

Cardiff & Vale Area Planning Board Annual Report 2019/20

AUTHOR: LISA KIEH (APB PROGRAMME MANAGER)
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1. Foreword

*From Fiona Kinghorn,
Chair of the Area Planning Board (APB) for Substance Misuse*



I am pleased to be sharing our review of the APB's work in 2019-20 with you. As I write, I am very aware of the current situation the country faces in responding to Covid 19 and although this will have the greatest impact on the financial year 2020-21, as you will see from our report, we had begun to feel its effect from March 2020 onwards.

The APB received a welcome 10% increase in substance misuse funding from the Welsh Government in 2019/20, which were targeted to reducing the harms of substance misuse. In addition to this the APB and Cardiff council were successful in obtaining recurrent funding for interventions designed to support individuals with complex housing and welfare needs and this will be discussed in more detail within this report.

As always in Cardiff and the Vale APB we seek to be forward thinking and proactive and this was exemplified in the Autumn of 2019 when the APB first started to fund the provision of long acting buprenorphine injections (trade name Buvidal). This medication reduces the need for clinical contact with a service user to once per month – rather than several times a week. This early adoption of Buvidal in Cardiff and the Vale, proved pivotal in our response to Covid 19 as we were able to increase the capacity of the treatment system to accept new opiate substitute prescribing cases whilst at the same time reduce the footfall into clinical premises.

Throughout the calendar year 2019, the APB via its Fatal Drug Poisoning Panel reviewed 14 individuals who had lost their lives to overdoses of illicit substances. Whilst heroin is still the most common illicit substance leading to death, along with the rest of the country we have experienced a small rise in deaths attributable to cocaine. This will be explored in detail in the report.

2019/20 saw a collaboration between Cardiff Council's homelessness services and the APB as it sought to respond to the complex needs (including substance misuse) of rough sleepers and homeless individuals. This collaboration was successful in obtaining recurrent funding from the Welsh Government and won a national award for "Commissioning Across Boundaries" from Cymorth Cymru.

In 2019 the Welsh Government introduced opt out blood borne virus testing for all substance misuse service users as it seeks to attain the World Health Organisation's elimination of Hepatitis B and C. It is expected that in 2020/21 this will form part of Welsh Government performance management.

Much work was done in 2019/20 to prepare us to recommission the drug and alcohol treatment system involving people with lived experience as well as front line practitioners to identify priorities and underlying principles. Unfortunately, responding to Covid 19 and the required social distancing measures has caused delays to the recommissioning process. The work carried out over the past year remains absolutely key to future developments.

As we progressed through 2019/20, the APB recognised the need to broaden our involvement of service users in all aspects of the APB's remit. This required a change of approach away from working predominantly with a single adult service user group in Cardiff, to embedding service user involvement in all aspects of our work and improving how we capture the views of children and young people across the region, including those in the Vale of Glamorgan. ASFA remains a forum in its own right and I wish to thank ASFA members for their contribution and commitment to the work of the APB.

At the beginning of March, the Welsh Government introduced the Minimum Price for Alcohol Act (2018) which translated to 50p per unit of alcohol sold. Whilst the impact of the change will not begin to be seen until 20/21 and beyond, all substance misuse providers worked diligently to prepare service users for the act and highlight the implications for them.

I would like to take this opportunity to thank the hardworking members of the various APB groups who all take time away from their busy agendas to keep the APB moving forward. I would also like to thank the APB support team for their continued commitment and professionalism.

Fiona Kinghorn

Executive Director for Public Health and Chair of the Area Planning Board for Substance Misuse

Cardiff and Vale University Health Board

2. Report from the Chair of the Commissioning, Finance and Delivery Group

The Commissioning Finance and Delivery (CFD) group has led on the development in advance of the re-commissioning. This has included the establishment of a recommissioning sub-group. As there are many of the same members, the meetings are held one after the other to facilitate attendance. The CFD are keen to ensure that recommissioned services contribute to the Substance Misuse Strategy of the Welsh Government. The recommissioning must also be person-centred and as a result, a series of workshops were held to develop a new market position statement. A Cardiff and Vale Substance Misuse Commissioning Strategy and system requirements are to be developed through consultation and engagement in 2020/21, building on what we have done in 2019/20.

Members of the CFD and some of the sub-groups took part in training delivered by Cymorth Cymru on Psychologically Informed Environments (PIE) as a response to the research into Adverse Childhood Experiences (ACE). In addition, recommissioning training was attended by members of the CFD on contracts and a session on Alliances was due to take place in March but unfortunately had to be delayed due to Covid-19. It's a really positive development that the skills and knowledge of the CFD have been enhanced through additional multi-agency training being provided.

Progress on outcomes on current contracts continued with a number of challenges being made where appropriate. The CFD group continues to work with all providers to improve compliance with national Key Performance Indicators – particularly around KPI 2 (waiting times to treatment). This is particularly challenging for providers who deliver interventions for individuals with the most complex needs. The CFD has also worked proactively with the health board's Mental Health Clinical Board in relation to their model of delivery.

There has been limited commissioning due to the planned redesign of all the services and pathways. The recommissioning is aiming to commission using an Alliance model rather than the current disparate range of contracts. Recommendations have been made from the CFD around spending slippage, including piloting long acting injectable buprenorphine (Buvidal) in the region. In addition, existing contracts and agreements were agreed to be extended and for third sector organisations whose contracts had to be extended beyond their lifetime this included a small uplift to cover increasing costs. All services are expected to report against the KPI's and develop action plans to recover performance where this is not at expected levels.

The CFD had a slightly changed role during 2019/20 with all other APB sub-groups reporting in to the CFD. Work plan progress and exception reports are considered by the CFD and managed or escalated to the APB executive. The Chairs of the groups are invited to attend and present to the CFD on current highlights and issues. Updates to the Terms of Reference for the sub-groups and the CFD have been updated or are on progress.

The CFD is focussed on improving engagement and involvement of service users and this includes two service users member of the re-commissioning sub-group. Initial engagement for the commissioning was inclusive, included carers, a wide range of service users as well as charity and statutory partners. In planning for the next stage, the CFD made a recommendation to the APB Executive Board that a continued wider engagement needed to take place. There appeared to be an over-reliance on ASFA, which meant other service users, carers and groups didn't have the same opportunities for engagement. As we move further into the commissioning cycle the CFD know that having a wide range of voices is going to be essential to reduce the risk of any gaps in services and to make sure that services are available to all. The CFD would like to thank ASFA for all their support and engagement to

date and look forward to working with their members in redesigning services across Cardiff and the Vale of Glamorgan.

In response to the outbreak of Covid-19, the CFD along with the APB Executive Board were able to make a rapid decision to redirect some slippage funding from the purchase of needles to increasing the Buvidal availability across the region. We expect there to be a number of changes with service delivery caused by Covid-19 but the CFD have asked to receive updates via the APB Support Team around services that are being delivered. Any changes in how they are being delivered will continue to be monitored and analysed. We are also keen that the recommissioning process is able to proceed, with adjustments to follow the latest guidance around Covid-19.

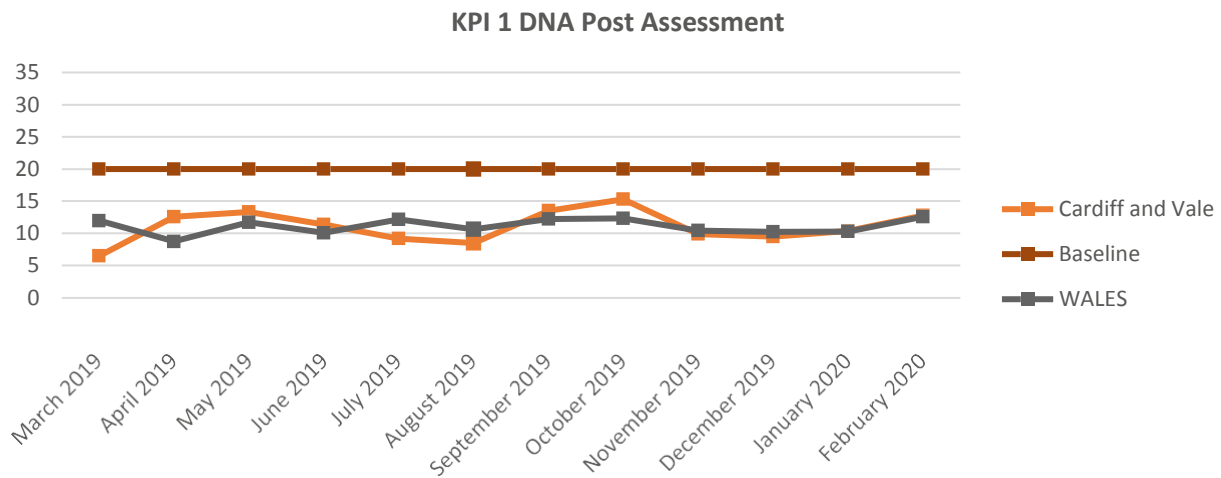
Sarah Capstick

Health and Social Care Facilitator

Cardiff Third Sector Council

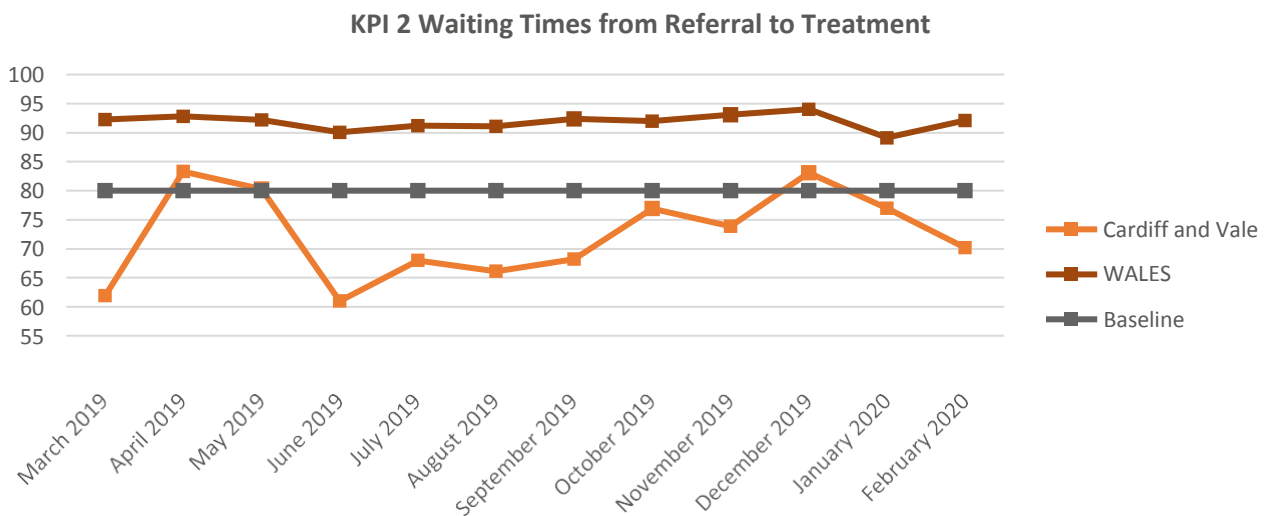
3. Performance

Key Performance Indicator (KPI) 1 DNA Post Assessment



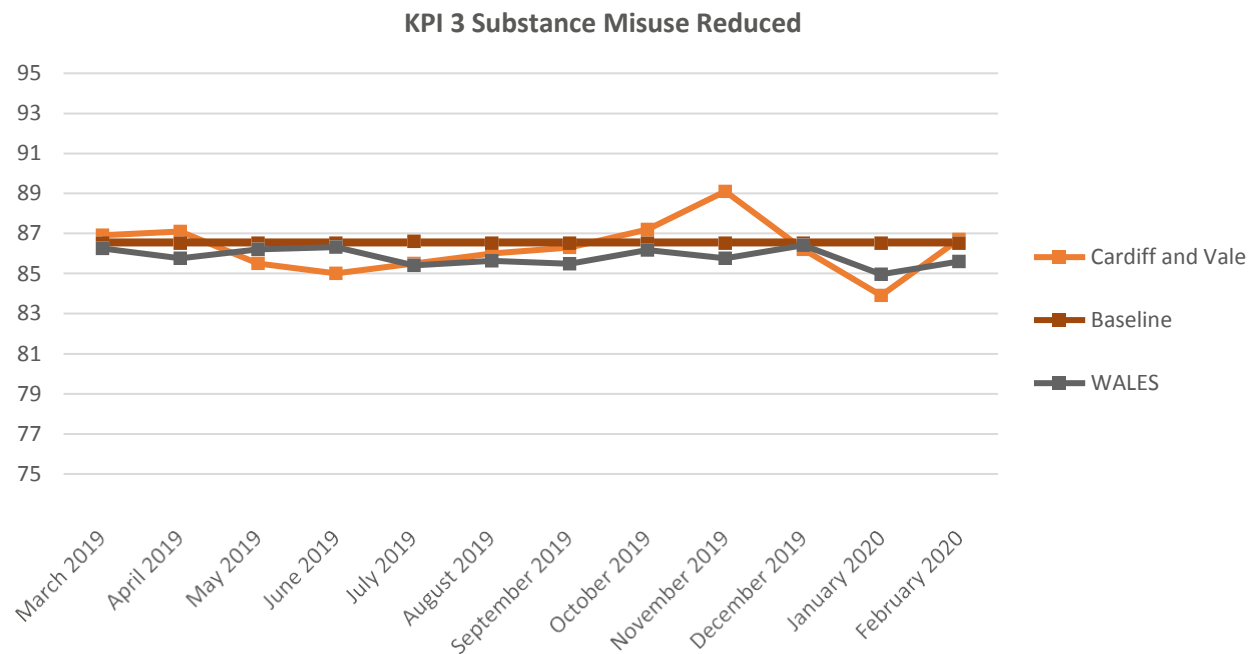
This KPI focuses on whether service users are successfully kept in contact with services once they have attended their assessment and is an indicator of whether individuals move on into treatment. As you will see from the graph the DNA post assessment rate broadly follows the national picture and is well within target.

KPI 2 Waiting Times from Referral to Treatment



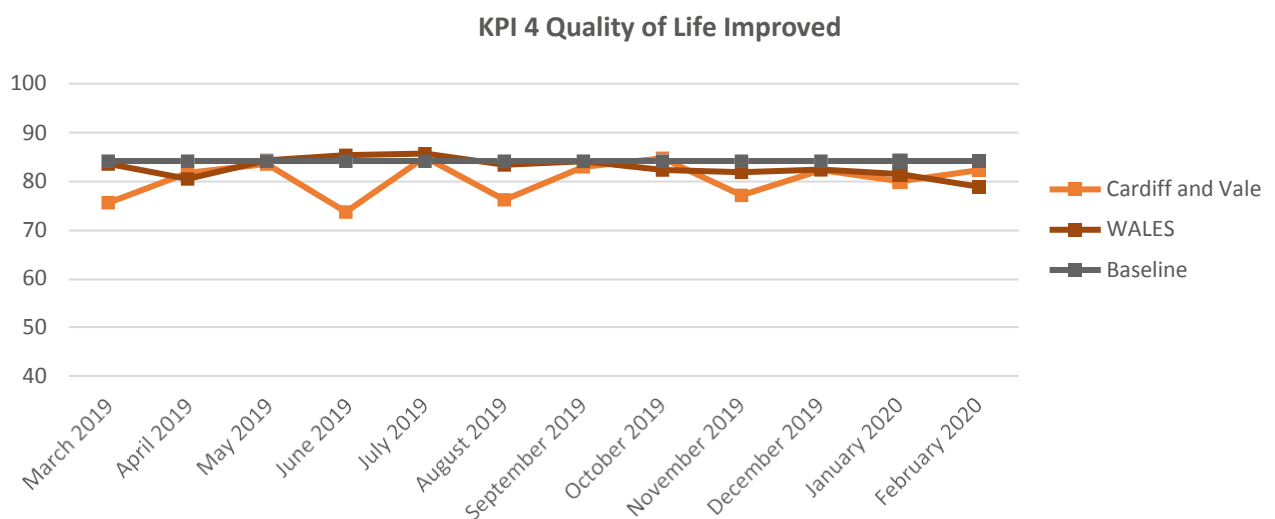
This KPI focuses on how long individuals are having to wait on accessing the drug or alcohol treatment. This KPI is used across the full range of treatment services on offer in Cardiff and the Vale from more simple, time limited interventions to complex care which means that it doesn't give us a clear picture of the accessibility of all services. For instance waiting times to start talking therapy is consistently within the 20 working day target which is not the case for individuals needing to access the more complex opiate substitute treatment or a hospital detoxification. Here the waiting time is more likely to be 8-12 weeks. The APB works with all arms of the treatment system, particularly the areas that struggle, to seek ways of improving access to treatment and at times through the year the graph shows that performance was reasonable despite it not meeting the target. There was however a clear dip in June which took the summer to recover and there is a correlation to essential staff vacancies. The APB continues to work with providers to improve their workforce forecasting and staff recruitment processes as well as effective service user flow.

KPI 3 Substance Misuse Reduced



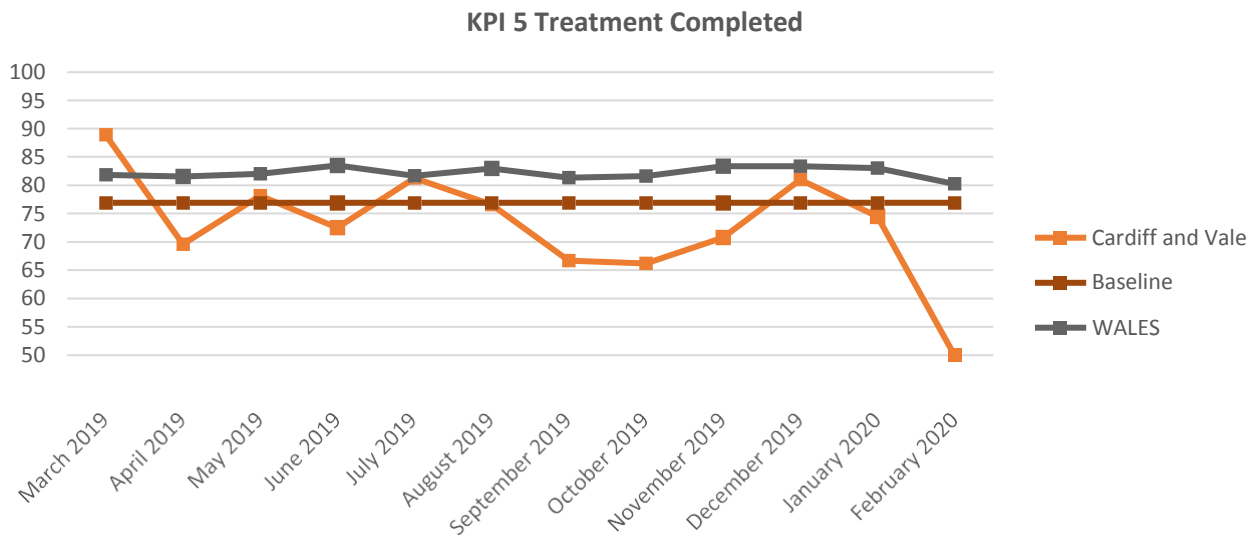
This KPI relies on the level of drug or alcohol use that service users report to providers at the start and end of treatment. The graph shows that Cardiff and Vale was broadly in line with the Welsh average and was close to the target for much of the year with 1 peak and 2 dips. As this information relies on staff requesting this information from individual service users using a national tool, the APB is keen to ensure that this work is carried out consistently across all services and we reach a more even result.

KPI 4 Quality of Life Improved



As with KPI 3 this KPI relies on staff asking individual service users for their views at the beginning and end of treatment using a national tool. The graph shows a lot of inconsistency and the APB is working with providers to smooth this out. Given the peaks and troughs in the graph there is the possibility that service user responses are subject to delays from staff availability and the APB is working with providers to review this.

KPI 5 Treatment Completed



KPI 5 is obtained as individual treatment episodes come to an end in a planned way rather than disengagement. As the graph shows there was a big dip in meeting this KPI in the summer of 2019 which is when we also struggled with KPI 2 – waiting times to treatment. The summer was clearly a pinch point particularly for the more complex treatment providers and the work the APB is doing with them to forecast workforce trends and service user flow will lead to a more consistent result in terms of KPI 5. Please note that the February figures would have been reported at the end of March and this complete dip is due to the onset of COVID-19.

4. Delivery

4.1 Substance Misuse Detoxification and Rehabilitation

Intensive detoxification and or rehabilitation from drugs or alcohol in a specialist residential centre is a key part of the substance misuse treatment system. This level of residential provision is usually called “tier 4” within the substance misuse models of care pyramid indicating that the numbers of individuals requiring this most intensive support are likely to be low. At the other end of the pyramid tier 1 interventions are usually at an information only level and will reach a much broader portion of the population.

The Welsh Government allocates a portion (termed as a ring fence) of the APB’s expenditure to provide financial support to facilitate detoxification and rehabilitation for individuals on top of the finances that they already allocate to health and local authority adult social care teams.

Individuals who have been assessed as requiring inpatient detoxification in Cardiff and the Vale are able to access this via Pine Ward in Llandough hospital which receives a small amount of ring fence funding from the APB to contribute to the much greater operating costs of the ward. Individual assessments are carried out by either the CAU or the Criminal justice clinical treatment provider – Kaleidoscope. Over 2/3^{rds} of detoxifications are for alcohol.

Access to tier 4 residential rehabilitation services is granted through adult social care teams who are charged with carrying out Community Care Assessments to individuals requesting one. If individuals require an inpatient detoxification in advance of a residential rehabilitation the social work and health teams co-ordinate the care arrangements to ensure that the individual receives a joined up package of intervention.

There are a very limited number of residential rehabilitation providers in Wales and all are independent organisations, not NHS or council run services. They are registered with the Care Inspectorate for Wales who publish regular quality reports. As each person seeking residential rehabilitation via their adult social care team accesses a personalised assessment of need it is possible that the support they require isn’t available in Wales and they may have to travel to an English provider. This happens regularly for women requiring a female only rehab for instance. Whilst there are no fixed rules for how long a rehabilitation should last it is generally assumed to last for approximately 10-12 weeks although the individual is free to leave at any time.

In Cardiff and the Vale the APB took the decision several years ago to invest a significant proportion of the SMAF tier 4 funding it receives to the rough sleeping and homeless community who ordinarily cannot access residential rehabilitation in the absence of a fixed address to return to. In practice this means funding the Salvation Army’s “Bridge Programme” within its Ty Gobaith Hostel in Cardiff. Individuals who are rough sleeping or temporarily housed in hostels and shelters who would like to make long lasting change to their drug or alcohol use but do not have community support to do it can enter the Bridge which facilitates a personalised way through to abstinence. Individuals on the Bridge can access alcohol or drug detoxification via a unique collaboration between the Salvation Army and the NHS’s Community Addictions Unit (CAU).

Given that the APB allocates a portion of the tier 4 ring fence to Pine Ward and to the Bridge programme it leaves a very small allocation of funds to top up local authority provision for residential rehabilitation. In reality this funds 2-3 rehabilitation places per year. In 2019/20 two placements were funded via the APB funds with a third having to be cancelled at the last minute due to other health concerns.

Access to suitable, high quality, evidence based residential rehabilitation remains a high priority for Cardiff and Vale service users and is frequently cited as a cause of frustration in surveys. There is much to be done including at a national level to ensure provision meets demand particularly for individuals who suffer from Acquired Brain Damage as a result of sustained harmful drinking and it continues to form part of the APB's work plans.

4.2 Minimum Pricing for Alcohol (MPA) Act 2018

The main aim of the Act is to contribute to the wellbeing of individuals who are drinking alcohol at hazardous and harmful levels and who in the main could buy large volumes of alcohol very cheaply. A 3 Litre bottle of cider containing 12.5 units of alcohol prior to the Act could cost £2.99 and after the Acts introduction would cost £6.25.

There are widely accepted health benefits to both individuals and society through the introduction of the MPA. The APB was aware that for a group of individuals who drink at harmful levels the changes carried the risk of involuntary alcohol withdrawal. As a result the APB worked with substance misuse providers to develop contingency plans for managing these risks.

Much more will be known about the impact of the Act in Cardiff and the Vale of Glamorgan in 2020/21 and will be included in next year's annual report for the APB.

4.3 Service User Involvement

During 2019/20 the APB's aim was to improve the ways in which it involved service users in the current and future work of the APB. Traditionally the APB engaged well with a small number of service users through one forum, ASFA. It became clear through the recommissioning process that using this approach gave the APB a narrow and limited view of the needs and aims of service users. This was particularly the case for children and young people and residents of the Vale who did not access ASFA.

In January 2020, the APB took the decision to expand its service user involvement work and this work is still in progress. Unfortunately, this work was interrupted by the need to respond to the Covid-19 pandemic and the future development or service user involvement will need to take account of any post-COVID measures required, such as social distancing. We do know that service user involvement work will be diverse and widespread, utilising the experiences and commitment of a range of individuals. All members of the APB support team have been asked to introduce service user involvement into their everyday work and should be able to clearly demonstrate the lived experience voice.

4.4 Complex Needs

In late 2018, Cardiff Council introduced their homeless outreach Multi-Disciplinary Team (MDT). It aim is to proactive, holistic interventions for service users who are either rough sleeping or housed in temporary accommodation and are affected by poor mental and physical health and/or substance misuse.

The MDT incorporates staff from mental health, primary care, social work and substance misuse within an experienced homeless team. The team members work alongside each other on a day to day basis and co-ordinate their inputs with the aim of providing individuals with the right support at the right time. As the MDT developed, quick access to Opiate Substitute Treatment (OST) was identified as a core need for heroin dependent individuals which led to the creation of the Rapid Access Prescribing

Service (RAPS). The APB has funded the RAPS since early 2019 and has continued to commission this vital service from Kaleidoscope and G4S who provide the Criminal Justice Dyfodol service.

The establishment of the MDT and RAPS meant that Cardiff Council and the APB were in a strong position to respond to the Welsh Government's new complex needs grant, released in July 2019, which aimed to improve the mental health and wellbeing of homeless individuals.

As a result of the grant, which is recurrent, the team was expanded to include more therapeutic outreach workers ensuring the services can include weekend and evening cover. An evaluation of the outcomes has also been commissioned which should allow an identification of gaps and good practice.

Whilst Cardiff Council provides overall management for the MDT and RAPS, the APB acts as the commissioner ensuring that the project is delivered in accordance with the grant terms and conditions. This project has required collaboration from the frontline to strategic executive level and was recognised by Cymorth Cymru in its "Commissioning Across Boundaries" award in November 2019.

Whilst 2019/20 has been a development and learning year for the MDT staff and service users, service users have experienced real success sometimes for the first time in many years. The MDT staff have worked with service users to develop personalised outcomes and use case study reviews to understand how sustained change has been achieved in order to share learning and good practice.

MDT Case study one;

When SD was first referred to Cardiff Council's MDT she was sleeping rough and frequently displaying anti-social behaviour towards others including support staff. She was subject to a probation order, having a 10 year constant involvement with criminal justice services. Her work with the MDT included Opiate Substitute Treatment via the RAPS and she has been able to successfully maintain her prescription which has in the past been a battle for her. Her demeanour has changed and she seems to appreciate staff intervention, shaking their hands and maintaining eye contact. She has engaged well with peer mentor staff has been referred to MIND and is proactively considering accessing the MDT counsellor. SD is in the process of exploring her next steps in terms of voluntary work, housing and therapeutic input.

MDT Case study Two;

After an extended period of sleeping on the streets L has recently moved in to his own flat with the support of the MDT. He decorated his flat and for the first time in years wanted to stay indoors overnight. He joined in diversionary activities developed by the MDT and started boxing as a way of getting fit. He has begun the process of volunteering and MDT staff have been on hand to talk through his anxieties and enable him to reduce his substance misuse.

4.5 Recommissioning

Recommissioning the substance misuse treatment system throughout Cardiff and the Vale of Glamorgan was a major focus of the work of the APB during 2019/20. Delivering an integrated, whole system model designed by front line staff and service users has been a cornerstone of the recommissioning work with the aim of delivering a new system by April 2021. The timing of this might well be affected by the Covid 19 pandemic which has seen significant disruption to the day to day functioning of both the APB partners, current treatment providers and service users.

The new treatment system will build on the successes of previous models, be centred on the needs of the individual, use evidence and best practice to design interventions and will represent value for money. The system will be underpinned by the five ways of working principles in the Wellbeing of

Future Generations Act. The system will focus on achieving the best health and wellbeing outcomes for individuals who coproduce their treatment goals.

Activities in 2019/20 included a substance misuse needs assessment with a significant emphasis on the views and needs of service users. A series of workshops were held during the summer of 2019 bringing together the views of front line staff and service users to bring their experiences to the design of the new system. The APB is ambitious in what it wants to achieve for the population of Cardiff and the Vale which itself brings challenges and necessitated essential training on commissioning using an alliance of partners. All of this has resulted in a Cardiff and Vale specific outcomes framework which aims to build a system which promotes, values and measures the changes that people identify as important to them.

Next steps include agreeing an approach for contracting with partners and stakeholders which follow our commissioning principles and deliver against the aspirations of the workshops. Collaboration is key as the APB, its current and future partners develop a new way of working to tight timescales with a great deal of learning and exploration along the way.

5. Fatal Drug Poisonings

Fatal Drug Poisoning Reviews

In line with key aims of the Welsh Government Substance Misuse Strategy Delivery Plan and guidance¹, each APB is tasked with reviewing all Fatal Drug Poisonings (FDPs) in their area with the purpose of identifying gaps in service provision and areas of good practice in order to prevent future fatalities. Each APB has to identify a suitable Case Review Co-ordinator (CRC) who works with partners within the substance misuse treatment system to review fatalities and in Cardiff and the Vale of Glamorgan we do this via a Fatal Drug Poisoning Panel who meet monthly if there are cases to discuss. The panels are made of operational and management staff from treatment providers as well as allied services such as local authority homeless teams. Providers are alerted to and asked to respond to suspected fatal drug poisonings via a confidential database managed by Public Health Wales and a picture is built up of the individual's substance misuse history and engagement with services. On occasions very little is known about a person before they died and this is particularly true of individuals using drugs on a recreational basis. Across Wales, 40% of all individuals who died as a result of a drug poisoning and reviewed by panels were identified as having not been in contact with a substance misuse service in the 6 months leading up to their death.²

Purpose: The intended purpose of holding multi agency reviews, in a non-forensic manner, of the circumstances leading up to the unexpected death of an individual as a result of their use of drugs commissioners, practitioners and providers alike can identify ways in which they can effect change and reduce the risks future fatalities. The panels work to identify best practice and lessons to be learned which can be shared locally and nationally via National Implementation Board for Drug Poisoning Prevention (NIBDPP) facilitated by Welsh Government.

Remit: Cases are referred into the panel when a fatal drug poisoning is suspected, prior to Coroner inquest and conclusion. The most common route of referral across Cardiff and the Vale of Glamorgan is via South Wales Police. As cases are reviewed prior to publication of Coroner's report and conclusion there may be a disparity between the number of cases reviewed via the panel and the number of drug misuse deaths as reported via ONS each year. The panel might for instance review a case in which alcohol was actually the contributory factor to the death rather than illicit drugs.

As per published guidance¹ the panels do not review cases which would be examined under a domestic homicide review, are as a result of chronic ill health, in which the death has occurred within police custody or the prison estate. The advice also recommends that cases reviewed under the NHS's Serious Untoward Incident process (which are reported directly to Welsh Government) do not have to be reviewed by the panel in order to avoid duplication but recommendations and lessons learned should be shared across both mechanisms.

Findings and outcomes: In 2019, 14 suspected fatal drug poisonings incidents occurred and were reported via established drug poisoning review mechanism (see table below), of which 5 were reviewed under NHS Serious Incident Review process. Due to current reporting mechanisms and structures, it is estimated that nationally a third of drug misuse deaths as reported via ONS are not referred to Fatal Drug Poisoning Review Panels.

¹ Welsh Government (2014). Guidance for undertaking fatal and non-fatal drug poisoning reviews in Wales. Available at: <http://gov.wales/docs/dhss/publications/140701substanceen.pdf>

² Public Health Wales (2019). Harm Reduction Database Wales: Drug related mortality. Annual Report 2018-19

Table: Total fatal drug poisoning cases reviewed and ONS Drug Misuse Deaths registered across Cardiff and the Vale of Glamorgan, 2014-19

	2014	2015	2016	2017	2018	2019
Number of FDP Cases Reviewed	-	11	15	11	28	14
Drug Misuse Deaths Reported by ONS (Year of Registration)*	25	23	34	19	27	-

* Office for National Statistics (2019). Deaths related to drug poisoning in England and Wales: 2018 registrations ONS data for Drug Misuse Deaths registered in 2019 to be published Summer 2020

In 2019/20 Cardiff and Vale APB worked closely with Cardiff City Council and the Welsh Government to address the substance misuse needs of the homeless population who were identified as having high risks of fatality. This included the provision of a Rapid Access Prescribing Service (RAPS) which utilised the skills and experience as well as operational base of the Dyfodol Criminal Justice treatment service. The RAPS was created to offer Opiate Substitute Treatment (OST) to individuals who are heroin dependent in an assertive, proactive way to create windows of opportunity for service users to address their wider health and wellbeing needs. None of the cases review by the Panel in 2019 were of rough sleepers which might indicate that the creation of the MDT and RAPS was successful however further research needs to be done to confirm this.

In early 2019 the need for greater collaboration with adult safeguarding teams emerged as unmet care needs were not routinely considered during FDP reviews. The panel was advised to consider the vulnerability of the deceased person with the possibility of referring the case for an adult practice review. The panel took up this recommendation in April 2019 and over the course of the year assessing vulnerability featured in each of the reviews with one case being referred to the regional safeguarding board for an adult practice review, although the board felt the case did not meet the required threshold. A member of the adult safeguarding team in Cardiff is linked in, either in person or virtually to the reviews and advises panel members on their considerations.

Office of National Statistics (ONS) Drug Misuse Deaths

Analysis and reporting via Public Health Wales' of Drug Misuse Deaths reported by ONS³ has indicated that in 2018, there were 6 deaths per 100,000 population recorded across Cardiff and the Vale of Glamorgan APB region, lower than the Welsh average². However, in 2018 rates of deaths recorded in the Vale of Glamorgan were higher (9.8 per 100,000 population) than those reported across Cardiff (4.8 per 100,000 population) and the Welsh average (7.2 per 100,000 population). The graph below demonstrates the 6 most common substances listed amongst Drug Misuse Deaths registered and reported to ONS across Cardiff and the Vale and Glamorgan.

Demographic analysis of Drug Misuse Deaths across Wales² indicated that death was most common in men and women aged 40-44 years (median age: 42 years), with men 3 times more likely die as a result of drug poisoning than women. However, drug misuse deaths amongst the over 50s age group and females have increased year on year over the last 5 years and are now at highest number recorded by ONS.

³ Office for National Statistics (2019). Deaths related to drug poisoning in England and Wales: 2018 registrations. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2018registrations>

Recent publication of experimental statistics by ONS (2018) have, indicated high incidence of drug poisonings within homelessness populations - accounting for nearly a third of deaths across England and Wales annually.⁴

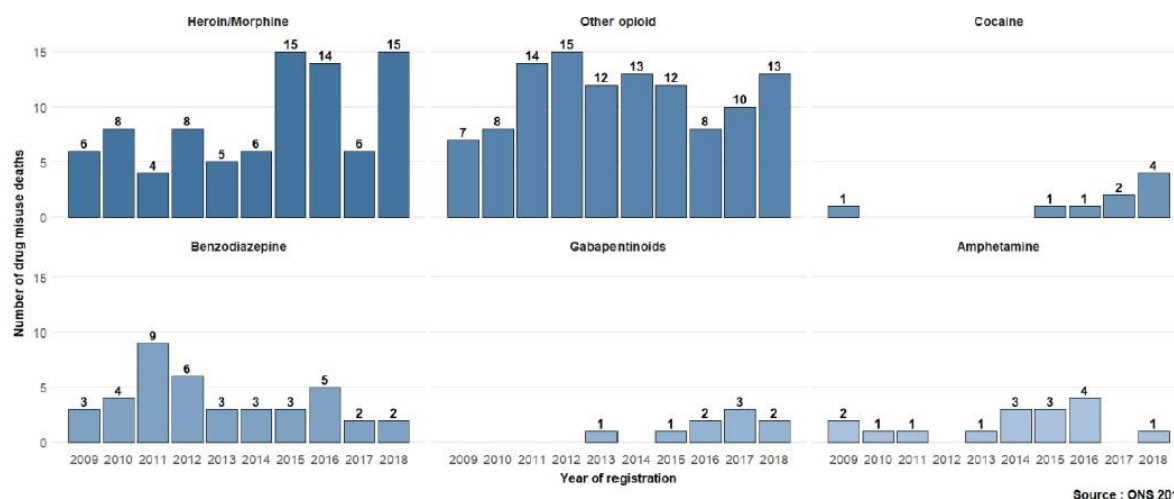


Figure: Drug misuse deaths involving the 6 most reported substance groups in Cardiff and Vale, by year, 2009 to 2018 (Source: PHW (2019)²)

Naloxone

Naloxone is a medication to be administered in the event of a suspected overdose either via an injection or since 2019 a nasal spray. The aim is that all heroin users are trained in the use of naloxone, supplied with a kit and strongly advised not to inject drugs on their own so that if an overdose was to occur, the person with them could administer the naloxone. Substance misuse and related professionals are also trained in the administration of naloxone and kits are available with their emergency equipment.

Cardiff and Vale teams again saw a rise in its naloxone provision in 2018/19 (latest figures available²), with the highest rates of new and existing individuals supplied within Cardiff and the Vale of Glamorgan compared to rest of Wales. Since 2013/14, annual number of individuals supplied with naloxone have trebled. However, we remain intent on developing new approaches to meet with hard to reach clients and those not in contact with services in order to maintain our naloxone coverage. A good example of an innovative approach is via Change Grow Live (CGL), who manage the naloxone supply along with the needle and syringe programme on behalf of the APB. CGL began to work with night time economy businesses such as fast food outlets and nightclubs with the aim of having naloxone on their premises and training their staff on its administration.

⁴ Office for National Statistics. (2018) Deaths of homeless people in England and Wales: 2013-2017. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017>

6. Cardiff and Vale APB Finance Report 2019-20

From Hilary Williams; Area Planning Board Accountant

		Initial Allocation 2019/20	Additional Allocations 2019/20	Final Spend 2019/20	Final Balance 2019/20	Comments
Funding		£	£	£	£	Status as at close of accounts 2019/20
APB Generic SMAF Revenue		3,413,447	0	3,374,134	0	Slippage utilised for Buvidal
APB Tier 4 Ring Fenced		163,800	0	158,913	0	ring fence amendment agreed
APB CYP Ring Fenced		450,450	0	450,450	0	all ring fence requirements met
APB Counselling		49140	0	49140	0	all ring fence requirements met
REVENUE SUB-TOTAL		4,032,637	0	4,032,637	0	
SMAF Capital (WG)						
Street Pastors Lease		8,910	0	8,910	0	
Harlech Court Lease		188,867	0	188,867	0	PCC grant recipient
CAPITAL SUB-TOTAL		197,777	0	197,777	0	
TOTAL SMAF FUNDS		4,230,414	0	4,230,414	0	

Naloxone Grant		14,400	27,885.	20,952.	-21,459	Excess allocation
Complex Needs Grant		101,000	0	101,000	0	Slippage utilised for Buvidal
Total Other Funds		144,400	27,885	121,952	-21,459	

NB Expenditure as reported and claimed by service providers – subject to final audit