

# Document Pack



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

**MONDAY, 26<sup>TH</sup> FEBRUARY, 2018**

**TO: ALL MEMBERS OF THE ENVIRONMENTAL & PUBLIC PROTECTION AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEES**

**I HEREBY SUMMON YOU TO ATTEND A JOINT MEETING OF THE ENVIRONMENTAL & PUBLIC PROTECTION AND SOCIAL CARE & HEALTH SCRUTINY COMMITTEES WHICH WILL BE HELD IN THE CHAMBER, COUNTY HALL, CARMARTHEN AT 10.00 A.M. ON FRIDAY, 2ND MARCH, 2018 FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA.**

*Mark James* CBE

**CHIEF EXECUTIVE**



**PLEASE RECYCLE**

<b>Democratic Officer:</b>	<b>Michelle Evans Thomas</b>
<b>Telephone (Direct Line):</b>	<b>01267 224470</b>
<b>E-Mail:</b>	<b>MEEvansThomas@carmarthenshire.gov.uk</b>
<b>Ref:</b>	<b>AD016-001</b>



**YOUR COUNCIL** **doitonline**  
[www.carmarthenshire.gov.wales](http://www.carmarthenshire.gov.wales)

# **ENVIRONMENTAL & PUBLIC PROTECTION SCRUTINY COMMITTEE**

## **14 MEMBERS**

### **PLAID CYMRU GROUP – 7 MEMBERS**

- |    |            |                          |
|----|------------|--------------------------|
| 1. | Councillor | Alun Davies (Vice-Chair) |
| 2. | Councillor | Jeanette Gilasbey        |
| 3. | Councillor | Andrew James             |
| 4. | Councillor | Dorian Phillips          |
| 5. | Councillor | Susan Phillips           |
| 6. | Councillor | Alan Speake              |
| 7. | Councillor | Dai Thomas               |
| 8. | Councillor | Aled Vaughan Owen        |

### **LABOUR GROUP – 4 MEMBERS**

- |    |            |                    |
|----|------------|--------------------|
| 1. | Councillor | Penny Edwards      |
| 2. | Councillor | Amanda Fox         |
| 3. | Councillor | Tina Higgins       |
| 4. | Councillor | John James (Chair) |

### **INDEPENDENT GROUP – 3 MEMBERS**

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

# **SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

## **14 MEMBERS**

### **PLAID CYMRU GROUP – 7 MEMBERS**

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

### **LABOUR GROUP – 4 MEMBERS**

- |    |            |                 |
|----|------------|-----------------|
| 1. | Councillor | Ken Lloyd       |
| 2. | Councillor | Andre McPherson |
| 3. | Councillor | Eryl Morgan     |
| 4. | Councillor | Louvain Roberts |

### **INDEPENDENT GROUP – 3 MEMBERS**

- |    |            |                               |
|----|------------|-------------------------------|
| 1. | Councillor | Ieuan Wyn Davies (Vice-Chair) |
| 2. | Councillor | Rob Evans                     |
| 3. | Councillor | Edward Thomas                 |

# AGENDA

1. APPOINTMENT OF CHAIR FOR THE MEETING
2. APOLOGIES FOR ABSENCE
3. DECLARATIONS OF PERSONAL INTEREST
4. DECLARATIONS OF PROHIBITED PARTY WHIPS
5. PUBLIC QUESTIONS (NONE RECEIVED)
6. AREA PLANNING BOARD'S DRUG & ALCOHOL MISUSE ANNUAL REPORT 2017 5 - 18
7. SUBSTANCE MISUSE SERVICE ANNUAL REPORT 2016-17 19 - 34

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

2<sup>nd</sup> MARCH 2018

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

#### 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 2017.

#### 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

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

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

2<sup>nd</sup> MARCH 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
<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>YES</b>	<b>NONE</b>	<b>NONE</b>

### 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><b>Cymraeg -</b>  <a href="http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?skp=1&amp;lang=cy">http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?skp=1&amp;lang=cy</a></p> <p><b>English -</b>  <a href="http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en">http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en</a></p>

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

2<sup>nd</sup> MARCH 2018

## 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.

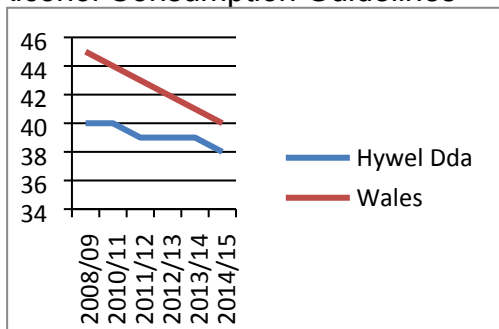
## 2.2 Alcohol consumption

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.

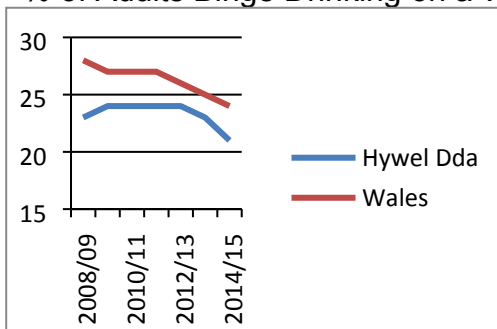
The graphs below show the position over recent years.

### % 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**

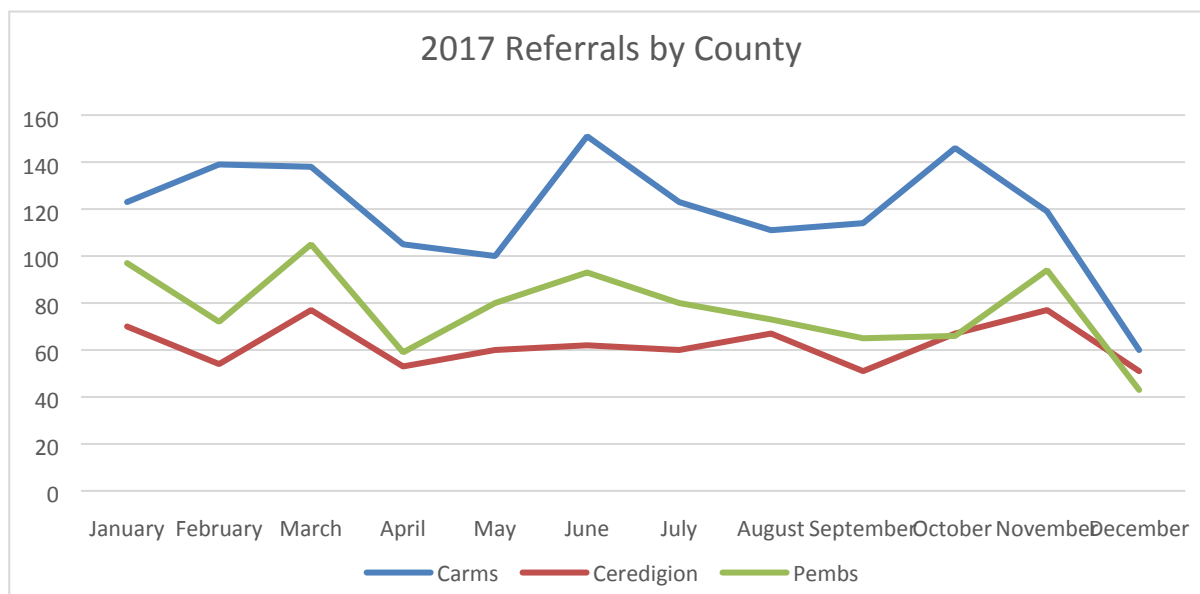
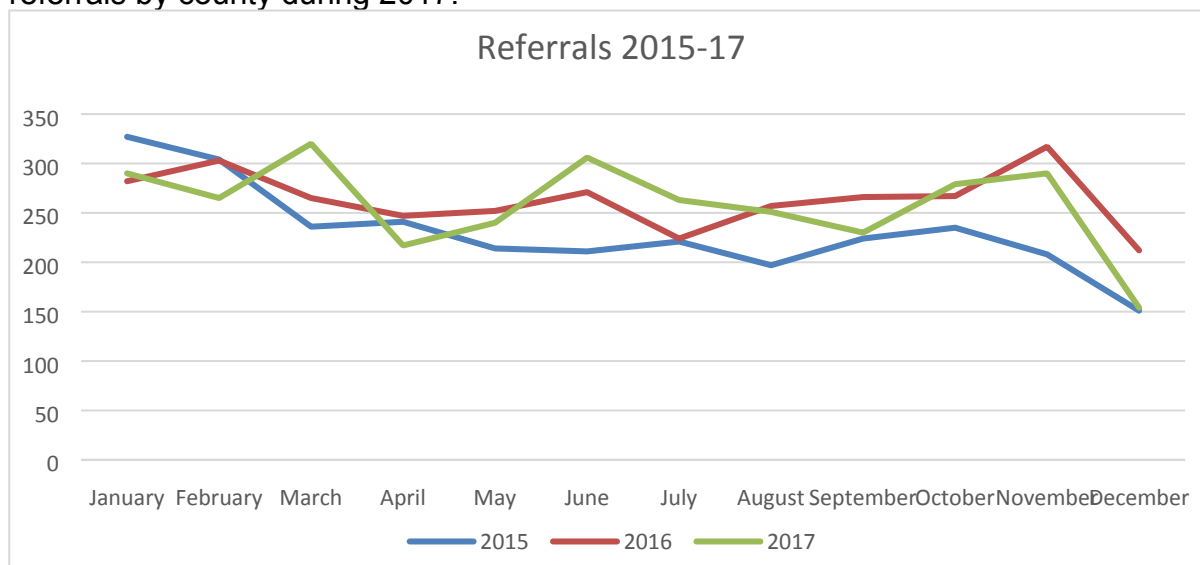
Misuse of drugs, both legal and illegal, and other mind-altering substances such as solvents, can damage health in a variety of ways. These include fatal overdoses, addiction, mental health problems, infections caused by injecting, and the toxic effects of the many substances that dealers mix with the 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.

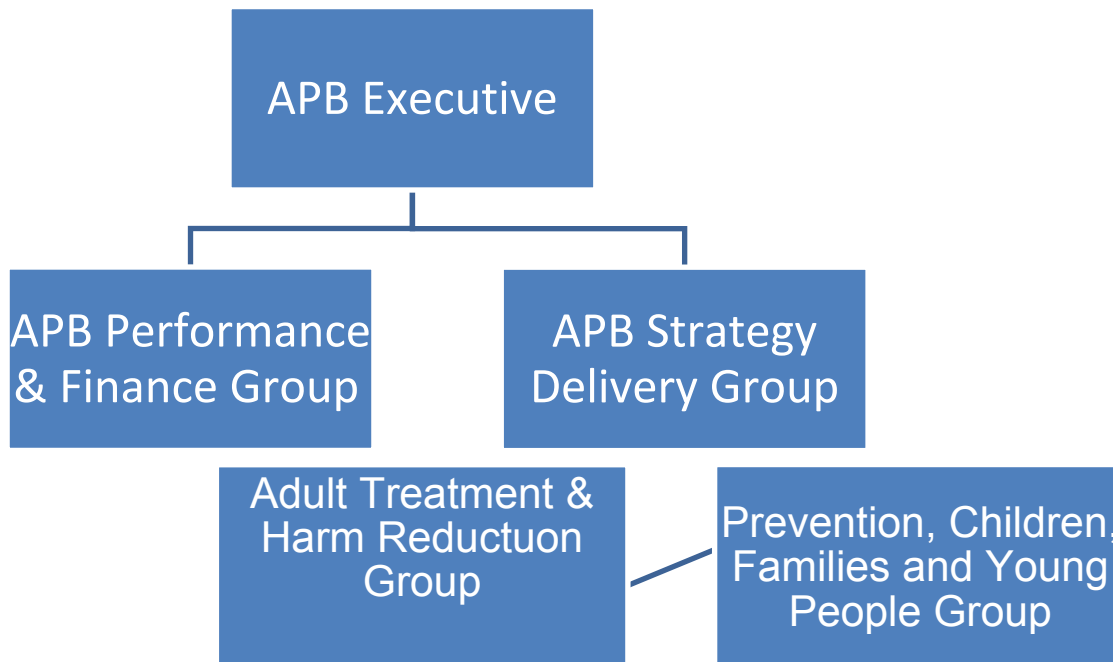
School Exclusions due to substance misuse are needed for the Hywel Dda area. However, data indicates that permanent exclusions as a result of drug or alcohol related rose overall from 370 to 380 (2.7 per cent).

### 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**

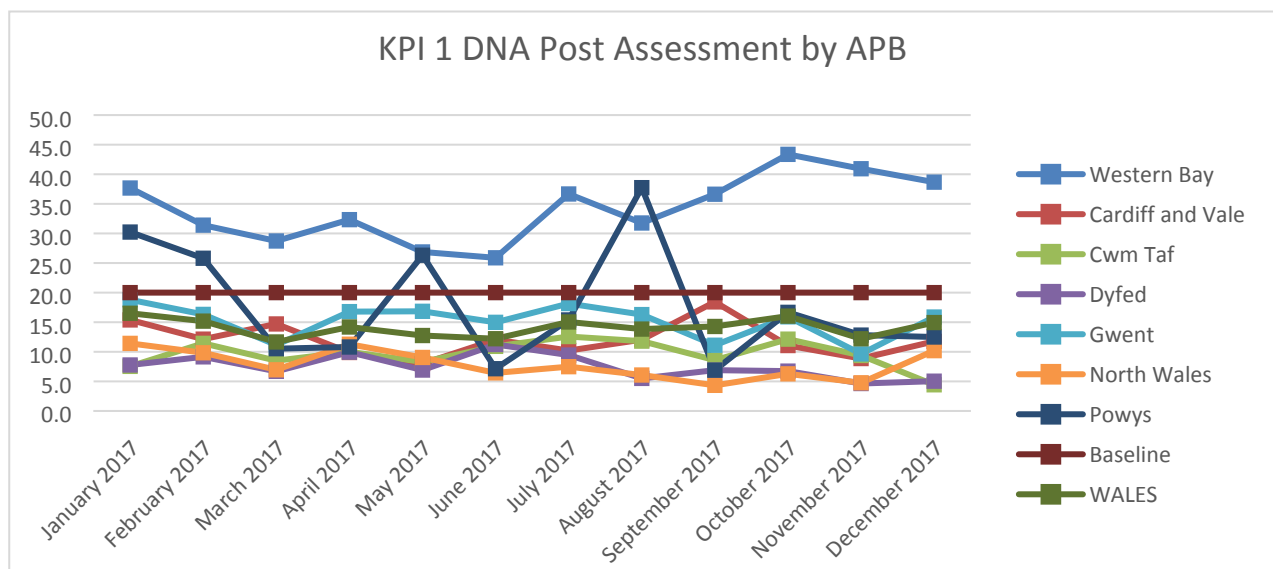
In addition, APB member organisations, through a Memorandum of Understanding, try to ensure that their individual organisational spend on drug and alcohol misuse is in line with the agreed collective strategic priorities.

#### 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.

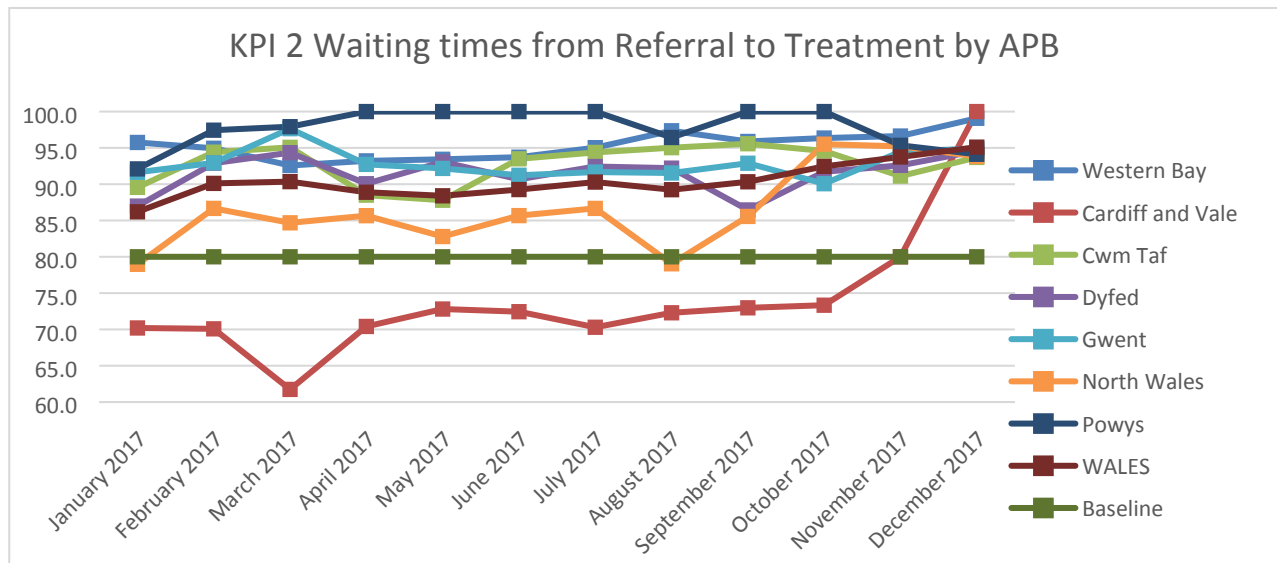
**KPI 1 – % of DNAS (Do not attends) Post Assessment:**  
**Red ≥30%, Amber 20.1-29.9%, Green ≤20%**

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.



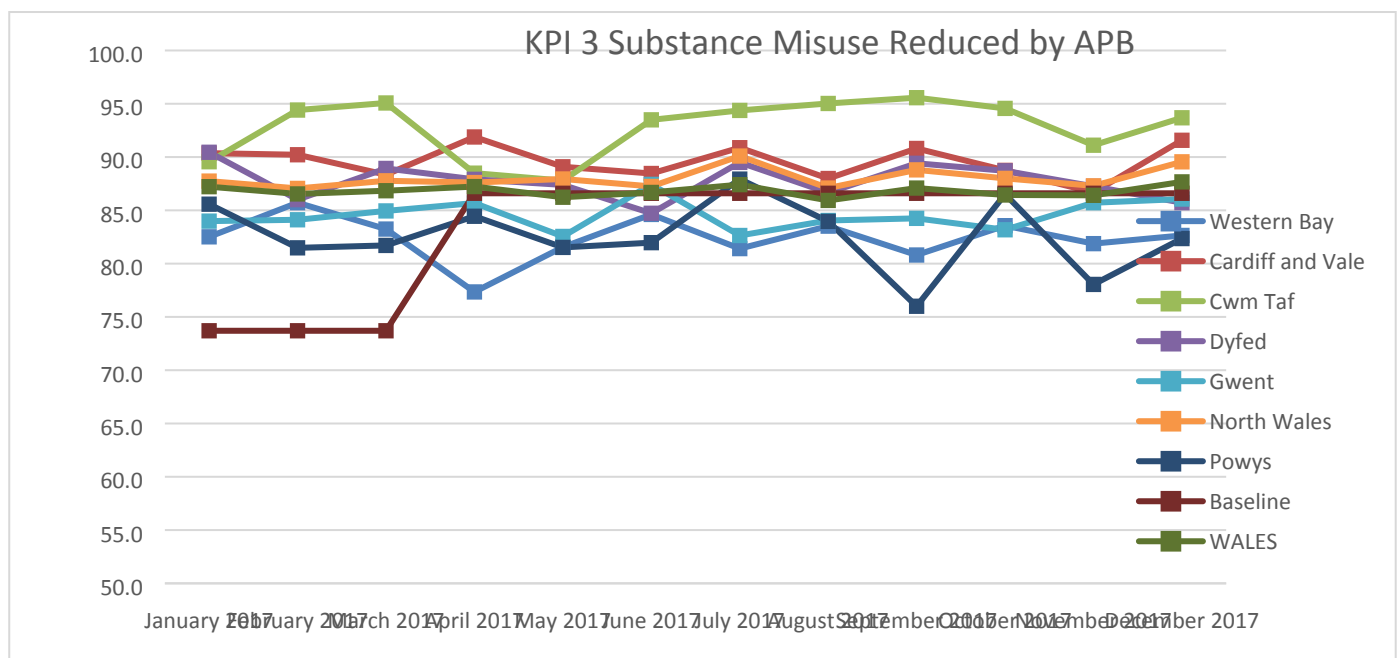
**KPI2 - Waiting Times from Referral to Treatment (within 20 working days) - Achievement: Red ≤70%, Amber 70.1-79.9%, Green ≥80%**

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



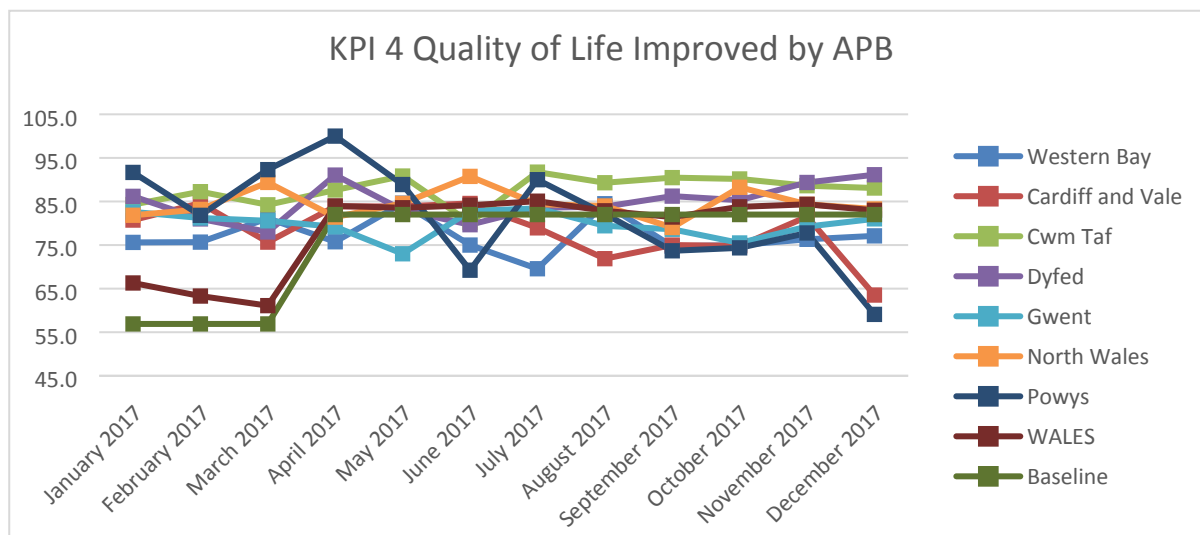
**KPI 3 – Substance Misuse is reduced between treatment start and treatment completion**

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

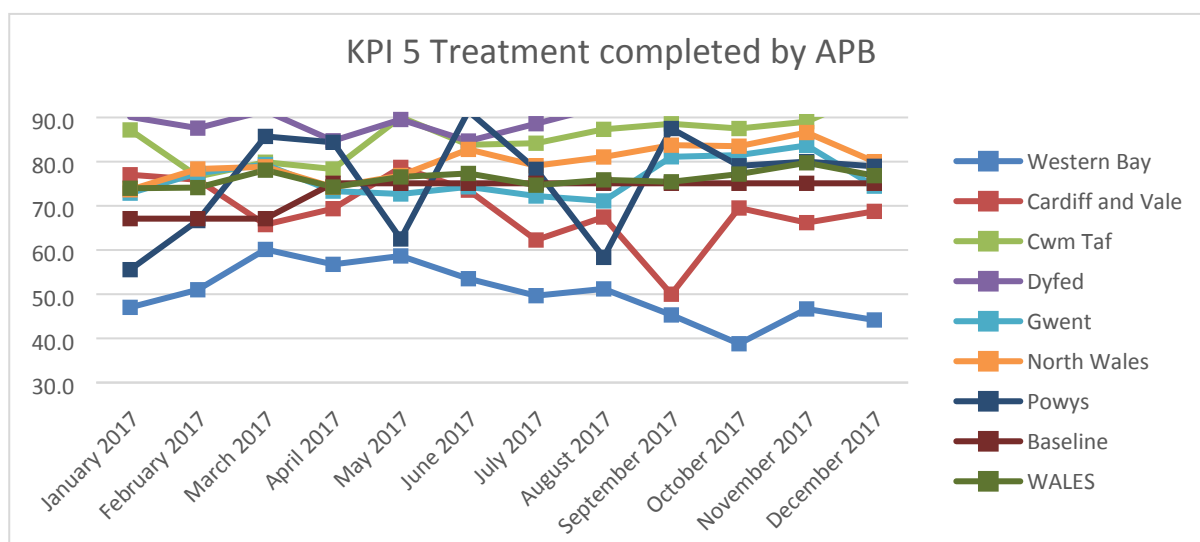


#### KPI 4 – Quality of Life Improved

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

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

2<sup>ND</sup> MARCH, 2018

### SUBSTANCE MISUSE SERVICE ANNUAL REPORT 2016-17

#### Purpose:

To inform members of the work undertaken by the Authority's specialist drug and alcohol services.

#### To consider and comment on the following issues:

The role of the local authority in addressing the consequences of problematic drug and alcohol use.

#### Reasons:

To enable members to exercise their scrutiny role.

To be referred to the Executive Board / Council for decision: **NO**

#### EXECUTIVE BOARD MEMBER PORTFOLIO HOLDER:-

Cllr. J. Tremlett (Social Care & Health Portfolio holder)

#### Directorate Communities

#### Name of Head of Service:

Avril Bracey

#### Report Author:

Kelvin Barlow

#### Designations:

Head of Mental Health & Learning  
Disabilities

Senior Manager, Complex Needs &  
Transition

#### Tel Nos.

01267 228092

#### E Mail Addresses:

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

**2<sup>ND</sup> MARCH 2018**

## **SUBSTANCE MISUSE SERVICE ANNUAL REPORT 2016-17**

This report provides an overview of all the activity through the year 2016-17 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
<b>YES</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

### 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**

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## **Substance Misuse Service**

### **Annual Report 2016-17**

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## Introduction

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

The Social Care Substance Misuse Team is a small team of dedicated Social Workers based in Llanelli but covering the whole of the county.

We are co-located in an integrated substance misuse centre with the Community Drug & Alcohol Team CDAT (Hywel Dda Health Board), and Dyfed Drug and Alcohol Service DDAS. We have a Professional Lead/Acting Team Manager, Consultant Social Worker, 4 Social Workers and Business Support Officer.

## Working in Partnership

The service is a jointly managed service between **adult and children's services**, this was the first in Wales, and the team were recognised during a British Association of Social Work award ceremony at Cardiff Bay for their contribution to innovative Social Work.

We provide representation across children's and adult management teams and provide consistent representation at the Homelessness Forum & at MARAC, the domestic abuse risk management meeting. We also work with our Safeguarding Team in order to offer direct support to vulnerable adults who are at risk of abuse and neglect.

During 2016/17, work has continued with our partners to deliver an integrated care pathway for adults with

substance misuse problems. This work has also extended to working in partnership on a regional basis across Ceredigion & Pembrokeshire, in particular with our social care colleagues, and in response to changes in presenting need from our service user group.

We continue to extend the range of services within our multi agency base at **Vaughan Street** in Llanelli, DDAS provide needle exchange, open access to advice, & information. This is in addition to the structured work undertaken by social workers, nurses & substance misuse workers.

We continue to support the Wallich in developing the dry house project '**Derwen Newydd**,' a safe and supported short term environment for vulnerable people who are abstinent but require support to regain their confidence and independent living skills.

This project has been monitored via a quarterly steering group and has evolved with our support to provide a safe and protected environment to vulnerable people. We have been in negotiations with the provider to develop a down-stairs room to safely accommodate people with mobility problems, and hope to progress this in 2017-2018. Our team has also delivered a 'Step Forward' group work at Derwen Newydd to assist people to move back into the community.

Our **Hidden Harm Project** focusses on parental substance misuse and minimising the risks to families. Our

Consultant Social Worker continues to offer our colleagues in Children's services specialist advice and assistance. This has been further developed by setting up fortnightly meetings with children's services teams to offer support to families quickly.

As part of the service we provide support from the **Young Carer's Service** who provide individual and group based support for young people who live with parental substance misuse

We co-ordinate the young person's panel where cases are discussed for young people who are approaching 18 years.

We continue to provide support to carers in line with the Social Services and Well-Being Act. The use of a modest Clients Needs budget and Direct Payments have further assisted families at the point of crisis.

There is a well-established **Information sharing protocol** between teams and this extends to other partnership agencies including Criminal Justice Teams, to allow for a swift exchange of information in order to manage risks and speed up the process of allocating the best service to respond to client need.

This is supported by weekly allocation meetings.. We Chair this meeting on behalf of the partnership, as well as chairing the monthly Operational Development Groups that are set up to monitor trends and respond to challenges in Carmarthenshire.

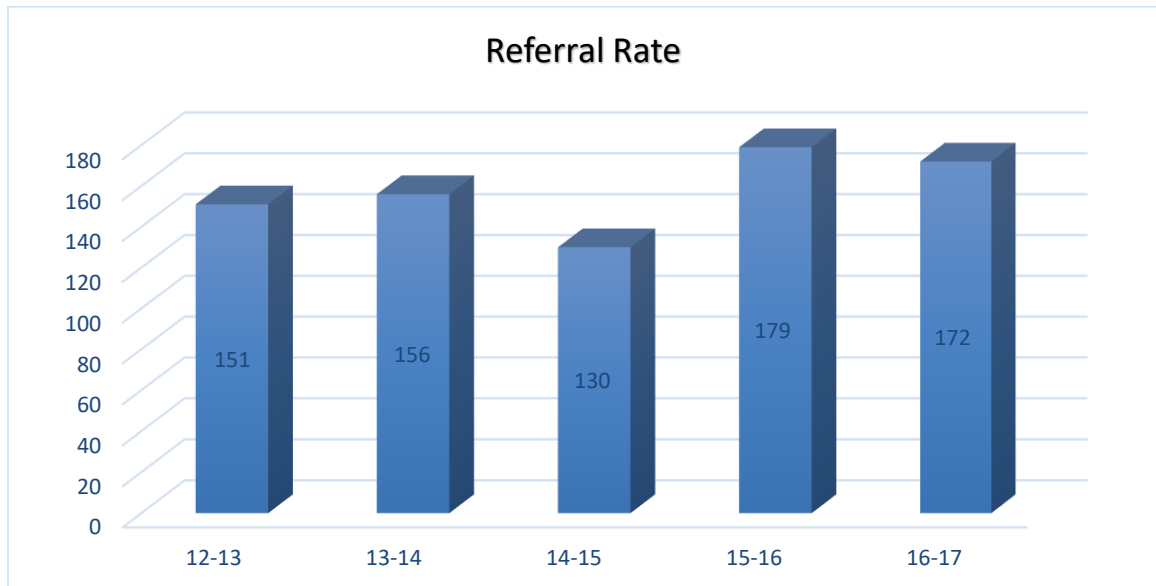
A good example of this is how a Task & Finish group was set up to respond to Drug Related Deaths within Carmarthenshire, and this has proved successful in implementing risk management strategies alongside Dyfed Powys Police where we can quickly look at trends and act to minimise risks to our service users, families and wider communities.

The team is also represented at many other meetings such as MARAC, MAPPA, where we look at responding to issues of domestic violence and public protection accordingly..

The introduction of the **Social Services & Well-Being Act** has been welcomed within the team and we have introduced a simple assessment tool to comply with the act and tested it prior to the Act going live.

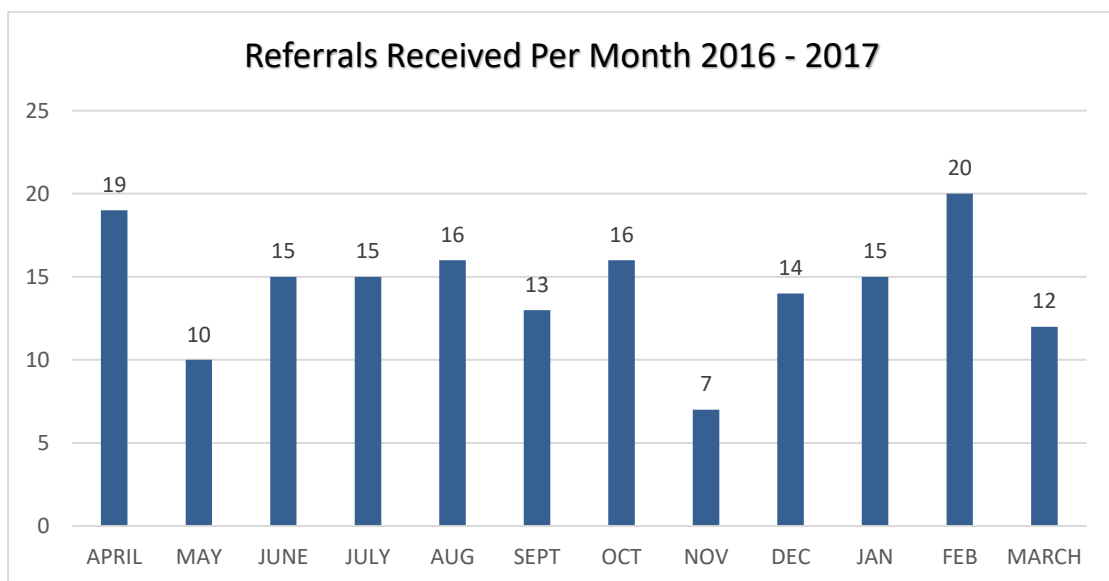
## 1. Total Number of Referrals Received Year on Year

The overall referrals received during the year were 172. This a slight decrease from last year.



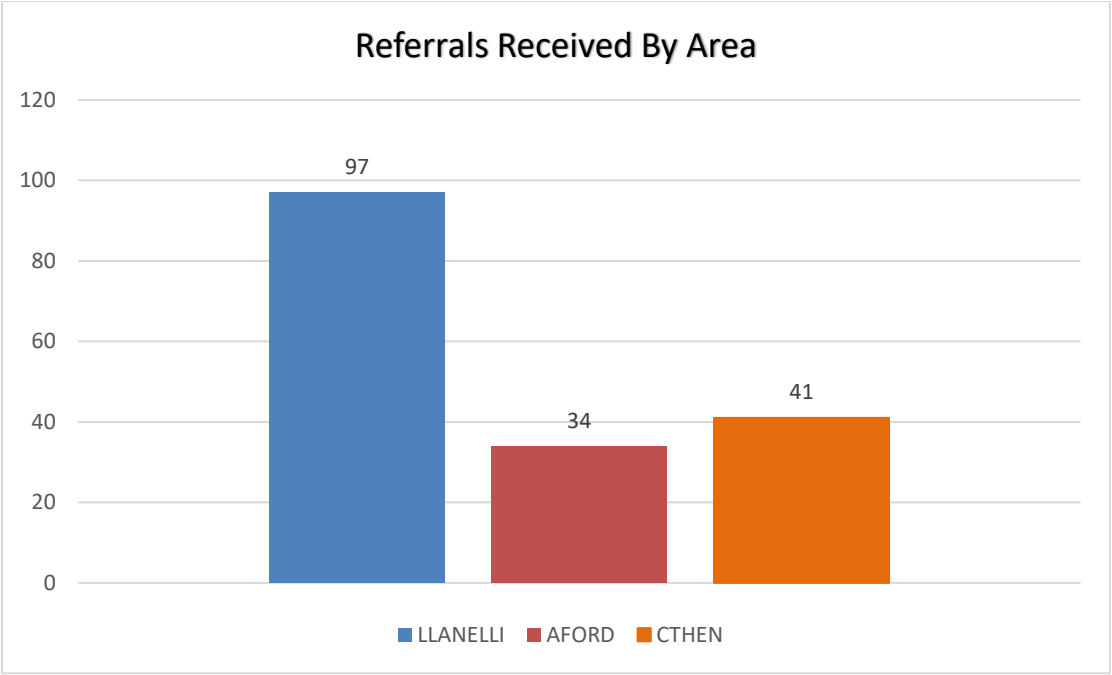
## 2. Referrals Received Per Month April 2016 – March 2017

**172** Referrals received April 2016 – March 2017 with November and February showing a contrast in referral rates per month. This fluctuation didn't result in a quiet period for the team with the cases across the team remaining constantly between 85-100 open and active cases with high levels of risk and support needs.



### 3. Referrals by Area

There is a long standing pattern of Llanelli having the greatest demand, with 56% of referrals over the year. There are challenges in covering both urban and rural areas in a large county, however we have established good working links with other Social Work Teams and have negotiated the use of 'hot desks' to ensure our workers have access to office space throughout the county.

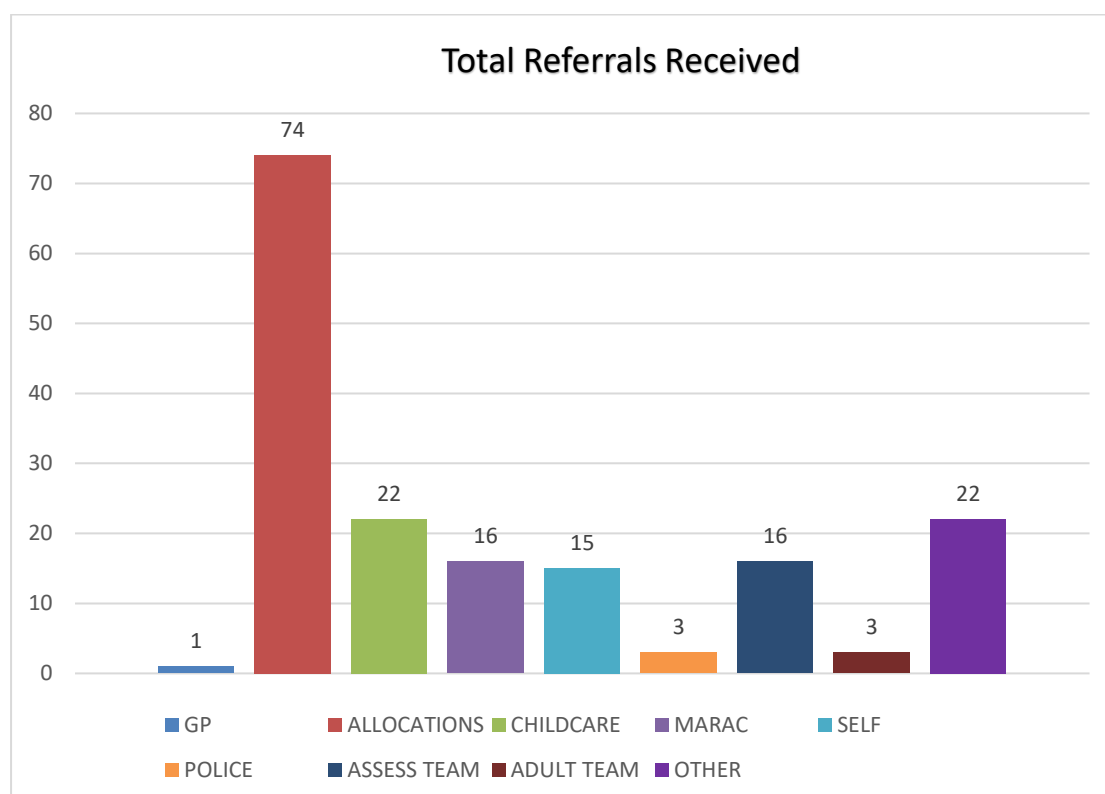


#### 4. Referrals by source

The weekly allocation meeting continues to be our biggest referral source. The allocation meeting is our weekly partnership between services to ensure people receive the right help at the right time.

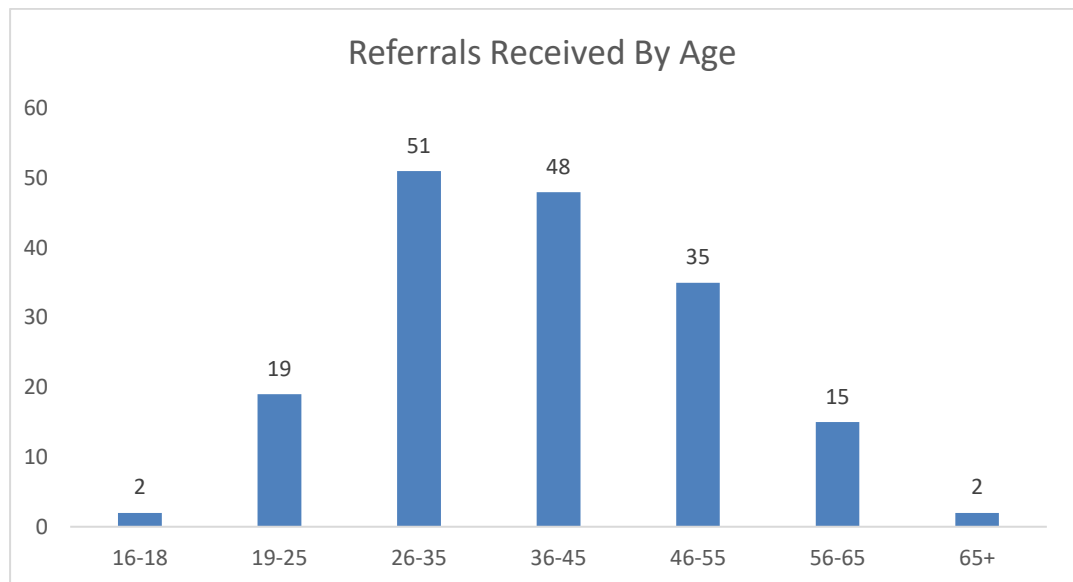
There has been a growing number of direct referrals from other Social Worker Teams such as Childcare Team, Assessment Team and Adult Team with just under a quarter of our referrals 24% coming from our Social Work colleagues.

The referral sources also reflect the risk involved with many cases being referred in due to domestic violence such as MARAC 13% and Police 2%.



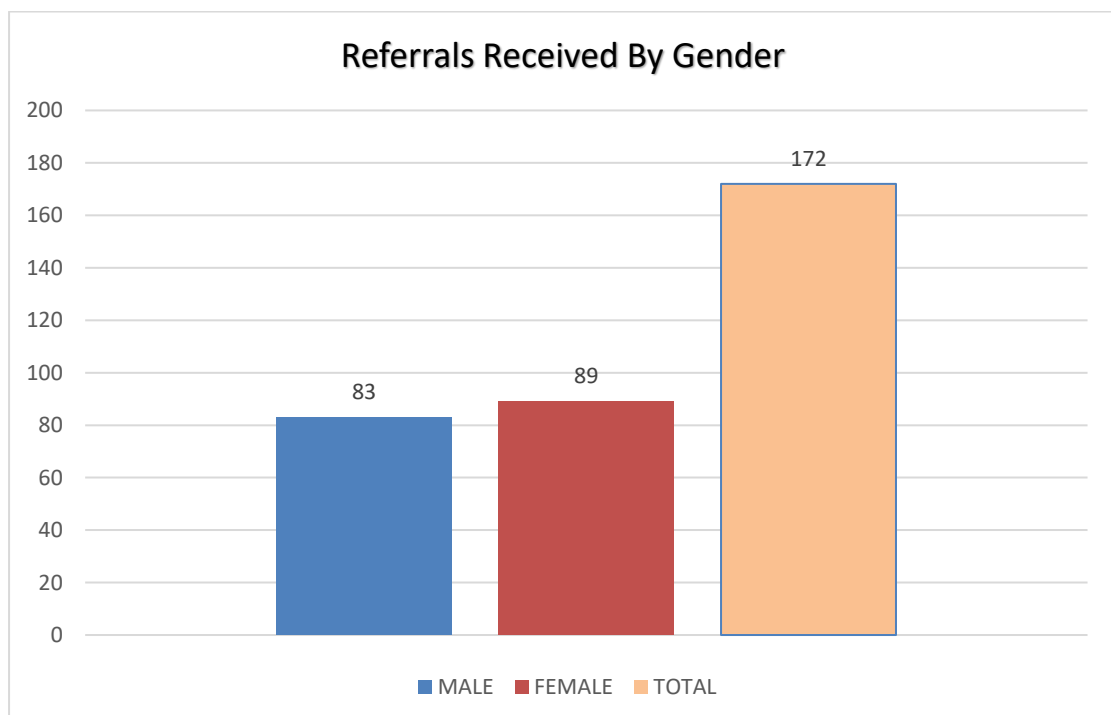
## 5. Age Range

There is a relatively low number of referrals for people aged 18-25, however the lowest age group is that of the over 65 with only 2%. The bulk of referrals however are within the 26-55 age groups.



## 6. Gender

Across all referrals there was a gender split of 52% females to 48% males. The higher percentage of female referrals reflects the referrals received via Childcare and Assessment Teams where the woman is the primary or sole parent.



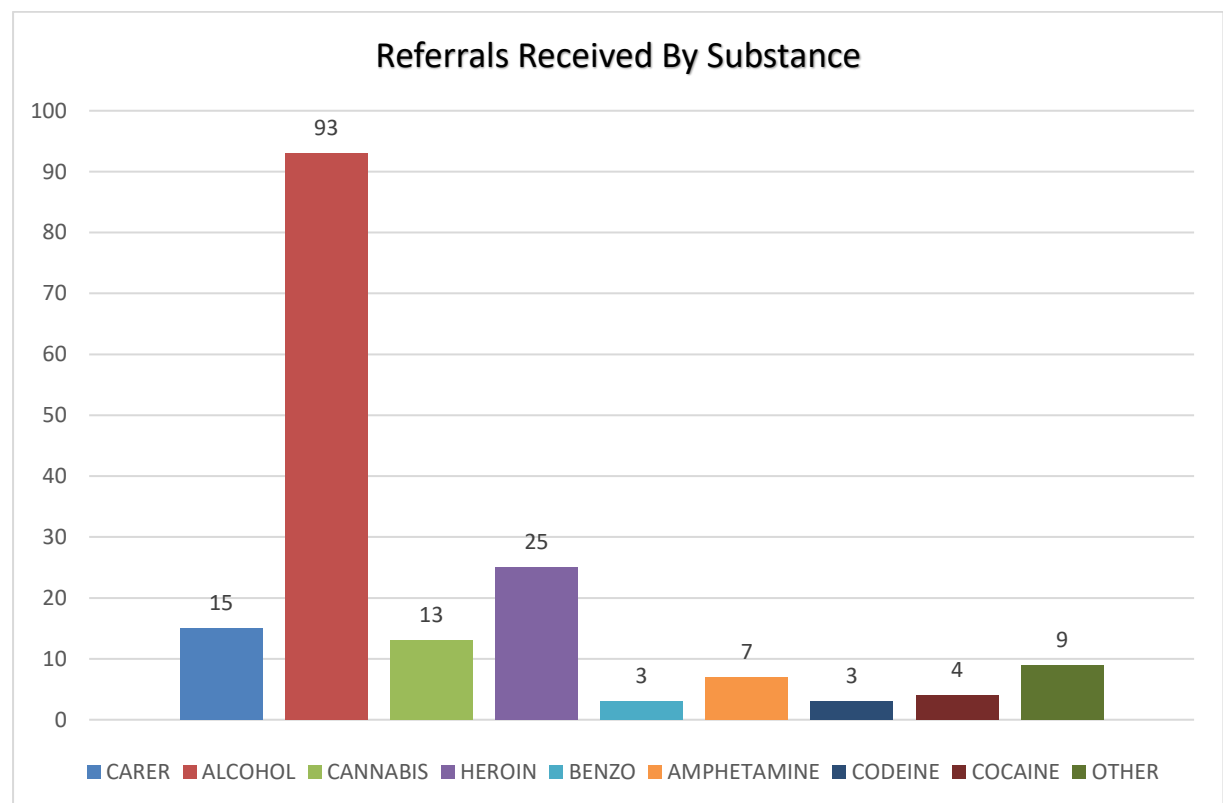
## 7. Substance Used

Alcohol continues to be the biggest recorded substance with 54% of referrals logged as the primary substance. Alcohol is also a significant secondary substance.

% of primary substance reported at referral stage

- 54% reported alcohol as primary substance
- 14% reported heroin as primary substance
- 8% reported cannabis as primary substance
- 4% reported amphetamine as primary substance
- 2% reported benzodiazepines as primary substance
- 2% reported codeine as primary substance
- 2% reported cocaine as primary substance
- 5% reported 'other' as primary substance – to include Spice, Gas, Subutex
- 9% reported to be a carer

There continued to be concern regarding the combination of more established substances mixed with new psychoactive and prescribed substances with the use of Spice and Pregabalin prominent in recent drug related deaths. There is also concern regarding the introduction of a strong synthetic opioid fentanyl.



## **8. Team Caseload**

Although the referral & assessment rates into the service have decreased in the past year the caseload for the team has remained constant at between **85 and 100 cases**.

This reflects the complex nature of the cases the team hold. Many cases have been open to the team for over 12 months.

There was a capacity issue within the team from November 2016 to May 2017 when we were reduced to 3 Social Workers and to avoid a waiting list the Acting Team Manager took on more cases.

## **9. Rehab**

The team continue to assess individuals to access community services within Carmarthenshire, however there are occasions when it is necessary to look at more intensive interventions to achieve the goal of abstinence. Our team continue to provide an early consultation regarding residential rehab, providing individuals with information. Most individuals assessed at this early stage are curious about the process and will not go into residential rehab, instead will have their needs met within the community. However there were a number of people who needed a safe environment in order for us to complete our assessment.

**The total spend in 2016-2017 was £129,000, and this accounted for 8 individuals who had their placements in 7 different residential rehabilitation providers.**

## **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, and electronic filing system Establish a longer term plan for office space in Llanelli.
- Continue to meet our statutory requirements of the Social Services & Well-Being Act. Develop a coordinated approach between services for Adult Carer's, Young Carer's & concerned others.
- Improve the capability of Children & Adult Services staff to recognise and respond to substance misuse through training and direct work.
- Develop better solutions with our partners for people with Alcohol Related Brain Damage.,
- Monitor emerging trends and quickly respond to risks to safeguard vulnerable adults, children and families
- Use research and evidence based practice to inform our working practice.
- Further develop the specification of Derwen Newydd in order to provide a safe and protected environment for people with mobility issues and respond to changing needs.

**Gary James Acting Team Manager 2017**

