Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 – Y Senedd

Dyddiad:
Dydd Mercher, 11 Mawrth 2015

Amser:
09.15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:
Llinos Madeley
Clerc y Pwyllgor
0300 200 6565
SeneddIechyd@Cynulliad.Cymru

Agenda

1 Cyflwyniadau, ymddiheuriadau a dirprwyon (09.15)

2 Ymchwiliad i gamddefnyddio alcohol a sylweddau: sesiwn dystiolaeth 4 (09.15 – 09.55) (Tudalennau 1 – 22)

Dr Sarah J Jones, Iechyd Cyhoeddus Cymru
Josie Smith, Iechyd Cyhoeddus Cymru

3 Ymchwiliad i gamddefnyddio alcohol a sylweddau: sesiwn dystiolaeth 5 (09.55 – 10.40) (Tudalennau 23 – 33)

Richard Lee, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Sue Stone, Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg
Libby Ryan-Davies, Bwrdd Iechyd Prifysgol Hywel Dda
Stuart Moncur, Bwrdd Iechyd Prifysgol Hywel Dda

Egwyl (10.40 – 10.50)

4 Ymchwiliad i gamddefnyddio alcohol a sylweddau: sesiwn dystiolaeth 6 (10.50 - 11.30) (Tudalennau 34 - 38)

Dr Jake Hard, Coleg Brenhinol yr Ymarferwyr Cyffredinol

5 Papurau i'w nodi (11.30) (Tudalennau 39 - 41)

Ymgynghoriad ar drefniadau gofal a chymorth yn y dyfodol ar gyfer pobl sy'n cael arian o'r Gronfa Byw'n Annibynnol: gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol (11.30) (Tudalennau 42 - 43)

6 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod (11.30)

7 Ymchwiliad i gamddefnyddio alcohol a sylweddau: trafod y dystiolaeth (11.30 - 11.45)

8 Ymchwiliad i gamddefnyddio alcohol a sylweddau: paratoi ar gyfer y digwyddiad ymgysylltu. (11.45 - 12.00)

Mae cyfyngiadau ar y ddogfen hon

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Public Health Wales – ASM 11 / Tystiolaeth gan Iechyd Cyhoeddus Cymru – ASM 11

Submission to the National Assembly for Wales' Health and Social Care Committee Inquiry into Alcohol and Substance Misuse

Authors: Josie Smith and Dr Sarah Jones, National Leads for Substance Misuse and Alcohol, Health Protection, Public Health Wales

Date: 9th January 2015	**Version:** 1c

Purpose and Summary of Document:

This document is the Public Health Wales submission to the National Assembly for Wales' Health and Social Care Committee Inquiry into Alcohol and Substance Misuse

1 Introduction and summary

We welcome the opportunity to give evidence to the Assembly Committee Inquiry into Alcohol and Substance Misuse.

In Wales, and across the UK, alcohol and drugs represent significant challenges to both individual and public health. Users of alcohol and other drugs are at risk of a number of serious adverse effects; acute and chronic, direct and indirect, on physical and mental health. Problematic use also results in substantial social consequences for the individuals, their families and the wider community and a significant burden on the NHS and other social care and criminal justice services. The Welsh Strategy for Substance Misuse 'Working together to reduce harm' incorporates both drugs and alcohol and as such this term will be used to include both drugs where relevant in this submission.

The harm reduction approach being taken in Wales in relation to substance misuse is the right one. It is multi disciplinary and focused on health. We wish to see it further developed in the following ways:

- **Primary prevention of substance misuse by the increased use of powers and population-level interventions to reduce consumption and prevent escalation to problematic use –** through legislation including the introduction of minimum unit pricing for alcohol, restriction of sales, taxing alcohol products at a level proportionate to the volume of alcohol

- **Early engagement and the provision of credible, timely and tailored information and advice** for individuals who are consuming alcohol and/or other drugs and experiencing harms to themselves or impacting on their families, carers and the wider community

- **Development of clear pathways for care** – from early or initial contact with health and social services (for example ambulance, police, primary care, youth services and clinical practitioners) to specialist substance misuse services (from low threshold and outreach community work through to clinical treatment)

- **Adaptation of specialist substance misuse services** - to meet the needs of current and future alcohol, drug and poly-drug users in a timely and accessible way. Services are currently focused on treatment of one primary substance be that alcohol or drugs. Services should further adapt to address all substance misuse needs and poly-drug use and wider social care needs.

2 The impacts of alcohol and substance misuse on people in Wales

Information from a number of sources in the UK, including Wales, suggests that patterns of alcohol and substance misuse have evolved considerably both across the population as a whole and within specific vulnerable groups. These include:

- Access to, and experimentation with, a wider range of emerging and illicit drugs, as well as prescription only medicines, particularly amongst younger people and students, along with long term drug users, including those who are homeless or in prison
- Changes in patterns of alcohol consumption, with a move away from drinking in community settings, e.g. public houses, to drinking at home, which is less visible and less expensive. Pre-loading, the consumption of alcohol and/or drugs at home before going out, is not uncommon particularly amongst younger people and university students
- Increased identification of alcohol related brain damage in later, or even earlier, middle age amongst problematic alcohol users
- Increased poly-drug use in terms of alcohol and drugs, including prescription only medication

There are also some research indicating that:

- Young people are more inclined than ever before to drive under the influence of drink or drugs and have higher drink and drug driving rates than any other age group[1],[2]
- Older people are drinking more at home, in part to deal with loneliness and social exclusion[3,4]
- Pregnant women are drinking to excess risking harm to themselves and their unborn child[5]
- 'Drunk walking' on the way home from a night out is placing people at risk of accidental harm or intentional harm by others[6].

The impacts of these changes, are reflected in terms of physical and

[1] https://www.gov.uk/government/statistical-data-sets/ras51-reported-drinking-and-driving Table RAS51006
[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277556/rrcgb2012-05.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236989/young-drivers-2011.pdf http://www.rac.co.uk/advice/motoring-news/young-drug-drivers-on-the-rise/
[3] http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0071792
[4] http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0085
[5] http://online.liebertpub.com/doi/abs/10.1089/tmj.2012.0247
[6] http://www.bbc.co.uk/news/uk-scotland-30428683

mental ill-health. This is evidenced by the rates of disease, hospital admissions, self-reported substance use and mental well-being and drug and alcohol related deaths:

- In 2013-14, 308 young Welsh residents (aged up to 24 years) were admitted to hospital specifically due to alcohol and 503 due to drug use although hospital admissions for substance misuse amongst younger people are declining year on year.[7]
- In terms of wider social harms there were 4,935 of cases of children in need where parental substance misuse (including alcohol misuse) was recorded as the relevant parental factor, representing 25 per cent of all cases of children in need in Wales. Children in care, particularly those in local authority care, are more likely to progress to later substance misuse than the general population.[1]
- In 2012, one in four motor vehicle drivers killed in traffic collisions were over the drink-drive limit[8]. In 2013, there were 119 accidents where the reporting police officer considered that a pedestrian(s) being 'impaired by alcohol' was a contributory factor to that accident.[2] In relation to drug driving, it is reported that, for every 5 accidents where the driver was impaired by alcohol, there was around 1 accident where he/she was 'impaired by drugs', both illegal and medicinal[2]. In addition, young drivers are more susceptible to the effects of drink than older drivers and are more likely to crash if they have consumed alcohol but are below the drink drive limit.
- Amongst older people hospital admissions due to alcohol remain relatively stable year on year. However, hospital admissions for drugs and referrals to specialist substance misuse treatment services, for both drugs and alcohol are increasing within this age group; a 15.8 per cent increase between 2009-10 and 2013-14.[1] This represents a challenge to services to best meet the needs of this ageing population.

Those who are homeless are particularly vulnerable both due to existing substance misuse issues and to the risk of developing problematic patterns of drug and alcohol use due to their homelessness. Homelessness can and does affect individuals of all ages including very young and older people. In terms of prison and custodial settings, the crimes most prominently associated with alcohol are those involving violence,[9] including domestic violence.

As shown above, the harms associated with substance misuse are wide

[7] http://wales.gov.uk/docs/dhss/report/141029submisuseprofilewalesen.pdf
[8] http://wales.gov.uk/docs/statistics/2014/141127-drinking-driving-2013-en.pdf
[9] Sivarajasingam V, Matthews K, Shepherd J. Price of beer and violence-related injury in England and Wales. Injury. 2006;37(5):388-94.

ranging, complex and dynamic. As such, it is recommended that efforts to improve primary prevention through increased powers to reduce availability and secondary prevention to prevent escalation to problematic use be explored. This should be undertaken alongside adaptation of the range of organisations and services designed to engage, identify and treat problematic drug and alcohol use in Wales

3 Effectiveness of current Welsh Government policies and any further action required

The current Welsh Government substance misuse strategy for 'Working together to reduce harm', along with specific policies to tackle the availability and harms associated with substance misuse, both drugs and alcohol, have been shown to be effective. This is evidenced by the decrease in hospital admissions and deaths related to alcohol and drugs. However, there is always more that can be done to:

- Limit access and work to make alcohol and drug use less socially acceptable
- Prevent initiation to problematic use of drugs and alcohol
- Identify and diagnose early signs of problematic substance misuse
- Provide timely and effective treatment for those with substance misuse problems including pharmacological, psychosocial and clinical care

The implementation of the alcohol brief intervention (ABI) training by Public Health Wales has ensured that both NHS and non-NHS staff are suitably skilled to engage with individuals to identify potentially harmful drinking patterns and encourage behavioural change. Over 7,000 such staff have now been trained to deliver ABI across Wales, ranging from military personnel to midwives. The Welsh Government has been a key driver in the development of this programme.

The proposed introduction of minimum unit pricing as policy in Wales is welcomed as are the policies of reviewing fatal and non-fatal drug poisonings and alcohol related deaths, to ensure that lessons learned and recommendations may be implemented to reduce future deaths.

The proposed Liver Disease Delivery Plan should ensure that health boards are well placed to prevent, diagnose and treat alcohol related liver disease and hepatitis infection as a consequence of problematic substance misuse, specifically injecting drug use.

In addition to these existing policies, the following recommendations are made to further tackle substance misuse:

- All alcohol products should carry a health warning from an independent health regulatory body
- The sale of alcohol should be restricted to specific times of the day
- The availability of uncontrolled new psychoactive substances should be regulated
- Tax on alcohol products should be proportionate to the volume of alcohol
- Licensing authorities should be further supported to utilise existing powers to tackle alcohol-related harm by controlling total availability in their area
- Alcohol advertising should be limited to newspapers and other adult press while its content should be limited to factual information. All advertising should also contain a evidence-based health warning specified by an independent regulatory body and displayed at an independently regulated size.
- The legal limit for blood alcohol concentration for drivers should be reduced to 50mg/100ml. Scotland has already taken a lead in this area, bringing them in to line with mainland Europe.
- All health and social care professionals should be trained to provide early identification and brief alcohol and wider substance misuse advice[10]
- People who need support for substance misuse (drugs and/or alcohol) problems should be routinely referred to specialist alcohol services for assessment and treatment[4]
- Existing laws to prohibit the sale of alcohol to individuals who are already heavily intoxicated should be enforced in order to reduce acute and long term harms to their health and that of the individuals around them
- Sanctions should be fully applied to businesses that break the laws on under-age sales[4]
- Efforts should be made to implement Graduated Driver Licensing (GDL) in Wales. The GDL programme has three main components: a night time driving restriction, a passenger restriction and a 'zero tolerance' on alcohol consumption. This reflects the fact that young drivers are more susceptible to the effects of alcohol than

[10] Alcohol-use disorders: preventing harmful drinking | Guidance and guidelines | NICE

older, more experienced drivers

We believe that a harm reduction and health-centered approach is likely to be more effective than one based on criminal justice. If Wales were to adopt legislation prescribing health in all policies, this would be strengthened. We believe this should be achieved through the Wellbeing of Future Generations Bill with health included in its common aim.

4 Capacity and availability of local services to raise awareness and deal with the impact of the harms

There are a wide range of services across Wales with a remit to raise awareness and address the harms associated with substance misuse including statutory health, social and criminal justice organisations, third sector and private organisations. The primary issue relates to the capacity of services offered locally, rather than their range.

Local services across Wales are well placed to raise awareness of the harms associated with both drug and alcohol using knowledge of local trends.

However, existing substance misuse services tend to be accessed once problematic alcohol or drug use is firmly embedded rather than seeking support at earlier stages when psychosocial and other treatments may be very effective in reducing progression to severe harms. It must be recognised that there remains a great deal of social stigma in relation to problematic use of alcohol and/or drugs. As such individuals may be fearful of association with specialist services, or even of discussing issues with primary care practitioners, and therefore fail to engage with these services. It is these types of issues that the ABI programme aims to address, but there is much work still to be done.

Adapting services, based upon evidence of the needs of the substance using population, in particular the needs of vulnerable groups e.g. older people, would address this along with increasing levels of expertise amongst the staff. In addition, the development of a clear pathway to services would support engagement and reduce harms.

Local services, including local authorities, need to be supported by increased powers to reduce the availability, promotion and problematic use of alcohol and drugs. The introduction of policies to achieve this, including minimum unit pricing, could support the individual and societal change required if the harmful impact of alcohol and other substances is to be addressed.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Abertawe Bro Morgannwg University Health Board – ASM 01 / Tystiolaeth gan Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg – ASM 01

Abertawe Bro Morgannwg University Health Board

Response to the National Assembly for Wales Health and Social Care Committee inquiry into alcohol and substance misuse.

1.0 The ABM University Heath Board welcomes the terms of reference for this consultation, which are apposite. ABM University Health Board currently provides tier 3 addiction services. Tier 3 services are described by the National Treatment Agency (NTA) in 'Models of care for treatment of adult drug misusers' as *'structured community based drug treatment services.'* They suggest that the drug or alcohol misuser attending will normally have agreed to a structured programme of care, which places certain requirements on attendance and behaviour. Tier 3 services often tend to work with complex cases, which require multi disciplinary intervention and where there is often a medical component. In this context CDAT is defined as a 'Tier 3 service.'

1.1 In addition to three Community Drug and Alcohol Teams the service provides a five bedded in patient unit and access to residential rehabilitation. These services are deemed to be tier 4 services, defined as, 'Tier 4 interventions include provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare.

2.0 The impacts of alcohol and substance misuse on people in Wales, including young people and university students; older people; homeless people; and people in police custody or prisons.

2.1 Historically there has been a lack of national and international research regarding the efficacy of preventative and educational interventions for children and young people. The healthy schools programme requires revision and consideration of emerging international research regarding the most effective way of educating and raising awareness amongst young people.

2.2 Higher education establishments need to be engaged and supported in tackling the use of substances by the student population, particularly alcohol and new and emerging novel

substances. There also needs to legislation to ameliorate ploys to encourage risky and unsafe drinking habits developing; for example, the promotions available in fresher's week that encourage and enable students to drink alcohol in excessive amounts.

2.3 There needs to be greater engagement with parents, particularly regarding alcohol and new and emerging novel substances, and how they can talk with their children regarding these areas to the best effect. There is emerging evidence that children who drink alcohol when under age are accessing alcohol via their parents, either via their drink cabinet or via their parents purchasing alcohol at their child's request.

2.4 Older people are not proportionately represented in those referred to specialist agencies. The Welsh core standards for substance misuse services could be used to encourage agencies to adopt flexible and creative ways of engaging with this age group. Primary care is ideally placed to screen, assess and sign post this age group but there is no incentive for primary care to participate in this area.

2.5 There has been an unhelpful legacy from the policy 'disconnect' caused by the separate commissioning processes for services provided across the regional service footprint and those services commissioned via the Home Office, now via Police Crime Commissioners, in terms of Integrated Offender Intervention Services. We would welcome this funding being devolved to a local level to ensure more effective integration of care pathways.

2.6 Our view is that custodial health care provision should mirror those interventions available in the community and that, in the same way adult mental health services are commissioned, community addiction teams should provide in reach services for the prison population. Additional resource would be required by those health boards covering prison estate.

2.7 Specialist substance misuse services for the homeless are variable, particularly outside of cities. Given the increasing rate of alcohol related brain injury being observed in this population it is essential that substance misuse and particularly alcohol is included in locally enhanced service contracts with primary care.

3.0 The effectiveness of current Welsh Government policies on tackling alcohol and substance misuse and any further action that may be required.

3.1 The priority actions identified against each of the substance misuse strategy's four key area

3.2 The increasing focus on alcohol and legislation such as proposed minimum unit pricing legislation is very welcome.

3.3 The roll out of the take home Naloxone scheme has been particularly beneficial in areas where there have historically been high rates of drug related deaths, including Swansea.

3.4 The increased involvement of service users and carers has been particularly evident in the planning and design of local specialist services.

3.5 There is concern regarding the additional capacity that will be required by services if tasked with the identification and review of alcohol related deaths, particularly as the review of drug related deaths has been devolved by Welsh Government to a local level.

3.6 We would welcome acceleration of the provision of LARC via specialist services and the expansion of initial work completed by Public Health Wales with local resource to train staff to deliver this intervention.

3.7 Whilst the increasing emergence of peer recovery led groups has been welcome there needs to be evidenced appropriate governance structures in place for any organisations receiving funding via local commissioning arrangements.

4.0 The capacity and availability of local services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse.

4.1 Within the health community there is often a lack of 'whole systems' approach to this client population. Services have developed in a manner that does not reflect the most natural sequence of engagement with progressive tiers of provision. Service models have been developed in an everted fashion, with most areas taking clients requiring detoxification or prescribing into a secondary care service, before transferring them to primary care – where primary care exists. There is a distinct lack of capacity in terms of services in primary care.

4.2 Models of service that exist in primary care are disparate, and in many areas non existent, resulting in secondary care services becoming congested with clients who could be treated in primary care.

4.3 Often enhanced service contracts in primary care provide solely for opiate users requiring long term substitute prescribing. This does not address the emerging issue and more commonplace presentation of hazardous and dependent alcohol use. Primary care is ideally placed to screen, assess, sign post and treat these clients but there is no financial or nationally agreed target incentive for General Practitioners to engage in this work.

4.4 Of great concern are those members of the public who are at risk of acquiring an alcohol related brain injury due to nutritional depletion, particularly of thiamine. Presentation of Wernicke Korsakoff syndrome is increasing. There needs to be an increased focus on raising awareness of this and the presenting signs and symptoms, as intra muscular vitamin replacement can be easily administered at primary care level. Again, primary care will not participate in treating this issue and the resulting damage and long term health and social care that is needed by these individuals is substantial.

4.5 Residential rehabilitation services for those diagnosed with Wernicke Korsakoff syndrome need to be developed across Wales. There is only one small unit on the Welsh border and this does not serve to meet the needs of those with alcohol related brain injury who may make moderate to significant recovery when comprehensively assessed and rehabilitated.

4.6 Residential rehabilitation needs to be offered to service users as part of the menu of treatment options at an early stage in their contact with services. Research shows that rehabilitation of this nature works well for service users early on, or at the end stages, of their substance misuse, and should not be offered merely for clients who have tried and not succeeded in all other treatment elements.

Sue Stone
Service Manager
Addictions Services.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Hywel Dda University Health Board – ASM 06 / Tystiolaeth gan Bwrdd Iechyd Prifysgol Hywel Dda – ASM 06

Response to the Health and Social Care Committee
- Inquiry into Alcohol and Substance Misuse

Impacts of Alcohol and Substance Misuse on People in Wales:

1. Patterns of drug use remain subject to change as we have seen over recent years with the increase in the use of the new psychoactive stimulants, and to more poly drug use. This is dependent on availability and trends with service users in different areas. It will remain important for drug services to be flexible in being able to respond to these changes, but fundamentally the overall approach remains consistent based on the evidence of effective intervention.

2. Alcohol continues to be the greatest presenting problem in the substance misuse field. In addition there is an increase being seen in respect of Alcohol Related Brain Damage, and this is an area that requires some consideration at an all Wales level regarding implications for the future support required for service users. Also in regard to an ageing population, use of alcohol amongst older adults is an increasing concern and it is likely we will see an increase in referrals to alcohol treatment services. There will be some particular challenges working with this older population, and currently there are limited links with the Tier 1 adult services who will have a key role to play. Links between alcohol related harm and areas of deprivation is becoming more apparent through research evidence and in respect of referrals to services. There is also a move from night time economy centred drinking to more home based and preloading patterns of use.

Effectiveness of Welsh Government Policies and Further Action Required:

3. The current Welsh Government strategy 'Working Together to Reduce Harm' clearly sets out the key interconnected areas of preventing harm, supporting substance misusers in their recovery, supporting and protecting families, and tackling availability and the wider community safety issues that are important in this field. This sets the frame for the local commissioning strategies and the supporting local delivery structures led by Area Planning Boards (APB's). The APB's provide the structure for the collective responsibility and engagement of the key agencies of police, probation, social care, health and the third sector. This is critically important in ensuring all aspects of the agenda are taken forward in a joined up approach.

4. The additional Substance Misuse Action Funding has made a significant difference to the provision and extended range of services now available locally. This funding makes up a substantial part of the investment in substance misuse services, alongside monies invested from the direct funding in statutory services. The associated performance structure is robust, and the data available via the NHS Wales Informatics Service provides useful information on the numbers accessing services, related demographic details and outcomes for service evaluation and planning purposes. The capital fund has been utilised effectively locally to support the development of shared multi agency facilities at key locations. This is particularly important in supporting joint working between specialist substance misuse agencies in being co-located it is a cost effective use of resources and

is key in supporting ease of access for service users. Recognising the pressure on budgets within statutory services, and the benefits seen from the Substance Misuse Action Fund it is key to retain the level of investment currently within both revenue and capital. It will be important to balance the use of the resources across the key areas within the strategy.

5. Welsh Government should consider promoting certain settings as 'alcohol free zones' and in particular we would highlight schools. The use of Temporary Event Notices [TENS] for events at schools where alcohol is served to parents whilst children are present should be avoided and the Welsh Network of Healthy Schools Schemes should be promoting this view to primary and secondary educational settings as part of the National Quality Award or other award[s]. Figures obtained from local authorities in England suggest that over 8,000 TENS were granted to primary schools in 2012 / 13. This is the equivalent of almost one in every three primary schools in England selling alcohol at events for children. As children develop future drinking habits from their parents and they are most influenced between the ages of 6-10, we believe that this practice should be discouraged in Wales.

6. Welsh Government should be encouraged to pursue national policies such as Minimum Unit Pricing [MUP] and the introduction of public health as a fifth objective under the Licensing Act 2003. There has been a strengthening of the evidence base during the past year as indicated in reports from the Advisory Panel on Substance Misuse and from Sheffield University [as commissioned by Welsh Government] which indicate that MUP if applied in Wales would save lives and reduce hospital admissions. Alongside this, the role of Health Boards in the local licensing process has developed slowly and in no small part due to the challenges of providing representations to local authority committees that relate specifically to the legislation as currently written. In practice, this has restricted the ability of health bodies to provide evidence which offers a richer context to alcohol use in a specific locality. The introduction of an additional objective to the 2003 Act in order to protect and improve public health would greatly assist Health Boards to discharge their statutory responsibility more effectively.

7. There is a national role for Welsh Government [or an appointed body like Public Health Wales] in providing leadership on the prevention / education agenda in Wales to ensure best practice is promoted by use of evidence based interventions. At the moment this agenda is fragmented, inequitable and vulnerable to budget pressures when set against the competing demands and needs of treatment services. Clarity and consistency of approach in respect of population level communication, schools based substance misuse education programmes and preventative interventions with vulnerable groups such as young offenders would be best led at a national level.

8. Welsh Government investment in areas relating to harm reduction has been very positive and these remain key priorities for service delivery. These include the roll out of Take Home Naloxone, the Blood Borne Virus [BBV] Strategy to support increased testing, vaccination and treatment, and the Drug Related Death Review process for fatal and non fatal drug overdoses. It is important to highlight that new psychoactive stimulant use has led to increase in risky behaviours around injecting with a possible consequent impact on BBV infection rates, and has been a factor in a number of drug related deaths. For these reasons we believe that the general approach taken to substance misuse policy by Welsh Government, which focuses on a harm reduction approach, is the most appropriate way to reduce risk for this client group.

<u>Capacity and Availability of Local Services to Deal with the Impact of Substance Misuse:</u>

9. An area we consider important locally and have been very successful with is partnership working across the specialist substance misuse agencies. This has been underpinned by

us working within an agreed model for service delivery based on a tiered intervention approach - to ensure that the level of intervention is at the minimum level appropriate which is in line with prudent healthcare principles. The model is provided by both the third and statutory sector, and has a clear integrated pathway with a single point of contact, and weekly multi agency case management meetings. It has been supported by the development of joint working agreements, joint training programmes, and information sharing agreements between services. It has resulted in good response times for assessment and treatment, effective joint working with service users and being able to move service users through services effectively. A key element is that the statutory services work with those with more complex needs and who require case management, and the third sector services work with those with less complex needs. There is joint working also where appropriate, and mechanisms for advice and consultation between services - this supports a flexible approach to service delivery and the best use of available resources.

10. The move towards a more community reintegration and recovery focussed approach remains key, and the need to ensure that the range of services is available both in regard to specialist and mainstream. This applies both to aftercare and wraparound services, but also to ensure that there are therapeutic services available to enable service users to address any underlying psychological issues. There has been collaborative working locally with the Psychological Therapies strategy, where the needs of service users who misuse substances are being taken into account. There is evidence locally of an increase move through of primary drug service users who have successfully completed treatment. The key developments in Peer Mentoring, and Coastal were important in supporting this. Projects that support service users to develop skills so that they can return to the labour market have played a valuable role in aiding recovery and have enabled treatment services to refer onwards in the knowledge that their generic support needs will be met by such projects. However there have been gaps left with the loss of these EU funded aftercare projects that had made a significant difference to the lives of service users, and supported treatment services in moving towards a more recovery orientated approach. Whilst these services will be coming back on line in a revised format the gap that has been left has had a detrimental effect on service users recovery journey and a slow down in moving service users through treatment services. The shift towards more of a recovery orientated approach has been quite a challenging one to make particularly for drug services, and service users who have been with services for long periods of time. Progress is however being made, and the role of SMART recovery and other peer led psychosocial interventions plays a key part in this. However it is important to also ensure that access to opiate substitute prescribing remains as an effective treatment intervention, whilst being set in the context of the recovery journey. Service users who have be unable to progress fully within community based services continue to access Tier 4, and we have a robust assessment, preparation and aftercare process supporting these individuals. Tier 4 services remain a key part of the overall treatment service, and where appropriate placements are made within services in Wales.

11. There is an increasing range of medication interventions for primary alcohol users becoming available and it will be important to bed them into the treatment options available, and to review their effectiveness. Access to such medications needs to be carefully monitored in order to ensure both value for money for the health service in Wales and also the best treatment outcomes.

12. Initiatives such as the Integrated Family Support Teams have been very positive in working with parents who misuse substances, aiming to reduce the impact on them and their children. This intervention can only be welcomed in addressing intergenerational substance misuse that we see often, and assists with collaboratively working across adult and children services, and mainstream and substance misuse services.

13. In regard to working with those involved with the criminal justice system we have worked well locally with the roll out of the Integrated Offender Management Service. This has ensured effective joint working and risk management with service users coming out of prison, and in the community across substance misuse and criminal justice agencies. There has been agreement locally to bring together the funding for this client group and progress with an integrated model of provision for mainstream and criminal justice services users.

14. Co-produced responses to identified substance misuse concerns at a community level should be encouraged as these have been highlighted as a key principle of a prudent healthcare approach. Alcohol Concern Cymru is currently leading a community development project in the Fishguard and Goodwick area of Pembrokeshire identifying residents concerns in respect of alcohol use and misuse using an asset based approach which helps local communities to identify their own strengths and talents and their own capacity to effect positive change.

15. It should be noted that the all Wales Police schools programme is currently the only educational intervention that is applied consistently across Wales. Our understanding is that the programme received a budget cut last year which it was able to absorb. However, any continued reduction in central funding from Welsh Government will significantly affect its ability to deliver on the ground.

16. A key challenge with this field of work is that substance misuse cuts across so many areas of life and service provision. Specialist substance misuse services have a place in delivering treatment services, and in supporting and advising on wider service / practice developments. However there is a lot of work required in skilling up Tier 1 services to identity and where appropriate intervene or joint work with those with substance misuse issues. It is important that it is seen as everyone's business and that there is a joined up agenda and commitment to address associated issues. An example where this has worked well is the 'Have a Word' programme of training [as delivered by Public Health Wales nationally] on the use of alcohol screening and brief interventions should be noted. Over 600 health and social care professionals in the Hywel Dda area have received training in delivery of evidence based approaches to screening and brief interventions. This is a useful tool in engaging people in a conversation about their alcohol use but it should be noted that this will uncover hitherto unseen levels of hazardous or harmful drinking amongst the population and as a result of this there may well be additional pressures placed on treatment services who will have to assess and intervene with these increased referrals.

17. Inevitably there is always a place for further resources however the principles of the strategy remain sound, and the supporting framework and resources remain a key part in taking this forward robustly. The strategy is due for review in 2018. It is important to have mechanisms in place to share good practice across Wales, and to ensure that we review the strategic direction and local practice in line with the current thinking and evidence base on an ongoing basis. There is limited opportunity to do this currently across commissioners and provider agencies and this is an area that would benefit from some consideration. It will be important to maintain an overview of the changing patterns of substance misuse and the impact on treatment services, but to ensure that there is appropriate investment and actions across the key interconnected areas of the strategy.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Welsh Ambulance Services NHS Trust – ASM 26 / Tystiolaeth gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru– ASM 26

Inquiry into alcohol and substance misuse

Alcohol consumption or intoxication is a factor in many of the patients that the ambulance service encounters.

In order to provide information to the enquiry we are offering evidence demonstrating the effect of alcohol on calls within the Cardiff City Centre area during the night-time economy of the weekend and large sporting events and the effects of a frequent caller on the service whose chief complaint is related to alcohol addiction.

Cardiff City Centre

This data relates to the periods of 8pm until 4am on Friday and Saturday nights (16 hours per week) over the period 1 November 2013 – 31 October 2014. This data includes the 2013 Autumn Internationals and RBS Six Nations.

Because of the volume of calls generated in the CF10 area during the weekend night time economy peaks WAST deploys a ring fenced rapid assessment triage vehicle and a transport ambulance crew. The resources are tasked by either WAST following a 999 call or the door staff of venues via a “City Net” radio. The “triage” covers an area covering from City Hall in the North to Cardiff Central railway station in the South and from Cathedral Road in the West, to Queen Street in the East. This area is a little over one mile square. These resources were deployed to over 700 calls over the reference period.

This activity accounted for 10% of the total call volume of the Cardiff and Vales UHB area for the reference period. Patients who are merely intoxicated are not taken by the triage to hospital. Cardiff and the Vale UHB collaborate with WAST and the Safer Cardiff Partnership to provide an alcohol treatment centre (ATC). Of the 700 calls attended by triage over the reference period 608 were conveyed to the ATC.

Hour of Call (Alcohol Treatment Centre Activity)							
0	1	2	3	20	21	22	23

10 18 26 41
46 58 45 17 23 33 44 40
74 46 61 26

Frequent alcohol related callers

The following call data relates to a single alcohol dependant patient in Cardiff. This data lists all calls from this patient over the period 9 October 2014 until 19 November 2014. This is a six week period. WAST attended to this patient on 41 occasions over this period and conveyed the patient to hospital on 26 occasions. On the remaining 15 occasions the patient was referred to NHS Direct or treated on scene or referred to the patients GP.

Managing this patient committed 38 hours, or a little over three whole ambulance shifts, and many hours of NHS Direct nurse advisor and GP time. The cost of the ambulance call outs at £232 per incident was over £7,600.

Selected Location: XXXXXX, CARDIFF Total Vehicle Workload: **2328 minutes** – 39 hours
Warning:

ID	DateTime	PatientName	Age	Disp Code	Priority	Best Resp	CSign	Mins Engaged	MPDSproblem	StopCode
P1325931	09/10/2014 19:24:24		45	21D04	RED2	10.7	PSA3001	158		transported
P1325931	09/10/2014 19:24:24		45	21D04	RED2	10.7	PSR1235	51		transported
P1330580	16/10/2014 16:13:55		45	17B01	GREEN1	58.1	PSA1007	83	MALE, ALCOHOL FALLEN	transported
P1330580	16/10/2014 16:13:55		45	17B01	GREEN1	58.1	PSA1008	29	MALE, ALCOHOL FALLEN	transported
P1330580	16/10/2014 16:13:55		45	17B01	GREEN1	58.1	PSR1235	2	MALE, ALCOHOL FALLEN	transported
P1331830	18/10/2014 12:06:09		45	26O01	GREEN3				MALE ALCOHOL WITHDRAWAL NEEDS TO STOP DRINKING	Transferred NHSD Nurse Advisor
P1331875	18/10/2014 13:09:23		45	35A01	GREEN3	185.6	PSTAXI	83	NHSD P/B - ALCOHOLIC/SEVERE WITHDRAWAL ABDO PAINS ANXIOUS	transported
P1331875	18/10/2014 13:09:23		45	35A01	GREEN3	185.6	PTAXI1	86	NHSD P/B - ALCOHOLIC/SEVERE WITHDRAWAL ABDO PAINS ANXIOUS	transported
P1333250	20/10/2014 14:03:07		45	10D04	RED2	17.7	PSA1030	137		transported
P1334398	22/10/2014 14:32:16		45	10D05	RED2	17.7	PSA1001	0		transported
P1334398	22/10/2014 14:32:16		45	10D05	RED2	17.7	PSA1070	86		transported
P1337147	26/10/2014 22:21:50		45	17B01	GREEN1	10.2	PSA1009	139	MALE ALCOHOL WITHDRAWAL	transported
P1337147	26/10/2014 22:21:50		45	17B01	GREEN1	10.2	PSR4015	1	MALE ALCOHOL WITHDRAWAL	transported

P1337735	27/10/2014 20:17:12		45	26A04	GREEN3		PSR1235	2	MALE ALCOHOL WITHDRAWAL-SHAKING HALLUICINATIONS	Transferred NHSD Nurse Advisor
P1337741	27/10/2014 20:29:38		45	21B02	GREEN1	48	PHC1	23	MALE ALCOHOL WITHDRAWAL- VOMITING	transported
P1337741	27/10/2014 20:29:38		45	21B02	GREEN1	48	PSA1003	271	MALE ALCOHOL WITHDRAWAL- VOMITING	transported
P1338785	29/10/2014 16:05:34		45	25O01	GREEN3		PSR1206	1	MALE - FALLEN, HALLUCINATING AND NOT EATING	Transferred NHSD Nurse Advisor
P1338804	29/10/2014 16:26:09		46	30D02	RED2	13.7	PSR1204	67	MALE HEAD INJ POSS LOST CONSCIOUSNESS SLURRED SPEECH	Refd To GP Out Of Hours
P1341779	02/11/2014 22:58:10		45	17O02	GREEN3		PSA1068	8	MALE ALCOHOL WITHDRAWAL HALLUICNATIONS	Transferred NHSD Nurse Advisor
P1341787	02/11/2014 23:30:50		45	25O01	GREEN3	15.2	PSA1009	80	NHSD PASSBACK - ALCOHOL WITHDRAWAL HEAD INJ 4HOURS AGO	transported
P1342569	04/11/2014 02:58:26		45	10D04	RED2	15.1	PSA1521	128	MALE ALCOHOL WITHDRAWAL	transported
P1345355	08/11/2014 06:43:14		45	21B01	GREEN1	53.8	PSA1030	75	ALCOHOL WITHDRAWAL	transported
P1345355	08/11/2014 06:43:14		45	21B01	GREEN1	53.8	PSR4006	3	ALCOHOL WITHDRAWAL	transported
P1346763	10/11/2014 04:13:56		45	10D04	RED2	29.1	PSA3002	85	ALCOHOL WITHDRAWAL UNWELL	transported
P1346981	10/11/2014 11:38:02		45	17B01	GREEN1	87.7	PSA1046	132	ALCOHOL WITHDRAWAL FALLEN OVER	transported
P1348028	11/11/2014 23:24:39		45	26C02	GREEN1	20	PSA1002	107	MALE SUFFERING ALCAHOL WITHDRAWAL	transported
P1348028	11/11/2014 23:24:39		45	26C02	GREEN1	20	PSA1022	8	MALE SUFFERING ALCAHOL WITHDRAWAL	transported
P1348296	12/11/2014 12:46:10		45	17B01	GREEN1	20.9	PSA1068	125	RI	transported
P1348296	12/11/2014 12:46:10		45	17B01	GREEN1	20.9	PSR1235	4	RI	transported
P1349630	14/11/2014 11:40:29		45	26O01	GREEN3		PSR1235	1		Transferred NHSD Nurse Advisor
P1349671	14/11/2014 12:43:23		45	17B01	GREEN1				MALE SUFFERING SEVERE ALCOHOL WITHDRAWAL	Transferred NHSD Nurse Advisor
P1349692	14/11/2014 13:13:32		45	35A01	GREEN3		PEMS	36	HCP	Patient Deteriorated
P1349729	14/11/2014 13:56:40		45	26C01	GREEN1	16.9	PSA1002	79	MALE WITHDRAWING FROM ALCOHOL	Referred To GP
P1351096	16/11/2014 11:04:38		45	26C02	GREEN1	15	PSA1002	2	MALE SUFFERING FROM EXTREME ALCOHOL WITHDRAWAL	Patient Treated At Scene
P1351096	16/11/2014 11:04:38		45	26C02	GREEN1	15	PSA1009	39	MALE SUFFERING FROM EXTREME ALCOHOL WITHDRAWAL	Patient Treated At Scene
P1351096	16/11/2014 11:04:38		45	26C02	GREEN1	15	PSR4006	2	MALE SUFFERING FROM EXTREME ALCOHOL WITHDRAWAL	Patient Treated At Scene
P1351751	17/11/2014 10:31:41		45	17B01	GREEN1	12.3	PSA1022	86	ALCOHOLIC FALLEN OVER	Referred To GP
P1351751	17/11/2014 10:31:41		45	17B01	GREEN1	12.3	PSR4006	2	ALCOHOLIC FALLEN OVER	Referred To GP
P1352009	17/11/2014 15:17:20		45	17A03	GREEN3	29.4	PSA1030	84		transported
P1353308	19/11/2014 14:19:40		45	17B01	GREEN1		PSCD	23		Transferred NHSD Nurse Advisor

Eitem 4

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Inquiry into alcohol and substance misuse / Ymchwiliad i gamddefnyddio alcohol a sylweddau
Evidence from Dr Jake Hard, Clinician – ASM(Q) 18 / Tystiolaeth gan Dr Jake Hard, Clinigydd – ASM(Q) 18

Inquiry into alcohol and substance misuse

Survey Consultation Response

Organisation/Respondent: Dr. Jake Hard

I have several current roles which provide me with a variety of perspectives on people who misuse drugs and/or alcohol.

Clinical Roles:

1. Prison GP - HMP Swansea

2. GP with Special Interest in Substance Misuse - ABMU Community Drug and Alcohol Team

Non-Clinical Roles:

1. Chair of the RCGP Wales Secure Environments Network

2. I provide advice to the Parliamentary and Health Service Ombudsman

Questionnaire

01. Which client group(s) do you work with? (For example, under 18s, older persons, homeless, or female only)

In my Prison GP role, I deal solely with male patients and over 18 in age. The prison setting has a very high prevalence of substance/alcohol misusers who require assessment for treatment on admission for syndromes of acute withdrawal. This often 'polysubstance' in that people will often report significant levels of use of illicit opiates (Heroin, Subutex, methadone), illicit valium (MSJs) as well alcohol. This makes physical assessment challenging given that there are a number of conflicting issues to consider – 1. Withdrawal syndromes and their treatments will overlap in time and clinical features 2. The over riding principle not to do any harm 3. Patients' expectations (previous treatment etc.)

It is also worth noting that there is also a level of substance misuse amongst prisoners who have been incarcerated for some time and the drugs being used tend to be different to those

used in the community. For the last few years we have been seeing a large amount of illicit subutex used on the prison wings, but more recently the rumour is that 'legal' highs are becoming more common although we have no evidence for the latter as we do not test for them,

Some of my patients will be effectively homeless on release from prison.

In CDAT, my client group will be male and female and are above 18 years of age. The caseload I have in CDAT tends to be the more 'stable' portion of the client group and are often being prescribed medication that won't be prescribed by the 'normal' community GP. These patients will have often come through the "front door" of the service and been treated and stabilised and are then passed on to me once stable.

My client group does include a very small proportion of homeless people.

02. What are the main reasons why your clients take drugs or drink excessively? Please tick all that apply.

If you work with more than one client group or you feel that there are other reasons as to why your clients take drugs or drink excessively, please comment in the box below.

- *A way to deal with stress;*
- *Client(s) already substance reliant;*
- *Mental health;*
- *Environmental factors (for example – excessive drinking and/or drugs normalised in the home/community)*
- *Relationship problems;*
- *Self-medication;*
- *Escapism.*

Comments

As a general comment on the factors outlined[1] above and in view of my two main patient caseloads: The reasons for drug and alcohol misuse are almost always multi-factorial. About

[1] Working Together to Reduce Harm 2008-2018

30% of young men who become alcohol dependent, do so because they are treating an underlying anxiety disorder. The prevalence of past history of sexual and physical abuse amongst drug and alcohol misusers is significant and perhaps even more so within the prison setting. Within my CDAT role, I have a number of patients who fall outside of the above generalisations as they have become dependent on prescribed medications, often for chronic pain. Of course, there will be some aspects to the root cause of their misuse that may be similar to the wider group of those who become addicted.

03. Are there certain groups of people who are more likely to be affected by drugs and excessive drinking? If so, which groups might they be?

The evidence certainly links to deprivation and environmental factors that are already well documented, especially pertinent in South Wales.

- Poverty and crime

- Family members who take drugs or drink (generational)

- Past trauma (as mentioned previously)

- Overlap with mental health problems

04. Does a particular stage of your clients' lives influence their likelihood of taking drugs or drinking excessively? If so, what stage might that be? (i.e. age, relationship breakdown, unemployment etc.)

This is hugely variable. Environmental factors include who they were brought up (taken into care, involvement with social services etc.) from a very young age and therefore having poor parental bonding to having to live with parents who drink or take drugs (and deal drugs) as well the trauma I have mentioned previously. Drink or drug use is highly prevalent and is socially acceptable (particularly alcohol). There is often cascade where there will be an overlap of factors including those mentioned above and subsequent availability that when further exacerbated by life-changing events such those you have mentioned, the situation is likely to escalate from the level of "social use" to that of harmful or dependent use. It is therefore the case that each story is indeed individual.

05. What barriers exist for your client(s) when trying to access support and services?

Regarding my role in CDAT: The main barriers are the multi-faceted services that are present within the community and although these attempt to work in partnership, quite often can be

soloed in their approach. This means that as an individual's needs change there can be delays and duplication when moving from one service to another (e.g. through the various Tiers).

There is often a waiting list.

06. What barriers exist for services when trying to access support for client(s)?

The main constraint is funding and resource allocation.

The prevalence of the issues regarding substance misuse and alcohol misuse in Wales are probably under-reported and therefore under-resourced and these compound significantly with the overlay of deprivation as seen particularly in South Wales.

These hurdles seriously impede clients' progress and I suspect these thoughts would be echoed across the Health and Social Care sectors - housing, education etc.

07. What do you consider to be barriers for staff and frontline services in working with your client group(s), or substance misuse generally?

The client group is often quite challenging. However, the dedication and compassion of the staff often excels in order to compensate for this. This does ultimately lead (given the issues raised above) to burnout and low morale.

Because of the specialist nature of the work, deskilling in other areas can be can issues (e.g. in nursing). There is poor overlap with other skilled workers and so there is an absence of the networking normally associated with other parts of community and secondary care. In a way, substance misuse services are seen to be separate from primary care and secondary care and often appear to be kept at arm's length even from the mental health services.

Recruitment and retention issues are present (given the issues raised above).

08. Where do you think efforts should be targeted to address the issue of alcohol and substance misuse in Wales?

1. The priority should be to rectify the resource allocation to treating those with substance misuse and alcohol problems. The evidence supports that the early intervention saves money further down the line in terms of other (more expensive) healthcare costs.

2. To address the increasing isolation of substance misuse and alcohol services and specifically the increasing use of private providers who deliver questionable value for money.

3. Improvements to the integration of the substance misuse and alcohol service more directly with primary and secondary care services.

09. In which local authority area do you work? If you work outside of Wales, please write your local authority area below.

Swansea.

Contact Details

Dr. Jake Hard

[redacted]

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 25 Chwefror 2015**
Amser:	**09.32 – 11.37**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://senedd.tv/cy/2646

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees AC (Cadeirydd)** **Alun Davies AC** **Janet Finch-Saunders AC** **John Griffiths AC** **Elin Jones AC** **Darren Millar AC** **Lynne Neagle AC** **Gwyn R Price AC** **Lindsay Whittle AC** **Kirsty Williams AC (ar gyfer eitemau 6 i 8)** **Peter Black AC (yn lle Kirsty Williams AC ar gyfer eitemau 1 i 5)**
Tystion:	**Yr Athro Gillian Leng, y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE)**
Staff y Pwyllgor:	**Llinos Madeley (Clerc)** **Helen Finlayson (Ail Clerc)** **Sian Giddins (Dirprwy Glerc)** **Rhys Morgan (Dirprwy Glerc)** **Enrico Carpanini (Cynghorydd Cyfreithiol)** **Gareth Howells (Cynghorydd Cyfreithiol)**

Gwyn Griffiths (Cynghorydd Cyfreithiol)
Stephen Boyce (Ymchwilydd)
Amy Clifton (Ymchwilydd)
Sian Thomas (Ymchwilydd)

Trawsgrifiad
Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Ni chafwyd unrhyw ymddiheuriadau.
1.2 Dirprwyodd Peter Black ar ran Kirsty Williams AC ar gyfer yr eitemau'n ymwneud â'r Bil Lefelau Diogel Staff Nyrsio (Cymru).
1.3 Nododd y Cadeirydd gydymdeimlad y Pwyllgor â'r Prif Swyddog Nyrsio, a oedd yn methu â bod yn bresennol yn y cyfarfod oherwydd profedigaeth yn y teulu. Cytunodd y Pwyllgor i ddod o hyd i ddyddiad arall i'r Prif Swyddog Nyrsio ddarparu tystiolaeth ar y Bil Lefelau Diogel Staff Nyrsio (Cymru).

2 Y Bil Lefelau Diogel Staff Nyrsio (Cymru): sesiwn dystiolaeth 11

2.1 Ymatebodd y tyst i gwestiynau gan yr Aelodau.
2.2 Cytunodd yr Athro Leng i ddarparu'r canlynol ar gyfer y Pwyllgor:

- amlinelliad o raglen waith NICE ar gyfer datblygu canllawiau staffio diogel ar gyfer nyrsio mewn lleoliadau y tu hwnt i wardiau cleifion mewnol i oedolion mewn ysbytai acíwt; ac
- Adroddiad NICE ar ei asesiad o effaith cost ei ganllawiau *Safe Staffing for nursing in adult inpatient wards in acute hospitals*.

3 Papurau i'w nodi

3.0a Nododd y Pwyllgor gofnodion y cyfarfodydd a gynhaliwyd ar 4 a 12 Chwefror 2015.

3.1 Craffu ar Gomisiynydd Pobl Hŷn Cymru: gohebiaeth gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
3.1a Nododd y Pwyllgor yr ohebiaeth. Cytunodd yr Aelodau i ystyried unrhyw waith ychwanegol yr hoffent ei wneud mewn perthynas ag adroddiad 'Lle i'w Alw'n Gartref?' y Comisiynydd Pobl Hŷn – Adolygiad i Ansawdd Bywyd a Gofal Pobl Hŷn sy'n byw mewn Cartrefi Gofal yng Nghymru, yn ystod trafodaethau'r Pwyllgor ar ei flaenraglen waith ar 5 Mawrth 2015.

3.2 Gohebiaeth gan y Pwyllgor Deisebau: P-04-501 Gwneud Canolfannau Dydd ar gyfer pobl hŷn yn ofyniad statudol yng Nghymru
3.2a Nododd y Pwyllgor yr ohebiaeth a chytunodd i ysgrifennu at Gadeirydd y Pwyllgor Deisebau i dynnu sylw at y briff yr oedd wedi'i dderbyn ar 20 Tachwedd, 2014 ar weithredu Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

4 Cynnig o dan Reolau Sefydlog 17.42(vi) a (ix) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod ac ar gyfer eitem 1 y cyfarfod ar 5 Mawrth 2015

4.1 Derbyniwyd y cynnig.

5 Y Bil Lefelau Diogel Staff Nyrsio (Cymru): trafod y dystiolaeth a ddaeth i law

5.1 Ystyriodd y Pwyllgor y dystiolaeth a ddaeth i law.
5.2 Yn sgil yr angen i ail-drefnu'r sesiwn dystiolaeth gyda'r Prif Swyddog Nyrsio, ac er mwyn sicrhau bod digon o amser i ystyried y dystiolaeth a gafwyd ar egwyddorion cyffredinol y Bil, cytunodd y Pwyllgor i ysgrifennu at y Pwyllgor Busnes i ofyn am estyniad i'r terfyn amser ar gyfer ei adroddiad Cyfnod 1.

6 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): trafod y dull o graffu yng Nghyfnod 1

6.1 Trafododd y Pwyllgor ei ddull o graffu ar y Bil yng Nghyfnod 1, a chytunwyd ar hyn.

7 Gwybodaeth ddilynol ar yr ymchwiliad undydd i farw-enedigaethau yng Nghymru: trafod yr allbwn drafft

7.1 Trafododd y Pwyllgor lythyr drafft at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, a chytunwyd ar y llythyr hwnnw.

8 Ymchwiliad i sylweddau seicoweithredol newydd ("cyffuriau penfeddwol cyfreithlon"): trafod lansio'r adroddiad

8.1 Bu'r Pwyllgor yn trafod ei ddull o lansio ei adroddiad ar sylweddau seicoweithredol newydd ("cyffuriau penfeddwol cyfreithlon").

Eitem 5.1

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: SF/MD/0543/15

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

5 March 2015

Dear David,

Thank you for your letter of 6 February, on behalf of your Committee, seeking clarification on a number of points that arose following briefing by officials on 21 January. The briefing related to the Welsh Government's recent consultation on future care and support arrangements for Independent Living Fund (ILF) recipients in Wales.

I will clarify the points raised in your letter in the order they were raised and trust this will satisfactorily address the Committee's concerns.

Regarding direct payment service users, they will only receive the same level of funding if the ILF funding is placed in an authority's social care via the Revenue Support Grant. This is because all service users, including previous ILF recipients, would only be subject to that authority's eligibility criteria to receive non-residential social care. The amount of direct payment a person receives is based on the cost of providing that same level of care if a local authority provided the assessed care needs directly. There is no national or standard level of direct payment, these are determined locally based upon demand and resources to provide non-residential social care.

If any of the other options for future ILF arrangements are adopted then service users who are on a direct payment from their local authority would not receive the same level of funding as those who are in receipt of ILF and local authority care and support.

The assessment and eligibility regulations under the Social Services and Well Being (Wales) Act 2014 would only apply to current ILF recipients if the ILF funding was transferred into local authority's Revenue Support Grant. This is because all service users would be subject to a standard form of assessment of care needs. Those in receipt of ILF have satisfied their local authority assessment and eligibility criteria and then, in addition, have had to satisfy the ILF criteria to receive additional monies towards their care and support requirement. Whilst the ILF closed the scheme to new applicants from 2010 to receive ILF before that date recipients would have to be in receipt of local authority care services of a minimum of £340, this being the cost of providing that assessed level of care.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford @wales.gsi.gov.uk

The individual would also have to be in receipt of the Highest Rate Care Component of Disability Living Allowance or the Enhanced Care Component of Personal Independent Payment to apply for ILF funding. They would then be subject to a further assessment of their care needs by ILF before an award could be made.

Direct payments arrangements are being reviewed within the context of the Social Services and Well Being (Wales) Act 2014 in regard to assessment, eligibility and charging but the hourly rate of payment is not covered by the Act and is subject to local authority resources and demand and is limited to the comparative cost of agreed care provision from an authority to that of an independent care provider. This will vary between authorities and is not set at a national or minimum amount, or hourly rate, across Wales.

The decision taken by the UK Government to close the current ILF scheme and pass responsibility for its future to the devolved administrations was made without prior discussion or agreement with the said administrations. This is a new and additional responsibility that will require ongoing funding from Central Government in order for ILF recipients to continue to receive the care and support their disability or illness warrant. Obviously there will be an ongoing reduction in the level of people in receipt of ILF over a period of time that will lead to a reduction in the funding provided. Presently funding of £20.4m has been allocated for the period July 2015 to end of March 2016. This figure is based on the number of people in receipt of ILF at the end of June continuing to receiving their current level of funding. Funding beyond next March will be subject to negotiations on the next Spending Round. Given that responsibility for administering ILF was imposed upon the Welsh Government, without prior discussion or negotiation, the UK Government must accept its duty to provide appropriate funding for this new and additional task. The Welsh Government cannot fund or subsidise every change in responsibility decided by the UK Government and passed to on to us to deal with. We will of course do all within our powers to protect the position of people, such as those receiving ILF funding who have significant levels of care needs. However, I cannot provide you and your Committee with any assurance that everyone can remain unaffected by the UK Government's decision to terminate the current ILF scheme.

The issues your Committee have raised through your letter have all been factored into my considerations of what is the best way to progress the future arrangements for ILF recipients. This includes what would be the impact on their current level of support and care if the funding were to be put in the RSG without the protection of their funding they have through ILF, together with how best to continue to provide the level of funding they presently receive which allows them to remain to live as independently as possible within their communities.

I will be issuing a written statement to members next week outlining my decision on the way forward.

Best wishes,

Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services