- Alcohol and drug prevention, treatment and support services will be accessible, high quality, evidence based, timely and continually improving
- The family members and children of people misusing alcohol and drugs will be safe, well supported and have improved life chances

In order to achieve this vision, the local Area Planning Board is structured around the priority areas of the Welsh Government Strategy and Delivery plan as follows:



The two sub groups of the Strategy Delivery Group are both responsible for implementation of an action plan. Implementation is monitored by both the APB Executive and Welsh Government through quarterly dashboard submissions.

3.1 SERVICES

The partners that make up the Area Planning Board commission a range of services and interventions to help support its vision and achieve its objectives including:

- **DDAS Adult Drug and Alcohol Service – Single point of contact** service for the three counties providing Harm Reduction, Early Intervention and brief intervention services. The service also provides **training in drug or alcohol misuse to professionals.**
- **Social Care Substance Misuse Teams** provided by each of the three local authorities
- **Community Drug and Alcohol Service, Hywel Dda University Health Board** – providing structured interventions for individuals with more complex needs related to their drug and alcohol use
- **Alcohol Liaison Service** – provided in three of the four hospital sites across Hwyl Dda
- **Inpatient Detox and Resident Rehabilitation**
- **Family Support Services** for individuals concerned about a friend or family members drug and alcohol use
- **Children and Young Persons services** including the **Youth Health Team** in Ceredigion and Carmarthenshire, **Specialist CAMHS** Young Persons Substance Misuse and Mental Health Service, **Tim Teulu** in Ceredigion and the three county **Choices** young persons service.
- **Out of Work Service** - Project aimed at helping those in recovery back into education and employment.

3.2 Key Highlights

All APB commissioned services provide detailed reports on a quarterly basis on their performance. Staff from these services sit on the implementation groups and are key to driving forward the objectives within the implementation plans.

Some of the achievements during 2017 include:

- 37 training sessions delivered, training 388 professionals across Dyfed in various substance misuse topics
- 13 campaigns delivered
- 336 Dry Blood Spot Test's completed - identifying 17 service users with Hep C
- 397 Naloxone kits given out
- Introduction of a Patient Group Directive for the administration of Pabrinex as prophylaxis for those at risk of developing Alcohol Related Brain Injury (ARBI). A successful pilot took place in Ceredigion where those at risk are identified at Tier 2 and referred through for a course of Pabrinex.
- Trialling of Non-Medical Prescribing (NMP) within Ceredigion which has successfully improved access to prescribing. CDAT is now scoping the roll out across the 3 counties to compliment the CDAT Specialist Prescribing clinics.

- Development of a Mental Health and Substance Misuse Training programme which has been delivered to the Hywel Dda Health Board's Mental Health and Substance Misuse Staff to meet the requirements of the Welsh Government's Co-occurring Treatment Framework.
- Reviews undertaken of drug related deaths producing key learning and action plan to reduce future deaths.

4. FINANCE

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

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

NHS Ring fenced Allocation - £1.7 Million

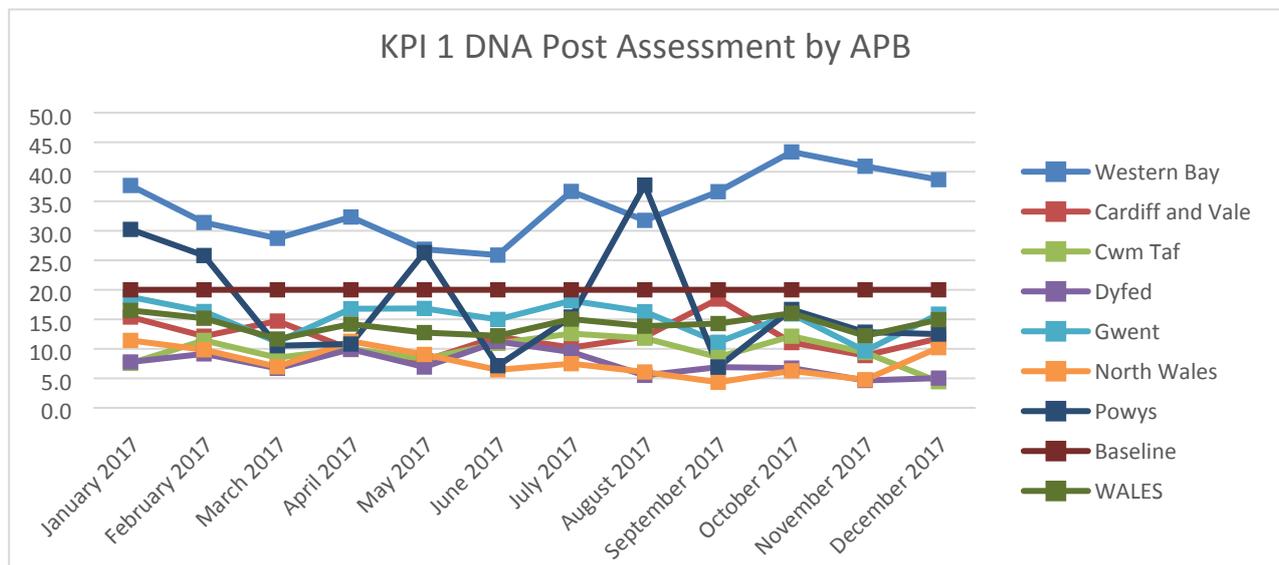
In addition, APB member organisations, through a Memorandum of Understanding, try to ensure that their individual organisational spend on drug and alcohol misuse is in line with the agreed collective strategic priorities.

5. PERFORMANCE

The graphs below show Dyfed Area Planning Board 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.

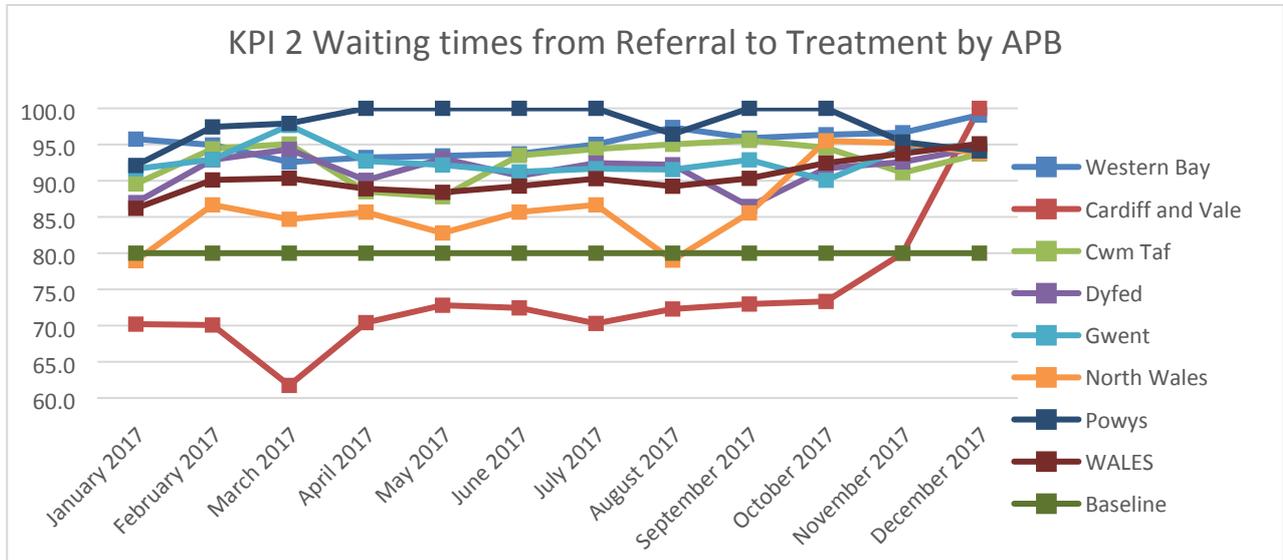
KPI 1 – % of DNAS (Do not attends) Post Assessment:
Red ≥30%, Amber 20.1-29.9%, Green ≤20%

The graph below shows that Dyfed has one of the lowest DNA rates across Wales, with only 5% of individuals in December not attending following assessment.



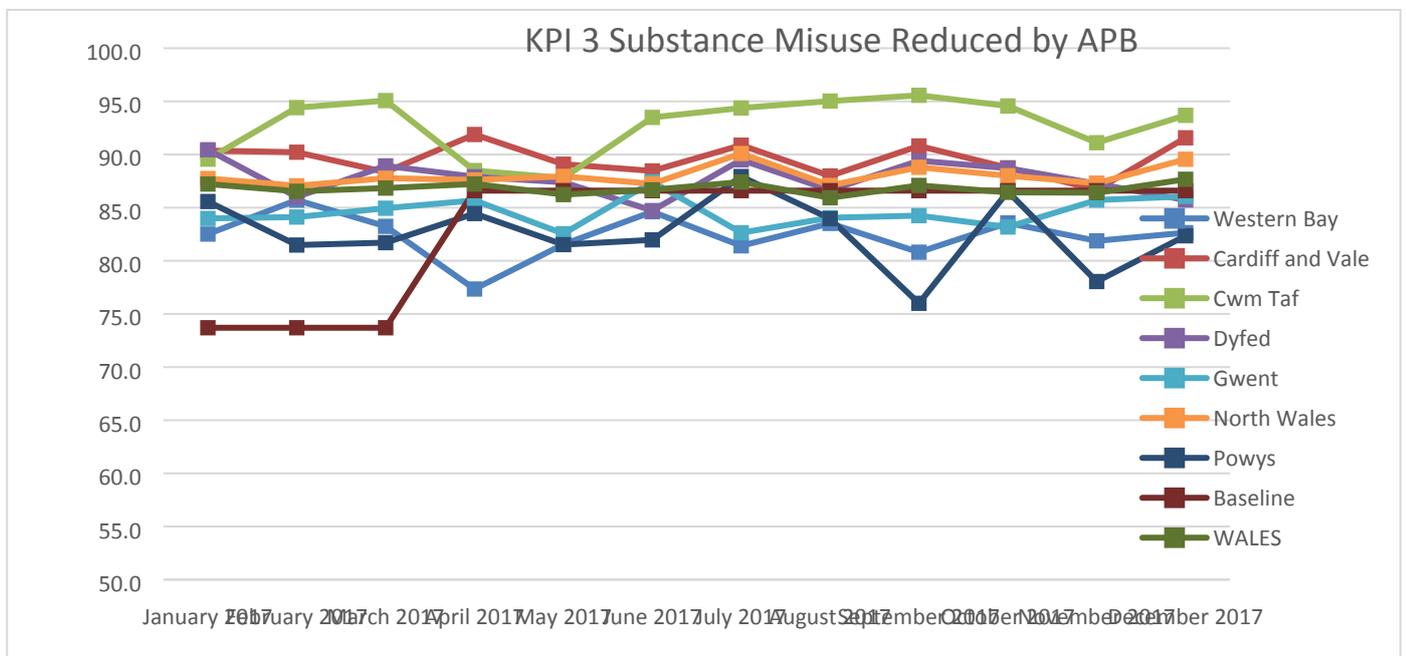
KPI2 - Waiting Times from Referral to Treatment (within 20 working days) - Achievement: Red ≤70%, Amber 70.1-79.9%, Green ≥80%

Waiting times for access to services is low, with over 90% of patients being seen within 20 days during November and December 2017.



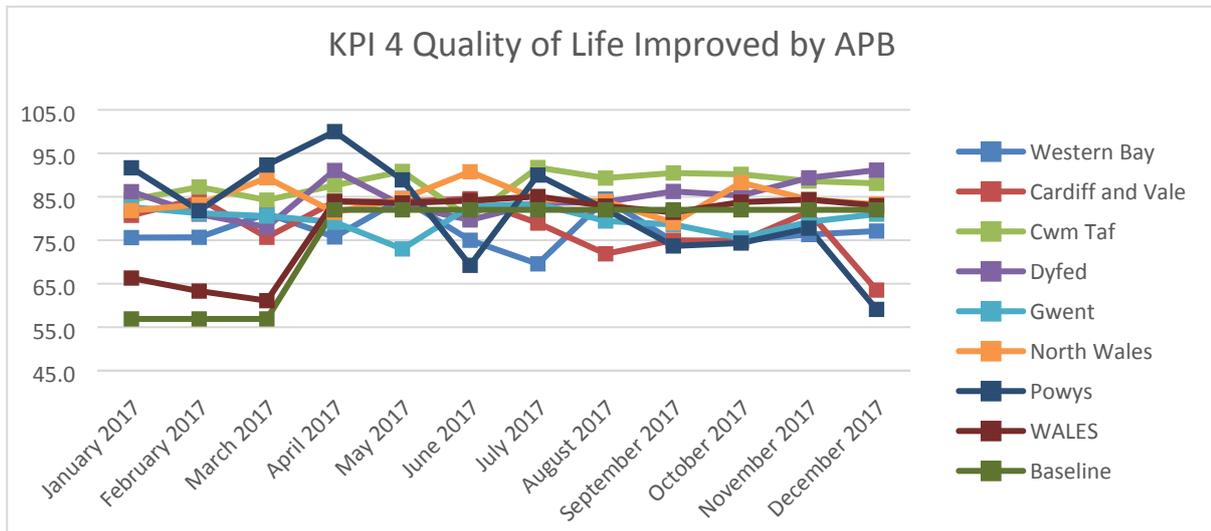
KPI 3 – Substance Misuse is reduced between treatment start and treatment completion

In December 2017 over 90% of individuals completing treatment had reduced their drug and/or alcohol use, above the Welsh baseline target.

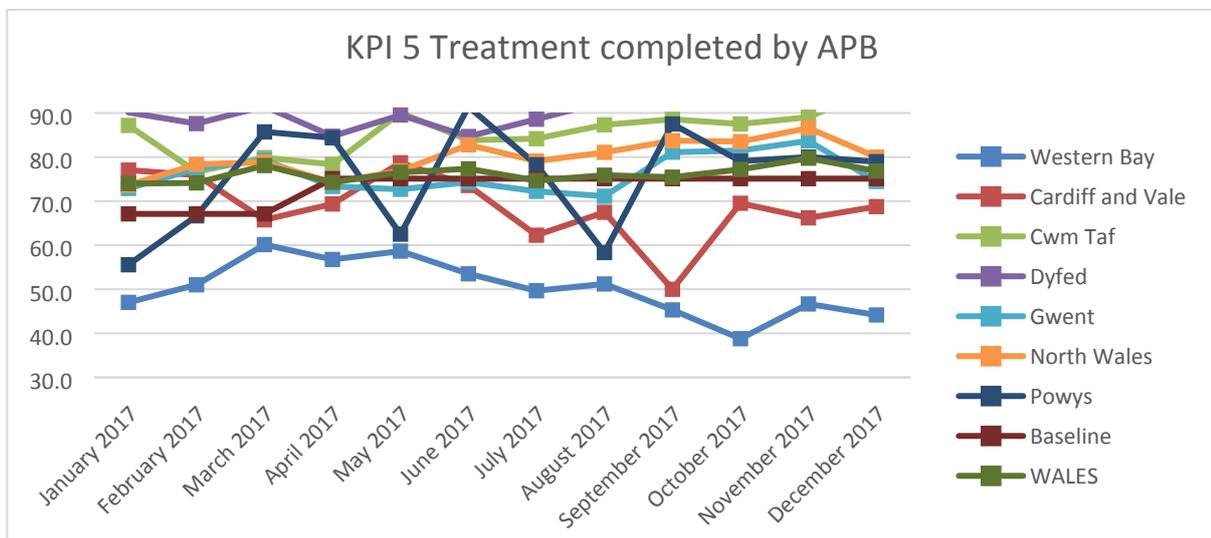


KPI 4 – Quality of Life Improved

Similarly, over 90% of individuals reported their quality of life had improved between start and treatment completion.



KPI5 – Numbers completing Treatment



In Dyfed, over 90% of service users complete their treatment goals and Dyfed APB is one of the best in Wales for this Key Performance Indicator.

6. FUTURE KEY PRIORITIES

The APB is in the process of reviewing its service model but current ongoing priorities include action and implementation plans to tackle the following:

- Changing profile of substances used, including New Psychoactive Substances (NPS) and prescribed medication
- Changes in availability e.g. supply via internet routes and targeted drug dealing
- Alcohol & Older People (50 plus)
- Alcohol Related Brain Damage
- Alcohol Liaison Services and Liver Disease
- Co-occurring Substance Misuse and Mental Health
- Fatal and Non - Fatal overdoses
- Young Persons Service Reconfiguration
- Targeting of Health Promotion & Prevention Messages to adults and young people
- Increasing Service User Involvement
- Housing
- Review of Prescribing Model
- Challenging stigma around the treatment of those with drug or alcohol problems
- Working with communities and local businesses to address concerns on drug or alcohol related issues
- Estates – Ensuring accessible services for those who wish to seek advice or treatment for their own or someone else’s drug or alcohol use