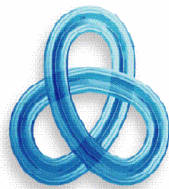




## **COMMISSIONING STRATEGY**

**TO MEET THE NEEDS OF PEOPLE AFFECTED  
BY SUBSTANCE MISUSE IN THE COUNTY  
BOROUGH OF BRIDGEND**



**Safer Bridgend**  
Community Safety Partnership

## Contents

<b>1. INTRODUCTION</b> .....	4
<b>2. PURPOSE AND STATUS OF THIS STRATEGY</b> .....	4
<b>3. VISION AND VALUES</b> .....	5
<b>VISION</b> .....	5
<b>VALUES AND PRINCIPLES UNDERPINNING THE STRATEGY</b> .....	5
<b>4. WORKING TOGETHER TO REDUCE HARM:</b> .....	6
<b>5. BRIDGEND HEALTH SOCIAL CARE AND WELLBEING STRATEGY</b> .....	7
<b>6. COMMISSIONING</b> .....	8
<b>WHAT DO WE MEAN BY COMMISSIONING?</b> .....	8
<b>WHY A COMMISSIONING STRATEGY?</b> .....	8
<b>JOINT COMMISSIONING</b> .....	8
<b>WORKING TOGETHER</b> .....	9
<b>THE COMMISSIONING CYCLE</b> .....	10
<b>7. CONSULTATION</b> .....	10
<b>HOW HAVE WE CONSULTED ON THIS STRATEGY?</b> .....	10
<b>8. HOW THE STRATEGY WILL BE MONITORED</b> .....	11
<b>ACCOUNTANCY AND PERFORMANCE REPORTING ARRANGEMENTS</b> .....	12
<b>9. NEEDS AND ASPIRATIONS</b> .....	13
<b>THE NEEDS AND ASPIRATIONS OF PEOPLE AFFECTED BY SUBSTANCE MISUSE</b> .....	13
<b>SPECIFIC GROUPS</b> .....	13
<b>CHILDREN AND YOUNG PEOPLE</b> .....	13
<b>FUTURE PROCESSES FOR IDENTIFYING NEEDS</b> .....	14
<b>10. MEETING NEEDS AND ASPIRATIONS</b> .....	15
<b>RELATIONSHIP BETWEEN QUALITY, COST AND OUTCOMES</b> .....	15
<b>PREVENTION AND INTERVENTION</b> .....	15
<b>11. CONTRIBUTION OF THE INDEPENDENT AND THIRD SECTOR</b> .....	15
<b>12. SUSTAINABILITY</b> .....	16
<b>13. CURRENT COMMISSIONING ARRANGEMENTS</b> .....	17
<b>LOCAL AND REGIONAL COMMISSIONERS OF SUBSTANCE MISUSE SERVICES</b> .....	17
<b>14. RESEARCH FINDINGS</b> .....	18
<b>SUBSTANCE MISUSE IN BRIDGEND COUNTY</b> .....	18
<b>REFERRAL RATES</b> .....	20
<b>15. WHAT NEEDS TO CHANGE</b> .....	22
<b>1. PREVENTION AND EARLY INTERVENTION</b> .....	22
<b>2. ACCESS TO SERVICES</b> .....	23
<b>3. QUALITY AND APPROPRIATENESS OF SERVICES</b> .....	24
<b>16. BRINGING ABOUT CHANGE</b> .....	25
<b>LISTENING AND TALKING</b> .....	25
<b>IDENTIFYING NEED</b> .....	25
<b>THE COMMISSIONING AND DECOMMISSIONING PROCESS</b> .....	25
<b>17. RECOGNISING PROGRESS</b> .....	26
<b>SETTING AND MONITORING STANDARDS OF COMMISSIONING</b> .....	26
<b>SETTING AND MONITORING STANDARDS OF SERVICE</b> .....	26
<b>18. RECOGNISING SUCCESS AND ELIMINATING FAILURE</b> .....	27

<b>19. FROM STRATEGY TO ACTION .....</b>	<b>28</b>
<b>PLANNING FOR ACTION .....</b>	<b>28</b>
<b>ENGAGING FURTHER WITH SUBSTANCE MISUSERS AND THEIR FAMILIES....</b>	<b>28</b>
<b>ENGAGING FURTHER WITH OTHER COMMISSIONERS .....</b>	<b>28</b>
<b>ENGAGING FURTHER WITH PROVIDERS OF SERVICES.....</b>	<b>28</b>
<b>REVIEWING AND REFINING THE COMMISSIONING STRATEGY .....</b>	<b>28</b>
<b>APPENDIX 1 SUMMARY OF CONSULTATION WORKSHOPS .....</b>	<b>29</b>
<b>APPENDIX 2: CURRENT INVESTMENT INTO SUBSTANCE MISUSE SERVICES ...</b>	<b>33</b>
<b>APPENDIX 3: EXECUTIVE SUMMARY OF BRIDGEND SUBSTANCE MISUSE NEEDS</b>	
<b>ANALYSIS (EDITED) .....</b>	<b>34</b>
<b>APPENDIX 4: OUTLINE PROJECT PLAN.....</b>	<b>58</b>
<b>APPENDIX 5 – EQUALITY IMPACT ASSESSMENT ACTION PLAN.....</b>	<b>59</b>
<b>APPENDIX 6: SUBSTANCE MISUSE TREATMENT SERVICES IN BRIDGEND CSP</b>	
<b>AREA .....</b>	<b>61</b>
<b>FURTHER INFORMATION .....</b>	<b>62</b>

## **1.INTRODUCTION**

People who misuse drugs, alcohol or other substances can cause considerable harm to themselves and to society. This includes harm to their own physical and mental health and well being, and possibly to their families' lives by damaging the health and well being of their children and place a burden of care on other relatives (including their children). There is also a risk of harm to the communities in which they live through the crime, disorder and anti-social behaviour associated with substance misuse.

The prevalence of substance misuse in Bridgend raises issues for all communities, organisations and individuals. This is due to varied and substantial impacts including:

- Physical health: there is a significant link between alcohol and chronic illness and deaths.
- Mental Health: there is a clear link between people's mental wellbeing and their substance misuse. Many people in Bridgend experience co-occurring mental health and substance misuse problems.
- Accommodation and homelessness: a lack of suitable accommodation can have a significant effect on someone substance misuse and other health and social issues.
- Young people: communities within Bridgend are concerned about the amount of alcohol and drugs that children and young people have access to. Additionally, there are children living in Bridgend County who experience hidden harm through the substance misuse of their parents or guardians.
- Crime and Disorder: communities regularly report how they are experiencing anti-social behaviour as a result of alcohol misuse or are in fear of crime through concerns about drug misuse. This information is fed into the CSP through the PACT process.
- Licensing and availability: problems of violence in and around licensed premises, particularly in town centres; the sale of alcohol to underage young people and the availability of illegal drugs impact significantly on local communities.

## **2. PURPOSE AND STATUS OF THIS STRATEGY**

This strategy sets out how Bridgend Substance Misuse Action Team will ensure that the services available locally tackle the issue of substance misuse through how and what it commissions.

### 3. VISION AND VALUES

#### VISION

Bridgend SMAT is committed to providing the best services we can for people who misuse substances and for those affected by substance misuse of others.

Echoing the values set out in the Local Service Board vision we believe that Bridgend

- **Is a county of communities**, through this strategy the SMAT aims to address the strain substance misuse can place upon communities, through providing accessible local services to people who need them and supporting families who are affected by substance misuse. The SMAT also recognises that people who misuse alcohol or drugs are themselves members of their community and have a valuable contribution to make to their neighbourhood and society as a whole.
- **Is a county of opportunities**, the SMAT believes that people deserve the opportunity to achieve their full potential, through resisting substance misuse or through making positive changes to address it.

#### VALUES AND PRINCIPLES UNDERPINNING THE STRATEGY

##### We value:

- the views of people who use services and those of the people close to them
- local partners and their contributions to improving the lives of people affected by substance misuse and their communities
- services which are evidence based, flexible, sustainable and of a high quality

##### Our principles are that:

- people have a right to receive high quality, evidence based services, available when they need them
- people have a right to receive services that are based on their individual needs
- people who require support are equal partners in the services they receive
- investment into substance misuse services should be based on what services are needed by individuals and communities
- commissioning should be based on improved outcomes for people who need services

#### **4. WORKING TOGETHER TO REDUCE HARM:**

In October 2008 the Welsh Assembly Government launched its ten year substance misuse strategy, *Working Together to Reduce Harm; Tackling Substance Misuse in Wales*. This document builds upon the achievement of the previous national strategy *Tackling Substance Misuse in Wales: A Partnership Approach* and recognises the progress that has been made in relation to the availability of prevention and treatment services, the quality of services on offer and the more strategic approach now being adopted by Community Safety Partnerships to how they commission services.

Key themes from the Strategy are:-

- An increased focus on alcohol
- Reducing the harm to individuals (particularly children and young people)
- Improving availability and quality of education, prevention and treatment services
- Making better use of resources through evidence based decision making
- Improving treatment outcomes
- Supporting families, including reducing the risk for children and young people affected by the substance misuse of others
- Protecting individuals and communities

## **5. BRIDGEND HEALTH SOCIAL CARE AND WELLBEING STRATEGY**

The Health, Social Care and Wellbeing Health strategy for 2008-2011 has prioritised reducing alcohol misuse within the County Borough. It also contains the following challenges for the coming three years:-

- Reducing levels of excessive alcohol consumption in young people
- Designing services that assist in the prevention of chronic disease and mental ill health
- Develop initiatives that assist health promotion that are related to the particular needs of older people
- Reducing and preventing homelessness
- Improving physical health
- Developing projects to reduce the increasing levels of domestic abuse
- Consider the longer term health consequences of excessive alcohol consumption
- Secure funding for longer term support for carer and community support groups
- The development, commissioning or remodelling of health and social care services
- More integrated workforce planning
- Further development of a range of care and support pathways to improve service access

## **6. COMMISSIONING**

### **WHAT DO WE MEAN BY COMMISSIONING?**

The Audit Commission defines commissioning as:-

*'The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agency or by the private or voluntary agencies.'*<sup>1</sup>

The important elements within a commissioning process are:-

- to understand needs
- to understand the capacity to meet needs
- to commission services to meet these needs

### **WHY A COMMISSIONING STRATEGY?**

This strategy will: -

- Set out how Bridgend SMAT will achieve its vision for substance misuse services in the Bridgend area
- Plan how Bridgend SMAT will meet the needs of people who misuse substances as well as providing support for the people close to them
- Help us to make sure that the services we commission are those that are effective
- Help us to make sure that the services we commission are those that people need
- Establish systems for us to know what future needs will be and how we will meet them
- Influence how services are delivered and set out any changes that we need to make in order to see improvements
- Help us to make the best use of the money we spend on substance misuse services
- Help us to make sure that the services we commission are based on regulatory requirements and good practice
- Provide a basis from which we can look at commissioning services with other SMATs or partnerships

### **JOINT COMMISSIONING**

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<sup>1</sup> The Audit Commission, 'Making Ends Meet, October 2003

Joint commissioning is the process in which two or more commissioning agencies act together to agree priorities, co-ordinate their commissioning and take joint responsibility for translating strategy into action.

## **WORKING TOGETHER**

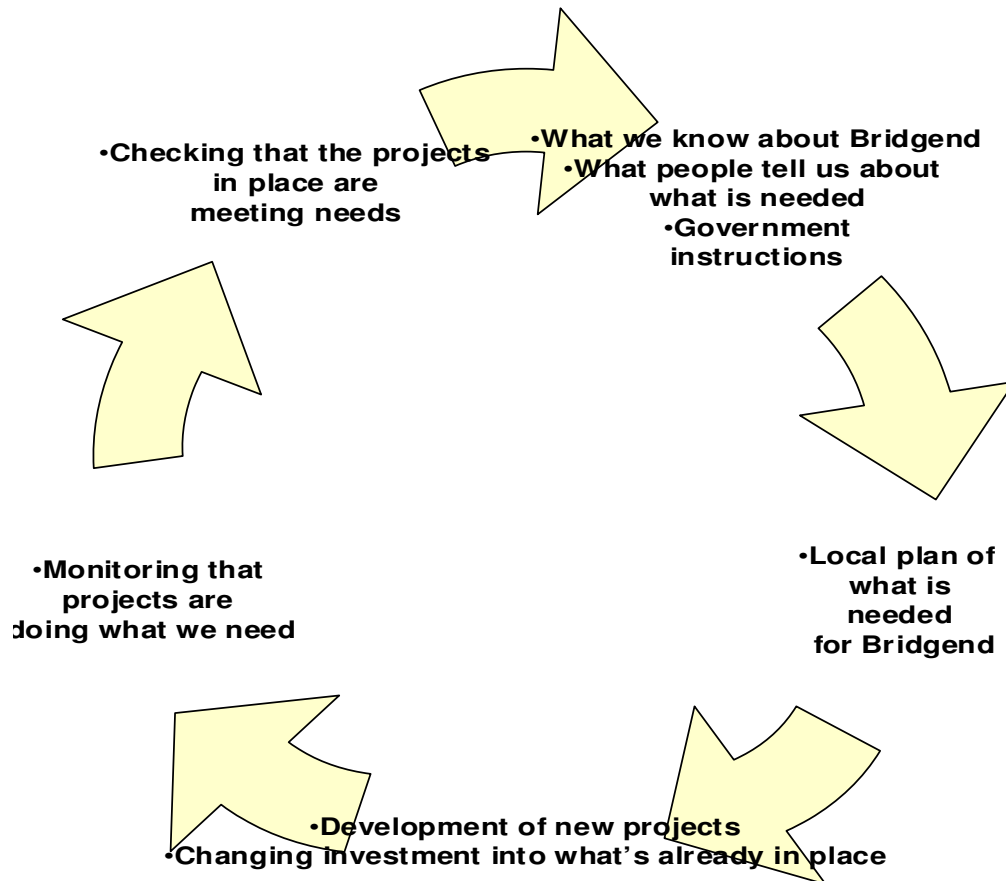
Bridgend SMAT will need to work in partnerships with other people and organisations in order to make this Strategy effective.

People we will need to work with include:-

- People affected by substance misuse, including service users and their family and friends,
- Communities, we will do this through processes such as the Partnership and Communities Together (PACT),
- Organisations who directly provide services,
- Other SMATs and CSPs, in particular those who neighbour us,
- The Welsh Assembly Government who provide us with performance requirements and good practice guidance,
- National bodies such as the Home Office who also commission substance misuse services.

## THE COMMISSIONING CYCLE

### How Decisions About Investments are Made



## 7. CONSULTATION

### HOW HAVE WE CONSULTED ON THIS STRATEGY?

During February and March 2009 Bridgend SMAT held a series of consultation workshops to inform the development of this strategy. Invitations were sent to all SMAT and CSP members as well as being distributed through the broader

partnerships. A specific workshop was held with Bridgend Involvement Group (BIG) to gain service user views on the strategy.

In total over 50 people attended the workshops, representing a broad range of organisations and interests, including children and young people, mental health, older people, community safety and domestic abuse. Full details of the workshop outcomes are contained in **Appendix 1**.

In its draft format the strategy was circulated to the Local Service Board and all of the statutory partnerships within the County Borough, to service providers and other stakeholders and posted onto BAVO, BCBC, BLHB and Safer Bridgend's websites for a 6 week period. Feedback was invited either through questionnaires or direct comments. A further three workshops were also held to consult on the draft document, including an event specifically for service users.

In recognition of the shared services across the Abertawe Bro Morgannwg Health Community we have also worked with SMATs in Neath Port Talbot and Swansea in the development of the strategy and action plan.

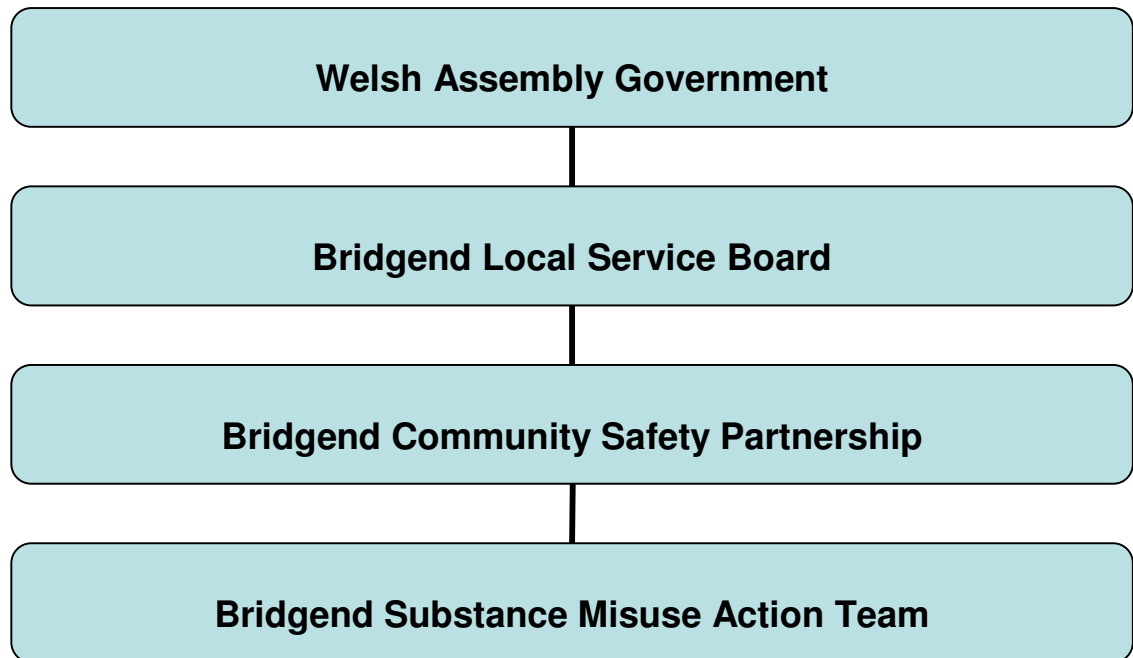
## **8. HOW THE STRATEGY WILL BE MONITORED**

Substance misuse issues are the responsibility of the Bridgend Community Safety Partnership who delivers this through the Substance Misuse Action Team. These report to the Local Service Board and ultimately to the Welsh Assembly Government.

Progress and performance is reported locally and nationally through various means, these include:

- Annual reporting to the Welsh Assembly Government on achievement against national key performance indicators
- Annual monitoring visits by the Welsh Assembly Government
- Reporting to the Local Service Board and the Health, Social Care and Wellbeing Strategy on a quarterly basis
- Regular feedback to the Community Safety Partnership
- Performance monitoring of service providers

**ACCOUNTANCY AND PERFORMANCE REPORTING ARRANGEMENTS**



## **9. NEEDS AND ASPIRATIONS**

It is essential to know and understand the needs of people affected by substance misuse if the Bridgend Substance Misuse Action Team is to be fully effective.

### **THE NEEDS AND ASPIRATIONS OF PEOPLE AFFECTED BY SUBSTANCE MISUSE**

Bridgend Substance Misuse Action Team commissioned a needs analysis in 2007. This needs analysis took into account views and information from a range of people including:-

- People who access services.
- People who are affected by someone else's substance misuse
- People who provide services
- People who commission and plan services
- Members of the community

The analysis also looked at information about national and international needs and how this information applies to Bridgend.

The main themes that came from the needs analysis were that people need:-

- Rapid access to services
- More early intervention services, before they require specialist support
- Services that are based outside of Bridgend town centre
- Services that are based on evidence
- More joined-up services so that people can move from one level of support to another seamlessly
- More services for families and other people affected by a person's substance misuse
- Better services for people who have co-occurring mental health and substance misuse issues
- Stronger prevention and education services
- Services to be delivered by trained and qualified staff

### **SPECIFIC GROUPS**

#### **CHILDREN AND YOUNG PEOPLE**

During 2008/2009 Bridgend SMAT researched the specific needs of children and young people in relation to substance misuse. The research was undertaken through one to one work, focus group sessions and visiting service providers. The report from this research *Voices for Safe Choices* recommended that we need:-

- Co-ordinated substance misuse education and training
- Out of town services

- Improved care pathways into services
- Enhanced detached youth work provision in both the statutory and voluntary sector
- To prevent underage access to alcohol
- To strengthen knowledge of local services at crisis points including Accident and Emergency Departments,
- To integrate substance misuse awareness into all children and young people's services
- To implement the local Information Sharing Protocol and the Common Assessment Framework when fully developed.

## **FUTURE PROCESSES FOR IDENTIFYING NEEDS**

During the lifespan of this strategy we will continue to identify and analyse what services are needed. We will do this through a variety of means including:-

- On going work with services users, families and carers to make sure that they are involved in the work of the SMAT
- Working with communities through the PACT and other processes
- Working with our partners and other planning teams to make sure that their needs are met, for example looking at the needs of older people through the Never Too Old Action Team
- Contributing to the annual CSP strategic assessment
- Feedback from local, regional or national reviews such as the Health Inspectorate Wales thematic review of substance misuse services
- Learning from our partners across the Abertawe Bro Morgannwg University Local Health Board area to learn from shared experiences

We will also use information about the services provided to identify if they are meeting needs. The type of information we will use includes:-

- Performance information submitted to the Health Solutions Wales database.
- The outcome of monitoring visits we undertake to service providers.
- Reports from services providers, including annual reports, financial reports and reports against the performance indicators set out within their contracts.
- Feedback from service users on their experiences.
- Feedback from family members and carers.
- Information from partners, including the Police and the National Public Health Service regarding emergent needs.

## **10. MEETING NEEDS AND ASPIRATIONS**

### **RELATIONSHIP BETWEEN QUALITY, COST AND OUTCOMES**

Current commissioning arrangements largely focus on what we have commissioned in the past, instead of on an assessment of current and future needs.

Up until now we have commissioned services in an ad-hoc way with no long term plan about how we want services to develop.

We have not to date commissioned services that are based on the outcomes for individuals. Neither have we asked our service providers to indicate what evidence they have for the way they work.

Through this strategy we will move away from the previous way of working and instead commission services on the basis of what people need and what works for them.

### **PREVENTION AND INTERVENTION**

This strategy will balance the needs of those people already involved in substance misuse who require treatment services, with the importance of providing services to prevent problems from developing or escalating.

The SMAT will work with partners to ensure that targeted prevention services are available to:-

- Children and young people
- Older people
- Vulnerable people
- People who have specific needs, for example language needs
- People who are experimenting with substances
- People who are close to someone who has a substance misuse problem
- People who may not be aware that their drinking or substance misuse might be putting them at risk of future problems

## **11. CONTRIBUTION OF THE INDEPENDENT AND THIRD SECTOR**

Bridgend SMAT currently commissions services from both voluntary and statutory sector providers. Recognising the valuable contribution they make to service delivery and their unique strengths, the SMAT is committed to continuing to invest in the Third Sector in the future.

## 12. SUSTAINABILITY

This strategy supports the objectives of *One Wales: One Planet- A New Sustainable Development Scheme for Wales* in the following ways:-

- Sustainable Resource Use – including supporting service providers in adopting energy efficiencies and utilising environmentally-friendly methods of working.
- Sustaining the Environment - including ensuring that service provision and capital development use sustainable design.
- Sustainable Economy - including supporting training and development for staff working within organisations and to people seeking to return to work, to ensure a skilled workforce.
- Sustainable Society – including creating safe communities where people have access to the services they need.

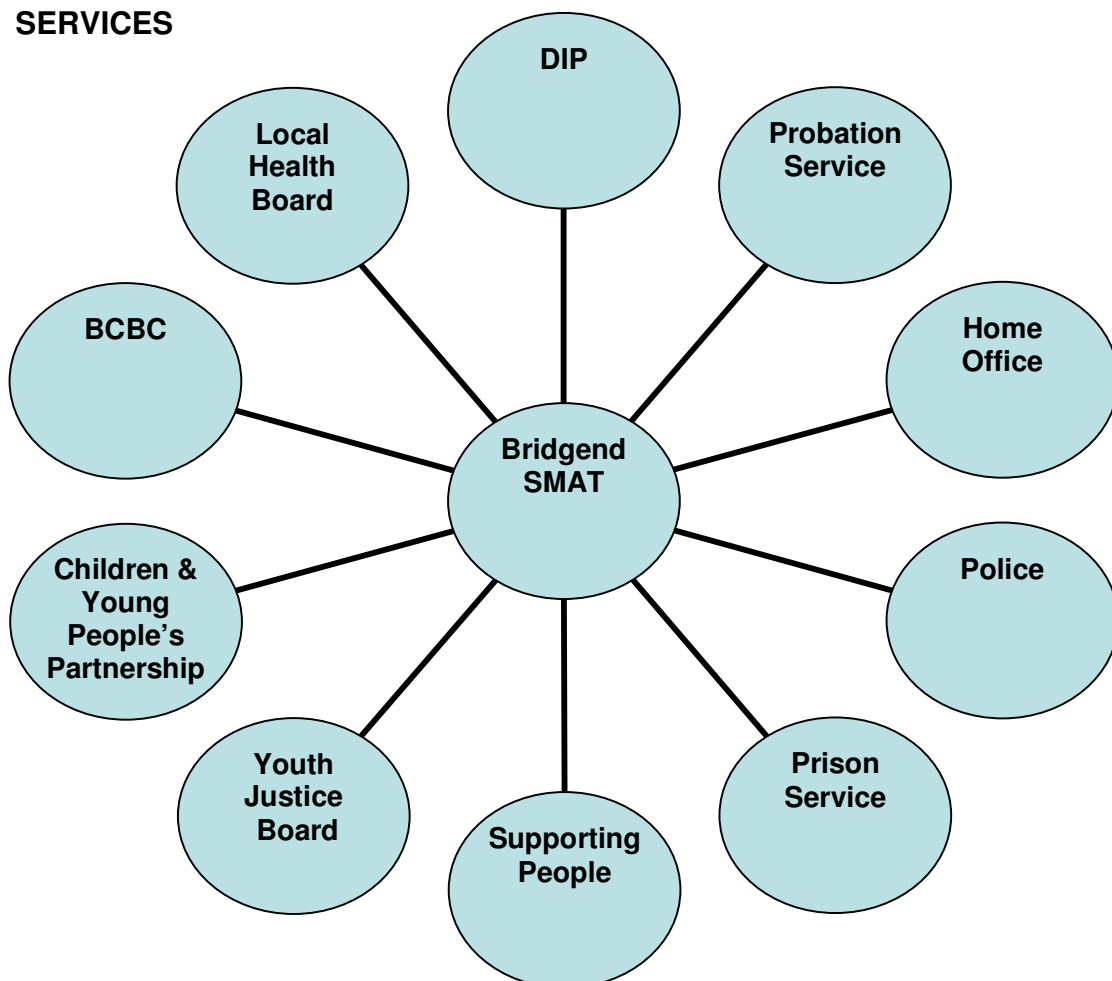
### 13. CURRENT COMMISSIONING ARRANGEMENTS

Current commissioning arrangements are patchy in places with different funds being invested into different providers. We need to develop links between what the SMAT commissions through its grant fund and what other partners commission through their funding. A breakdown of the key investment into substance misuse services is included in **Appendix 2**.

Some service providers are commissioned from a range of organisations and partnerships and have to comply with numerous monitoring and reporting arrangements. We hope to work together in future to reduce the burden placed on providers in terms of monitoring and reporting of performance.

There are some issues that are complicated and specialist and mean that we need to work with partners outside of the County Borough. We have a South Wales Regional Commissioning Group in place to look at these issues. Bridgend SMAT will continue to work with partners in other areas to support regional or sub-regional commissioning. In particular we will be working closely with Neath Port Talbot and Swansea SMATs to develop shared services across the Abertawe Bro Morgannwg Health Community, wherever appropriate.

#### LOCAL AND REGIONAL COMMISSIONERS OF SUBSTANCE MISUSE SERVICES



## 14. RESEARCH FINDINGS

In 2007 Bridgend SMAT commissioned an independent substance misuse needs assessment (**Appendix 3**). The assessment incorporated the views of service users, carers, family members, service providers, commissioners, planners and members of the community. The needs analysis looked at what services are provided locally and what services are needed.

### **SUBSTANCE MISUSE IN BRIDGEND COUNTY<sup>2</sup>**

Over the past thirty years alcohol has become more affordable in real terms. In Bridgend County, as in the rest of Wales, supermarkets, small retailers and licensed outlets regularly sell discounted alcohol in an effort to attract customers. Supermarkets have increased their share of the alcohol market and petrol stations have also increased their share.

In line with general trends it would seem that the prices per gram for most powders, such as heroin and cocaine, are also getting cheaper, though at times with a corresponding decline in quality. Generally, the prices of stimulants such as cocaine powder and ecstasy tablets have come down over the last few years, with ecstasy pills retailing at £1 each in a recent survey which looked at nearby Cardiff.

Interviews conducted as part of the Needs Analysis stated that Maesteg and its environs are major centres for dealing and distribution of cocaine and heroin. However dealing will take place in any place where there is a substantial concentration of people who are dependant on drugs. Interviews showed that disruption to the drugs market in Bridgend County, be that through supply issues or through Police actions, were usually only temporary.

The report found varying reports about the availability of certain drugs, but a regular supply of cack cocaine and heroin in the Caerau and Maesteg areas was reported by drugs workers. Interviews with workers indicated that crack is becoming more common and is growing as a part of poly-drug use.

It was also reported that the use of cocaine powder is increasing in the Porthcawl area, where it is being used by people such as call-centre workers and 'recreational' users in their thirties. Currently these people are not being seen by services in any great number.

According to the report Bridgend has more eligible unintentional homeless people than anywhere else in Wales, given the known links between homelessness

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<sup>2</sup> Bridgend Substance Misuse Health Needs Analysis; Feb 2008; Dyfed Wyn Hughes and Aelwyn Williams

mental health and substance misuse issues this is likely to be a particular problem in Bridgend.

The high prevalence of alcohol related problems within Bridgend County was a recurrent theme in the needs analysis with Bridgend having the 4th highest rates of average daily alcohol consumption in Wales- 44% drink above daily limits with the 4th highest figures in Wales for binge drinking (21.7% of over 16s admitting binge drinking at least once in week before). Hospital admission rates for alcohol were 20% higher than those for Cardiff between 1999 and 2005.

Key themes from the needs analysis were that for adult services we need:-

- Co-ordinated county-wide prevention activities
- Effective, early intervention services
- More services outside the Bridgend town centre area.
- Services for people who do not have severe dependence, delivered through non-specialist services
- To look at what services are provided to make sure they are based on what works and meet national standards
- To reduce waiting lists for specialist services
- Better accommodation for service providers
- Care pathways into and out of services
- Better mental health input for people who have substance misuse and mental health issues
- More psychology services
- Support for offenders pre and post release from prison
- Provision for physical problems too- for example wound care
- To make sure that staff are qualified and know what services are available
- Better links between substance misuse services and housing providers
- Accommodation for substance misusers
- Better access to services - people knowing where to get help and more flexible opening times
- More services delivered under one roof

And for children and young people we need:-

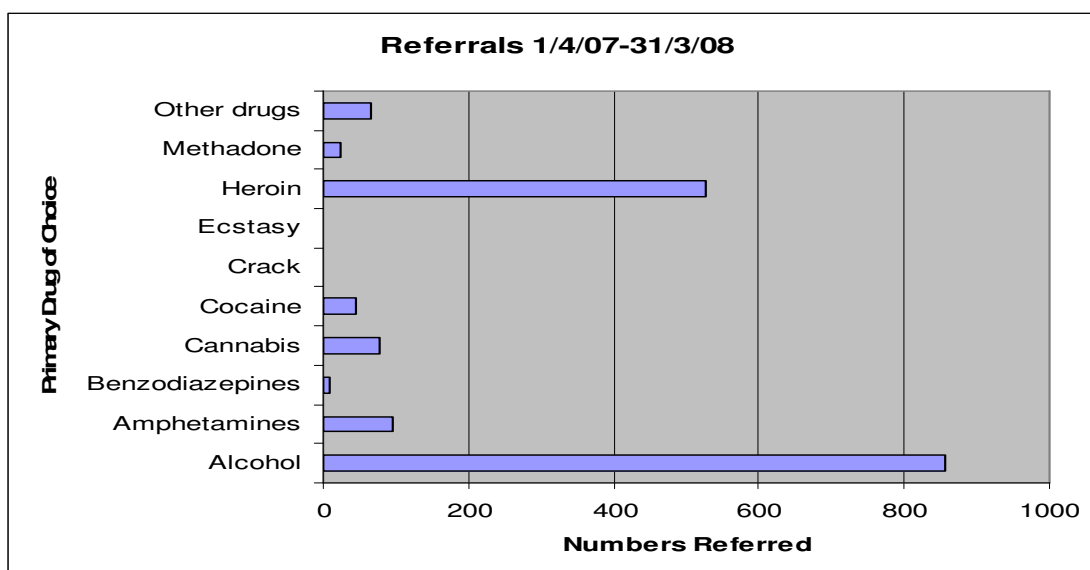
- Co-ordinated evidence based prevention activities across the county borough
- To talk to children and young people about their substance misuse when they visit their GP
- Easily accessible clinics on a range of topics, including substance misuse.
- Outreach services for people who may be at higher risk of substance misuse (including people who truant or are excluded from school, people who have been cared for by the local authority and people who have been released in the criminal justice system)
- Care pathways for generic workers to refer into substance misuse services for children and young people

- To look at what services are provided to make sure they are based on what works and meet national standards
- A care pathway into, and out of, specialist Child and Adolescent Mental Health Services
- More treatment services for children and young people
- Effective harm reduction services for children and young people
- More services for children and young people who live with an adult who misuses drugs or alcohol

### REFERRAL RATES<sup>3</sup>

**Table 1** shows the referral breakdown into local services for 2007-2008. Rates for alcohol referrals are significantly higher than those for heroin or other drugs. Whilst being reported as a commonly used substance through the Needs Analysis few people are reporting to agencies asking for support with this as a primary substance. **Table 2** illustrates the age profile of referrals into service for the same period, showing a higher proportion of 30-39 year olds seeking support from services.

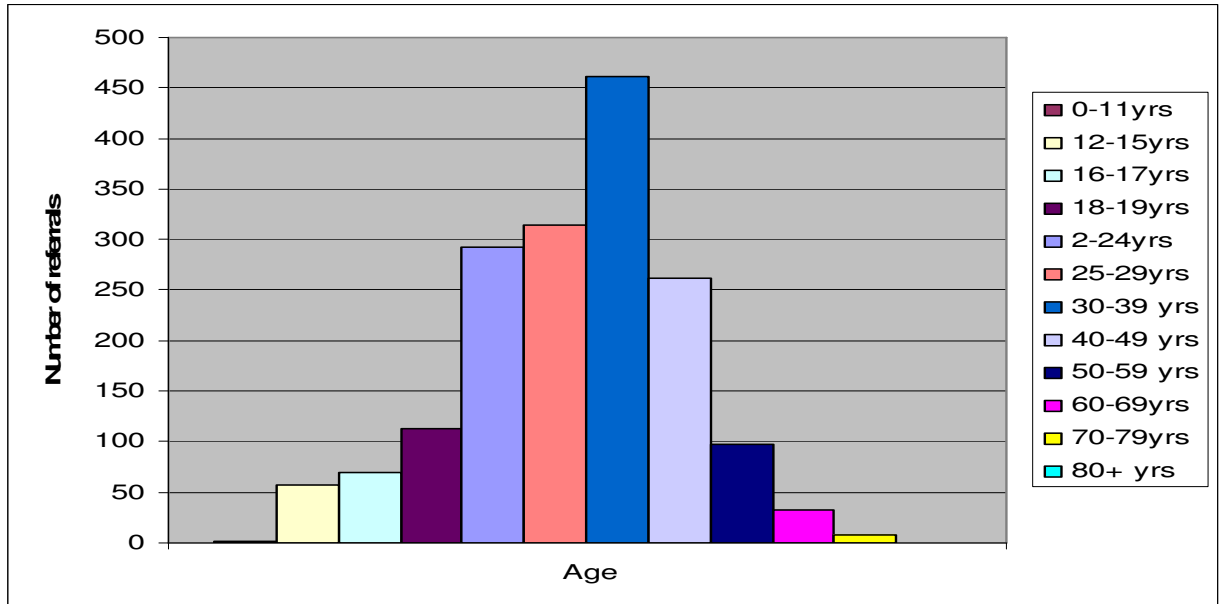
**Table 1 – Referrals into Bridgend County Borough Services – Drug of Choice**



<sup>3</sup>

Taken from data available on the Health Solution Wales, All Wales Database for Substance Misuse, March 2009.

**Table 2- Referrals into Bridgend County Borough Services – Age of Referrals**



## 15. WHAT NEEDS TO CHANGE

The outcome of the Needs Analysis and our consultation workshops has told us that we need to make a number of changes in the services that are delivered locally in order to better meet people's needs. In addition services have been equality impact assessed and the priorities for development and are contained in **Appendix 5**

### 1. PREVENTION AND EARLY INTERVENTION

#### **PRIORITY 1 - TO PROVIDE ACCESSIBLE INFORMATION ON EARLY INTERVENTION AND PREVENTION**

##### **KEY ACTIONS:-**

##### **To:**

- Develop increased services through primary care to provide early intervention, assessment and referral for substance misuse amongst children, young people and adults
- Commission services that are able to provide brief interventions
- Provide training and awareness to generic workers, for example teachers, youth services, housing officers, domestic abuse workers to increase their knowledge of substance misuse and ability to provide appropriate advice and information
- Deliver prevention campaigns aimed at people who might not be in contact with services
- Run targeted campaigns aimed at seldom heard groups, including people who do not attend school
- Develop more web-based resources for children and young people
- Support opportunities for more drink-free social settings for children and young people
- Develop services targeting binge drinkers
- To increase the availability of information on substance misuse and prevention, including that in languages other than English and in mediums other than the written word

## 2. ACCESS TO SERVICES

### **PRIORITY 2 - TO IMPROVE ACCESS TO SERVICES**

#### **KEY ACTIONS:-**

##### **To:**

- Increase the number and range of services available for children and young people
- Review treatment services to increase capacity and reduce waiting times
- Review care pathways between services, in particular for children and young people
- Develop effective pathways between services, including between mental health and substance misuse services
- Ensure that appropriate services are available for the older population
- Develop more services within primary care settings
- Provide more services outside of Bridgend town centre
- Require providers to have more evening and weekend openings
- Provide more harm reduction services for children and young people
- Increase access to needle exchange services across the County and increase the times when these services are available
- Work with colleagues in other areas to maximise opportunities to develop cross authority services
- Work in partnership to increase access to appropriate supported housing for substance misusers
- To research the needs of groups who are under-represented within services
- To monitor access to services against equality strands
- To review the physical access to buildings to ensure accessibility
- Provide services that compliment the Drug Intervention Programme, Drug Rehabilitation Requirement and other criminal justice projects

### 3. QUALITY AND APPROPRIATENESS OF SERVICES

#### **PRIORITY 3 - TO IMPROVE THE QUALITY AND SUITABILITY OF SERVICES OFFERED**

##### **KEY ACTIONS:-**

##### **To:**

- Ensure that staff working within providers' organisations are suitably trained and able to access on-going development opportunities
- Review current services to ensure that they are using evidence based methods
- Commission services that are able to meet individual needs on a responsive basis
- Review treatment services to ensure that they meet local need
- Work with service users and carers to involve them in service development and monitoring
- Increase the availability of alcohol specific services
- Ensure that people who have co-occurring mental health and substance misuse issues receive appropriate support
- Work with families, carers and significant others to increase the support available to them
- Provide opportunities and services that support and listen to children and young people affected by another's substance misuse, including young carers
- Provide on-going support to relapse prevention services
- Monitor the potential need for stimulant services and respond to this need
- Support service providers in improving the physical quality of their accommodation
- Work with colleagues in Abertawe Bro Morgannwg University NHS Trust to develop specialist in-patient detoxification facilities
- Provide advocacy services for substance misusers
- Increase access to appropriate supported housing for people who misuse substances
- Monitor the findings of the Treatment Outcome Profile reports
- Provide targeted support to substance misusers to reduce the risk of harm to their families
- Provide services that are flexible and able to meet the needs of people whose lifestyles may be chaotic
- Improve links between substance misuse and domestic abuse agencies in order to tackle the links between both issues

## **16. BRINGING ABOUT CHANGE**

In order to bring about change there are a number of specific objectives to be realised. These follow on from the areas of change identified previously.

### **LISTENING AND TALKING**

To change for the better we need to:

- Develop the ways in which service users and those close to them can become involved in the work of the SMAT
- Make sure that the services that we commission listen to the people who use their services
- Communicate the work of the SMAT is doing to the people who use services and to our communities
- Listen to communities and show how we act on their views

### **IDENTIFYING NEED**

To change for the better we need to:

- Work with service users and those close to them to learn about changing needs on an on-going basis
- Work in partnership with colleagues in other areas to be aware of potential needs
- Monitor the information we gather about service activity to see when needs change

### **THE COMMISSIONING AND DECOMMISSIONING PROCESS**

To change for the better, through the SMAT Commissioning Group, we need to:

- Put in place a fair and transparent process for decommissioning services without detriment to service users or those close to them;
- Develop commissioning plans for each area of service change and implement these over the duration of this strategy;
- Recognise that decommissioning or recommissioning services is a consequence of good commissioning practice;
- Improve our contracting and performance management arrangements ;
- Put up front the needs, outcomes and preferences of service users and those close to them in all commissioning activity;
- Take into account the contributions of all stakeholders to the commissioning process;
- Develop protocols and procedures for managing exit strategies for short-term funded services or services without detriment to service users;
- Ensure that service change is undertaken over time period that minimizes disruption to service delivery.

## **17. RECOGNISING PROGRESS**

### **SETTING AND MONITORING STANDARDS OF COMMISSIONING**

The commissioning standards which will apply in all commissioning activity require that:

- the interests of substance misusers and those close to them will always receive first consideration
- commissioners and providers act with integrity and are transparent in their dealings
- working relationships between commissioners and providers promote best value services and quality outcomes for end users
- commissioners demonstrate that they have worked to develop a wide market and there are a range of high quality, high performing small and specialist providers of services
- a coherent and standardized approach is followed for inspecting and reviewing provider contracts
- commissioning, performance management systems and planning processes are aligned
- commissioning processes themselves are subject to review.

### **SETTING AND MONITORING STANDARDS OF SERVICE**

Each commissioning plan must set out the standards to which the service from the provider will be delivered. In doing so, substance misusers and those close to them will have a clear understanding of the service they can expect, providers will know exactly what they are expected to deliver and commissioners will have defined the outcome measures by which the effectiveness of the provider can be judged.

A set of service standards should be clearly defined and contain:

- outcomes defined in terms of the benefits to the substance misusers and those close to them who will be recipients of the service
- the nature of the service required to achieve the stated outcomes
- timescales within which the service will be delivered
- timescales within which the outcomes will be achieved
- levels of consultation and engagement by the provider with end users of the service
- compliance standards by the provider including those for safeguarding, employment law, health and safety, financial probity
- a defined and robust evaluation system by the provider that can inform the commissioner's performance management systems and contribute to decisions on commissioning
- reporting mechanisms and frequency of reporting;

## **18. RECOGNISING SUCCESS AND ELIMINATING FAILURE**

Quality assurance should be at the heart of the commissioning process. Success should be recognised not in terms of the provider's ability to deliver a particular service but by the quality of the outcomes for substance misusers and those close to them. If the outcomes are not up to the required standard, the process should be reviewed to locate issues in one or more of:-

- (i) the accuracy with which needs were first identified;
- (ii) the specification for the service as set out in the commissioning plan;
- (iii) the competence of the provider to deliver the service and;
- (iv) the level of resource allocated to the service.

Mechanisms to recognise success and eliminate failure start with the commissioning plan which sets out the expectations of the service provider. The tendering process and award of a contract must have its own built-in quality assurance criteria including:

- the experience of the organisation in providing similar services;
- a history of the provider giving good value for money;
- experience of working in partnership with services users to develop and deliver services
- regard for employment regulations;
- regard for sustainability issues;
- financial stability.

Striving for success should not be at the expense of innovative services. The commissioning process should encourage innovation and new ways of working.

In delivering services providers need to have adequate and robust systems in place to ensure that the service is of a high quality.

Commissioners need to ensure that services being delivered are checked for quality and that they deliver what is required from them. To do this commissioners will have in place systems including receiving:-

- direct feedback from the people using the service;
- monitoring visits to the provider and/or point of delivery of the service;
- regular written reports from the provider;
- financial reports.

The purpose of these systems is to develop systems that are flexible and to ensure there is self-evaluation in place and a culture of continuous improvement, where under performance and failure can learnt from.

## **19. FROM STRATEGY TO ACTION**

The Commissioning Strategy must direct and inform the activities of the new SMAT. To do this there has to be a clear and agreed set of actions which follow through on the strategy. These actions form the work programme for the SMAT and CSP.

### **PLANNING FOR ACTION**

- Maintain the SMAT Commissioning Group and ensure that it is adequately supported to enable it to operate and achieve change
- Adopt and develop the Outline Project Plan (**Appendix 4**)
- Develop and agree priority areas for service change or recommissioning
- Develop commissioning plans and business plans based on future priorities

### **ENGAGING FURTHER WITH SUBSTANCE MISUSERS AND THEIR FAMILIES**

- Support service users and those close to them in being involved in the commissioning process
- Continue to support service user involvement within the work of the SMAT
- Ensure that progress made within this Strategy is communicated to service users and their families
- Ensure that service users and those close to them are communicated with regarding service changes or recommissioning

### **ENGAGING FURTHER WITH OTHER COMMISSIONERS**

- Work with key stakeholders to agree a common vision of joint and/or integrated commissioning and the procedures and protocols required to make such an approach work in practice
- Work with commissioners across the Abertawe Bro Morgannwg Health Community to develop joint service level agreements and monitoring arrangements wherever possible

### **ENGAGING FURTHER WITH PROVIDERS OF SERVICES**

- Engage existing and potential providers in determining the shape and nature of provision
- Explore with providers flexible means of meeting outcomes
- Make clear to providers the standards of service required and outcomes expected
- Involve providers, as partners, in quality assurance.

### **REVIEWING AND REFINING THE COMMISSIONING STRATEGY**

- Regularly review and refine the Commissioning Strategy in consultation with all stakeholders
- Use outcome measures as the starting point for evaluating the effectiveness of the Commissioning Strategy and commissioning practices.

## **APPENDIX 1 SUMMARY OF CONSULTATION WORKSHOPS**

Following a number of exercises groups were given a series of headings and asked to place them in order of priority

### **Prioritisation Exercise- Bridgend Workshop**

#### **Group 1**

- 1- Supporting children of substance misusers
- 1- Prevention services
- 1- Needle exchange services
- 2- Supporting people with co-occurring mental health and substance misuse problems
- 2- Services outside Bridgend town centre
- 2- Reducing waiting times for services
- 2- More services through GP surgeries
- 2- Services for stimulant users
- 3- Relapse prevention services
- 3- Treatment services for children and young people
- 3- Better detox services
- 4- Services for families and carers
- 4- Supported housing
- 4- Support in accessing employment
- 5- Day programmes
- 5- Tackling availability

#### **Group 2**

- 1- Prevention Services
- 1- Services outside Bridgend town centre
- 2- Supported housing
- 3- Reducing waiting times
- 3- Treatment Services for Children and Young People
- 3- More services through GP surgeries
- 4- Supporting people with co-occurring mental health and substance misuse problems
- 5- Supporting children of substance misusers
- 5- Services for families and carers
- 6- Needle exchange services
- 7- Day programmes
- 8- Relapse prevention services
- 8- Better detox services
- 9- Support in accessing employment
- 10- Support for stimulant users
- 11- Tackling availability

### **Group 3**

- 1- Prevention Services
- 1- Support for families and carers
- 1- More services through GP surgeries
- 2- Supporting children of substance misusers
- 2- Supporting people with co-occurring mental health and substance misuse problems
- 2- Treatment Services for Children and Young People
- 2- Needle Exchange Services
- 2- Better detox services
- 2- Reducing waiting times
- 2- Services for stimulant users
- 3- Services outside Bridgend town centre
- 3- Relapse prevention services
- 3- Supported housing
- 3- Day programmes
- 3- Support in accessing employment
- 3- Tackling availability

### **Prioritisation Exercise – Maesteg Workshop**

#### **Group 1**

- 1- Tackling availability
- 1- Prevention
- 1- Supporting children of substance misusers
- 1- Services outside Bridgend town centre
- 2- Services for stimulant users
- 2- Services for people with co-occurring mental health and substance misuse issues
- 2- More services in GP surgeries
- 2- Services for children and young people
- 2- Services for carers and significant others
- 3- Reducing waiting times
- 3- Day programmes
- 3- Supported housing
- 4- Relapse prevention services
- 4- Better detoxification facilities
- 4- Needle exchange\*
- 4- Support in accessing employment

#### **Group 2**

- 1- Reducing waiting times
- 2- Services outside Bridgend town centre

- 3 - Prevention Services
- 4 - Services for children of substance misusers
- 5 - Services for people with co-occurring mental health and substance misuse issues
- 6- Services for children and young people
- 7- Supported housing
- 8- More services in GP surgeries
- 9- Services for carers and significant others
- 10- Better detoxification facilities
- 11- Services for stimulant users
- 12- Day programmes
- 13- Relapse prevention services
- 14- Tackling availability
- 15- Support in accessing employment
- 16- Needle exchange\*

### **Group 3**

- 1- Reducing waiting times
- 2 - Prevention Services
- 3 -Services for children of substance misusers
- 4- Services for children and young people
- 5 - Services for people with co-occurring mental health and substance misuse issues
- 6- Supported housing
- 7- Services for carers and significant others
- 8- More services in GP surgeries
- 9- Better detoxification facilities
- 10- Services outside Bridgend town centre
- 11- Services for stimulant users
- 12- Relapse prevention services
- 13- Day programmes
- 14- Support in accessing employment
- 15- Support in accessing employment
- 16- Needle exchange\*

\* please note all groups said that they had not prioritised needle exchange services as they felt these worked well in the County

## **Prioritization Exercise- BIG**

### **Group 1**

1. Relapse prevention service
2. Better detox services
2. Services for people who have a mental health and substance misuse problem
3. Supporting carers and significant others
3. Supporting children of substance misusers
4. Supported housing
4. Support in accessing employment
5. Reducing waiting times
5. Services outside of Bridgend town centre
6. More services through GPs
6. Treatment services for children and young people
7. Services for people who have stimulant problems
8. Structured day programmes
9. Increased needle exchange
10. Reducing the availability of illegal drugs
11. Prevention services

### **Group 2**

1. Services for people who have a mental health and substance misuse problem
2. Services outside of Bridgend town centre
3. Treatment services for children and young people
3. Supporting children of substance misusers
3. Supporting carers and significant others
4. More services through GPs
5. Better detox services
6. Prevention services
7. Relapse prevention services
8. Structured day programmes
9. Reducing waiting times
10. Supported housing
11. Support in accessing employment
12. Services for people who have stimulant problems
13. Reducing the availability of illegal drugs
14. Increased needle exchange

**APPENDIX 2: CURRENT INVESTMENT INTO SUBSTANCE MISUSE SERVICES**

## **APPENDIX 3: EXECUTIVE SUMMARY OF BRIDGEND SUBSTANCE MISUSE NEEDS ANALYSIS (EDITED)**

### **Executive summary**

#### **Chapter 1 Introduction**

Average weekly alcohol consumption, and hazardous, harmful, binge and dependent alcohol consumption along with high levels of other substance misuse in Wales is amongst the worse in the UK, and higher than much of the rest of Western Europe, especially amongst adolescents and young people.

This health needs analysis was commissioned by the Bridgend Substance Misuse Action Team in order to identify areas of unmet need for the prevention and treatment of problem alcohol drinking and other substance misuse amongst resident population of the borough. We have considered a broad social definition of health, and we have taken a broad population approach to prevention within the framework of the World Health Organization's Ottawa Charter.

#### **Chapter 2 Background and methodology**

##### ***Aims***

- To analyse need for substance misuse services within Bridgend borough to identify gaps in current provision and barriers to services
- To prioritise areas of un-met need in order to inform the development of a Substance Misuse Action Team Commissioning Strategy

A variety of methods including reviewing the literature and semi-structured qualitative interviews with key stakeholders including patients and their families were use to compile this report.

#### **Chapter 7 Harm from alcohol and drug use in Bridgend County**

At a population level, and for all ages, and for all wards, alcohol causes significantly more health and social harm in Bridgend County than the misuse of any other licit or illicit drug, owing to the high prevalence of problem alcohol drinking.

Bridgend health partnership 2007 health needs assessment for the second round Health, Social Care and Wellbeing Strategy highlighted higher than average alcohol intake as major health problem for the county.

Young people suffer a significant and increasing burden of alcohol harm. In Bridgend the extent of harm is likely to be very high because there is a high prevalence of binge and regular drinking amongst adolescents and young people in Wales, which is likely to be higher still in Bridgend County. At least 10% of youth female mortality (and this is rising), and around 25% of youth male mortality is estimated to be related to alcohol in the EU, so these percentages will be much higher in Bridgend. In young people the mechanisms of alcohol harm include intentional (including suicide) and unintentional injuries, both of which are related to patterns of drinking, especially binge drinking. Other major health problems related to alcohol in young people include serious and common sexual health problems such as unplanned and unprotected risky sexual activity, increased risk of young age of first sex, unintended pregnancy (highlighted as a public health problem in Bridgend), sexually transmitted infections and HIV, and increased risk of raping and being raped. Sexually transmitted infection (STI) incidence and prevalence has increased recently for most bacterial causes, especially in younger age groups, and especially amongst heterosexuals in south Wales's valleys. Wales has one of the highest rates of STIs in Western Europe.

Mental health remains an important issue in Bridgend county, with lower levels of mental health wellbeing reported in the population, higher than average admission rates for hospital care, and an above average suicide rate. Alcohol will be contributing to the burden of poor mental health partly through alcohol-dependence syndrome, depression, anxiety disorder, increased self-harm, parasuicide and attempted and completed suicide.

Alcohol contributes to a greater or lesser extent to the risk of developing some very common cancers (e.g. breast cancer), and to some less common but not rare cancers, especially head and neck cancers. The all-cancer mortality in Bridgend County is very high in the north of the Ogmore Valley, eastern Bridgend town, and eastern Porthcawl.

Other conditions contributed to by alcohol and highlighted by the needs assessment as particular health problems for Bridgend are: obese and overweight adults; diabetes; child pedestrian injury from motor vehicles, and injuries being of a general concern.

Hospital admission rate from alcohol-related conditions has been rising steadily in Wales between 1999 and 2005, and the admission rate in Bridgend County is slightly above the Welsh average, **and is 20% higher than the rate for Cardiff.**

The UK is the only industrialised country in the world where the death rate from liver disease (mainly alcohol-related) is rising. Furthermore, alcohol-related deaths

overall have been steadily rising in Wales since the middle of the last decade, increasing by almost 40% between 1996-8 and 2002-4.

Alcohol contributes significantly to other locally highlighted health problems: lower female life expectancy; higher death rate from all causes; and higher mortality from circulatory disease. The latter two being highest in the east of Bridgend town, and in the urban northern valley areas.

Although alcohol causes far more harm in Bridgend county than all drugs, the harm from drugs will still be relatively high in Bridgend county because of known high levels of overall harmful drug use (heroin, cocaine, street methadone, crack, etc) in Wales, partly because of many areas of multiple deprivation, high homelessness, and the contribution of high alcohol consumption and high poor mental health, that polydrug use and use with alcohol is common, and that heroin is often started for the first time in prison.

The most harmful method of drug use is injecting (IDU), particularly with shared needles. Blood-borne infections are one of the major health harms. HIV prevalence in IDUs is increasing most rapidly outside London at present, and the prevalence of hepatitis C infection in IDUs has probably increased recently. Almost half of IDUs surveyed in south Wales had shared injecting paraphernalia in the preceding month. Almost 75% who had been in prison reported continuing drugs there. Hepatitis B vaccination coverage was low. Hepatitis C infection prevalence was higher if IDUs had been homeless in the previous 12 months, in those not currently prescribed substitution treatment, and in those sharing injecting paraphernalia. Further sexual transmission of HIV (and hepatitis B and C), through unprotected sex, to the (often multiple) sexual partners of IDUs is a growing and significant public health problem.

Outbreaks of HIV infection have occurred in prisons. In a survey of prisoners in England and Wales, male prisoners were more likely to have multiple female partners prior to imprisonment, mainly accounted for by prostitutes. They were much more likely to have had anal sex with female partners, and only a small proportion used a condom for vaginal or anal sex. Male prisoners who had used drugs of any kind were significantly more likely to have had multiple female sexual partners compared to those not using drugs (although rates in both were high). They were more likely to have had sex with a woman who injected drugs, and for many drug users they were less likely to use condoms.

***The hospital admission rate for drug-related conditions in Bridgend is below the Welsh average, and less than half that for alcohol, at 144 per 100,000 in 2005. It is 40% lower than the corresponding rate for Swansea, and 10% lower than that for Cardiff.***

Over a 100 drug-related deaths per year occur in Wales. Far fewer die from drugs than from alcohol, but the two peaks in deaths occur, and at a younger age than for

alcohol: 20-24 year old and 30-34 year old. About three times as many men die as women.

## **Chapter 9 Current approaches and services in Bridgend Borough for the prevention, treatment and reduction of harm from alcohol and other substance misuse**

### *Alcohol*

There is little occurring in Bridgend, as elsewhere in Wales in relation to known effective interventions at the first four Ottawa Charter levels of population prevention for alcohol consumption.

Total expenditure on substance misuse services, including alcohol in 2007-8 was £1,753,393 in Bridgend County.

Tier 1 services, for example in primary care, A&E and maternity services, are very limited across the county.

At present services for alcohol in Bridgend County are largely for people with alcohol dependence and are limited to treating alcohol dependence in various 'specialist' tier 2-4 statutory and non-statutory services. Waiting lists can be very long and physical locations of services are limited to Bridgend town. Only 9 GP practices participate in the shared-care scheme with specialist services for those with severe alcohol dependence and substance misuse.

### *Young people*

The most effective interventions to prevent and reduce alcohol consumption in young people are in the first four levels of the Ottawa Charter framework. We have already stated that they are deficient in Bridgend.

We are not aware of any culturally sensitive health promotion programmes in the county targeting alcohol use in young people that are partly based in schools, but also in the community, and that involve young people and their families.

Multi-dimensional school-based prevention strategies such as the WHO Healthy Schools programme in some schools in Bridgend county are unlikely to significantly reduce problem drinking and under-age drinking on their own or in the long-term, but do have some positive effects. We could find no evidence of slightly more effective interactive programmes to reduce alcohol, based on social learning rather than on information only.

We are not aware of an ongoing comprehensive peer delivered (as opposed to teacher or researcher-led interventions) alcohol health promotion campaign for young people across Bridgend county.

We are not aware of a co-ordinated family social learning programme targeting adolescent alcohol use in Bridgend County.

There is no separate specific standalone service for alcohol screening/detection and treatment for young people already with a problem alcohol use in Bridgend County, nor is there such a specific service provided as part of a broader service for young people.

#### *Homeless*

Other than services provided by Wallich, there is no holistic primary care/social care service available to homeless people, within which alcohol treatment services are supplied.

#### *Offenders and prisoners*

The nature of services for alcohol problems at Parc prison as been recently described and analysed elsewhere.

The nature of services for drug treatment is similar and detailed in Appendix 1

### **Chapter 10 Unmet need for preventing and treating problem alcohol drinking and drug use in Bridgend County**

There remains significant unmet need to embed a population and prevention-approached alcohol and drugs strategy in Bridgend within broader strategies to tackle the determinants of health.

#### **Alcohol**

Hardly any of the well-established effective policy, legal, and other regulatory and fiscal measures influencing price, availability and the marketing of alcohol outlined in chapter 8, and that affects the whole population apply across Bridgend county. The availability of effective prevention combined with the high prevalence of problem alcohol use across the county means there is considerable unmet need across the whole of Bridgend county, in terms of the reduction and prevention of problem hazardous, harmful and dependent drinking and reducing the related overall population per capita alcohol consumption, in the whole population, but especially in deprived areas, and amongst young people.

Given the high prevalence of alcohol consumption and harmful drinking in young people, there is a large need to create supportive environments through county-wide effective responsible server intervention programme, targeting high risk drinkers in serving outlets across the county, and through the introduction of programmes requiring the use of toughened beer glasses by certain outlets.

Similarly there is a large need enable and increase community action to tackle alcohol and local bar owners.

Given the widespread use of alcohol, there appears to be extensive need across the whole of Bridgend county for a large-scale evidence-based alcohol information campaign (with caveats) complementing more effective other measures.

By considering the very large scale of high alcohol consumption across the whole population across the whole of Bridgend county, we have identified the following problems of un-met need for care services for the detection, prevention and treatment of problem alcohol use in individuals or small groups, through assessing current provision against information in all of the preceding chapters and from stakeholder interviews:

- almost complete lack of county-wide organised system of effective tier 1 services, mainly in primary care, but also in A&E and maternity services, despite a very large prevalence of hazardous and harmful (and mild dependent) drinking in Bridgend that can be detected, prevented and treated at this tier with known effective models and interventions. Most hazardous and harmful drinking goes undetected and untreated by services at tier 1 in Bridgend county;
- available tier 2-4 services are provided mainly for those with severe alcohol dependence only, and mainly in a small number of central locations in Bridgend town, reaching a small percentage of the whole Bridgend population who have alcohol dependence and problem alcohol drinking, and despite areas of greatest need in the north of the county; a few GP practices provide a Local Enhances Service (LES) but patients stated that there appeared to be a lack of understanding and responsiveness of users' needs from non-LES GPs.
- existing tier 2-4 services supplied by many different statutory and non-statutory historic providers overlapping geographically and in role, with overemphasis on historic provision of type, setting and location of service;
- although alcohol dependency accounts for most referrals to some tier 2-4 providers, there is still very limited capacity in those services, given that problem alcohol use is considerably more common than harmful drug use in the community in Bridgend county, and given the large size of the waiting lists which also makes treatment less effective;
- treatment for alcohol dependence, especially mild to moderate dependence, has disproportionate over-reliance on historical 'specialist' services at tiers 2-4, compared to potential greater health gains and cost-effectiveness of effective opportunistic screening and treatment within existing routine services, reaching

vastly more people at tier 1 level, and compared to even larger cost-effectiveness of prevention at higher levels of the Ottawa framework;

- accommodation and facilities of service providers are sometimes in poor state of repair in Bridgend town;

serious access problems of tiers 2-4 in terms of referrals from primary care, knowledge for self-referral, waiting lists size and time, travel distance, travel options and cost, especially for patients outside Bridgend town, where needs are greater; Physical access to some services is also an issue, with clients having to wait on the street, buzz and enter. Some feel self-conscious doing this;

The separation of tier 1, 2 and 3 services seems artificial to some patients and staff in terms of an integrated care pathway and in terms of separating assessment, treatment, prevention and harm reduction. Patients stated they would value all services under one roof;

There is a large variation in treatments offered between providers. Often different forms of treatments are provided for patients with same problems by different providers. In some providers there appears to be multiple non-evidence-based philosophies of care operating in parallel depending on the viewpoint of individual staff, even though there are now clear effective interventions and agreed standards;

- (possibly illegal) discriminatory lack of availability of medical aspects of tier 3-4 services to over 65 year olds, even though there can be a second small peak in prevalence in older age, and that age is no a barrier to treatment nor effectiveness of interventions;
- there is a lack of uniform step-wise integrated care pathways within and between organisations and tiers from tiers 1-4, working to evidence-based cost effective interventions and settings
- There appears to be difficulty obtaining generic mental health input for people with dual diagnosis of drug use/problem alcohol drinking and a mental disorder;
- There also appears to be a lack of clinical psychology service input and supervision and training, despite the clear evidence of effectiveness of certain psychological therapies and high prevalence of problems;
- In some providers there appears to be a lack of provision when patients have physical medical problems, for example basic wound care and so on;

- Some staff feel they don't know enough about other services locally – lack of directories and service information. More structure and consolidation needed of information.
- Many staff rightly felt more counselling and support needed. They also stated the need to assure training and qualifications of counsellors. Some staff feel that there can be a lack of professional development and training with some providers;

### *Young people*

There is considerable unmet need to prevent and reduce regular, hazardous and harmful drinking of alcohol amongst young people in Bridgend County in the following areas, given that:

**alcohol consumption is especially high and worsening in young people - young women in particular - and worse in deprived areas which are widespread in the county;  
binge drinking is especially common amongst young people, and that drinking patterns are established during early teenage years, and that Welsh adolescents are the most frequent binge drinkers in Europe**

Hardly any of the well-established known effective policy, legal, and other regulatory or fiscal measures influencing price, availability and the marketing of alcohol outlined in chapter 8 apply across Bridgend County. These interventions would take effect across the whole county and that would be especially effective in preventing and reducing alcohol consumption in young people, in whom regular, hazardous and harmful alcohol drinking are very common.

There is a large need to create supportive environments through county-wide effective responsible server intervention programme, targeting high risk drinkers in serving outlets across the county, and through the introduction of programmes requiring the use of toughened beer glasses by certain outlets.

There appears to be extensive need across the whole of Bridgend county for a large-scale alcohol information campaign (with caveats) complementing more effective other measures – part of that campaign could be tailored to young people.

**There is a very large unmet need for county-wide effective multi-dimensional peer delivered school-based prevention strategies based on social learning, addressing hazardous and harmful drinking, in addition and within existing WHO Healthy Schools in Bridgend county, especially in deprived areas.**

The following problems of un-met need for treatment and care services for the detection, prevention and treatment of problem alcohol use in individuals or small groups identified above are particularly relevant to young people:

**Young people especially adolescent boys and young men may not access traditional tier 1 services in primary care (although they may be frequent attendees at A&E) as often as adults. This is true for all young people health issues not only alcohol or drug use. Nevertheless in any year 70% of adolescents will visit their GP which is an opportunity to enquire about common adolescent health problems – smoking and alcohol. However, there is almost complete lack of county-wide organised system of effective tier 1 services, mainly in primary care, but also in A&E and maternity services, despite a very large prevalence of hazardous and harmful (and mild dependent) drinking amongst young people in Bridgend that can be detected, prevented and treated at this tier with known effective models and interventions. Most hazardous and harmful drinking in young people goes undetected and untreated by services at tier 1 in Bridgend County. Known barriers to primary care for young people in general include confidentiality concerns (doctor may tell parents); geographic barriers and public transport; unsuitable surgery opening times; lack of information about services; staff perceived to be unfriendly; lack of parental consent; service not finding out needs of adolescents**

**In addition, there is a need across the county for easily accessible holistic primary care young persons clinics that can deal with the range of adolescent health information and problems such as emotional and mental health, sexual health, and including alcohol and drug use. They could occur with school nurses in the school settings or in other non-medicalised environments.**

**In particular, special tier 1 health care out-reach arrangements that can prevent, screen, detect and treat problem alcohol use are needed for vulnerable adolescents and young people in or previously in care or who are truanting or excluded from schools, or who are released from the criminal justice system. They often have multiple health and social problems. They are at particular risk of problems alcohol drinking.**

**Tier 1 services and other services involved with children and young people (for example in education, school health, welfare officers, social care and child protection, police, youth workers, etc), especially if they are vulnerable, should have easy and agreed referral access through an integrated care pathway to specialist alcohol services that use trained staff and evidence-based interventions for children and young people if they suspect hazardous, harmful or even dependent drinking is already occurring in children or young people. Such a service should also have easy access to advice, assessment and treatment from the Child and Adolescent Mental Health Service. We could not find a clear pathway to services in Bridgend.**

*Homeless*

**Given the extent of homelessness and problem alcohol use across Bridgend county, there is a major need for an evidence-based separate dedicated holistic high quality primary care-based health (and social) service to street homeless people, across the county, that includes all tiers of service for alcohol and that works out of regular NHS facilities– at present services are patchy and based on social care and tiers 2-3 for alcohol dependence within or from routine alcohol/drug services.**

**Staff in services felt there needed to be a better link with the housing department of the local, and that changes to drug use were difficult without basic shelter and housing. They felt that more supported housing was needed and that a ‘wet’ house could be of benefit for harm reduction. They were concerned about the rise in young people homelessness**

#### *Offenders and prisoners*

**There is further significant need for high quality tier 1-4 care services and primary prevention and health promotion for hazardous, harmful and dependent alcohol consumption for offenders and young offenders at Parc Prison and elsewhere in the criminal justice system that uses cost effective interventions. In particular, there is a large need to co-ordinate treatment for alcohol dependence seamlessly with other health care for offenders, and with tier 1-4 care services in the community in Bridgend both during and after release. There is no systematic screening and detection and treating of hazardous and harmful drinking at the prison.**

#### **Drug use**

Patients/clients/users want opinions about services to be heard and to be able to influence services.

Although the prevalence of harmful drug use is considerably less than for alcohol in Bridgend County, and appears to be below that in Swansea and Cardiff, by western European standards, the prevalence is still high, especially in deprived areas of multiple deprivation. The types of needs for care services, however, are similar to those for alcohol, with limited capacity for evidence-based drug services compared to population need, although alcohol services are even more limited. In summary:

There is almost complete lack of county-wide organised system of effective tier 1 services, mainly in primary care, but also in A&E and maternity services, despite a relatively high prevalence of harmful drug use in Bridgend that could be detected, prevented and treated at this tier with known effective models and interventions. There is no local Narcotics Anonymous or Cocaine Anonymous where patients from tier 1 could be referred to. As for alcohol, a few GP practices provide a LES but patients stated that there appeared to be a lack of understanding and responsiveness of users’ needs from non-LES GPs.

Available tier 2-4 services are provided mainly for those with severe addictions and compete with those with alcohol dependence within the same providers, mainly in a small number of central locations in Bridgend town, reaching a small percentage of the whole Bridgend population who have harmful drug use, despite areas of greatest need being in the north of the county;

Existing tier 2-4 services supplied by many different statutory and non-statutory historic providers overlapping geographically and in role, with overemphasis on historic provision of type, setting and location of service;

Large size of the waiting lists in tiers 3-4 especially makes treatment less effective and responsive to need, and is unacceptable to patients and tier 1 providers;

Treatment for drug detoxification has disproportionate over-reliance on historical 'specialist' services at tiers 2-4, compared to potential greater health gains and cost-effectiveness of effective opportunistic screening and treatment within existing routine services, including appropriately selected detoxification, by reaching vastly more people at tier 1 level. Wherever detoxification occurs it should be based on effective psychological therapies by trained staff, which may not always be the case at present.

Accommodation and facilities of service providers are sometimes in poor state of repair in Bridgend town;

There are serious access problems of tiers 2-4 in terms of referrals from primary care, knowledge for self-referral, waiting lists size and time, travel distance, travel options and cost, flexibility in opening times, especially for patients outside Bridgend town, where needs are greater; Physical access to some services is also an issue, with clients having to wait on the street, buzz and enter. Some feel self-conscious doing this;

The separation of tier 1, 2 and 3 services seems artificial to some patients and staff in terms of an integrated care pathway and in terms of separating assessment, treatment, prevention and harm reduction. Patients stated they would value all services under one roof;

There is a large variation in treatments offered between providers. Often different forms of treatments are provided for patients with same problems by different providers. In some providers there appears to be multiple non-evidence-based philosophies of care operating in parallel depending on the viewpoint of individual staff, even though there are now clear effective interventions and agreed standards;

There is a lack of uniform step-wise integrated care pathways within and between organisations and tiers from tiers 1-4, working to evidence-based and most cost effective interventions and settings;

There appears to be difficulty obtaining generic mental health input for people with dual diagnosis of drug use/problem alcohol drinking and a mental disorder;

There also appears to be a lack of clinical psychology service input and supervision and training, despite the clear evidence of effectiveness of certain psychological therapies and high prevalence of problems;

In some providers there appears to be a lack of provision when patients have physical medical problems, for example injecting site injuries, basic wound care and so on;

Some staff feel they don't know enough about other services locally – lack of directories and service information. More structure and consolidation needed of information.

Many staff rightly felt more counselling and support needed. They also stated the need to assure training and qualifications of counsellors. Some staff feel that there can be a lack of professional development and training with some providers;

#### *Harm reduction*

Currently only 9 out of 27 pharmacies in the county provide a needle exchange service, and then at restricted hours. This was highlighted as a problem by patients. Further needs may become apparent when NICE publishes evidence-based guidelines for needle exchange. Visits to needle exchanges are also opportunities for brief motivational psychological interventions that could to be capitalised in Bridgend County;

Hepatitis B and C and HIV testing, hepatitis B immunisation or tuberculosis testing (if appropriate) are not currently being offered to IDUs at **every opportunity** by tier 1-4 services, especially in tier 1 services (primary care, A&E, maternity services, pharmacies) where IDUs may need to be screened for and detected initially. Simultaneously, effective methods should be used to promote safe sex to reduce the sexual transmission of viral hepatitis and HIV, although for the same reasons this is not occurring at every opportunity. It is not acceptable to leave these activities for a separate 'harm reduction' or medical service to do this work alone.

There is a large need for the above effective harm reduction interventions because amongst IDUs in south Wales, poly-drug use was common, and greater than 37% used crack cocaine. Almost half had shared injecting paraphernalia in the preceding month and 45% had shared needles and syringes at some time in the

past. Hepatitis B vaccination coverage was low - only 54% had received at least one vaccine. In a year's follow up 89% reported injecting heroin, 19% had injected crack cocaine, and 37% stated they had injected amphetamine. The mean age of first injection was 21.1 years. HIV prevalence in IDUs has increased in recent years, especially outside London. About 1 in 50 IDUs are infected in England and Wales. About 50% of IDUs with hepatitis C in contact with services still remain unaware of their infection, and this does not include a substantial numbers of current and former IDUs unaware of their hepatitis C status and not in contact with services. Nearly 50% of IDUs in the UK have hepatitis C infection. Needle and syringe sharing increased in the late 1990s, and have since remained elevated. More than 25% of IDUs report needle sharing in the previous month, sharing of other injecting equipment being even more common. Overall rates of sexually transmitted infections have increased in the last decade in Wales, especially in the 15-24 year old age group.

Many patients and staff felt that there was more need for drop-in services. However evidence-based support and interventions would need to be provided to satisfy need.

### *Young people*

There is a large need amongst the general population of young people in Bridgend to implement the known effective preventive measures outlined in chapter 8, given that drug use is common, but not as high as alcohol.

Specific preventive action and treatment services, as outlined in chapter 8 is needed for vulnerable children and young people

- those whose family members misuse substances
- those with behavioural, mental health or social problems
- those excluded from school and truants
- young offenders (see below)
- looked after children
- those who are homeless (see below)
- those involved in commercial sex work

Previous chapter highlighted the high number of children in Bridgend county living in poverty and multiple disadvantage, especially in northern areas. Qualitative work suggests some injectors are now very young (11 years old in once case) – people going on to heroin in a short space of time, usually with a problematic family history, often with risky injecting habits and polydrug use.

The needs of these groups in terms of prevention and effective treatment and support for drug use are stark given that a recent survey of IDUs in south Wales

showed that ***one third had experienced being in local authority care and over half had been expelled from school. A quarter had experienced both.***

It is telling therefore that several times during our research staff and families highlighted the lack of specific drug treatment services for children and young people, with only one worker in Bridgend town. Effective interventions are known, not necessarily uniformly available in services in any case, but services are difficult to access for vulnerable children and young people. Effective harm reduction is particularly important.

Further capacity issues and concerns in terms of staff and training were highlighted in relation to the care of and protection of children of parents, or a parent or carer currently using drugs or misusing alcohol.

#### *Homeless*

Research suggests that services – prevention, treatment and harm reduction need to be part of a holistic homeless primary care service as for alcohol. Bridgend appears to have a higher than average homelessness problem, and many are vulnerable young people.

Effective harm reduction is particularly important. In south Wales 39% of IDUs reported being homeless in the previous year. Hepatitis B vaccination coverage was low and there was also a higher rate of hepatitis C infection in those who had been homeless in the previous 12 months, in those not currently prescribed substitution treatment, and in those sharing injecting paraphernalia. Many homeless people also have mental health problems

Staff in services felt there needed to be a better link with the housing department of the local, and that changes to drug use were difficult without basic shelter and housing. They felt that more supported housing was needed and that a 'wet' house could be of benefit for harm reduction. They were concerned about the rise in young people homelessness.

#### *Prisoners and offenders*

There are similar problems as outlined for alcohol in addition to lack of holistic psychological support rather than focussing on pharmacological detoxification. Methadone treatment is problematic and there are serious issues with harm reduction as IDU will continue in prison (and often begins there).

The DIP – large volume from DIP go to CDAT as that programme is limited. It causes increase in NHS waiting list for detox/prescribing. Therefore those who are offenders can end up being prioritised over non-offenders in practice. DIP -

Prescribing an issue within 14-week time frame after which the files are closed, the client might not want to change workers.

In particular DIP geared towards single Class A use whereas in that population there are often complex needs and polydrug use. Concomitant benzodiazepine use is an issue. If another drug is found on testing in their system, patients go back down to the bottom of the list, even though they continue to use heroin, whereas harm and risks are greater with polydrug use.

### *Sex workers*

Cocaine use among young vulnerable women in prostitution has been highlighted as a problem in Porthcawl.

## **Chapter 11 Recommendations**

We recommend that the Community Safety Partnership and SMAT should consider:

- adopting a stronger population public health approach towards tackling the major public health problems of alcohol consumption and drug use, possibly using an Ottawa Charter Framework;
- having a more regular expert public health input into such efforts;
- even closer collaboration with relevant multi-agency partnerships, especially the Health and Wellbeing Partnership and Children and Young People's Framework Partnership.

### **Alcohol**

**We strongly recommend that rather than concentrate on policing or prosecuting individual drinkers, as far as is possible under existing law and regulations, and through properly consulting with and listening to communities' concerns, the police, magistrates, other courts, trading standards officers, and planning and licensing authorities should consider addressing, limiting and controlling the supply of alcohol across Bridgend county in terms of:**

- the number and size of on-licence and off-licence outlets
- the extent of irresponsible pricing policy and promotions
- hours of opening
- responsibility of on-licence vendors for their customers actions – by adequately enforcing existing alcohol laws such as prosecuting vendors and bar staff who persist in serving people who are already drunk, and in holding licensees accountable for the actions of their customers;
- developing an ongoing comprehensive programme to detect, prosecute, and remove licenses from vendors selling to under-age drinkers, not just warning them;
- introducing local legislation to ban street drinking and ensure its enforcement across the whole county;

**We strongly recommend that the SMAT, the Community Safety Partnership and their constituent organisations consider lobbying relevant jurisdictions and organisations, in order to:**

- considerably raise tax on alcohol, especially by strength, and to introduce further legislation to limit promotions such as cheap ‘happy hours’;
- examine and improve planning and licensing legislation to restrict the number and opening hours of alcohol outlets;
- introduce effective random breath-testing of drivers and reduce the blood alcohol concentration limit;
- consider raising the legal drinking age;
- consistently apply driving licence suspension +/- structured counselling therapy (i.e. the most effective deterrents and punishment to prevent re-offending) in ALL cases of drink-driving.
- ban or limit the advertising and promotion of alcohol in Wales, especially in the context of sport.

**We strongly recommend that the SMAT considers**

- the implementation of a county-wide effective responsible server intervention programme, targeting high risk drinkers in serving outlets across the county, supported by actual changes in serving policies;
- the introduction of a programme requiring the use of toughened beer glasses by certain outlets;
- that ways are examined of encouraging community groups to get involved in effective community action across the whole county, but especially in the north of the county, to implement voluntary codes of practice among local bar owners, in order to limit the main risk factors for violence and other alcohol-related problems. Such social capital could help communities legitimately object to licensing and planning applications, and address vendors selling to under-age young people, outside their licensed hours, and to people already drunk;
- an ongoing professionally-developed large-scale alcohol information campaign is developed to improve knowledge and raise awareness, with targeted and tailored sub-components, but ONLY as part of a wider alcohol strategy combining effective legal and other restrictions as described above;
- not funding or encouraging simply giving out leaflets or providing other similar information-based health education alone, which is ineffective and widens health inequalities.

**Following these important recommendations, we also recommend that the SMAT considers completely re-orienting the approach to commissioning services moving away from historic patterns of care to reflect:**

- 
- The high population prevalence of hazardous, harmful and dependent alcohol drinking across the WHOLE county, especially in deprived areas;
- The very high hazardous, harmful and dependent alcohol consumption levels amongst homeless people, and amongst offenders and prisoners;

- The very high hazardous, harmful and dependent alcohol consumption levels amongst adolescents and young people, especially vulnerable young people
- That most hazardous, harmful and dependent alcohol consumption in the community remains undetected by any service

We recommend that the need for care services for the whole population, across all of the county, to be largely based on high quality effective primary prevention and health promotion, early intervention to prevent problem alcohol drinking and dependence, secondary prevention of medical, psychological and social damage in those already drinking hazardously or harmfully, and identification of people with serious problems who need specialised treatment. So that in general terms:

- primary prevention is indicated for persons drinking at *low-risk levels* with no alcohol problems
- identification occurs of hazardous, harmful and dependent drinkers not yet seeking help from services, for example through various brief screening questionnaires described in section 8
- simple brief interventions in generalist settings is indicated for *hazardous* drinkers with no alcohol problems but levels of consumption that put them at specific risk for developing such problems
- extended brief interventions in generalist settings is indicated for *harmful* drinkers with levels of consumption that are already associated with problems
- less intensive treatment in generalist settings is indicated for persons with moderate alcohol dependence

We recommend that SMAT that NICE is currently reviewing services and management of alcohol disorders in adults and adolescents.

Given the coverage of most of the population by primary care in Wales, we recommend that there is a large expansion in effective tier 1 services that could be appropriately provided at tier 1 within primary care across the whole county of Bridgend, with particular emphasis on deprived areas. Many of the interventions now provided in so-called tiers 2-3 could be provided safely and more cost-effectively and reach more people within primary care.

In order to achieve this we recommend

- via the Bridgend LHB and via the Local Public Health Director or Medical Director, approaching the Bridgend Local Medical Committee to gauge local GP views, which may need to be influenced
- approaching GPs currently trained in alcohol (and drug) services to train others and multi-disciplinary practice staff
- fund GPs to attend the SE Wales Faculty of the RCGPs substance misuse course
- lobby the UK Government to introduce alcohol screening and interventions into the GP performance framework QOF and General Medical Services
- through the LHB fund GP practices through enhanced services to provide the above basic tier 1 services across the whole county.

- some staff from alcohol services could work within general practices.
- The SMAT examine examples of service: A model for delivering an enhanced service for problem alcohol drinking (which would need to be integrated with other interventions outside of healthcare) is available at <http://web.bma.org.uk/ap.nsf/Content/NESalcohol>

We recommend that with others in the LHB steps are taken to ensure that in A&E and maternity services brief alcohol screening and appropriate brief psychological intervention becomes routine. There should be clear referral information and pathways and integrated care pathways to community self-help groups, back to GPs, and to more specialised alcohol services where necessary. There should be agreed evidence-based shared care protocols with maternity services for pregnancies complicated by problem alcohol drinking.

We recommend that SMAT considers tendering for more rationalised specialised alcohol services for Bridgend county that

- better responds and seeks the views and needs of patients and their families
- has better geographical coverage according to need in the county
- addresses the other problems of access highlighted
- improves the quality of buildings
- better integrates and complements with and supports the newly expanded services in primary care, A&E and maternity services
- mainly deals promptly with more severe cases, and cases with alcohol and polydrug use
- uses evidence-based guidelines and protocols for prevention and treatment and harm reduction with evidence-based psychological interventions being the mainstay
- community rather than home or in-patient detoxification should be the norm in specialised services, (just as for tier 1 where the majority should occur)
- provides clear integrated pathways of evidence-based care from current tier 1 services to more specialised care across all organisations, statutory or non-statutory, and that addresses current variability, fragmentation and overlap in treatment
- has clear referral pathways from elsewhere, for example social workers, the police, hospital specialities
- ensures all staff are appropriately trained to high standards and that adequate clinical governance procedures are in place in all organisations, including recording activity and auditing outcomes
- has greater emphasis on providing rehabilitation support after detoxification
- in patient tier 4 services should be available in Bridgend with adequately trained staff in attendance
- appropriate input from general adult mental health services and from clinical psychology services

*Young people*

The most effective recommendations for young people are at the beginning of this chapter.

In addition we recommend that:

- within the context of the WHO Healthy Schools programme, we suggest that more effective interactive alcohol programmes based on social learning should be considered in an evaluative context, rather than using didactic information only. Peer delivered alcohol programmes should also be encouraged within this setting and not teacher or researcher-led programmes. Such programmes should be culturally sensitive and also extend in to the community and link to young peoples' families.
- a co-ordinated effective family social learning programme (as part of a wider alcohol strategy) targeting adolescent alcohol use could be considered in different relevant settings across the county in Bridgend. Such programmes should be culturally sensitive and also extend in to the community and link to young people families.

Most hazardous and harmful drinking in young people goes undetected and untreated by services at tier 1 in Bridgend county; we recommend that once primary care become better able to address alcohol issues, as above:

- Known barriers to primary care for young people in general are addressed – they include confidentiality concerns (doctor may tell parents); geographic barriers and public transport; unsuitable surgery opening times; lack of information about services; staff perceived to be unfriendly; lack of parental consent; service not finding out needs of adolescents
- Consideration is given with others at the LHB for the need across the county for easily accessible holistic primary care young persons clinics that can deal with the range of adolescent health information and problems such as emotional and mental health, sexual health, and including alcohol and drug use. They could occur with school nurses in the school settings or in other non-medicalised environments.

In particular, we recommend

- Special tier 1 health care out-reach arrangements that can prevent, screen, detect and treat problem alcohol use for vulnerable adolescents and young people in or previously in care or who are truanting or excluded from schools, or who are released from the criminal justice system. They often have multiple health and social problems. They are at particular risk of problems alcohol drinking.
- Tier 1 services and other services involved with children and young people (for example in education, school health, welfare officers, social care and child protection, police, youth workers, etc), especially if they are vulnerable,

should have easy and agreed referral access through an integrated care pathway to specialist alcohol services that use trained staff and evidence-based interventions for children and young people if they suspect hazardous, harmful or even dependent drinking is already occurring in children or young people. Such a service should also have easy access to advice, assessment and treatment from the Child and Adolescent Mental Health Service.

- We recommend that capacity issues and concerns are addressed in terms of staff and training in relation to the care of and protection of children of parents, or a parent or carer currently using drugs or misusing alcohol.
- We recommend that further measures are taken so that child protection services and others dealing with the issue need to be able to have swift and prompt access to specialist alcohol and drugs services in order to keep the at home and with the child wherever possible and to minimise the risk.

### **Homeless**

In particular, we recommend an evidence-based separate dedicated holistic high quality primary care-based health (and social) service to street homeless people, across the county, that includes all tiers of service for alcohol (and drug use) and that works out of regular NHS facilities. We do not recommend that regular primary care and specialised alcohol (and drug) services attempt to provide services directly to the homeless. This could however be done in conjunction with the primary care service for the homeless.

### *Offenders and prisoners*

We recommend that further steps are taken to provide all tiers of care, not just pharmacological detoxification at tier 4 at Parc Prison.

We recommend that high quality evidence-based tier 1-4 care services and primary prevention and health promotion for hazardous, harmful and dependent alcohol consumption for offenders and young offenders at Parc Prison and elsewhere in the criminal justice system.

We recommend that services should co-ordinate treatment for alcohol dependence seamlessly with other health care for offenders (similarly for homeless people above), and with tier 1-4 care services in the community in Bridgend county both during and after release.

We recommend that systematic screening and detection and treating of hazardous and harmful drinking occur at the prison.

We recommend that staff are appropriately trained and that there is further clinical psychology input, and further clinical governance and audit measures of alcohol (and drug) services at the prison.

### **Drug use**

The recommendations for services are similar in principle to those for alcohol, above, so will not be repeated.

In addition, we recommend that the following sources are considered as models of service in primary care

[http://www.nta.nhs.uk/publications/documents/nta\\_modelsofcare1\\_2002\\_moc1.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare1_2002_moc1.pdf)

<http://web.bma.org.uk/ap.nsf/Content/NESdrugmisuse>

[http://www.nta.nhs.uk/programme/docs/Essential\\_elements\\_young%20people.pdf](http://www.nta.nhs.uk/programme/docs/Essential_elements_young%20people.pdf)

<http://www.nta.nhs.uk/publications/providers.htm>

<http://www.nta.nhs.uk/publications/te1.htm>

We recommend that the lack of Narcotics Anonymous or Cocaine Anonymous in the area is looked into

We recommend that, although it is controversial, contingency management is considered as an alternative more effective approach to treatment.

### *Harm reduction*

We strongly recommend that the number of pharmacies providing needles exchange services is increased, and other ways are examined of providing 24/7 access to sterile needles across the county. We recommend that the provision is re-examined in light of the forthcoming NICE guidance.

We strongly recommend that visits to needle exchanges are examined for opportunities for brief motivational psychological interventions to encourage drug use reduction or detoxification;

We strongly recommend that all measures are taken to ensure all staff offer opportunistically to injecting drug users effective methods to promote safe sex, offer (and have facilities to give) Hepatitis B and C and HIV testing, and hepatitis B immunisation;

We recommend that drop-in services should provide evidence-based support and interventions.

### *Young people*

We recommend that as for alcohol multi-dimensional school based primary prevention strategies should be developed. Similarly, peer-led social reinforcement, social norms and developmental behavioural models based on life skills are more effective than traditional awareness or knowledge-based programmes. School-based programmes may be more effective when they are delivered to pupils between the ages of 11 to 14 years for the general school population. Effective programmes tend to include booster sessions.

We recommend the inclusion of drama or theatre in such a programme above. Role play is also effective.

We do not recommend that police officers visit schools to talk about drugs.

We recommend specific preventive action and treatment services, as outlined in chapter 8 and above in recommendations for alcohol, for vulnerable children and young people

- those whose family members misuse substances
- those with behavioural, mental health or social problems
- those excluded from school and truants
- young offenders
- looked after children
- those who are homeless
- those involved in commercial sex work

In addition, we recommend that such services involves appropriate IDU harm reduction.

#### *Homeless*

As for alcohol above research suggests that services – prevention, treatment and harm reduction need to be part of a holistic homeless primary care service as for alcohol.

Within such a service we recommend that robust and effective harm reduction is particularly important for IDU and that specialised alcohol and drug services have a supporting input.

#### *Prisoners and offenders*

The recommendations for drugs services at Parc Prison are as for alcohol. In addition:

We recommend that contingency management is considered as an alternative more effective approach to treatment.

To minimise the transmission of hepatitis A, B and C, HIV and other infections, we recommend that the prison fully implements the Prison Service's Disinfecting Tablets Prison Service Instruction. The scheme has been piloted in Bristol and elsewhere, and although it is intended to disinfect toothbrushes, shaving equipment, and tattoo needles, the tablets can be used to disinfect drug injecting paraphernalia. [www.hmprisonservice.gov.uk/resourcecentre/psispsos/](http://www.hmprisonservice.gov.uk/resourcecentre/psispsos/)

Further measures are needed to ensure that all those with hepatitis C infection are offered hepatitis A and B vaccination. This could be included in a protocol or pathway for hepatitis C infection.

A protocol for hepatitis C needs to include robust arrangements for referral to specialist care and expectations for treatment. An example of good practice of prison-based clinics is in the Yorkshire & Humber region ([www.hpa.org.uk/publications/2006/hepc\\_2006/default.htm](http://www.hpa.org.uk/publications/2006/hepc_2006/default.htm) )

We recommend that robust proactive operational and information systems are put in place at the prison in order to increase the offering, follow up and uptake of hepatitis B vaccination courses to all prisoners. Systems will need to be unified across the Detoxification Unit and Healthcare. Durham and Bristol prisons consistently report over 70% coverage. More information about Bristol's procedures can be obtained from [Christine.miles@hmps.gsi.gov.uk](mailto:Christine.miles@hmps.gsi.gov.uk)

We recommend that procedures for vaccinating against hepatitis B are audited using the data already supplied to the Health Protection Agency.

To increase hepatitis B vaccination uptake, we recommend that prison staff are trained with a tailored package in vaccination skills and of the importance of hepatitis B vaccination. A successful scheme was carried out by Humber Health Protection Unit with prison staff (contact [autilia.newton@herhis.nhs.uk](mailto:autilia.newton@herhis.nhs.uk) & [adrienne.testa@hpa.org.uk](mailto:adrienne.testa@hpa.org.uk))

Consideration and further advice should be sought regarding providing a robust system for vaccination against hepatitis A for all or some prisoners, as suggested by the Health Protection Agency

We recommend that every effort is made to improve resettlement coordination, starting well before 4 weeks prior to release, especially where there is a substance misuse problem, as this has a direct effect on relapse rates.

Compulsory treatment of substance misuse as an alternative to imprisonment is effective in reducing substance misuse. Given the extent of drug related crime, and the extent of substance misuse within the prisoner population, we recommend that it is used whenever possible.

We recommend that outside agencies involved in the care of substance misusers prior to imprisonment should have easier and more appropriate access to their clients whilst in prison, and that their care should be shared where appropriate. Similarly links should be made with clients' GPs early during treatment and before release, where that is appropriate.

Owing to the serious harm it can cause, we recommend that mandatory drug testing should be stopped and instead encouragement and resources should go into strengthening voluntary drug testing which prisoners find helpful.

We recommend that the lack of continuity of drug support services once the Home Office CARAT/DIP period finishes is addressed, with many released offenders then turning to voluntary local agencies.

We recommend that more support and intervention is required on release from prison when there is a potential increased risk with drug-related death and overdose very early after release from prison.

## APPENDIX 4: OUTLINE PROJECT PLAN

Whilst actions in this plan have been grouped into annual targets much of the work will span more than one year, with actions being instigated earlier. The plan therefore serves as an overview of the work programme of the SMAT

Action	Lead Organisation/ Partnership
<b>Year 1</b>	
Develop and implement alcohol treatment service commissioning plan, aimed at increasing access and reducing waiting times.	SMAT
Review clinical treatment service and agree joint service level agreement with Swansea and Neath Port Talbot SMATs	SMAT, ABMULHB, NPT and Swansea SMATs
Develop integrated care pathway for children and young people's treatment services	SMAT
Improve service user and carer involvement in SMAT work	SMAT & BIG & DAVAN
Develop two year alcohol prevention plan	SMAT and CSP
Work with ABMULHB to develop effective care pathways for people with co-occurring mental health and substance misuse issues	SMAT, ABMULHB, NPT and Swansea SMATs
Secure appropriate accommodation for treatment providers	SMAT
Develop services outside of Bridgend town centre	SMAT & DAVAN
Work with Supporting People Team to develop more supported housing for people who misuse substances	SMAT and Supporting People Planning Team
<b>Year 2</b>	
Develop commissioning plan for extending substance misuse services in primary care, including the delivery of services to those who are not yet dependant	SMAT, ABMULHB
Develop and implement drug treatment commissioning plan, aimed at increasing access and reducing waiting times.	SMAT
Implement alcohol prevention plan	SMAT
Develop workforce development strategy, including training for generic workforce	SMAT
Develop young person's service base	SMAT and Providers
Develop commissioning plan for family support services	SMAT and CYP
<b>Year 3</b>	
Deliver workforce development strategy	SMAT
Review commissioning strategy and develop priorities	SMAT

## APPENDIX 5 – EQUALITY IMPACT ASSESSMENT ACTION PLAN

Impact Identified	Management Action Required	Timescales	Review Date
<b>Data and information</b>	Improved data on the needs of specific groups, particularly those who are under represented within services in comparison to local population profiles. This could be achieved by commissioning a study(ies) to research particular needs.	Year 1	June 2010
<b>Consultation</b>	Consultation with target groups to learn more about their needs and barriers to services.	Year 1	June 2010
<b>Training</b>	Audit of staff's training requirements in relation to equalities training to be undertaken  Organisations to develop training plans and implement these	Year 1  Years 2 and 3	June 2010  June 2011
<b>Monitoring</b>	Regular monitoring of service user profile against equality strands  Monitoring of service delivery and compliance with equalities agenda	Year 1 and on going  Year 1 and on going	June 2010  June 2010
<b>Physical access to treatment premises</b>	Review of current premises to assess accessibility and aids and adaptations required  Capital development plan put in place	Year 1  Year 2	June 2010  July 2011
<b>Increasing access to services by women</b>	Requirement that providers offer a choice of gender to people receiving assessment  Requirement that services provide information on how/ when they refer to social services. Work with Bridgend Involvement Group to	Year 1  Year 1	June 2010  June 2010

Impact Identified	Management Action Required	Timescales	Review Date
	enable them to raise awareness amongst service users of the links between services and social services.		
<b>Poor access to services for children and young people</b>	Development of care pathway for children and young people	Tier 2 and 3 services September 2009  Full services Year 1	September 2009  June 2010
<b>Race and ethnicity</b>	Audit of need for services amongst non-welsh white population  Review of staff training and promotion of Language Line  Targeted marketing of services  Identify sources of prevention information in languages other than English	Year 1  Year 1  Year 2  Year 1	June 2010  June 2010  June 2011  June 2010
<b>Religion and belief</b>	As above, also  Discuss the implications of testing procedures with CDAT and identify ways to reduce potential negative impact	As above  Year 1	As above  Year 1
<b>Residential services</b>	Ensure that rehabilitation services offered to people do not discriminate on the grounds of sexuality or any other grounds.	Year 1	June 2010
<b>Access to services through the medium of Welsh</b>	Require that all service providers have and implement a Welsh Language policy.  Review SLAs to ensure access to services through the medium of Welsh is included.	Year 1  Year 1	June 2010  June 2010

## APPENDIX 6: SUBSTANCE MISUSE TREATMENT SERVICES IN BRIDGEND CSP AREA

Name of Organisation	Services Provided
Abertawe Bro Morgannwg University Local Health Board <b>(ABMULHB)</b>	Assessment, treatment, prescribing, community and inpatient detoxification, GP shared care liaison, needle exchange coordination, consultancy, hospital liaison service, relapse prevention, administration of supervised consumption service.
Bridgend County Borough Council <b>(BCBC)</b>	Social work service, specialist 'Hidden Harm' service where children may be affected by an adult's substance misuse
West Glamorgan Council on Alcohol and Drug Abuse <b>(WGCADA)</b>	Abstinence and harm reduction information, advice, assessment, brief intervention, aftercare, needle exchange, YOS substance misuse service. Young people's service
<b>Ogwr DASH</b> (Drug and Alcohol Self Help)	Advice, assessment, counselling, brief intervention, young people's service, needle exchange
Rhondda and Pontypridd NHS Trust Child and Adolescent Mental health Service <b>(CAMHS)</b>	Specialist Substance Misuse CAMHS Service
Transitional Support Scheme <b>(TSS)</b> / Group 4 Securities plc.	Mentoring and one to one support for prison leavers
United Welsh Housing Association / Wallich Clifford Community <b>(Vesta Project)</b>	Supported housing for people who have completed treatment or have stabilised
United Welsh Housing Association / Wallich Clifford Community <b>(Cross Boundary Project)</b>	Supported housing for people and families who are experiencing domestic abuse and substance misuse
Drug Intervention Programme <b>(DIP)</b> / G4S & Kaleidoscope	Case management and treatment for Class A users
Drug Rehabilitation Requirement <b>(DRR)</b> WGCADA	Court order offering treatment and support for people whose misuse is causing them to offend
Progress 2 Work <b>(P2W)</b> TEDS	Support for substance misusers to enter employment or training

PLEASE NOTE THAT NOT ALL OF THE SERVICES ABOVE RECEIVE SOME OR ALL OF THEIR FUNDING THROUGH INVESTMENT BY THE SMAT OR LOCAL PARTNERS

## **FURTHER INFORMATION**

If you require this document in alternative format or language or for further information on the work of the Bridgend Substance Misuse Action Team or on substance misuse issues locally please contact the Substance Misuse Development Manager on [contactus@bridgendlhb.wales.nhs.uk](mailto:contactus@bridgendlhb.wales.nhs.uk) .

For information on drug and alcohol services available in Wales please contact the Wales Drug and Alcohol Helpline on 0800 633 55 88.