

# Review of Substance Misuse Services in Wales

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Joint Thematic Report



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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

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To check that people in Wales are receiving good care.

## Our values

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**Patient-centred:** We place patients, service users and public experience at the heart of what we do.

**Integrity:** We are open and honest in the way we operate.

**Independent:** We act and make objective judgements based on what we see.

**Collaborative:** We build effective partnerships internally and externally

**Professional:** We act efficiently, effectively and proportionately in our approach.

## Our priorities

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Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# Care Inspectorate Wales (CIW)

## Our purpose

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To regulate, inspect and improve adult care, childcare and social services for people in Wales.

## Our values

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Our Core values ensure people are at the heart of everything we do and aspire to be as an organisation

**Integrity:** We are honest and trustworthy.

**Respect:** We listen, value and support others.

**Caring:** We are compassionate and approachable.

**Fair:** We are consistent, impartial and inclusive.

## Our strategic priorities

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We have identified four strategic priorities to provide us with our organisational direction and focus over the next three years. These are:

**To consistently deliver a high quality service**

**To be highly skilled, capable and responsive**

**To be an expert voice to influence and drive improvement**

**To effectively implement legislation.**

# Foreword

Substance misuse can affect people regardless of their age, background or ethnic origin, and can lead to significant problems in key aspects of their lives such as health, wellbeing, social circumstances and on people around them.

Substance misuse services aim to support people to reduce the harm caused by their substance misuse, and to help and maintain their recovery. The Welsh Government's ten year substance misuse strategy '*Working Together to Reduce Harm*' 2008-2018<sup>1</sup> aims to prevent harm caused by substance misuse through education, information and identifying people at risk and those in need of support. It also aims to support people who misuse substances, and their families.

In July 2017, Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) were asked by the Welsh Government to look at the quality and effectiveness of substance misuse services in Wales. HIW previously undertook a three year review of substance misuse services from 2009-2012<sup>2</sup> looking at whether services were meeting the needs of people and their families.

This latest review will help the Welsh Government with their work to assess how well the aims of the substance misuse strategy and '*Working Together to Reduce Harm*' 2016-18 *delivery plan*<sup>3</sup> have been met.

The publication of the *Parliamentary Review of Health and Social Care in Wales in January 2018*<sup>4</sup> is timely for our substance misuse review as there are similar findings. In particular, the recommendations around needing one seamless system for care in Wales, without barriers between physical and mental health, primary and secondary care and social care. Also, providing care close to home and strengthening people's involvement in services.

This report brings together our work over the last year and aims to highlight key themes and issues being experienced by people across Wales. The findings from this review are intended to inform further work to examine these issues in more detail. Substance misuse Area Planning Boards and Welsh Government will need to carefully consider and investigate the areas we have highlighted. Where we make recommendations for Area Planning Boards throughout this report, this includes actions for partner organisations, such as health boards, primary care, housing and local authorities.

Throughout this report we have also highlighted areas of good practice. Whilst there are areas of good practice within all APB regions across Wales, we have only included examples which particularly stood out during this review.

We hope the findings and recommendations in this report are of interest for people who use substance misuse services. We also expect service providers, Area Planning Boards and partner organisations, and Welsh Government to act on our recommendations.

We would like to thank people and staff across Wales who participated in this review and shared their experiences with us openly and honestly. We hope they will recognise their input to this report and see how their experiences have helped with our findings and recommendations.



## 2 Key messages

### **Is the treatment on offer right for people and can people easily access the treatment they need?**

We found people receive good quality and effective care from services. However, access and waiting times for services across Wales is inconsistent and is sometimes limited in rural areas.

People generally said they could access the right type of treatment, but initially many didn't know where to get help. People had positive experiences of getting help quickly from some services such as those which have 'drop-ins'. However, people found it difficult to get the treatment they needed from substitute prescribing, detox, rehab and counselling services, because of long waiting times and a lack of capacity in services.

People frequently said services had limited opening times, which are mainly 9am to 5pm Monday to Friday, with little support out of hours and at weekends. This means people may not get the support they need in times of crisis when they may be at greater risk of relapse and overdose.

Across Wales, further work is needed to better involve people in the design and planning of services and to understand the needs of hard-to-reach groups, such as the homeless.

### **Do people receive joined-up and person-centred care from services?**

People were positive about the care they received from services and felt staff listened to them and helped them with their needs. Staff we spoke to were passionate about supporting people and worked very hard to provide good care.

Unfortunately, it seems little progress has been made to reduce the stigma around substance misuse. More work is needed to raise awareness with the public and a range of health and social care professionals to increase understanding.

Problems with limited housing availability were a serious issue for people with substance misuse problems across Wales. Services told us they spend significant time helping people with housing and benefits.

We found greater joint working is needed between substance misuse services, secondary care, primary care, social services and, in particular, mental health services. People often said they found it difficult to get help with their mental health problems and described being bounced around between substance misuse and mental health services. During our review, we also heard about the complexity of needs of people presenting to services is increasing, including both mental and physical health needs which placed added pressure on services.

## How are people, their families and those around them safeguarded?

Services talked to people about their needs and those of their children and family. It was positive to find staff were clear about what to do if they had a concern about someone's safety. However, there was not enough support for families and carers.

People were positive about the support they had from dedicated substance misuse social workers. However, this varied between local authorities, and some non specialist social workers were reported to lack understanding about substance misuse and treatment services.

Service commissioners need to make improvements to strengthen governance and monitoring around safeguarding and formalise relationships with safeguarding boards.

## What happens when people move on from treatment?

People were generally positive about ongoing support and the benefits of recovery and aftercare programmes, but a greater variety and consistency of services is needed.

We found people did not always receive aftercare when they finished detox and rehab treatment<sup>5</sup>. A number of people said they were left without support when they were trying to adjust to life back in the community. Support following treatment is important to lower people's risk of relapse and overdose and increase their chances of being able to recover.

Services gave people advice about their own safety and reducing the harm caused by their substance misuse (harm reduction). There are a range of harm reduction approaches across Wales, but staff told us there needed to be more services.

People are helped to access community services and other activities to help with their recovery. However, there needs to be better links with community and general services across Wales.

## How well are services led and managed?

Staff felt local services are managed well. We saw staff work hard to provide good care despite high caseloads and limited resources. We heard about the lack of suitable premises for services and frustrations with the duplication of administrative work and information sharing systems. Staff strongly felt that key performance indicators used to monitor services are not meaningful or effective.

We found service commissioners had different structures and governance arrangements, meaning substance misuse services are set up differently in each area. Due to this, it is perhaps not surprising services are so variable across Wales. We believe there are significant weaknesses in oversight around the quality and safety of services. This means commissioners may not be able quickly identify, monitor and act on emerging themes and issues across all services in order to protect people's safety.



Overall, we found people get good care by passionate and caring staff, but across Wales people can't always get the type of service or support they need, close to where they live and when they need it. Considerable work is needed to raise awareness and understanding about substance misuse amongst all professionals likely to come into contact with people who misuse substances to identify people who need help. Consistent joint working and training between organisations is key to making sure people get the help they need. All service commissioners, partner organisations, service providers and Welsh Government need to consider how the issues raised in this review can be addressed.

A list of our recommendations can be found in Appendix A of this report.

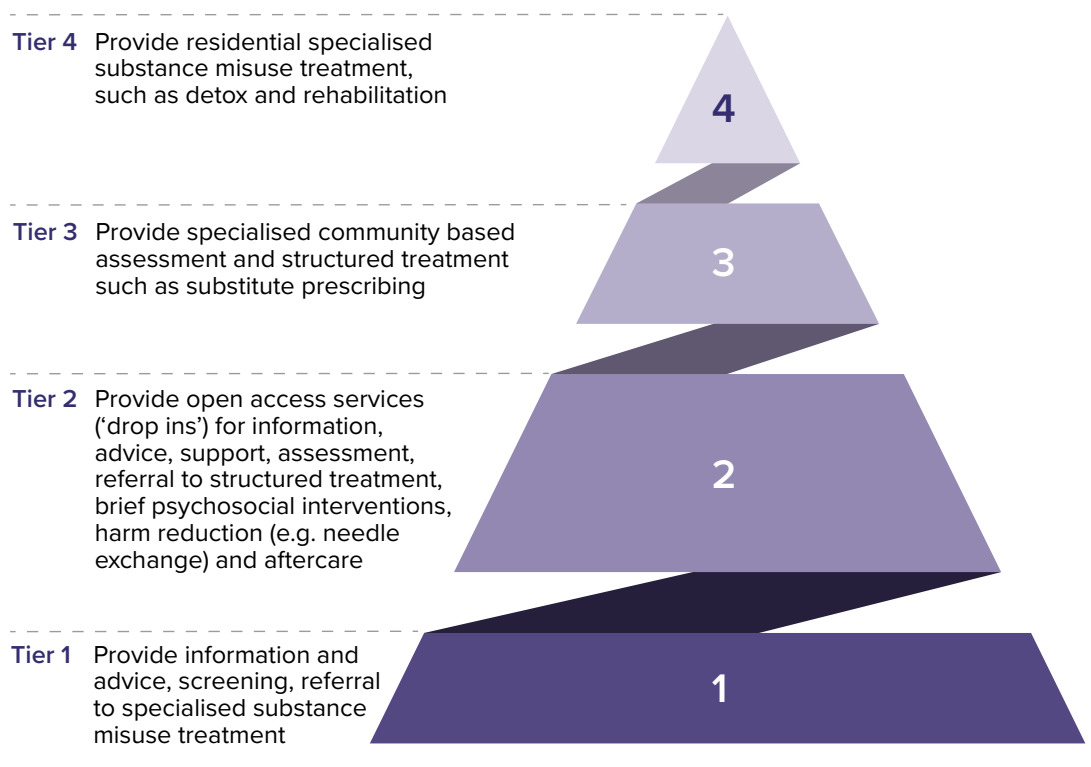
## 3 What we did

### Context of substance misuse services

Substance misuse services cover a range of alcohol and drug additions.

In Wales, there are seven Area Planning Boards (APBs) who are responsible, together with their partner organisations, for the planning, commissioning and strategic oversight for the delivery of substance misuse services.

Services are categorised under four tiers of treatment which are explained in the following graphic. Services can provide more than one tier of treatment. Each area must have provision for all of these tiers of treatment and clear pathways for people to move between the different services.



Please see Appendix B for more details about area planning boards and the background to this review.

### Focus of the review

The purpose of our review was to assess the quality and effectiveness of care provided by substance misuse services across Wales. To achieve this, we looked at the following key questions:

- Is the treatment on offer right for people?
- Can people access the treatment they need?
- Do people receive joined up and person-centred care from services?
- How are people, their families and those around them safeguarded?
- What happens after people finish treatment?
- How well are services led and managed?

We used the *Health and Care Standards (2015)*<sup>6</sup> and *National Core Standards for Substance Misuse Services in Wales (2010)*<sup>7</sup> to consider the quality and effectiveness of services. We also considered social care legislation, other relevant professional standards and guidance such as the substance misuse treatment frameworks<sup>8</sup>. We also looked at how our findings relate to the aims of the ‘Working Together to Reduce Harm’ delivery plan 2016-18.

Early in this review, we found there was confusion about the status of the National Core Standards for Substance Misuse Services in Wales 2010 and how these fit with other national standards and legislation for health and social care. As a result, we wrote to Welsh Government highlighting this. We have discussed our findings further within this report in the section ‘How well are services led and managed’.

## Regulation and inspection of services

There are different tiers of substance misuse treatment provided by a range of statutory, third sector, private and voluntary organisations across Wales (see Appendix B for more information). HIW has the legal powers<sup>9</sup> to inspect NHS and independent healthcare services<sup>10</sup>, i.e. Tier 3 and 4 specialist and detox services. Care Inspectorate Wales has the legal powers<sup>11</sup> to register and inspect social care services, i.e. Tier 4 rehab services. However, the majority of substance misuse services, particularly third sector and voluntary organisations providing Tier 1 and 2 services do not fall under the legal remit of either inspectorate. This means there are gaps in the current health and social care legislation in respect of substance misuse services.

## Scope

Our review focused on the following:

- Tier 1-4 substance misuse services
- All substance misuse (all drugs and alcohol)
- All seven area planning board regions<sup>12</sup>
- Adult age group from 18 years of age.

The scope of the review was limited to the topics described above. We did not specifically look at other areas such as substance misuse treatment in prison and probation services or services for children and young people. We have listed areas which would benefit from further review within the ‘Next Steps’ section of this report.

## Fieldwork

Between January and April 2018, we carried out the following fieldwork in each of the seven Area Planning Board (APB) regions across Wales:

- A focus group for substance misuse service staff
- A focus group for people using substance misuse services
- Discussion with area planning board representatives, including the regional lead, chair and clinical governance lead where available.

We invited a range of people from different services to attend our focus groups.

Across Wales, we also carried our other activities, including:

- National surveys of people using services and service staff
- Self assessments completed by each APB.

We also considered inspecting Tier 4 substance misuse services (detox and rehab) which fall under the legal remit of HIW and CIW as either health or social care settings. We decided which of these services to inspect based on the following:

- There are a small number of Tier 4 rehab services registered with CIW as social care services. These are regularly inspected by CIW and did not need to be re-inspected
- There is one private in-patient detox unit which is registered with HIW under the Independent Health Care Regulations 2011. This was recently inspected by HIW in 2017 and did not need to be re-inspected
- There are two NHS detox units, Pine Ward and Calon Lan Ward, which are the only units of their kind in Wales. These had not been inspected before so we decided to include them in this review.

Consequently in March 2018, we inspected the following NHS detox units:

- Pine Ward<sup>13</sup> in Llandough Hospital within Cardiff and Vale University Health Board
- Calon Lan Ward<sup>14</sup> in Neath Port Talbot Hospital within Abertawe Bro Morgannwg University Health Board.

Detailed findings from these inspections have been provided to the health boards directly and separate reports have been published on HIW's website.

We established a group of key stakeholders from different organisations involved with substance misuse to advise us with our work throughout this review.

Please see Appendix C for further details.



## Participation in the review

Over 120 people using services and 150 staff attended our focus group events across Wales.

We received 586 responses to our national surveys, comprised of 328 people using services and 258 staff.

A breakdown of the demographics of people and staff who responded to our national surveys can be found in Appendix D.

## 4 What we found

### Is the treatment on offer right for people?

People were generally positive about receiving the right type of treatment once they found services, but many didn't initially know where to get help. People reported difficulties in getting the treatment they felt they needed from detox, rehab and counselling services. We also found APBs need to improve the way they involve people in the design and planning of services to help ensure they provide the right treatment.

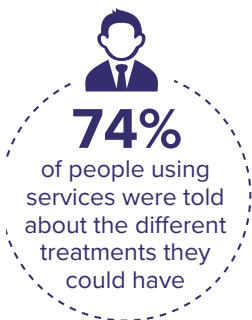


### Getting the right type of treatment

*The whole process of treatment and recovery has suited me really well and the options available have fitted my needs through treatment.*

– Person using services

**To get the right type of treatment people need to know about the different treatment options available so they can make an informed choice.**



Across Wales, people were generally positive about getting the right type of treatment and support. In our national survey, 74% of people using services and 96% of staff said people were told about the different treatments they could have. Furthermore, 84% of people using services and 78% of staff said people could get treatment in a time and place which suited them.

People did report difficulties however, in getting the treatment they felt they needed from detox, rehab and counselling services. We have discussed this further below. People also raised the issue of getting help with their mental health and we have discussed this later in the report in the section 'Do people receive joined up and person-centred care from services?'

### Services right for people's needs, age and circumstances

When asking whether services were right for individuals, some staff said people may have to fit in with the type of treatment available rather than treatment being designed around their needs and described "*fitting a square peg in a round hole*". Increased provision of harm reduction initiatives<sup>15</sup> is also needed for people with chaotic substance misuse who are not ready to stop.

Given the increasing number of people aged over 50 in the Welsh population, the importance of ensuring services meet the needs older adults with substance misuse problems has been highlighted within the Welsh Government's substance misuse treatment framework<sup>16</sup>. However, a number of staff we spoke to felt there were not enough specialised services available for older adults who may not feel comfortable going to traditional substance misuse services.



We found good practice around the effectiveness of the *Drink Wise, Age Well programme*, <https://drinkwiseagewell.org.uk/>, in Cwm Taf which is aimed at the over 50s age group. The programme provides information on alcohol and supports services to recognise and respond to risky drinking this age group.

Older people told us they valued having a dedicated service so they could share their experiences with people of a similar age. However, further work is needed to understand the needs of older adults in each area and how this age group can be better supported to access services.

## Availability of Tier 4 services

People we spoke to were generally positive about the treatment they received from detox and rehab services, but had difficulties in accessing these services due to long waits and limited funding for placements. Access to Tier 4 services are based on an assessment of a person's needs, circumstances and their readiness for treatment. This also means people's expectations about detox and rehab placements need to be managed against whether treatment is right for them. Rehab placements are typically provided through local authorities and in-patient detox treatment is usually accessed through health board services. Whilst there are dedicated substance misuse social workers in some areas, who can help people get rehab placements, this varied between different local authority teams.

The availability of Tier 4 detox and rehab services was inconsistent across Wales. There is specific funding for Tier 4 services in each area, but a number of areas do not have their own in-patient detox and/or rehab facilities. Depending on where people live, they may need to travel considerable distances for treatment in another area of Wales or in England. In some areas, there was a misconception that rehab and detox services were not available at all.

We also found inequities with in-patient detox services. In one area, because of historical funding arrangements, people typically received one week of detox treatment, but people from other areas received two weeks of treatment. Whilst the length of detox will depend on a person's needs, we found people receiving shorter treatment were not able to benefit from the full range of support programmes available within the detox unit. The impact of the length of stay on a person's outcomes after treatment needs to be carefully considered.

In the two NHS detox units we inspected, the majority of people admitted were for alcohol detox as alcohol withdrawal can have increased risks to a person's physical health. Whilst detox for opioid<sup>17</sup> dependencies is available, staff felt there can be a perception that detox is only for alcohol and people with opioid dependencies may not get the help they need to safely stop using drugs. In accordance with NICE guidelines<sup>18</sup>, APBs need to continue to ensure detox is a readily available treatment option for people who are opioid dependent.

## Availability of counselling and psychology services

Counselling and psychological support is important to help address underlying issues affecting a person's substance misuse. However, we learnt about the general lack of counselling and psychology services, and long waiting times (between 6-12 months in some cases). Access to this support is extremely variable across Wales. This is consistent with the findings of HIW's review of community mental health services due to be published in Autumn 2018.

When counselling and psychological services are provided, they may not always meet people's needs. One person commented "*I needed professional counselling the most out of all the services, at one point, and that is very important for a lot of people, but finding the appropriate counselling was next to impossible*". Staff believed specialised counselling and psychology services were needed to help people dealing with complex trauma, including adverse childhood experiences, sexual abuse, domestic violence and bereavement. This is because experiences of trauma can often be a reason for a person's substance misuse and need to be addressed as part of their recovery.

## Support groups

Across Wales, people valued support and mutual aid groups such as Narcotics Anonymous and Alcoholics Anonymous in keeping people on the road to recovery. People told us these groups enabled them to speak to like-minded people with similar experiences of substance misuse to share experiences and support one another. However, there needs to be greater awareness and availability of support groups, particularly in rural communities.

Although people were generally positive about getting the right type of treatment, the inequities in the availability of services across Wales need to be addressed. As the needs of the population develop, APBs need to consider how services can change and adapt to meet them.

### Recommendation 1

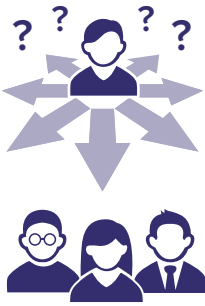
All APBs should consider how services can meet the needs of people of all ages and circumstances, including older adults.

All APBs and Welsh Government should improve the equity of provision and availability of detox, rehab and counselling services to meet people's needs.

All APBs should improve signposting to support groups and consider how groups can be developed in more rural communities..

*(National Core Standards 5 and 11, the Working Together to Reduce Harm delivery plan – actions 18 and 45, and Substance Misuse Treatment Framework: Improving Access to Substance Misuse Treatment for Older People)<sup>1</sup>*

<sup>1</sup> <https://gov.wales/docs/dhss/publications/141113substanceen.pdf>



## Knowing about services

*Sometimes people think that services are not available for them because they don't know about them.... – Staff member*

**In order to access the right type of treatment, people first need to know about where to get help.**

Many people said when they tried to get help for the first time, they didn't know about services or where to go for support. Greater awareness is needed about substance misuse services and other support available. For example, ongoing advertising programmes in leisure centres, supermarkets, pharmacies, café's and GP practices. Staff also suggested that sharing good news stories in communities about people's recovery from substance misuse would help promote services and give people more confidence to get help.

Substance misuse services and other service professionals often did not understand the range of substance misuse services available and what they can provide. There was also confusion about the different types of services and tiers of treatment.

There are online information directories for substance misuse services, but we were told about difficulties in finding these and ensuring information was kept up-to-date. *DAN 24/7*<sup>9</sup> is a national online information service for substance misuse, but better promotion of this is needed. There also seems to be a heavy reliance on internet-based information, which may not be accessible to all people needing help. The lack of clear directories of information about services was a finding from HIW's previous review and needs to be addressed so people know where to get the right help.

We found there could be a misconception services did not exist because people did not know about them. There is a need for a clear map of services available in each area and promotion of this. This could be done on an all Wales basis, so people are clear about the support available.

### Recommendation 2

All APBs and Welsh Government need to raise awareness about substance misuse services and ensure people are provided with clear information about the different services available to them.

*(National Core Standard 4, 5 and 11, the Working Together to Reduce Harm delivery plan – Outcome 1).*

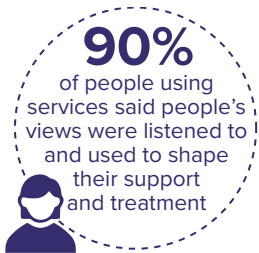




## Involving people who use services



*Service users are at the heart ... we daren't change anything without service user input (including the decorating) – this is a good thing – other services could learn from this. – Staff member*



**Substance misuse services should listen and learn from feedback of people using services and involve them in the design, planning and delivery of services.**

Most services have ways to seek and consider people's feedback, such as exit surveys, annual surveys and suggestions boxes. In our survey, 90% of people using services and 73% of staff said people's views were listened to and used to shape their support and treatment.



We heard of good practice, for example in Dyfed Drug and Alcohol Service and Caniad in North Wales, where people using services are involved in interviews for new members of staff, in proposed changes to services and in the facilitation of support groups alongside staff.

However, in some areas, staff told us services weren't always as proactive in seeking people's views and people can grow tired of being asked for feedback in the same way.

To a greater or lesser extent, all APBs need to better involve people in the design, planning and delivery of services and ensure this was meaningful and supported. All APBs said they were looking at ways of improving this. Some had made good progress with establishing or linking in with groups of people using services, which feed into the work of the APB. However, in other areas, such groups had not yet been established or were only in development.

APBs need to strengthen the way they involve people in their work and ensure services consistently seek the views of people in a variety of ways.

### Recommendation 3

All APBs should continue to improve how they involve people in the design, planning and delivery of services.

*(National Core Standard 8, Substance Misuse Treatment Framework – Service User Involvement<sup>1</sup>, and Working Together to Reduce Harm delivery plan 2016-18 Outcome 4.)*

<sup>1</sup> [gov.wales/docs/dhss/publications/141003substanceen.pdf](http://gov.wales/docs/dhss/publications/141003substanceen.pdf)



## Understanding needs

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**The APBs need to have an understanding of the needs of the population so services can be commissioned and adapted to meet them.**

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To understand the needs of the local population, APBs had carried out a needs assessment in 2014/15 to inform the commissioning of services. Most APBs were due to undertake a second needs assessment in 2018/19. A number of APBs use ongoing feedback from people and the monitoring of services to understand current needs. However, much of this understanding is based around people who are currently using services, rather than those who are not accessing services.

Understanding the needs of those not using services and hard-to-reach groups, such as people who are homeless, ethnic minorities, and older people is an ongoing challenge across Wales with much more needed to be done by all APBs.

### **Recommendation 4**

All APBs should consider how they can better understand the needs of the local population, including hard to reach groups and those not accessing services as part of the planning and commissioning of services.

*(National Core Standard 2 and Working Together to Reduce Harm delivery plan – action 44)*

## Can people easily access the treatment they need?

It appears access and waiting times for services is variable. The range of services varies both within areas, and across Wales. There are issues with geography and transport preventing people from getting to services and a lack of services in more rural locations. People often had long waits to access particular services, especially substitute prescribing and other specialised Tier 3 and 4 services.



### Early interventions

**People should be informed about the harm of substance misuse and those in need of support should be identified early.**

A key theme in our review was the need to raise awareness and engagement with the wider public and professionals about substance misuse, harm reduction and other associated issues, such as adverse childhood experiences and alcohol-related brain damage. More education and awareness of substance misuse was needed, including further work with children and young people. We have discussed preventing harm further in the ‘What happens after people finish treatment’ section of this report.

### Alcohol liaisons

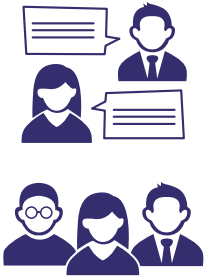
We learnt about alcohol liaison nurses, who work within district general hospitals and can help identify people in need of support, provide brief interventions<sup>20</sup> and refer people to substance misuse services. Staff were positive about the impact these liaison nurses were having and the benefits of this link between secondary care and substance misuse services. More funding for liaison services was required so they could be available at all hospitals, out of hours and for other issues such as drugs and mental health (as in place in some areas). There also needs to be consistent joint working with liaison services across Wales to make sure people are effectively transferred to services and don’t get missed.

#### Recommendation 5

All APBs and Welsh Government need to raise awareness about substance misuse issues.

All APBs and Welsh Government need to consider further developing liaison roles between secondary care and substance misuse services to ensure people in need of support are identified.

*(National Core Standard 4 and Working Together to Reduce Harm delivery plan – Outcome 1 and 2)*



## Referral and assessment

*At the point of referral I was asked lots of questions covered all aspects of my drug use and lifestyle and then I was asked more or less the same questions at the assessment, it's so repetitive and demeaning to have to answer the same question over and over. – Person using services*

### People should receive prompt referral and assessment to enable them to get the right type of treatment.

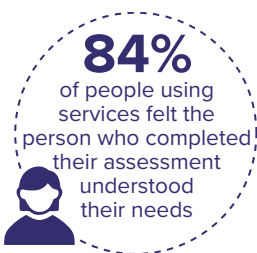
Across Wales, we had mixed feedback about the referral and assessment process for substance misuse services. In our survey, 58% of people using services and 76% of staff said people had to wait less than two weeks from referral to assessment.

Many areas have tried to streamline the referral and assessment process by allowing people to refer themselves and by setting up a single point-of-contact service<sup>21</sup>. Single point-of-contact services are generally thought to be helpful. However, there are challenges with people unaware of these services. In some cases people may need to wait for a referral and attend other appointments/assessments before they can start treatment. This could be too challenging for some people, particularly those living chaotic lifestyles.

Staff highlighted the importance of referring people to the appropriate service initially to reduce any delays in getting the right support and avoid people disengaging. However, some services are receiving inappropriate referrals from various sources due to a general lack of understanding and confusion about how services operate and what they can provide.

In our survey, it was positive that 84% of people using services felt the person who completed their assessment understood their needs. However, assessments can be lengthy and repetitive, meaning people have to keep re-telling their story. This was also a finding from HIW's previous review. Several areas use a single information sharing system across services, to share information and reduce the need for multiple assessments. However, this is not the case in all parts of Wales.

Based on our findings, further work is needed to ensure referral and assessment processes are efficient and allow people to get support from different services easily.



### Recommendation 6

All APBs need to review inappropriate referrals and consider how these can be reduced.

All APBs need to review the referral process and pathways for getting people into specialist Tier 3 and 4 services.

All APBs and Welsh Government need to consider how the assessment process and sharing of information between services can be improved.

*(National Core Standards 5, 6 and 11)*



## Waiting times



*From the time of initial contact requesting ‘help’ to the first dose of treatment is far too long. When you are in the right frame of mind to ask for help, it should be grasped with both hands, not left up to four weeks to get deeper into the drugs scene... – Person using services*

**People should be able to get timely access to the treatment and support they need. The key performance target for the time between referral and the start of treatment is within 20 working days.**

Although the national substance misuse statistics show on average 90% of people across Wales start treatment in less than four weeks, our findings show people’s experiences on waiting times are more variable, particularly for specialised services. In our survey, 64% of people using services and 59% of staff said the wait was less than four weeks from referral to treatment, but 11% of people and 10% of staff said the wait was more than three months.

A number of people had positive experiences of getting help quickly, for example from Tier 2 ‘drop-in’ services where people could get support with little or no waiting time. However, there can often be long waits to access substitute prescribing services and other specialised Tier 3 and Tier 4 services.



In Cwm Taf, we learnt about good practice of a Tier 3 service operating ‘walk in’ sessions to enable people to get help from specialist services more quickly.

Staff said these ‘walk in’ sessions worked well but they would like to see the number of these sessions increased. There can also be long waits (months in some cases) to access counselling and relapse prevention programmes in some areas.

Staff acknowledged waiting lists can prevent people getting help when they need it and can miss the opportunity to treat people when they are most motivated. Whilst waiting to start treatment, we were told people could access recovery groups and other services, including self-help materials, but a number of people told us about being left without support.

The difference between the national statistics and the experiences people have reported to us need to be further explored to understand and improve any variations in waiting times across Wales. As recommended in HIW’s previous review, it is important people’s motivation to get help can be acted upon straight away, so the window of opportunity is not lost.

### Recommendation 7

All APBs and Welsh Government should review the variability of waiting times, specifically for substitute prescribing, counselling and other specialised Tier 3 and Tier 4 services.

All APBs need to ensure people are made aware of other types of support available whilst waiting to start treatment.

*(National Core Standards 5 and 11 and Working Together to Reduce Harm delivery plan – Outcome 7)*



## Substitute prescribing services

*Accessing opiate substitute prescribing can take a long time and service users often feel frustrated with the process. It can be difficult to keep service user's motivation going while they are waiting to be scripted – Staff member*

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**Substitute prescribing services offer a popular and well known medical treatment for opiate and alcohol dependency. They aim to reduce craving, prevent withdrawal symptoms and reduce harm caused by substance misuse. People should have equitable access to prescribing services.**

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Across Wales, one of the strongest themes when asking about access to services was around long waiting times for substitute prescribing services. Staff consistently raised the lack of substitute prescribing GPs and the need for more GP practices to participate in shared care schemes<sup>22</sup>. This would also enable patients to be transferred from specialist Tier 3 prescribing services and improve the capacity of these services. Whilst we were told nurse prescribers are used in some areas to relieve some of the pressure on prescribing services, services are very variable across Wales. Significant improvements are needed in the arrangements for prescribing services to ensure people are able to get timely access to treatment.

Another issue people raised was the requirement to give positive urine samples for substances, before they could obtain a prescription. Although urine samples are a clinical requirement for substitute medication, people described how they found this difficult, “*Long wait to get on a script for suboxone – 14 weeks. Had to keep on using to give three positive urine samples when I just wanted help to stop.*” This person’s experience shows the inadequacy of the prescription process in meeting their needs. The unintended consequence of this is people may lose motivation to get treatment. As mentioned in the previous section, it is important services can act quickly on people’s motivation for help. It is important services and APBs consider how people can be provided with medical treatment quickly and safely.

As mentioned in the previous section, it is important services can act quickly on people's motivation for help. It is important services and APBs consider how people can be provided with medical treatment quickly and safely.

### Recommendation 8

All APBs need to consider how the arrangements for substitute prescribing in their areas can be improved to enable people to access timely treatment.

*(National Core Standards 5 and Working Together to Reduce Harm delivery plan – action 45 and Substance Misuse Treatment Framework: Guidance for Evidence Based Community Prescribing in the Treatment of Substance Misuse<sup>1</sup>.*

<sup>1</sup> [gov.wales/docs/dsjlg/publications/commsafety/110628prescribingen.pdf](http://gov.wales/docs/dsjlg/publications/commsafety/110628prescribingen.pdf)



## Pharmacy services

*... I have witnessed service users in attendance at the pharmacy, it is obvious why they are there, massive shortfall in confidentiality and therefore dignity –  
Staff member*

**Community pharmacies provide an important service for the supervision and dispensing of prescribed substitute medication. A number of pharmacies also act as dispensaries for harm reduction equipment, such as clean needles and naloxone.**

We learnt there are generally good relationships between substance misuse services and community pharmacies. While many pharmacies offer discreet services, there can be a lack of privacy and dignity in some pharmacies, for example, not having a space for people to take their medication in private. Pharmacy opening times did not always fit around people's routines, especially if working full time, since opening times are limited to working hours during weekdays. As not all pharmacies support substitute prescribing, some people may need to travel considerable distances to pharmacies, particularly in rural areas.

People should receive dignified care in all aspects of their treatment. Further work with pharmacists is needed to address issues of privacy and dignity and how people can obtain medication more flexibly.

### Recommendation 9

Welsh Government and all APBs need to consider how the issues of dignified care and opening hours at pharmacies can be addressed.

*(National Core Standard 13 and Working Together to Reduce Harm delivery plan – action 45).*



## Getting to services

*“...A lot of the services I could have benefited from were a little too far away for me... Having to use public transport and transport costs become an issue.*

*– Person using services*

*“Public transport costs are increasing and people with low income simply can’t afford to get to services. – Staff member*

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### People should be able to access services near to where they live.

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In all areas of Wales, people told us about the issues of geography, public transport and transport costs in preventing them from easily accessing services. In rural areas, access is even more challenging due to poor transport links with infrequent buses and trains in some areas. People outside of major towns and cities would have to take multiple buses and/or trains to get to services or rely on home visits. We were told some services paid people’s travel costs, but this was inconsistent across services.

Due to the challenges of geography and public transport across Wales, services and APBs need to think about other ways of supporting people to get help, including community outreach. We have discussed outreach below.



## Outreach

*We can’t go out to people, we need them to come to us. – Staff member*

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**Outreach services are important for helping people to overcome barriers to accessing services and engaging hard-to-reach groups such as the homeless. They can also promote awareness and education about substance misuse and help promote recovery groups in communities.**

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Across Wales, there are examples of outreach services including services at satellite sites outside of towns and visiting people’s homes. Some areas have developed mobile services such as recovery and harm reduction buses to reach people in their communities.



We heard of good practice in Wrexham in North Wales which has a Crisis Café to provide a one-stop-shop for a range of services for people in need of help, such as social services, benefits, health and mental health services.

Some services also made use of technology including providing resources online such as SMART recovery and the use of Skype for follow-up discussions.



However, staff talked about the difficulties of providing outreach services, particularly in rural areas due to funding, capacity and travel time. As a result, staff told us many services require people to come to them, but felt there was a need to do things differently.

More outreach is needed to engage with people who are not using services and hard-to-reach groups. Creative thinking is needed about how to maximise the effectiveness of different outreach approaches.

### Recommendation 10

All APBs to consider how further outreach and treatment services offered in community locations can be developed across their areas to engage with people and hard-to-reach groups.

*(National Core Standard 4 and Working Together to Reduce Harm delivery plan – action 13 and 45).*



## Opening times and appointments

*No flexibility. When you're using you don't live a 9 'til 5 lifestyle. The need is seven days a week, so the service needs to be seven days a week.*

*– Person using services*

*Suicide Sunday – no services available at the weekends...*

*– Person using services*

**The opening times of substance misuse services and availability of appointments is an important consideration for people to get help when they need it.**

We found many services are mainly provided 9am to 5pm Monday to Friday and there can be limited support out-of-hours or at weekends. Some services provided evening and weekend access, but it was strongly felt there was a need for more support out-of-hours and at weekends. This means people may not get the support they need in times of crisis and be at risk of relapse and overdose. The need to have a clear out-of-hours emergency contact for people in crisis was also raised.

Some people had positive experiences of services fitting appointments around them. Staff also said they try to accommodate appointments around people's needs where possible. However, people who are employed, in full time education or those with children, could find it difficult to fit appointments around their commitments during the week.

Similarly to the findings from HIW’s previous review, there needs to be more flexible ways people can access services, including support out of hours.

### Recommendation 11

All APBs need to consider how services could be provided more flexibly, including outside of working hours and at weekends to ensure people can get help when they need it.

*(National Core Standard 5).*



## GPs

*In accessing services I found it difficult getting help due to lack of information and no signposting from GP surgeries. – Person using services*

**GPs are often the first point of contact for people regarding their substance misuse and they have the ability to signpost and refer people directly into appropriate substance misuse services. GPs also play a vital role in supporting people with their physical and mental health needs.**

Many people told us their GP was the first place they tried to get help, but that GPs were often not aware of the substance misuse services available. We learnt in GP practices who work closely with substance misuse services, people reported being easily and quickly referred into services. However, this is very inconsistent across Wales. There is a perception many GP practices are overstretched and don’t have the capacity or the knowledge to support people with substance misuse issues. Some people we spoke to also experienced negative attitudes from GPs, one person commented “*GPs aren’t sympathetic and you often feel that you are being judged.*” People also said their mental health needs could be dismissed as due to their substance misuse.

We found people can have problems accessing GPs appointments, particularly if their substance misuse is chaotic, meaning it can be difficult for them to keep appointments. As a result they may lose their registration at the GP practice. This means people may have difficulties in getting their physical health needs met.

A number of staff reported an increasing problem of people in the wider population of developing addictions to prescribed medications. For example, benzodiazepines<sup>23</sup>, anti-depressants and high strength pain medication. Staff felt access to prescription medications is too easy, including repeat prescriptions, without regular reviews for people taking them. In some areas, we heard substance misuse services are increasingly receiving referrals from GPs to help people who had become addicted to prescribed medication. However, there is not always a clear pathway to support these people to reduce their use. People with addictions to prescription medication may also not see this as

a substance misuse problem and be reluctant to access services. This means people may not get the help they need and may mask a wider problem.

Greater knowledge of substance misuse is needed amongst GPs so people can be appropriately referred and signposted to substance misuse services. The issues around the prevention and support for addiction to prescribed medications need further investigation.

### **Recommendation 12**

Welsh Government and APBs should work with GPs to increase knowledge and understanding around substance misuse and substance misuse services, including addiction to prescribed medication.

Welsh Government and APBs need to consider how people who are addicted to prescribed medication can be better supported.

*(National Core Standards 10 and 11 and Working Together to Reduce Harm delivery plan – action 7 and 11)*

## Do people receive joined up and person-centred care from services?

Staff we spoke to were passionate about ensuring care was tailored around people’s needs and goals. People told us about the positive impact services had on their lives and recovery. However, greater joint working is required, particularly with mental health services, to help meet people’s needs. People frequently reported being bounced around between substance misuse and mental health services. A lack of suitable housing was consistently raised as a significant issue across Wales. We also heard the complexity of people’s needs is increasing, including mental and physical health, which places pressure on services. Unfortunately, it appears little progress has been made to reduce stigma around substance misuse in wider society and non substance misuse services.



### Person centred care

*I have received great support from my support worker who has listened to my specific problems. As a result I have received help which has been tailored to my own specific needs. This has helped me to set goals in terms of how I will tackle getting clean and what I will do afterwards.*

– Person using services

**People should be placed at the centre of all that the service does and at the heart of all decisions and plans about their care. Care should take account of people’s physical, social and psychological needs and preferences.**

In our national survey, 90% of people using services and 97% of staff said people are supported to set their own goals, manage their care and develop personal strengths. People in our focus groups told us services helped them work through their problems and build confidence.

Staff we spoke to were passionate about ensuring care was tailored around people’s needs and goals. The overwhelming majority of staff who completed our survey (98%) said they work in a person-centred way and believe in people’s ability to change and recover.

People felt involved in their care, we were told care plans and goals are reviewed regularly and people found it helpful to see their progress. Staff told us it can sometimes be challenging to manage people’s expectations of what they want, balanced against what they need and what services are able to provide.



We asked people about the difference they felt services made to them. In our survey, 90% of people said services helped them in their recovery. Many people talked passionately about the significant impact of the support they received “It’s a life saver”, “I wouldn’t be where I am today without the support.”

It was clear people were positive about their care and felt staff listened to them and helped them with their needs. During this review, it was positive to find staff had a good understanding of the needs and frustrations of the people they supported.

## Dignified care



*I felt relieved that I could speak about my substance misuse with somebody who understood. – Person using services*

**A person’s relationship with service staff is fundamental to their engagement and experience of services.**



In our survey, 94% of people using services and 95% of staff felt people are treated with dignity and respect. In particular, people described the importance of being listened to by someone who was non-judgemental. People also talked about the value of services having staff/volunteers who had lived experiences of substance misuse issues and could empathise with their problems. Overall, it was positive to find people very positive about the support from substance misuse service staff.



## Stigma

*When you are in a local hospital, there are not enough specially trained nurses or help in the field, I had a terrible time with nurses blaming me for my condition and situation. – Person using services*

*...There is a perception that we have done this to ourselves so it's our fault.  
– Person using services*

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### **It is important to reduce stigma and fear associated with seeking help for and recovery from substance misuse issues.**

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It seems little progress has been made to reduce stigma and fear around substance misuse. Chiming with HIW's last review, whilst people were very positive about the non-judgemental support within substance misuse services, people experienced stigma around substance misuse in wider society and with some non substance misuse professionals. There are often misconceptions about substance misuse being a lifestyle choice rather than an addiction people do not have control over.

Due to perceptions around substance misuse being associated with primarily younger people, staff told us older adults could often be overlooked, *"older people can be stigmatised and may not be associated with requiring support around substances."*

We received somewhat mixed responses regarding how people had been treated when accessing other support services. In our survey, 64% of people using services said they had been treated fairly well when using services like health, housing, volunteering, and employment, but 23% said they had been treated poorly. During our focus groups, we heard about the lack of dignified care people received in other healthcare services, including some hospitals, GPs and pharmacies. People described how they felt they received a lesser service compared to other members of the public and were singled out or had their problems dismissed due to their substance misuse. For example, in some services people had been asked to sit apart from other members of the public, use a separate area or told to come for appointments at the end of the day when fewer people were around.

Considerable work is needed in order to make the necessary strides in reducing the stigma associated with substance misuse.

### **Recommendation 13**

Welsh Government and all APBs need to develop campaigns to reduce stigma and raise public awareness around substance misuse, including more training for professionals such as social workers, A&E staff, GPs and pharmacists.

*(National Core Standard 4 and Working Together to Reduce Harm delivery plan – action 33)*



## Housing and other needs

*Housing needs are not being met – service users are expected to become stable and make changes whilst constantly battling the needs of security. –*

*Staff member*

*Homelessness is a massive issue. How can clients engage in treatment if they don't know where they are going to sleep that night? –*

*Staff member*

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### People should be able to get support with social, economic and housing needs.

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In our survey, 79% of people using services and 94% of staff said people are supported to use other services like health, housing, volunteering and employment. We heard substance misuse services would often signpost and support people in accessing other services, as well as assisting them with appointments and applications. It appears there is additional pressure on keyworkers and resources to provide this kind of support, which could be better provided by other agencies.

In some areas, efforts have been made to locate services in buildings together with other agencies to make it easier for people to get help.



We heard of good practice, for example in Powys, where the Citizen's Advice Bureau has been located within services to assist people. There is a close working between services and the Wallich to support people to maintain their housing tenancies and avoid them becoming homeless.

The issue of lack of suitable housing was raised consistently in every area of Wales, including for street homelessness. People had difficulties with gaining access to local authority, housing association (or registered social landlords) and private rental accommodation, especially for those under 35 years of age due to welfare benefit reform. Where accommodation was available, this was often not appropriate for people's needs and circumstances. Staff felt a range of different types of accommodation is needed to meet the complexities of peoples needs. Some people were positive about the help from supported housing placements, but such places are limited. In one area, staff said substance misuse funded housing was too restrictive in requiring people not to use substances.

Staff highlighted it was more difficult for people to get help because local authorities had different ways of working and getting help was overly complicated for people. Support organisations could make it easier for people to get the help they need.

Housing needs are a significant issue and should be considered as part of a person’s holistic care. Considerable work is needed to improve access to housing for people who misuse substances.

### Recommendation 14

All APBs and Welsh Government should work with all housing providers and local authorities to improve the provision of accommodation for people who misuse substances, including the homeless.

*(Working Together to Reduce Harm delivery plan – action 13)*



## Joint working

*Substance misuse workers can often be seen to be working outside of their remit in an attempt to fill the gaps left by other services. – Staff member*



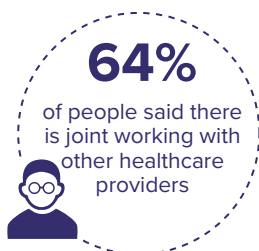
*People with a diverse range of issues often get bounced around between different services, whereas they may need all issues addressed to actually make a significant difference in the positive long-term outcome – Staff member*

### Effective joint working between services is important to ensure people’s needs are met.

Echoing the findings from HIW’s last review, we found a mixed picture of joint working between substance misuse services, secondary care, primary care and, in particular, mental health services.

In our survey, 83% of staff said there are positive working relationships amongst different substance misuse services and 64% said there is joint working with other healthcare providers such as GPs, mental health and secondary care services. Across many areas some progress has been made to improve links with other services, including work with primary care and secondary care. We also received some positive comments around joint working with GPs in some areas. However, across Wales, staff we spoke to said joint working was variable and inconsistent. Staff explained that good joint working with other non substance misuse services can be down to the interest, helpfulness and ‘good-will’ of the staff in those organisations, rather than due to systems supporting these arrangements. It is clear formal systems are needed to ensure there is a sustainable approach to joint working and equity of care both within and across areas.

In a number of areas, we found improvements are needed to joint working and understanding between different substance misuse services to ensure people are aware of what other services can provide. We heard the integration of services is patchy across geographical areas and partnership working was hampered by a lack of communication and information sharing systems.





More work is needed to build on the progress made so far around joint working between different services and how systems can be put in place to support this.

### Recommendation 15

Welsh Government and all APBs need to work to improve joint working between substance misuse services, secondary care, primary care and mental health services.

*(Working Together to Reduce Harm delivery plan – Outcome 3 and 12)*

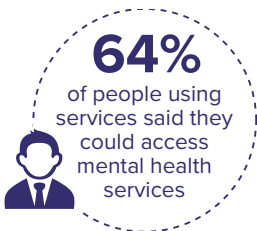


## Mental health

*Mental health services and substance misuse services need to work much closer together, there needs to be an emphasis on shared care and joint working, people are slotted into services and if they do not fit then they do not receive the help. – Staff member*

*Mental Health won't see me until I don't use drugs anymore – AS IF IT'S THAT SIMPLE – Person using services*

### Co-occurring<sup>24</sup> substance misuse and mental health problems should be managed effectively.



We received mixed feedback regarding access to mental health services. In our survey, 64% of people using services and 89% of staff said people could access mental health services, but 28% said they could not or were unsure. During our focus groups, people frequently reported being bounced around between substance misuse and mental health services.

People told us of the 'Catch 22' situation where mental health problems needed to be addressed before people could reduce their substance misuse, but they could not access mental health services whilst using substances. Many people are 'self medicating' with substances due to mental health problems and both issues need to be addressed together. Staff suggested the need for more dove-tailing between mental health and substance misuse to accept ongoing substance use at the start of treatment.

The other issue raised was the threshold for getting support from mental health services. People could fall through the net if they did not meet the threshold for support from mental health services. The threshold for support was considered too high and did not take into account the complexity of many people's needs. In addition, we heard about the waiting lists for counselling and psychological therapies (mentioned earlier in this report). People reported ending up in crisis before being able to access mental health services.

There are still significant challenges around consistent joint working with mental health services. In some areas, there are good links between substance misuse services and mental health teams, but this was inconsistent both within areas and across Wales. We heard of good practice around co-occurring social workers in some local authorities who sit within community mental health teams and can help facilitate people's access to mental health support, but this varies between local authorities.

Staff felt there is a general lack of knowledge of what support is available through mental health services and how to access this. We heard about the long waiting lists for community mental health teams and a lack of substance misuse psychiatrists. Access to mental health services can be particularly difficult for people with chaotic lifestyles, such as the homeless, due to difficulties making and maintaining contact. Staff said referral systems for mental health were overly complicated and inconsistent. Some substance misuse services aren't able to refer directly to community mental health teams. As a result, access to mental health services can be limited through GPs or A&E for someone in crisis and may take longer for people to get help.

Staff told us of their frustrations with the lack of joint working and with mental health services, since the issues of co-occurring substance misuse and mental health problems are well known. Even with joint strategies in place between substance misuse and mental health services, staff felt the effectiveness of joint working was largely down to the willingness of individuals and teams.

Access to support for mental health needs remains a significant issue for people across Wales. More work is needed to improve access to and joint working with mental health services, including how people can be supported with both their mental health and substance misuse.

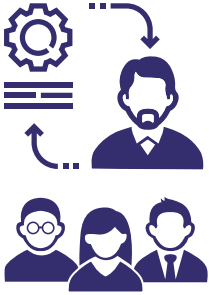
### Recommendation 16

All APBs need to improve joint working with mental health services to better support people with co-occurring mental health and substances misuse problems.

All APBs need to improve the provision of support for people with lower levels of mental health problems, to ensure they receive the care they need.

*(National Core Standards 5, 10 and 11, Working Together to Reduce Harm delivery plan – Outcomes 3 and 12 and Co-occurring Mental Health and Substance Misuse Treatment Framework<sup>1</sup>.*

<sup>1</sup> [gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/substance-misuse/?lang=en](https://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/substance-misuse/?lang=en)



## Increasing complexity of needs

*...many clients I work with have experienced significant trauma and a brief intervention or a few counselling sessions is not enough. Cases are more and more complex and money should be provided to address this, otherwise it's a false economy. Clients end up going around the system at a higher cost. –*

*Staff member*

### **People's needs should be considered holistically and there should be support for people with complex needs.**

During our review, staff reported increasingly seeing people with complex needs, including mental health and physical health needs. In particular, staff felt there was a lack of focus and support for adverse childhood experiences and complex trauma. In our inspections of NHS detox units, we saw how the complexity of both mental health and significant physical health needs placed pressure on staff capacity and resources.

The Working Together to Reduce Harm Delivery Plan has an action to ensure people with Alcohol Related Brain Damage (ARBD) are supported effectively. We found people with alcohol-related brain damage posed challenges for services, in terms of making a clear diagnosis, understanding how their mental capacity was affected, and whether the damage could be improved with alcohol abstinence and appropriate rehabilitative support. During our detox inspections, we also saw the difficulties in finding suitable long-term placements for people with ARBD due to high costs and limited availability. The challenges around ARBD were also highlighted in a report by Public Health Wales in 2015<sup>25</sup> (Evidence-based profile of alcohol-related brain damage), including the lack of capacity within residential care in Wales to meet the needs of existing and future ARBD patients.

The issue of complexity of needs further highlights the importance of joint working to address people's needs. Expanding the training of service staff should also be considered to ensure they have the right skills. Further investigation is needed to understand the current and future complexity of people's needs, including ARBD.

#### **Recommendation 17**

All APBs and Welsh Government need to consider the implications of the increasing complexity of people's needs and how these needs can be met effectively.

*(National Core Standards 10 and 11 and Working Together to Reduce Harm delivery plan – Outcome 3)*

## How are people, their families and those around them safeguarded?

People said services talked to them about their needs and those of their children and family. However, there was not enough support for families and carers. Service staff said they had clear safeguarding processes to follow, but there needed to be greater joint working with social services.



### Safeguarding processes



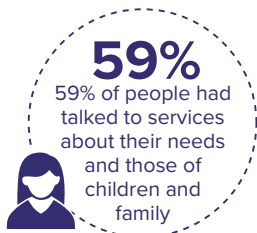
*As a professional – child safety is paramount – if you need to make a referral to social services – needs to be done delicately – how you talk to the service user and explain it is key. – Staff member*

**The safety and welfare of adults and children who may be at risk from abuse or neglect must be promoted and protected.**

Across Wales, we were reassured to hear staff felt they were adequately trained in safeguarding and had clear processes to follow. In our survey, 99% of staff said they would know how to raise a safeguarding concern about a child or an adult who may be at risk.

We were told people's initial assessment would include identifying possible safeguarding risks for people misusing substances and those around them, including children. In our survey, 59% of people using services said services had talked to them about their needs and those of children and family, while 14% said they had not and 26% said they were not sure or this was not applicable for them. Identification of safeguarding risks can be down to the experience of individual workers, but staff told us they would discuss safeguarding concerns as a team and would contact the social services for advice or queries as needed. In one area, staff highlighted substance misuse is often correlated with domestic abuse and there should be greater awareness to ensure people at risk are quickly identified and supported.

We heard different organisations may have different levels of understanding around safeguarding and it is important safeguarding is emphasised consistently across all services, including non substance misuse services. There can also be an issue where services assume others have made a safeguarding referral. This means people who are vulnerable or at risk may not be appropriately safeguarded. Effective communication and information sharing across services, such as through safeguarding boards, is important to prevent this. An effective multi-agency IT system could also help monitoring and sharing safeguarding information.



We looked at the understanding around confidentiality and sharing information. In our survey, 98% of staff said people are told about the times when their information might be shared with other authorities without their consent, such as for safeguarding concerns. APBs said services are required to have confidentiality policies in place and to explain the circumstances when staff may need to break confidentiality. However, staff felt there was a risk this could negatively impact the therapeutic relationship as the person could see this as breaking trust. In some areas, staff also felt safeguarding and confidentiality policies weren't well explained to people and more training would be beneficial. Improvements are needed to ensure there is clear and consistent understanding around confidentiality.

## Governance and safeguarding boards

We looked at the governance around compliance of services with national safeguarding guidance and links with safeguarding boards across Wales. To a greater or lesser extent, all APBs needed to make improvements to strengthen their oversight of how services comply with national safeguarding guidance and robust monitoring of safeguarding referrals generated within services.

Most APBs appeared to have links to their local adult and children safeguarding boards<sup>26</sup>, typically through an APB member sitting on the board. Across Wales, links with safeguarding boards needed to be formalised and strengthened to ensure greater learning from safeguarding incidents across organisations and sharing of information between services, the APB and safeguarding boards.

### Recommendation 18

All APBs need to ensure there is effective communication and information sharing across services in relation to safeguarding to ensure people who are vulnerable or at risk are not missed.

All APBs should ensure there is clear understanding about confidentiality and the circumstances when people's information might be shared with other authorities.

All APBs need to strengthen governance and monitoring around safeguarding within services and formalise relationships with safeguarding boards.

*(National Core Standards 14, 16 and 17)*



## Importance and value of family support

**Children, families and carers of people who misuse substances should be supported.**

Although it wasn't a major focus of this review, an emerging theme was the importance of providing support for families and carers of people who misuse substances. Where family support is available, carers reported the benefits of sharing experiences in peer support groups, gaining a greater understanding of addiction and how to support their loved one. People also said this had helped improve relationships with family members as they better understood their problems. However, it was felt there were not enough family support services and people may not be aware of those that exist.

Given the strength of feeling around family support, further consideration is needed on how families can be better supported.

### Recommendation 19

All APBs should review the availability and signposting of family support services.

*(Working Together to Reduce Harm delivery plan – Outcome 8)*



## Joint working with social services

**Effective joint working between organisations is important to ensure safeguarding processes are managed effectively and people receive the support they need.**

In a number of areas we were told of good relationships between social services and multi-agency working around safeguarding. However, in some areas feedback from social services regarding safeguarding referrals could be limited. In a couple of areas, staff highlighted a lack of consistency of the speed at which safeguarding referrals are acted upon. Staff also said safeguarding adult referrals for people who misuse substances can be difficult as adults are seen as having the capacity to make their own choices, even though those who are misusing substances are considered to be vulnerable.

We were told of a number of areas where there are dedicated substance misuse social workers and people gave positive feedback about the support they had received, but this varies between local authorities and is inconsistent within areas and across Wales. In a number of areas, it was felt social workers lacked knowledge and understanding about substance misuse and treatment services. There was also a perception some social workers could have a black and white approach to substance misuse, where a person's progress would not be considered but only whether they were drug or alcohol free.

We found people were fearful of social services' involvement with their families and assumed this meant their children would be taken into care. Staff commented "people still often associate social services with removal of children. This can be a barrier to service users engaging with social services, even adult services." We heard substance misuse services are sensitive to this issue and try to support people. During our focus groups, we spoke to a small number of people who told us of their negative experiences of social services' involvement with their families. One person commented "once you admit your problem, if you have a child, social services are involved. Then you are told to stop or risk losing your child. No advice on harm reduction or services that could help was given to me." People we spoke to said they had been left without support once their child had been taken into care. While a child's safety is paramount, there needs to be support for the parent and accessing the right support early on could help families stay together.

Further work is needed to build on relationships with social services and improve knowledge of substance misuse. More communication and guidance for parents is needed regarding social services involvement.

### Recommendation 20

All APBs and Welsh Government to consider how links with social services and understanding of substance misuse amongst social workers can be improved

*(Working Together to Reduce Harm delivery plan – action 7)*



## Independent advocacy

**Independent advocacy services can help people say what they want, secure their rights, represent their interests and help them to obtain the services they need.**

Awareness about independent advocacy services appears to be poor across Wales. In our survey, 37% of people using services and 62% of staff said people were being told about advocacy services. Many people we spoke to during our focus groups were unaware of advocacy services. Improvements to information around advocacy services are needed.

### Recommendation 21

All APBs should ensure services provide information to people about independent advocacy.

*(National Core Standards 16 and 17)*



# What happens when people move on from treatment?

Whilst a range of aftercare and ongoing support programmes are available, improvements are needed to increase the availability and variety of services, particularly following detox and rehab treatment. People were given advice about their safety and reducing the harm caused by their substance misuse. We heard about some good practice in harm reduction approaches, however more services are needed. Greater links with the community are also needed to support people in recovery and moving on.

## Aftercare and ongoing support



*“Having ongoing support has helped a lot and allowed me to get a good amount of recovery behind me.” Person using services*

**Access to aftercare and ongoing support is a vital part of aiding and maintaining a person’s recovery. People should have opportunities to support themselves to develop skills and resilience.**



People generally felt they could move on from services when they were ready to do so. In our survey, 74% of people using services and 96% of staff said people were spoken to about plans and support when moving on from services. Drop in services can provide aftercare and ongoing support and staff told us the end of formal treatment doesn’t have to be final. People were reassured by being able to get back in touch with services if they needed help.

There are various aftercare programmes and ongoing support to give people the tools to help in recovery and prevent relapse. Specifically, people valued recovery groups, relapse prevention programmes, SMART recovery<sup>27</sup> and Moving On In My Recovery programmes<sup>28</sup>. People were also positive about peer mentoring programmes, training and employment opportunities, and volunteering, including opportunities provided through many tier 2 services.

However, it was felt aftercare services have limited capacity and funding and a greater variety of services are needed, including in rural areas. People did not always know about the support and services available to them. More joint working between partner agencies and between the different tiers of substance misuse services is needed to help ensure people receive aftercare and ongoing support.

People told us of the importance of peer led support groups and keeping in touch with recovery friends, but these groups were often underfunded and not well supported. One person explained they had undergone training to facilitate a peer support group only to be told the funding had been stopped.



People beginning to recover can be seen as a lower priority for support compared to others who are less stable. Staff commented, “*Aftercare can be seen as less work needed when more often than not, support needs to be increased at this point.*” The withdrawal of services can cause anxiety as people can feel very vulnerable during this period and can risk relapse if support is reduced too quickly.

We heard there can be different interpretations of what recovery means. It was felt recovery and aftercare can be hindered by staff who believe recovery means stopping the use of substances altogether, rather than reducing use to a sustainable level<sup>29</sup>. Staff said there can be an assumption in some medical services that aftercare is limited to providing medication and people may not be referred onto other support services.

## Help from services after relapse

In general, we received positive feedback from people about being able to easily access services following relapse. In our survey, 84% of people using services said they felt services would support them if they relapsed. Similarly, 98% of staff said people are provided with advice on relapse prevention and where they can go for help. Some services actively follow up when people have finished treatment and try to re-engage people if they drop out.



In Cardiff and Vale, we heard of good practice where the APB had commissioned a small re-engagement team to help encourage people to keep in contact with services.

People were also positive about the non-judgemental approach of staff if they relapsed. Many people can re-access services and pick up where they left off without needing to go back through the system again. However, this did not appear to be the case in some areas or for more specialised services.

Improvements are needed to increase the availability, variety and signposting of support services and aftercare programmes. The value of peer led groups should also be recognised and given the necessary support so people can help each other.

### Recommendation 22

All APBs need to consider the equity of provision and signposting of aftercare and ongoing support services across their areas, including more rural locations to ensure people can support themselves in their recovery.

*(Working Together to Reduce Harm delivery plan – actions 25, 31 and 32)*



## Aftercare following Tier 4 treatment

*“Limited access to inpatient detox, can be up to six months, then after two weeks you leave with no support – there should be a sign on the way out saying MIND THE GAP in services” Person using services*



**Following in-patient detox and rehab treatment people will have lower tolerances to substances and can be vulnerable to relapse and overdose as they re-adjust to life in the outside world. It is important people are offered continued treatment, support and monitoring to help them<sup>30</sup>.**

We found the provision of aftercare following in-patient treatment at Tier 4 detox and rehab services to be lacking in some places across Wales. From inspections of NHS detox services, we found people typically had planned admissions for alcohol detox, which included discharge planning for aftercare and ongoing support. However, during our focus groups, people and staff were very vocal about the lack of aftercare following Tier 4 treatments, particularly following detox. A number of people told us they were left without support and felt services weren't proactive in following up to help prevent relapse. We heard of delays in people receiving ongoing support because of a lack of communication between services. In some areas, there can also be delays in accessing relapse prevention programmes.

It is important that people are adequately prepared and ready for detox/rehab placements so treatment is more likely to be successful. Detox is not enough on its own and staff felt people needed to be better supported with the psychological side of addiction.

It can be difficult for people to re-adjust to life back at home following treatment and staff commented *“detox is not always the answer, people go away from home for a period and then get dropped back home as fixed, but life isn't just that easy to drop back into...”* Staff felt relapse prevention work needs to start prior to a person's admission to Tier 4 services and increased length of stay at rehab services to help ensure people are ready for life back in the community.

However, this was not consistent across Wales. Staff believed a lack of work done prior to admission can increase a person's risk of overdose following treatment.



We heard about good practice in some areas, such as Cardiff and Vale where people attended courses or were prepared by community services before Tier 4 treatment.

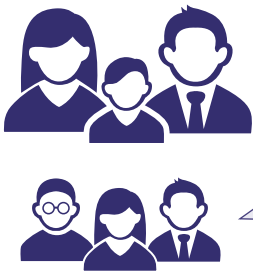
Further work is needed to ensure people consistently receive aftercare and ongoing support following detox and rehab treatment. Our findings indicate better communication between different tiers of service is needed to help address this. Consideration should be given to how people can be best prepared for treatment.

### Recommendation 23

All APBs need to ensure there is joint working between services so people are consistently provided with links to aftercare and ongoing support following Tier 4 treatment.

All APBs need to ensure people are adequately supported to get the most benefit from detox and rehab treatment.

*(National Core Standard 11 and Working Together to Reduce Harm delivery plan – actions 25, 31 and 32)*



## Preventing harm and keeping safe

*“Harm reduction keeps people alive and you have to be alive to recover. There needs to be a balance to make sure that the most vulnerable are able to make small steps and access support to stay as safe as possible until such time that they are able to change.” – Staff member*

### People should be provided with information about how they can make their substance misuse less harmful.

In general, people are given advice about their safety to reduce the harm caused by their substance misuse. We were told services would provide people with harm reduction advice throughout treatment, including take-home naloxone<sup>31</sup> to reduce overdose. In our survey, 89% of people using services and 99% of staff said people were given information about how to make their drug and/or alcohol use less harmful. This was echoed across our focus groups, where people told us staff helped them to keep themselves safe at home, to understand their triggers and how to avoid high risk situations which may lead them to relapse.



In Dyfed and North Wales, we heard about good practice initiatives such as mobile harm reduction buses which can engage with those not accessing services, including the homeless.

However, staff told us of the need for more harm reduction services, including safe injecting facilities. There is a perception amongst people and staff that harm reduction approaches, especially needle exchange services, still appear to be a politically sensitive issue, as they can be viewed as encouraging substance misuse. However, people we spoke to told us engaging with harm reduction services led them to come into treatment. Each APB has a harm reduction group which is expected to initiate reviews when fatal and non-fatal drug poisonings have occurred. We have discussed this in more detail under ‘Governance arrangements’ within the section on ‘How well are services led and managed?’ in this report.

As mentioned earlier in this report, more outreach is needed to reach people in their communities and those not accessing services. The misconceptions around harm reduction approaches further highlight the importance of raising public awareness and reducing stigma around substance misuse.

### Recommendation 24

All APBs should assess whether there are sufficient harm reduction initiatives within their areas based on the needs of the population and to help engage with people who are not accessing services.

*(National Core Standard 4 and Working Together to Reduce Harm delivery plan - Outcome 1 and 3)*



## Engagement with the community

**People should be able to participate in socially diverse activities within their local community to help in their recovery.**

Community support for people in recovery is seen to be crucial and staff raised the need to use other agencies, not just those within substance misuse, to help support people. While it was positive to hear some areas have links with the community to help people access community services, it was felt that improved links with community services and awareness of community projects are needed.

People told us about the importance of keeping busy in their recovery and valued diversionary activities. For example, cooking, art, and leisure passes as well as complementary therapies such as acupuncture and reflexology to help build confidence and prevent relapse. However, funding limitations and cuts affected the availability of these services and people felt greater provision is needed. People also felt relapse is more of a risk at the weekend and they would benefit from more weekend activities.



We heard of good practice, for example in Cardiff and Vale, which already have an integrated IT system across commissioned substance misuse agencies and was viewed positively. A similar model could be used across Wales

The other issue raised when looking at aftercare and ongoing support was the challenge of moving people on from substance misuse services (when appropriate) and into the community and general services. With high demand for services and limited resources, there is an issue of sustainability of people continuing to stay in the system while new people come into treatment. Staff told us people can be reluctant to leave services, as “this is all they know” and can be anxious about moving into community services who may not understand addiction. We also learnt transitions of people from substance misuse services

to general services can be challenging due to a lack of provision and confidence with working with vulnerable groups and stigma around people who misuse substances.

Improvements are needed to links with community and general services so people can be supported to move on from substance misuse services.

### **Recommendation 25**

All APBs need to consider how links and access to community projects, diversionary activities and general services can be improved to better support people in their recovery within the community..

*(National Core Standard 11 and Working Together to Reduce Harm delivery plan – actions 31 and 32)*

## How well are services led and managed?

Services appear to be managed well at local level although we heard about the challenges of high caseloads and limited resources. We were also told about the lack of appropriate environments to deliver services and frustrations with administrative work and IT systems. Staff were vocal about the limitations and burden of key performance indicators. Given the strength of views, we recommend Welsh Government review the value of these indicators.

The structure and governance arrangements of APBs varies across Wales. We believe there are significant weaknesses in governance around the quality and safety of services. This means APBs may not be able quickly identify, monitor and act on emerging themes and issues across all services in order to protect people's safety.



### Workforce

*“Training for staff needs to be more adequate and more man-power generally needed across the board to help deal with high and complex caseloads” Staff member*

**Services should have enough staff with the right skills and training to be able to give people the best care.**

In our survey, 91% of staff said they had adequate training to do their job. However, across Wales, staff told us of difficulties with finding time for training due to high caseloads and capacity. There can also be limited funding and availability for external and non-mandatory training. More specialist training is felt to be needed on co-occurring mental health needs, new treatments, novel psychoactive substances and interventions such as relapse prevention. Several staff mentioned it would be beneficial to access clinical training, such that on offer in the NHS. Based on the feedback from staff, additional training needs should be considered so staff can be supported to develop their skills.

Another theme raised was the need for training for other healthcare professionals who are likely to interact with people who misuse substances. In particular, training for emergency services, A&E and medical ward staff was needed to improve understanding and empathy.

In a couple of areas, we heard about high staff turn-over, particularly in some third sector organisations. This increased pressure on services and affected continuity of care. However, staff also said staff turn-over is not always bad, due to the benefits of having a ‘fresh pair of eyes’.

The workforce of substance misuse services and other healthcare professionals need to be up-skilled so they can better understand and meet people’s needs. The increasing complexity of people’s needs, described earlier in this report, highlights the importance of ensuring staff have the right skills.

### Recommendation 26

All APBs need to develop a plan for how access to training, including specialist training, can be improved to ensure the workforce across services have the skills they need to meet people’s needs effectively.

Welsh Government need to consider how training on substance misuse can be provided for other relevant healthcare professionals.

*(National Core Standard 11 and Working Together to Reduce Harm delivery plan – actions 31 and 32)*



## Resources vs demand

*“Funding and resources mean we can’t deliver all the services we believe are needed.” – Staff member*



*“We are seriously under-staffed due to funding but we tailor what we can do with our current resources but we would like to expand services and opening times if we had more resources” – Staff member*

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**It is important services have the appropriate resources to deliver safe and effective care.**

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In all areas of Wales, staff told us about the challenges of working with high caseloads and limited funding and resources. Staff work hard to deliver services with what they have, but resources were not being increased to meet demand. In our survey, around half of staff (55%) said they had enough staff at their organisation to do their job properly. Staff shortages can limit the amount and quality of time spent supporting people. Having more staff would enable more services to be offered and greater flexibility in opening times.

It was felt more funding was needed for counselling, rehab, detox, pre and post detox support, diversionary activities, outreach activities and drop in services. Better funding would improve choice and reduce waiting times. It was also felt funding for childcare would help parents to better access services.

Whilst many services have good relationships, staff said the competitive nature of funding can make partnership working more difficult as each organisation is protective of their resources. Staff also told us the re-tendering of substance misuse service contracts causes instability for staff and people who use services.

Given our findings, a review of whether resources are sufficient and used most effectively to meet the needs of the population is needed. As described further below, consideration should also be given to opportunities for greater joint working and sharing of resources.

### Recommendation 27

All APBs should review whether services are appropriately resourced and commissioned, based on (current and future) needs of the population, to enable services to be delivered effectively.

Following the work conducted by APBs on resources, Welsh Government should assess the adequacy of funding for substance misuse services. .

*(National Core Standards 24 and 25)*



## Environment and equipment

**People should be provided with services in appropriate environments which are safe and secure and suitable for their needs.**

In most areas, we were told about the lack of appropriate environments to deliver services, particularly in rural areas. Staff also told us restrictions in use of premises could make it difficult to create a welcoming environment. These issues were seen to limit the uptake up services and prevent organisations from broadening their services. Some staff also highlighted the lack of emergency equipment in some environments, including for overdose. This is a potential risk to people's safety.

We were also made aware of difficulties on the location or proposed re-location of services. In particular, the location of services in town centres and residential areas, where substance misuse services can be seen undesirably due to misconceptions and stigma.

Based on the concerns raised, improvements are needed to the safety, suitability and availability of some service environments and emergency equipment to ensure people receive safe and effective care.

### Recommendation 28

All APBs and Welsh Government need to review how issues around the suitability and availability of premises can be addressed so services can be delivered safely and effectively.

All APBs must ensure services have appropriate equipment in the event of an emergency, including for overdose.

*(National Core Standard 12)*





## IT and information sharing systems

**Services should have appropriate information governance and communications technology to ensure the effective collection, sharing and reporting of information.**

We heard a lot about the frustrations with IT systems and the burden of paperwork. In most areas, there can often be repetition and duplication of work where staff are required to enter information onto various databases and spreadsheets. We were also told of inconsistency with information sharing protocols between organisations, meaning services could be reluctant to share information.

A multi-agency IT system is needed to improve communication and reduce duplication of work between services.



We heard of good practice, for example in Cardiff and Vale, which already have an integrated IT system across commissioned substance misuse agencies and was viewed positively. A similar model could be used across Wales.

We were made aware of the gradual introduction of the Welsh Community Care Information System (WCCIS) which aims to help health and social care professionals work together. It is intended this new computer system would be adopted across Wales and include a substance misuse module, but staff were unclear about when this would be implemented for substance misuse services.

Improvements are needed to IT and information sharing arrangements so services can work more effectively together and share learning.

### Recommendation 29

All APBs and Welsh Government need to consider and implement improvements to information sharing systems and protocols within areas and across Wales.

Welsh Government need to update APB's and services on the status and timescales for WCCIS in relation to substance misuse services.

*(National Core Standard 6)*

## Management of services and communication with APBs



*“Very supportive leadership who encourage growth and development amongst the workforce, and show great concern for staff health and wellbeing” – Staff member*

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### Services should be managed effectively to ensure people receive safe and quality care.

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Staff were positive about the management of services at local level. In our survey, 89% of staff said they had effective support and challenge from their line manager and 90% said they have an annual appraisal. However, in some areas, staff said there was a lack of visibility and communication from senior management.

Staff felt improvements should be made to care pathways so people can move between different tiers of services more easily. Some staff also wished to be more involved in the planning and delivery of services, including having greater transparency on strategic aims. Whilst there were examples of good joint working, it was felt there should be more sharing of resources across services, good practice and learning. Smaller specific examples of good practice should be rolled out to other areas.

We received mixed feedback regarding the communication and contact between services and the APBs. In our survey, it was positive to find 75% of staff said the APB fosters a culture of collaborative working and promotes high professional standards. However, other staff we spoke to felt communication from APBs could be better and APBs can lack understanding about the challenges the services faced. In one area, staff spoke strongly about their APB being disorganised with little information or contact between them. We also found there was a lack of communication between APBs and substance misuse services they don't directly commission, such as some voluntary organisations.

Whilst services appear to be managed well at local level, it is essential APBs improve their communication with services and joint working between all substance misuse services to continuously improve care.

#### Recommendation 30

All APBs need to further develop working relationships with and between all substance misuse providers (including non commissioned services) to enable collaboration, sharing of good practice and learning.

*(National Core Standard 1)*



## Key performance indicators

*“Recording, data quality and KPIs can impact on services. Whilst there has to be accountability, sometimes key workers spend so much time at a computer they spend less time with service users. This does not make sense, their skills are not being utilised and for many key workers it can be soul destroying having to input and record so much data when really they want to be making a difference to the lives of people they are supporting.” – Staff member*

**There are five key performance indicators used by APBs and Welsh Government to monitor the performance of substance misuse services. Each service provides quarterly data which is analysed across Wales.**

Although we did not specifically ask staff about Key Performance Indicators (KPIs), in several areas staff were very vocal about their limitations and administrative burden. Staff gave examples about how KPIs don't adequately reflect their work. For example, staff explained they need to complete structured forms when people attend services but some people are not looking to engage in a structured way, which negatively impact KPIs.

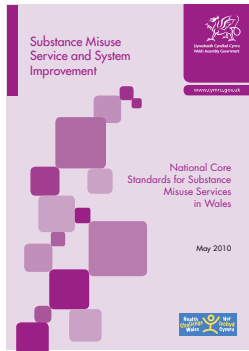
Staff particularly felt the Treatment Outcome Profiles<sup>32</sup> were not fit for purpose. Staff explained the difficulties in trying to reflect someone's life in a snap shot on a particular day.

We also found there can be confusion and different interpretations about how data should be collected. For example, for the KPI on waiting times from referral to treatment, there can be different interpretations of when the clock starts and stops.

Given the strength of the views around KPI's, further review by Welsh Government is needed.

### Recommendation 31

Welsh Government need to review the meaningfulness of key performance indicators to monitor the work of services.



## National Core Standards

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**All substance misuse services in Wales are expected to comply with the National Core Standards for Substance Misuse 2010.**

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In our survey, 87% of staff said they have a good understanding of National Core Standards for Substance Misuse and how they relate to their work and 82% said they use the standards for planning, design and delivery of services.

Early in this review, we found there was a lack of clarity about the status of the National Core Standards and how these fit with other national standards and legislation for health and social care. Although staff said they understood the core standards, the different health and social care standards which also apply to substance misuse services can be seen as confusing; both for services trying to meet them and for bodies monitoring their compliance. This can undermine the governance of services and needs to be carefully considered.

### Recommendation 32

Welsh Government needs to review the status of the National Core Standards for Substance Misuse in light of other health and social care legislation and standards.

*(Working Together to Reduce Harm delivery plan – action 46)*

## Area planning board structure

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**Area planning boards are responsible for the commissioning, planning and delivery of substance misuse services in Wales.**

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Our review clearly identified that APBs are structured and operate differently across Wales. This means they adopt different approaches to the commissioning, planning and delivery of substance misuse services in each area. Due to this, it is perhaps not surprising we found the provision of services varied across Wales.

The commissioning of substance misuse services moved from a local to regional level under the seven APBs in 2010. Staff we spoke to acknowledged the benefits of this new model, but also that it has its own challenges. For example, for APBs which cover large geographical areas, it can be difficult to ensure services are equitable across the region.

APBs are not legal entities and instead have to rely on relationship building and negotiation to work effectively with other organisations. Where improvements to joint working have been made, this appears to be down to the hard work of individuals and teams rather than being supported by a legislative framework. Furthermore, APBs have little influence over substance misuse services which they don't commission, such as those provided by voluntary organisations, as they are not under contractual arrangements. This means the APBs lack the power to govern these services.

We believe the lack of legal status is a contributory factor in hampering the governance of services and the speed and effectiveness at which joint working takes place.

### Recommendation 33

Welsh Government should assess whether the current APB structures are the most effective model for governing substance misuse services and facilitating joint working with other bodies.



## Governance arrangements

**Effective governance arrangements are important in ensuring the quality and effectiveness of services, and to identify any emerging issues and trends which need to be acted upon.**

As we have highlighted, APBs have different approaches to governance and the management of services. APBs rely on performance/contract management to ensure services are providing safe and effective care and meeting the National Core Standards. These typically involve services providing quarterly reports to the APBs, and performance management meetings/visits. However, the type and quantity of information requested from services varies between APBs. This is largely focused on key performance indicators, referral/treatment figures and service capacity information.

As described earlier by staff, some of the APBs appear to be disconnected with what was happening on the ground within services. There is also a heavy reliance on self-reported information and APBs do not typically seek other types of assurance about the quality and safety of care provided at services. For example, audits of care plans, documentation, records and discussions with people who use services are rarely undertaken. Furthermore, not all APBs routinely gather and review information from any incidents, complaints and safeguarding referrals rates from services as part of performance management. This means there are significant weaknesses in governance around the quality and safety of services.

The performance monitoring arrangements put in place by APBs appear to be weighted towards non statutory services, as services provided by the health board fall under the health board’s governance arrangements. However, not all APBs had clear oversight of any incidents and concerns arising within health board services. This means they may not have a full picture of what is happening across all services and opportunities to share learning could be missed.

Whilst there is sharing of learning across APBs, we found that they are developing their own approaches to tackling similar issues and greater collaboration and pooling of resources could make this work more effective. There are also opportunities for developing work on an all Wales basis, such as information sharing protocols and approaches to performance management. Considering there are a number of large third sector providers who work across multiple areas, a consistent approach could be beneficial.

We believe the issues in this section highlight significant governance gaps, and that APBs may not be aware of common themes and issues which may be occurring in all the services they commission.

## Clinical governance

The *Revised Guidance for Substance Misuse Area Planning Boards 2017*<sup>33</sup>, states each APB should have a clinical representative from the health board to help ensure there are appropriate governance arrangements of commissioned services. Most APBs have appointed a clinical representative, but in some areas these arrangements had not been fully embedded or were ad hoc. We strongly believe all areas would benefit from strengthening the scope and remit of this clinical governance role.

## Fatal and non-fatal drug poisonings

The Working Together to Reduce Harm Strategy has an action to reduce the number of fatal and non fatal drug poisonings across Wales. Each APB has a harm reduction group which is expected to initiate reviews when fatal and non-fatal drug poisonings have occurred and feedback to the APB<sup>34</sup>.

Harm reduction groups generally appear to be well established within APBs.



We heard of good practice, for example in North Wales, where the APB had a ‘risk register’ to provide additional support to people at risk of fatal poisonings

However, a number of staff told us about difficulties around information sharing protocols with other organisations and issues with getting timely information needed for reviews. The governance around harm reduction groups also needs to be strengthened. This should include improved links with the health board where investigations of drug poisonings would be undertaken as part of the health board’s Serious Untoward Incident processes<sup>35</sup>. In one area, although the APB confirmed reducing drug related deaths was now a key priority, we were concerned that considerable improvements were needed to the APBs governance around fatal and non-fatal drug poisonings and feedback from reviews, particularly in light of a high number of deaths shown in the *Public Health Wales report*.

It is extremely important, for the quality and safety of services, that there are effective governance arrangements to quickly identify, investigate and learn from any concerns and serious incidents, including poisonings which occur. Furthermore, APBs must ensure they are able to identify, monitor and act on common themes and issues across all services they commission in order to protect people's safety.

#### **Recommendation 34**

All APBs need to:

- Develop robust performance monitoring approaches to services to ensure the APB is fully cited on any common themes and issues which may be occurring in all services
- Strengthen clinical governance arrangements
- Strengthen governance and information sharing around harm reduction groups and fatal and non-fatal drug poisonings.

Welsh Government should monitor the progress that APBs make in delivering the improvements we have identified throughout this report and in relation to governance.

All APBs and Welsh Government should consider opportunities to collaborate with each other and develop work across Wales.

*(National Core Standards 1, 3, 9, 19 and 20 and Working Together to Reduce Harm delivery plan – actions 9 and 46)*

## 5 Conclusions

Although this review has identified a range of issues people experience across Wales, it was positive to find people had predominately good experiences of care within substance misuse services. It was also evident that services are provided by hard-working and dedicated staff who are passionate about providing care centred around people's needs and goals. The issues raised by staff during this review show their determination to continuously improve services for people.

It is disappointing however, to find the majority of issues identified in HIW's last substance misuse review in 2012 remain the same. While there seems to be areas of good practice where some of these issues are being tackled, this has not been consistent either within APBs areas, or across Wales.

Substance misuse services appear to be treated separately from other health and social services. Effective joint working between mental health, primary and secondary care, and social care is imperative for substance misuse services to be truly effective and sustainable across Wales. The increasing complexity of people's needs further highlights the importance of this so people can receive holistic care. Services need to make 'every contact count' and ensure opportunities for early intervention and support are not missed.

Given difficulties with access to mental health services was one of the main issues in this review, further work is needed on how people's co-occurring needs can be met to prevent people from falling through the gaps in services. This should include how people with lower levels of mental health illness can be supported. The effectiveness of the current systems of joint working between substance misuse services and mental health needs further review.

Although we have highlighted issues with geography and inconsistency and variability of services across Wales, we do not believe that every town and village needs substance misuse services. Instead, if all areas ensured they make better use of outreach, community resources and other health and social care services, this would improve how people can get help close to where they live.

Within the 'Next Step's section of this report, we have recommended further review of the different funding streams for substance misuse, as whilst this was not a focus for this review, it would be worthy to consider whether this could help better facilitate holistic care for people.

The findings from this review suggest improvements are needed across areas to meet the National Core Standards for Substance Misuse and actions within the Working Together to Reduce Harm delivery plan. Based on our findings and the weaknesses in governance we identified, Welsh Government and APBs need to reconsider the ways they seek assurances about the performance of services and areas, including reliance on KPI information.



Overall, we found people within the system received good quality care from services from hard working and passionate staff. However, there are issues with the timely access and availability of services across Wales. Significant work is needed throughout Wales to raise awareness and understanding about substance misuse amongst the public and all professionals likely to work with people who misuse substances. Improvements to communication and joint working between all services and APBs are key to ensuring people receive the care they need. Wales is a small country with opportunities to be innovative in our approach to substance misuse. Welsh Government should consider how issues raised in this report can be tackled on an all Wales basis.

## 6 What next?

We expect the Welsh Government and all APBs to carefully consider the findings from this review and our recommendations set out in Appendix A.

We also expect the findings from this review to be taken forward by Welsh Government in their assessment of the Working Together to Reduce Harm Strategy 2008-2018 and delivery plan 2016-18.

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Welsh Government is also asked to consider the issues we have highlighted about the status of the National Core Standards for Substance Misuse.

We touched upon the following areas during our review, which we feel need to be reviewed in more detail by other bodies:

- Support for people with substance misuse specifically looking in detail at primary, secondary care and A&E
- The prevalence, prevention and support needed for addictions to prescribed medication in the general population
- Housing provision for people with substance misuse problems
- Co-occurring needs, including mental health and more complex physical needs such as ARBD
- The wider governance surrounding APBs and review of APB membership and structure
- The value and meaningfulness of key performance indicators to monitor services.

The following areas were not included within our review but would still benefit from investigation by other bodies:

- Transition from child to adult substance misuse services
- Transition from prison/probation services into community substance misuse services
- Substance misuse issues and treatment provided in prison and probation services
- Substance misuse funding streams and service commissioning.

There are a number of important pieces of legislation and work which may provide opportunities for improving the issues highlighted in this review:

- The Well-being of Future Generations (Wales) Act 2015<sup>36</sup> establishes Public Services Boards for each local authority area who are responsible for working to achieve seven well-being goals of Wales. Of particular importance for substance misuse, are goals for a healthier and a more equal Wales and APBs will need to work closely with these Boards
- The Social Services and Well-being (Wales) Act 2014<sup>37</sup> imposes duties upon local authorities and health boards to work together to assess care and support needs of the population in their area, including people with substance misuse issues
- The aim of the Housing (Wales) Act 2014<sup>38</sup> is to ensure people who are homeless or facing homelessness receive help as early as possible. This includes housing problems faced by people with substance misuse issues
- The Parliamentary Review of Health and Social Care in Wales and A Healthier Wales: our Plan for Health and Social Care in 2018 also gives an opportunity to consider the similarities with substance misuse and the issues raised in this review. In particular, the recommendations around needing one seamless system for care in Wales, without barriers between physical and mental health, primary and secondary care and social care. Also, providing care close to home and strengthening people's involvement in services.
- The Public Health (Minimum Price for Alcohol) (Wales) Bill<sup>39</sup> has the potential to influence people's behaviour around alcohol and substance misuse which APBs will need to be prepared for. The Bill is also planned to provide additional substance misuse funding for APBs.

The intention of this review is to identify key themes and issues in relation to substance misuse services across Wales. We hope the findings from this review are used improve services and to inform further work and investigation around the areas we have highlighted.

# Appendix A

## Recommendations

As a result of the findings from our review, we have made the following overarching recommendations which Welsh Government and APBs should address. Recommendations for APBs include partner organisations, such as health boards, primary care, housing and local authorities.

No.	Recommendations	National Core Standard / Strategy Action	Health and Care Standard
1	<p>All APBs should consider how services can meet the needs of people of all ages and circumstances, including older adults.</p> <p>All APBs and Welsh Government should improve the equity of provision and availability of detox, rehab and counselling services to meet people's needs.</p> <p>All APBs should improve signposting to support groups and consider how groups can be developed in more rural communities.</p>	<p>National Core Standards 5 and 11</p> <p>Working Together to Reduce Harm delivery plan – actions 18 and 45</p>	<p>5.1 Timely access</p> <p>6.1 Planning Care to promote independence</p>
2	<p>All APBs and Welsh Government need to raise awareness about substance misuse services and ensure people are provided with clear information about the different services available to them.</p>	<p>National Core Standard 4, 5 and 11</p> <p>Working Together to Reduce Harm delivery plan 2016-18 Outcome 1</p>	<p>1.1 Health promotion, protection and improvement</p> <p>4.2 Patient Information</p>
3	<p>All APBs should continue to improve how they involve people in the design, planning and delivery of services.</p>	<p>National Core Standard 8</p> <p>Working Together to Reduce Harm delivery plan 2016-18 Outcome 4</p>	<p>6.3 Listening and Learning from feedback</p>
4	<p>All APBs should consider how they can better understand the needs of the local population, including hard-to-reach groups and those not accessing services as part of the planning and commissioning of services.</p>	<p>National Core Standard 2</p> <p>Working Together to Reduce Harm delivery plan – action 44</p>	<p>1.1 Health promotion, protection and improvement</p>
5	<p>All APBs and Welsh Government need to raise awareness about substance misuse issues.</p> <p>All APBs and Welsh Government need to consider further developing liaison roles between secondary care and substance misuse services to ensure people in need of support are identified.</p>	<p>National Core Standard 4</p> <p>Working Together to Reduce Harm delivery plan – Outcome 1 and 2</p>	<p>1.1 Health promotion, protection and improvement</p>
6	<p>All APBs need to review inappropriate referrals and consider how these can be reduced.</p> <p>All APBs need to review the referral process and pathways for getting people into specialist Tier 3 and 4 services.</p> <p>All APBs and Welsh Government need to consider how the assessment process and sharing of information between services can be improved.</p>	<p>National Core Standards 5, 6 and 11</p>	<p>5.1 Timely access</p> <p>6.1 Planning Care to promote independence</p> <p>3.4 Information Governance and Communications Technology</p>

No.	Recommendations	National Core Standard / Strategy Action	Health and Care Standard
7	<p>All APBs and Welsh Government should review the variability of waiting times, specifically for substitute prescribing, counselling and other specialised Tier 3 and Tier 4 services.</p> <p>All APBs need to ensure people are made aware of other types of support available whilst waiting to start treatment.</p>	<p>National Core Standards 5 and 11</p> <p>Working Together to Reduce Harm delivery plan – action 45</p>	<p>5.1 Timely access</p> <p>6.1 Planning Care to promote independence</p>
8	<p>All APBs need to consider how the arrangements for substitute prescribing in their areas can be improved to enable people to access timely treatment.</p>	<p>National Core Standard 5</p> <p>Working Together to Reduce Harm delivery plan – action 45</p>	<p>5.1 Timely access</p>
9	<p>Welsh Government and all APBs need to consider how the issues of dignified care and opening hours at pharmacies can be addressed.</p>	<p>National Core Standard 5</p> <p>Working Together to Reduce Harm delivery plan – action 45</p>	<p>4.1 Dignified care</p>
10	<p>All APBs to consider how further outreach and treatment services offered in community locations can be developed across their areas to engage with people and hard-to-reach groups.</p>	<p>National Core Standard 4</p> <p>Working Together to Reduce Harm delivery plan – action 13 and 45</p>	<p>1.1 Health promotion, protection and improvement</p>
11	<p>All APBs need to consider how services could be provided more flexibly, including outside of working hours and at weekends to ensure people can get help when they need it.</p>	<p>National Core Standard 5</p>	<p>5.1 Timely access</p>
12	<p>Welsh Government and APBs should work with GPs to increase knowledge and understanding around substance misuse and substance misuse services, including addiction to prescribed medication.</p> <p>Welsh Government and APBs need to consider how people who are addicted to prescribed medication can be better supported.</p>	<p>National Core Standards 10 and 11</p> <p>Working Together to Reduce Harm delivery plan – action 7 and 11</p>	<p>3.1 Safe and clinically effective care</p>
13	<p>Welsh Government and all APBs need to develop campaigns to reduce stigma and raise public awareness around substance misuse, including more training for professionals such as social workers, A&amp;E staff, GPs and pharmacists.</p>	<p>National Core Standard 4</p> <p>Working Together to Reduce Harm delivery plan – Outcome 7</p>	<p>1.1 Health promotion, protection and improvement</p>
14	<p>All APBs and Welsh Government should work with all housing providers to improve the provision of accommodation for people who misuse substances, including the homeless.</p>	<p>Working Together to Reduce Harm delivery plan – action 13</p>	
15	<p>Welsh Government and all APBs need to work to improve joint working between substance misuse services, secondary care, primary care and mental health services.</p>	<p>Working Together to Reduce Harm delivery plan – Outcome 3 and 12</p>	

No.	Recommendations	National Core Standard / Strategy Action	Health and Care Standard
16	<p>All APBs need to improve joint working with mental health services to better support people with co-occurring mental health and substances misuse problems.</p> <p>All APBs need to improve the provision of support for people with lower levels of mental health problems, to ensure they receive the care they need.</p>	<p>National Core Standards 5, 10 and 11.</p> <p>Working Together to Reduce Harm delivery plan – Outcomes 3 and 12</p>	<p>3.1 Safe and clinically effective care</p> <p>5.1 Timely access</p>
17	<p>All APBs and Welsh Government need to consider the implications of the increasing complexity of people's needs and how these needs can be met effectively.</p>	<p>National Core Standards 10 and 11.</p> <p>Working Together to Reduce Harm delivery plan – Outcome 3</p>	<p>3.1 Safe and clinically effective care</p>
18	<p>All APBs need to ensure there is effective communication and information sharing across services in relation to safeguarding to ensure people who are vulnerable or at risk are not missed.</p> <p>All APBs should ensure there is clear understanding about confidentiality and the circumstances when people's information might be shared with other authorities.</p> <p>All APBs need to strengthen governance and monitoring around safeguarding within services and formalise relationships with safeguarding boards.</p>	<p>National Core Standards 14, 16 and 17</p>	<p>2.7 Safeguarding children and adults at risk</p> <p>3.4 Information Governance and Communications Technology</p>
19	<p>All APBs should review the availability and signposting of family support services.</p>	<p>Working Together to Reduce Harm delivery plan – Outcome 8</p>	
20	<p>All APBs and Welsh Government to consider how links with social services and understanding of substance misuse amongst social workers can be improved.</p>	<p>Working Together to Reduce Harm delivery plan – action 7</p>	
21	<p>All APBs should ensure services provide information to people about independent advocacy.</p>	<p>National Core Standards 16 and 17</p>	<p>2.7 Safeguarding Children and Safeguarding Adults at Risk</p> <p>6.2 Peoples Rights'</p>
22	<p>All APBs need to consider the equity of provision and signposting of aftercare and ongoing support services across their areas, including more rural locations to ensure people can support themselves in their recovery.</p>	<p>Working Together to Reduce Harm delivery plan – actions 25, 31 and 32</p>	
23	<p>All APBs need to ensure there is joint working between services so people are consistently provided with links to aftercare and ongoing support following Tier 4 treatment.</p> <p>All APBs need to ensure people are adequately supported to get the most benefit from detox and rehab treatment.</p>	<p>National Core Standard 11</p> <p>Working Together to Reduce Harm delivery plan – actions 25, 31 and 32</p>	<p>6.1 Planning Care to promote independence</p> <p>3.1 Safe and clinically effective care</p>

No.	Recommendations	National Core Standard / Strategy Action	Health and Care Standard
24	All APBs should assess whether there are sufficient harm reduction initiatives within their areas based on the needs of the population and to help engage with people who are not accessing services.	National Core Standard 4 Working Together to Reduce Harm delivery plan - Outcome 1 and 3	1.1 Health promotion, protection and improvement
25	All APBs need to consider how links and access to community projects, diversionary activities and general services can be improved to better support people in their recovery within the community.	National Core Standard 11 Working Together to Reduce Harm delivery plan – actions 31 and 32	6.1 Planning Care to promote independence
26	All APBs need to develop a plan for how access to training, including specialist training, can be improved to ensure the workforce across services have the skills they need to meet people’s needs effectively.  Welsh Government need to consider how training on substance misuse can be provided for other relevant healthcare professionals.	National Core Standards 24 and 25  Working Together to Reduce Harm delivery plan – actions 7 and 9	7.1 Workforce
27	All APBs should review whether services are appropriately resourced and commissioned, based on (current and future) needs of the population, to enable services to be delivered effectively.  Following the work conducted by APBs on resources, Welsh Government should assess the adequacy of funding for substance misuse services.	National Core Standards 24 and 25	Governance, leadership and accountability  7.1 Workforce
28	Welsh Government and APBs need to review how issues around the suitability and availability of premises can be addressed so services can be delivered safely and effectively.  All APBs must ensure services have appropriate equipment in the event of an emergency, including for overdose.	National Core Standard 12	2.1 Managing risk and promoting health and safety
29	Welsh Government and APBs need to consider and implement improvements to information sharing systems and protocols within areas and across Wales.  Welsh Government need to update APB’s and services on the status and timescales for WCCIS in relation to substance misuse services.	National Core Standards 6	3.4 Information Governance and Communications Technology
30	All APBs need to further develop working relationships with and between all substance misuse providers (including non commissioned services) to enable collaboration, sharing of good practice and learning.	National Core Standard 1	Governance, leadership and accountability  3.2 Communicating effectively

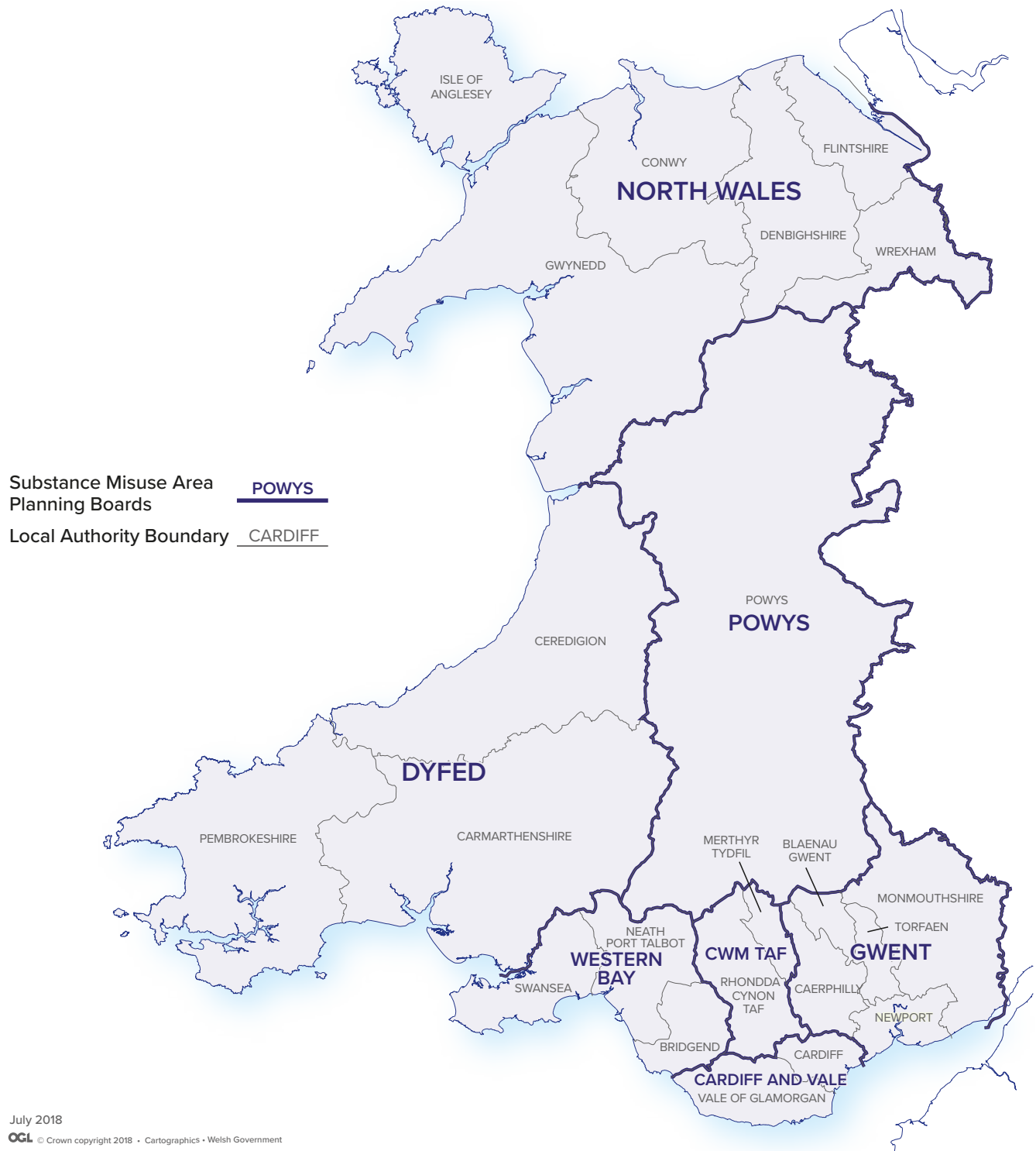
No.	Recommendations	National Core Standard / Strategy Action	Health and Care Standard
31	Welsh Government need to review the meaningfulness of key performance indicators to monitor the work of services.		
32	Welsh Government needs to review the status of the National Core Standards for Substance Misuse in light of other health and social care legislation and standards.	Working Together to Reduce Harm delivery plan – action 46	
33	Welsh Government should assess whether the current APB structures are the most effective model for governing substance misuse services and facilitating joint working with other bodies.		
34	<p>All APBs need to:</p> <ul style="list-style-type: none"> <li>• Develop robust performance monitoring approaches to services to ensure the APB is fully cited on any common themes and issues which may be occurring in all services</li> <li>• Strengthen clinical governance arrangements</li> <li>• Strengthen governance and information sharing around harm reduction groups and fatal and non-fatal drug poisonings.</li> </ul> <p>Welsh Government should monitor the progress that APBs make in delivering the improvements we have identified throughout this report and in relation to governance.</p> <p>All APBs and Welsh Government should consider opportunities to collaborate with each other and develop work across Wales.</p>	<p>National Core Standards 1, 3, 9, 19 and 20</p> <p>Working Together to Reduce Harm delivery plan – actions 9 and 46</p>	<p>Governance, leadership and accountability</p> <p>2.1 Managing risk and promoting health and safety</p> <p>3.1 Safe and clinically effective care</p>



# Appendix B

## Area Planning Boards

There are seven Area Planning Boards (APBs) in Wales which are responsible for the planning, commissioning and performance management of substance misuse services. Each APB aligns to the seven health board areas in Wales which can be seen in the figure below.



APBs are made up of multi-agency representatives from public health, health boards, local authorities, police, probation services, youth offending teams, housing, primary care, and substance misuse service providers. APBs operate as a collaboration of organisations which discharge the duties of each responsible authority, but have no legal powers.

## Background of the review

HIW was commissioned by Welsh Government to assess the quality and effectiveness of substance misuse services in Wales. This review is part of a range of work looking at the effectiveness of the Welsh Government's ten year strategy 'Working Together to Reduce Harm' and 2016-18 delivery plan. The review also looked at the application of the National Core Standards for Substance Misuse services (2010). Since the ten year strategy is coming to an end, the findings from this review will feed into the development of a new strategy and review of the National Core Standards.

HIW previously undertook a three year review of substance misuse services from 2009-2012. The final report entitled 'Substance Misuse Services in Wales: Are they meeting the needs of service users and their families' was published in March 2012. The report made a number of recommendations for substance misuse service providers, commissioners and Welsh Government to address.

## Current context of substance misuse in Wales

HIW considered a range of information when narrowing the areas of focus for this review, in order to understand the current context of substance misuse in Wales. As part of our initial research, we reviewed information from a number of sources including Serious Untoward Incidents, Public Services Ombudsman for Wales reports, concerns submitted to HIW, findings from HIW homicide reports, a broad academic literature search and a range of national statistics, including the Data Mining Wales: The Annual Profile for Substance Misuse 2016-17 produced by Public Health Wales in October 2017<sup>40</sup>. The Data Mining Wales statistical report includes a range of substance misuse related evidence currently available in Wales. Of particular interest for this review, this report highlights a continued increase in the number of alcohol deaths and particularly a sharp increase in the number of drug-related deaths over the last three years. The highest number of drug-related deaths was reported in Neath Port Talbot, followed by Ceredigion, and Swansea. Furthermore, the data shows the highest number of drug-related hospital admissions and deaths are in people in their 30s and the highest alcohol-related hospital admissions and deaths are in people in their 50s.

We used this data and our research to inform the scope of this review and the areas of focus. In particular, we decided to focus on the adult age group given the data around hospital admissions and deaths. Additionally, we considered how people were supported to reduce the harm caused by their substance misuse.

# Appendix C

## Substance Misuse Stakeholder Group

The purpose of HIW's Substance Misuse Stakeholder Group is to provide professional advice and constructive challenge to inform the review. The group also allows HIW to engage with key organisations and to share key findings from the review.

The membership of the stakeholder group included representatives from the following organisations:

- Care Inspectorate Wales
- Public Health Wales
- NHS Delivery Unit
- Community Health Council
- Welsh Government – Substance Misuse Team
- Area Planning Board representatives
- Service provider representatives (via Wales Council for Voluntary Action<sup>1</sup> network)
- Service user representative from the All Wales Service User Movement.

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<sup>1</sup> [www.wcva.org.uk/](http://www.wcva.org.uk/)

# Appendix D

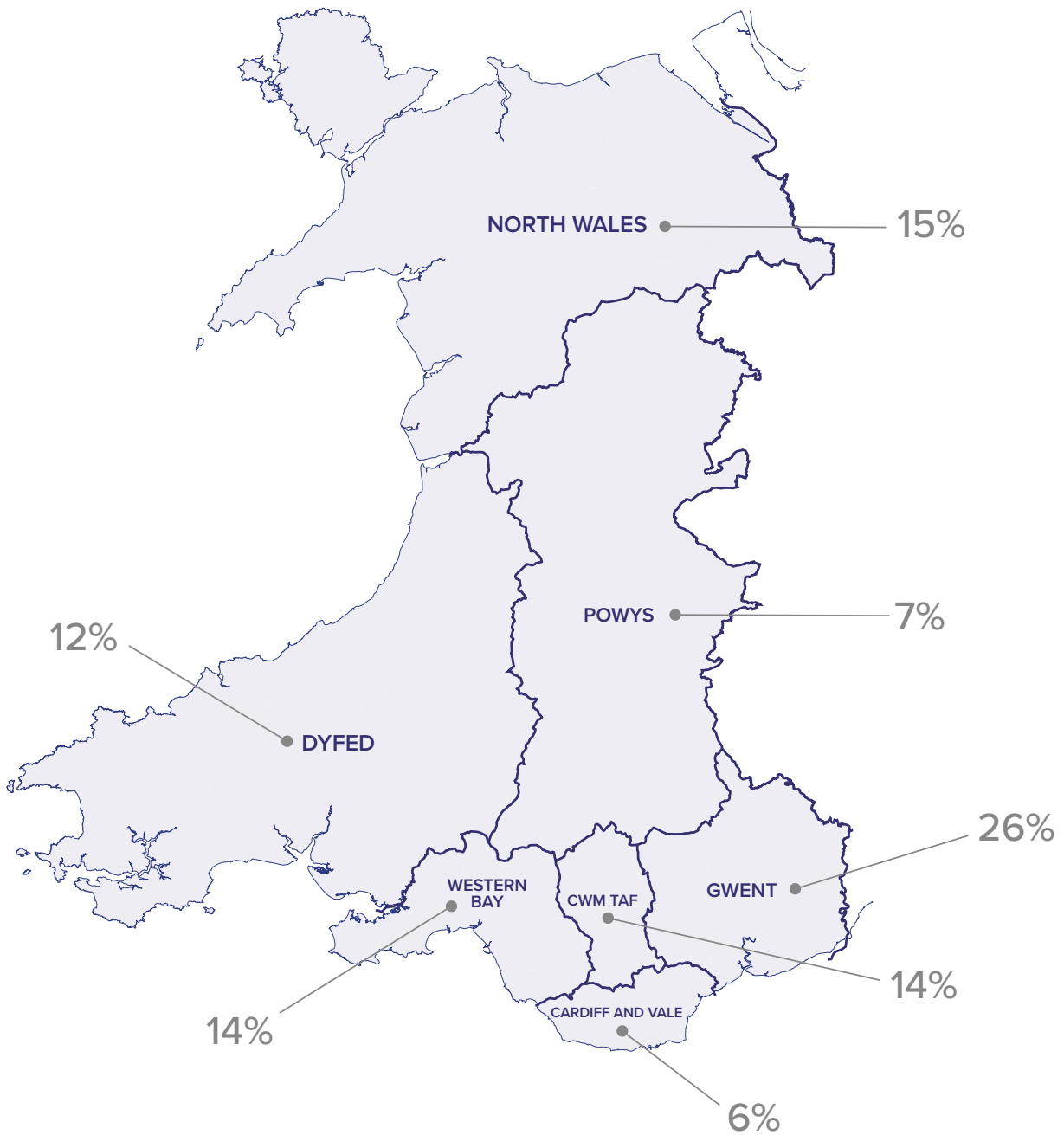
## National Survey Demographics

The following information shows the demographics of people using services and staff who completed our national surveys.

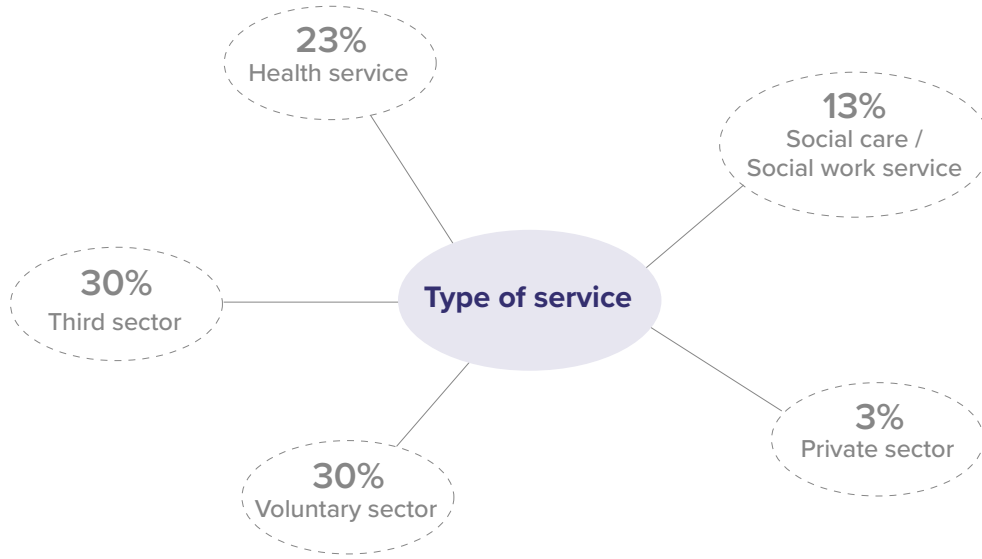
### Responses from staff

Staff who completed our survey worked in the following areas and services:

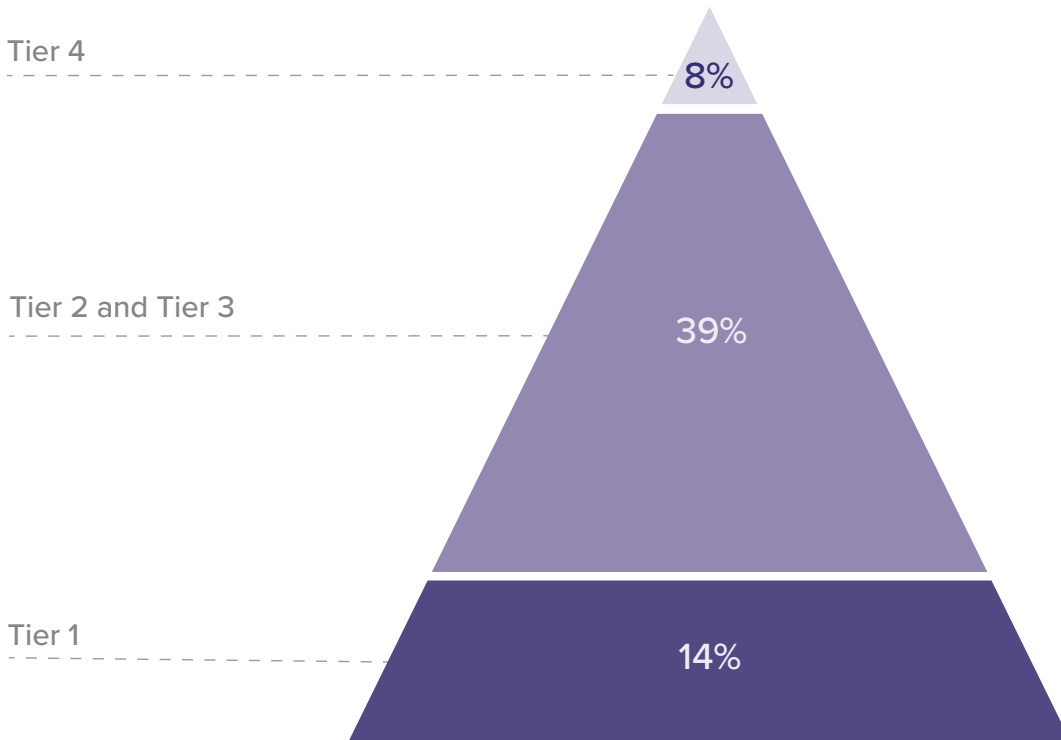
APB area – staff



Type of service – staff



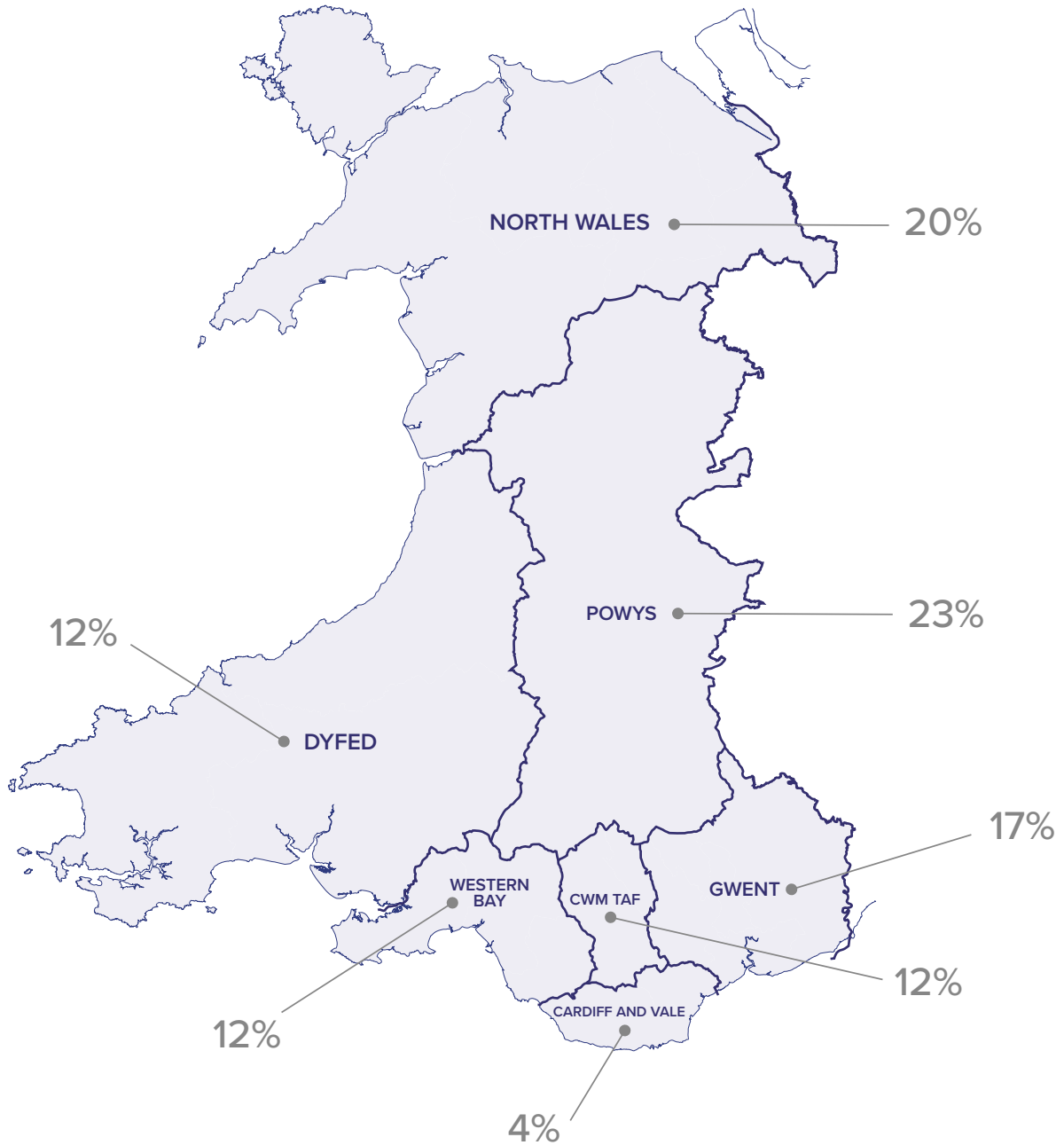
Tier of service – staff



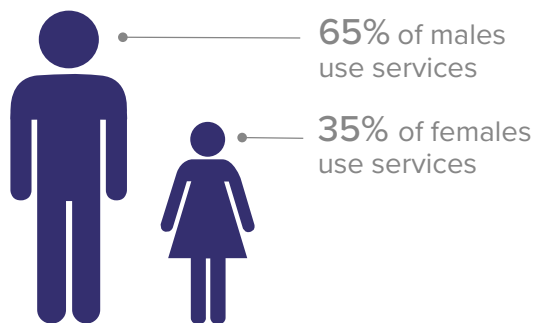
# Responses from people using services

Demographics of people who use services who completed our surveys included:

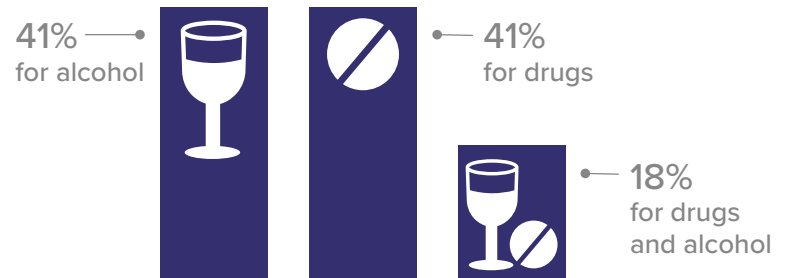
APB area – people who use services



## Gender – services



## Type of substance service users are being treated for



## Age group – People who use services

People aged <b>15-19</b> use <b>4.17%</b> of services	People aged <b>20-24</b> use <b>3.85%</b> of services	People aged <b>25-29</b> use <b>6.41%</b> of services	People aged <b>30-34</b> use <b>14.10%</b> of services	People aged <b>35-39</b> use <b>16.67%</b> of services	People aged <b>40-44</b> use <b>14.42%</b> of services
People aged <b>45-49</b> use <b>14.74%</b> of services	People aged <b>50-54</b> use <b>13.14%</b> of services	People aged <b>55-59</b> use <b>6.73%</b> of services	People aged <b>60-64</b> use <b>2.24%</b> of services	People aged <b>65-69</b> use <b>2.24%</b> of services	People aged <b>70-74</b> use <b>0.96%</b> of services
People aged <b>75-79</b> use <b>0.32%</b> of services	People aged <b>80+</b> use <b>0%</b> of services				

## References

- 1 [hiw.org.uk/reports/special/specialreviews/substancemisue/?lang=en](http://hiw.org.uk/reports/special/specialreviews/substancemisue/?lang=en)
- 2 [gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en](http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en)
- 3 [gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en](http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en)
- 4 [gov.wales/topics/health/nhswales/review/?lang=en](http://gov.wales/topics/health/nhswales/review/?lang=en)
- 5 Detoxification or “detox” is a planned withdrawal from drugs or/ and alcohol and may involve taking a short course of prescribed medication to help prevent withdrawal symptoms. This can be done in the community or within an in-patient setting, such as a hospital. Rehab or rehabilitation refers to the treatment of alcohol or drug dependency in a residential setting for people who are seeking to stop their use and who have significant comorbid physical, mental health or social problems.
- 6 [gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en](http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en)
- 7 [gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/corestandards/?lang=en](http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/corestandards/?lang=en)
- 8 The Substance Misuse Treatment Frameworks, [gov.wales/topics/people-and-communities/communities/safety/substancemisuse/policy/treatmentframework/?lang=en](http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/policy/treatmentframework/?lang=en) are guidance documents developed by the Welsh Government based on a professional consensus on what substance misuse treatments are most effective.
- 9 The Health and Social Care (Community Health and Standards) Act 2003, [www.legislation.gov.uk/ukpga/2003/43/contents](http://www.legislation.gov.uk/ukpga/2003/43/contents) (Part II, Chapter 4) gives HIW the power to carry out inspections, reviews and investigations of services provided by or on behalf of the NHS. The Care Standards Act 2000, [www.legislation.gov.uk/ukpga/2000/14/contents](http://www.legislation.gov.uk/ukpga/2000/14/contents), gives HIW the powers and responsibilities, on behalf of Welsh Ministers, for the registration and inspection of independent health care services in Wales.
- 10 HIW has the power to register and inspect independent healthcare organisations which fall under the Independent Health Care Regulations 2011, [www.legislation.gov.uk/wsi/2011/734/contents/made](http://www.legislation.gov.uk/wsi/2011/734/contents/made)
- 11 The Care Standards Act 2000 and the Regulation and Inspection of Social Care (Wales) Act 2016 give CIW the powers and responsibilities, on behalf of Welsh Ministers, for the registration and inspection of social care services in Wales.
- 12 The seven area planning boards are; Gwent, Cardiff and Vale, Cwm Taf, Western Bay, Dyfed, Powys and North Wales. More information about APBs can be found in Appendix B.
- 13 [hiw.org.uk/docs/hiw/inspectionreports/180626llandoughen.pdf](http://hiw.org.uk/docs/hiw/inspectionreports/180626llandoughen.pdf)
- 14 [hiw.org.uk/docs/hiw/inspectionreports/180626neathporttalboten.pdf](http://hiw.org.uk/docs/hiw/inspectionreports/180626neathporttalboten.pdf)
- 15 Harm reduction refers to policies and practices that try to reduce the harm that people do to themselves or others from their drug use.
- 16 [gov.wales/docs/dhss/publications/141113substanceen.pdf](http://gov.wales/docs/dhss/publications/141113substanceen.pdf)
- 17 Opioids are a class of drugs that include the illegal drug heroin.
- 18 NICE Guidelines: Drug misuse in over 16s: opioid detoxification July 2007  
[www.nice.org.uk/guidance/cg52/chapter/Introduction](http://www.nice.org.uk/guidance/cg52/chapter/Introduction)
- 19 [dan247.org.uk/](http://dan247.org.uk/)
- 20 Brief interventions can be used for a variety of substance misuse problems from people at risk to those who are dependent. They can be used in various settings, such primary and secondary care, and encourage people to change behaviours to reduce or stop misuse.
- 21 A single point of contact is designed to give people quick and easy access to substance misuse services for assessment, advice and support and can refer people onto other services as needed. The aim is that anyone can refer to a single point-of-access service, including self-referrals and other professionals such as GPs and social workers.
- 22 GP shared schemes help to share packages of substance misuse treatment, in particular the longer term maintenance treatment of substitute medication.
- 23 Benzodiazepines, sometimes called "benzos", are a class of psychoactive drugs. They have sedative, sleep-inducing, anti-anxiety, anticonvulsant, and muscle relaxant properties.



- 24 The coexistence of both a mental health and a substance use disorder is referred to as co-occurring disorders
- 25 [gov.wales/docs/dhss/publications/150909reporten.pdf](http://gov.wales/docs/dhss/publications/150909reporten.pdf)
- 26 The overarching purpose of a safeguarding board is to help and safeguard adults and children with care and support needs. Safeguarding boards lead adult and child safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies.
- 27 Self Management And Recovery Training (SMART) programmes aim to help people manage their recovery from addictive behaviour. This includes help with motivation, coping with urges, managing thoughts, feeling and behaviours and living a balanced life.
- 28 Moving On In My Recovery trains individuals who have been through treatment and who are actively involved in mutual aid, to deliver a 12-session group work programme to women and men who are preparing to move on from formal treatment provision.
- 29 The Substance Misuse Treatment Framework for Recovery Orientated Integrated Systems of Care states recovery can mean either eliminating the difficulties associated with substance misuse or significantly reducing to sustainable level.
- 30 NICE Guidelines: Drug misuse in over 16s: opioid detoxification July 2007
- 31 Naloxone is an emergency antidote to opiate (such as heroin) overdose. People who use drugs should be given naloxone to take home with them to help prevent death from overdose.
- 32 Treatment Outcomes Profiles are a key performance indicator used to monitor services. They are designed to give an indication of improvements to a person's quality of life and reduction of problematic substance misuse.
- 33 [gov.wales/docs/dhss/publications/170306guidance2017en.pdf](http://gov.wales/docs/dhss/publications/170306guidance2017en.pdf)
- 34 This will involve collaborative working with other organisations to ensure the circumstances around the drug poisoning are understood. Prompt information sharing between various involved organisations is important to ensure to lessons learnt are identified and any immediate changes needed to services are made.
- 35 All NHS organisations are required to formally report serious incidents to patient safety to the Welsh Government, including details of how the incident occurred. These will be monitored by health boards and Welsh Government.
- 36 [www.legislation.gov.uk/anaw/2015/2/contents/enacted](http://www.legislation.gov.uk/anaw/2015/2/contents/enacted)
- 37 [www.legislation.gov.uk/anaw/2014/4/contents](http://www.legislation.gov.uk/anaw/2014/4/contents)
- 38 [www.legislation.gov.uk/anaw/2014/7/contents](http://www.legislation.gov.uk/anaw/2014/7/contents)
- 39 [senedd.assembly.wales/mgIssueHistoryHome.aspx?Ild=20029](http://senedd.assembly.wales/mgIssueHistoryHome.aspx?Ild=20029)
- 40 [www.wales.nhs.uk/sitesplus/documents/888/FINAL%20profile%20for%20substance%20misuse%202016-17%20%282%29.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/FINAL%20profile%20for%20substance%20misuse%202016-17%20%282%29.pdf)