Meeting of:	SUBJECT OVERVIEW AND SCRUTINY COMMITTEE		
Date of Meeting:	14 NOVEMBER 2024		
Report Title:	INTEGRATED SUBSTANCE MISUSE SERVICE IN BRIDGEND		
Report Owner / Corporate Director:	CORPORATE DIRECTOR SOCIAL SERVICES & WELLBEING		
Responsible Officer:	MARK WILKINSON GROUP MANAGER, LEARNING DISABILITY, MENTAL HEALTH & SUBSTANCE MISUSE		
Policy Framework and Procedure Rules:	There is no effect upon the policy framework or procedure rules		
Executive Summary:	 This report provides: The background to substance misuse services in Bridgend. Information about the demand for services. An overview of current activity in this service area. A description of the service's current priorities. 		

1. Purpose of Report

- 1.1 This report provides information regarding the provision of substance use treatment and support services in the Bridgend County Borough area through the Integrated Substance Misuse Service.
- 1.2 The report enables members to evaluate the effectiveness of the current arrangements and advise on future developments.

2. Background

- 2.1 What is Drug and Alcohol misuse?
- 2.1.1 Drug misuse is defined as the use of a substance for a purpose not consistent with legal or medical guidelines (World Health Organisation, 2006). It has a negative impact on health or functioning and may take the form of drug dependence, or be part of a wider spectrum of problematic or harmful behaviour (Department of Health).

- 2.1.2 It can also be dependence on, or regular excessive consumption of, psychoactive substances, leading to physical, mental or social problems. This term does not include occasional or experimental drug use in adults (NICE Guidelines).
- 2.1.3 Alcohol misuse is a term that describes alcohol consumption that puts individuals at increased risk for adverse health and social consequences. Alcohol misuse can have negative impacts on a person's life and health and to their concerned others.

2.2 <u>Area Planning Boards (APBs)</u>

- 2.2.1 The responsible Authorities that form Community Safety Partnerships have the statutory responsibility for combatting the misuse of drugs, alcohol, and other substances in their local area. In order to meet this responsibility APBs were established in 2010 as part of new arrangements to deliver the Welsh Government Strategy "Working Together to Reduce Harm 2008-2018". APBs align with the Health Board footprint and provide a Regional Framework to:
 - Strengthen partnership working and strategic leadership in the delivery of the Substance Misuse Strategy
 - Enhance and improve key functions of planning, commissioning and performance management.
 - Pool resources to ensure value for money and reduce duplication.

2.3 <u>Funding</u>

- 2.3.1 The Substance Misuse Use Action Fund (SMAF) was established to enable the Welsh Government to allocate revenue funding to APBs on a regional basis. Rhondda Cynon Taf County Borough Council (RCTCBC) is the responsible authority acting as banker for the grant in the Cwm Taff Morgannwg (CTM) region. An APB Commissioning Team is employed by RCTCBC to manage the grant and facilitate the requirements of the APB and Welsh Government.
- 2.3.2 Within the SMAF revenue grant there are specific "ring-fenced" allocations for Children and Young People and Tier 4 services (Inpatient Detoxification and Residential Rehabilitation).
- 2.3.3 The SMAF also has capital funding which is allocated on an annual basis via a national bidding process.
- 2.3.4 As well as this Health Boards (HBs) ring-fence funding for substance misuse services Welsh Government requires that APBs work collaboratively with HBs to ensure that plans are co-ordinated to provide the most effective use of funding and avoid duplication. Each year, the APB will scrutinise and "sign off" the HBs expenditure plan to enable the HB to draw down their allocation from Welsh Government.
- 2.3.5 Funding for Substance Use treatment and Support is also provided by the Office of the Police and Crime Commissioner (PCC). This funding provides services through the criminal justice system delivered by G4S / Dyfodol who are a key partner of the CTM Integrated Substance Misuse Service.

2.3.6 Drug and alcohol related deaths in Bridgend.

The following table shows drug related deaths in Bridgend and CTM since 2019. The Office for National Statistics (ONS) figures are deaths that have been recorded as drug related, the reviewable figures relate to figures where the cause of death has not been concluded, these figures include five deaths in Parc Prison in 2024 and two in 2023.

Year	ONS Bridgend	ONS CTM	Reviewable	Reviewable
			Bridgend	CTM
2024 (Jan-Oct)			17	49
2023	14	51	17	47
2022	11	34	20	69
2021	14	43	16	45
2020	11	24	16	53
2019	10	30	9	33

The table shows the pattern of deaths in Bridgend is similar to that in CTM.

The type of drugs involved are illegal drugs including cocaine, heroin and other opiates, illicit diazepam and nitazenes which can be taken by mistake and are easy to transport as they can be soaked into paper. There are also over the counter, prescription drugs and uncontrolled substances.

The figures on alcohol related deaths according to the ONS is 14 in every 100,000 people and there is an increasing awareness of alcohol related brain damage particularly in older people with a history of alcohol misuse.

The figures from the ONS for 2020 to 2022 are below:

	2022	2021	2020
Wales	486	472	438
Bridgend	30	25	34
CTM	80	87	81

3. Current situation

3.1 Substance misuse services are delivered within four levels or tiers;

Tier 1 Prevention and early identification / intervention

Tier 2 Advice and Support Services

Tier 3 Specialist Treatment Services

Tier 4 Inpatient Detoxification and Residential Rehabilitation

Across CTM, Tier 1 and 2 Services are provided by an independent sector group called Barod and Tier 3 and Tier 4 detoxification services by CTM UHB in partnership with the local authorities. Residential Rehabilitation (Tier 4) placements are "spot purchased" and sourced though a National Framework which has been commissioned by Welsh Government. The PCC commissions G4S / Dyfodol to provide substance use treatment and support.

The two charts below show the relevant assessment activity carried out by substance misuse services in Bridgend during 2023/24.

100%
90%
80%
70%
60%
50%
4
19
33
77
74
4
19
33
77
74
4
19
31
0-10 11-17 18-19 20-24 25-29 30-39 40-49 50-59 60-69 70-79 80+

Chart 1: Number Assessed 2023-24 by Age and substance group.

Please note: Data excludes unknown.

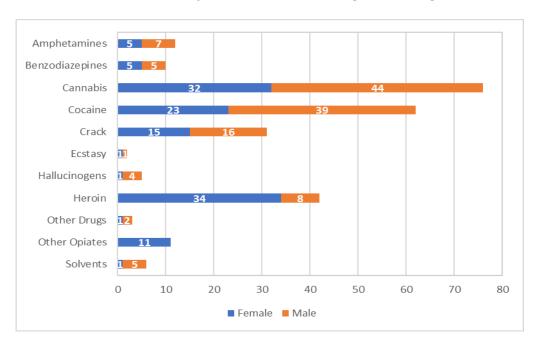


Chart 2: Number Assessed 2023-24 by Problem substance and gender (All ages)

Please note: Data excludes Alcohol, and unknown.

3.2 Partnership Working

The CTM Substance Misuse Service Model was developed in 2017, following an extensive review of services. The model brings together statutory and non-statutory providers to address the full range of support and treatment needs related to substance use across all age groups in CTM.

- 3.3 The model comprises a number of interconnected components.
 - Prevention and Early Intervention.
 - Drug and Alcohol Single Point of Access (DASPA).
 - Children and Young People Services including a specialist treatment service (Tier 3).
 - Transition Service for 18 25-year-olds.
 - Low intensity treatment and support.
 - Specialist treatment for adults (Tier 3) including Primary Care Drug and Alcohol Service and Community Detox.
 - Sustained Recovery Service.
 - Pathways for access into Tier 4 services detoxification and residential rehabilitation services.
- 3.4 Bridgend services are delivered from Celtic Court, Tremains Road, Bridgend. CTM UHB Community Drug and Alcohol team, BCBC Substance Misuse Social Work Team, Barod and Dyfodol are co-located to provide a holistic response to meet the needs of those using services. A needle exchange is provided as well as on-site dispensing of Opiate Substitute Treatment (Dyfodol). Satellite clinics are also held at Hartshorn House Maesteg.
- 3.5 The Specialist Mental Health and Substance Misuse Housing Outreach Service (HOS) was developed in 2020 following the successful multi-agency application to the Welsh Government Covid-19 Homelessness and Housing Related Support Services. (Phase 2 funding). The service has increased with the help of additional funding from the SMAF. This service provides treatment in the community to individuals in homeless hostels, emergency bed and breakfast, Housing First projects, and more recently individuals in supported housing who are at risk of losing their tenancies due to issues with their mental health and / or substance use. The HOS team work in partnership with Bridgend colleagues from the Wallich and liaise closely with housing colleagues to target areas throughout the Borough utilising existing schemes such as the breakfast run.
- 3.6 There are currently two new services in the development stage: the Co-occurring Mental Health and Substance Use Service and the Community Alcohol Care Team (CoACT). These are expected to commence in 2025.
- 3.7 Bridgend Key Performance Information 2023-24 (Data source: DHCW 23rd October 2024)
 - During 2023-24 there were a total of **1,062** referrals into substance misuse services from across Bridgend.
 - Of these referrals, 763 individuals were assessed by specialist substance misuse providers.
 - The number of individuals assessed for problematic drug use was **374** compared with **336** assessed for problematic alcohol use.
 - Within problematic drug use, Cannabis accounted for **98** of all assessments, Heroin accounted for **90**, and Cocaine **70** of all assessments.
 - The total number of individuals starting treatment in 2023-24 was 677.
 - 10.61% of people Did Not Attend (DNA) treatment or the contact ended before treatment began following the assessment stage. KPI1, target; less than 20%.

- 88.33% of people received treatment within 20 working days of referral. KPI2, target; more than 80%.
- **80.82%** of people reported a reduction, abstinent or no change in their substance misuse. **KPI3, target; 86.5%.**
- 79.13% of people reported improved quality of life. KPI4, target; 84.2%
- 87.68 % of individuals completed treatment either problematic substances free or have reached their treatment goals. KPI5, target; 76.9%

3.8 <u>Service Involvement Groups (SIG)</u>

3.8.1 The APB recognises that service users and concerned others have unique experience and knowledge, which enables them to provide valuable advice and guidance in all aspects of substance misuse services. Our ambition is to deliver services which put service users' views, needs, aspirations, experiences, and expert knowledge at the heart of what we do. One of the vehicles to ensure this are the three active Service Involvement Groups across the region: Bridgend, Merthyr and RCT.

Some of the experiences of people who have used substance misuse services are described in **Appendix A** in three case studies.

- 3.8.2 The Bridgend SIG meetings are held fortnightly on a Tuesday in Celtic Court. There have been 13 Bridgend SIG meetings since April 2024 with 10 unique participants attending. The following is a snapshot of key areas of work that the group has assisted with:
 - Design of the Housing Outreach Service.
 - Naloxone training following nitazene awareness information.
 - Review of the Readiness for Change poster and training Programme.
 - Barod's Glossary of Terminology
 - Participating on interview panels for provider agency posts.
 - Focus Group Recruitment of the APB Compliance & Monitoring Officer.
 - Presenting at the CTM APB Learning Together event

3.9 Current Priorities

- 3.9.1 The current priorities for the ongoing development and delivery of substance misuse services are as follows:
 - In line with National agreements, progress the work with partners to finalise the Information Sharing Protocol for non-fatal incidents.
 - Provide a partnership response to the reduction of fatal and non-fatal drug poisonings.
 - Continue to support the Service User Involvement agenda across CTM.
 - Continue to monitor the Specialist Mental Health and Substance Misuse Housing Outreach Service to ensure service provision is in accordance with identified need.
 - In collaboration with partners and key stakeholders, review the Health Equity Audit and agree the next steps of development.

- In collaboration with the HB, continue to respond to the Welsh Health Circular of October 2022 to promote the increase of screening and testing of Hepatitis B and C to achieve the WHO elimination target.
- Continue to support the Alcohol Related Brain Damage (ARBD) working group to scope and agree a collaborative response to the prevalence of ARBD in the Region
- Continue to offer training for new staff on the Tier 4 process in CTM for residential rehabilitation.
- Work with Providers to ensure the establishment and delivery of the additional projects supported by increased SMAF funding 2023-2025.
- Continue to support the CoACT working group to ensure the links are in place with the ACT Service and ensure all the necessary monitoring arrangements are in place.
- Continue to support the Co-occurring Project Group to provide clarity and consistency on service delivery and partnership working.

4. Equality implications (including Socio-economic Duty and Welsh Language)

4.1 The protected characteristics identified within the Equality Act, Socio-economic Duty and the impact on the use of the Welsh Language have been considered in the preparation of this report. As a public body in Wales the Council must consider the impact of strategic decisions, such as the development or the review of policies, strategies, services and functions. This is an information report; therefore, it is not necessary to carry out an Equality Impact assessment in the production of this report. It is considered that there will be no significant or unacceptable equality impacts as a result of this report.

5. Well-being of Future Generations implications and connection to Corporate Well-being Objectives

5.1 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report.

Long Term. The plans for and operation of substance misuse services are designed to be robust and sustainable with long term goals and objectives and service developments which enable the services to adapt and change according to changes in demand for services.

Prevention. As described above many of the community services have a strong emphasis on prevention and providing people with information, advice, and support at an early point to help people avoid the need for services at tiers 3 and 4.

Integration. Substance misuse services are founded on an ethos of partnership and integrated working between health, social care, voluntary sector and service user and carer organisations. All developments are made in partnership and on a multi-agency basis.

Collaboration. All the services described in this report are provided on a collaborative basis through partnerships between the council, the health board and the independent sector.

Involvement. One of the basic principles of the operation of substance misuse services is the involvement of people who are using services in the design and delivery of the services they receive at individual, service and strategic levels.

6. Climate Change Implications

6.1 There is no impact or link to Bridgend County Borough Council's climate change aspirations because of this report.

7. Safeguarding and Corporate Parent Implications

7.1 Substance misuse services are targeted at children and young people with ring fenced funding for this age group.

8. Financial Implications

8.1 Substance misuse services operate within the council and regional budget allocation.

9. Recommendation(s)

9.1 That committee note the contents of this report and make comments on the current and future delivery of substance misuse services.

Background documents

None.