

SJR(2)-01-07(P.3) Annex

Response to the Social Justice and Regeneration Committee's Report of the Policy Review of Substance Misuse –

Part 1 Treatment

Recommendation	Response	Progress
<p>1. The Assembly Government should establish mechanisms for the commissioning of residential rehabilitation treatment on a national level. It should consider whether this could be effectively achieved through existing structures, such as Health Commission Wales, or whether new arrangements should be made. The Assembly Government should consider whether inpatient detoxification and some harm reduction services such as needle exchange and supervised consumption services would also be more effectively commissioned in this way</p>	<p>The Welsh Assembly Government agrees that there should be effective mechanisms in place to commission services at a local, regional and national level as appropriate.</p> <p>Community Safety Partnerships (CSPs) have a statutory responsibility to plan and commission all forms of substance misuse treatment services, based on an assessment of the needs and priorities of their local communities. As part of the roll out of the Substance Misuse Treatment Framework (SMTF) detailed guidance to assist CSPs in the commissioning of services was issued by the Welsh Assembly Government in November 2005. This guidance encourages CSPs to adopt multi-partnership, regional and national approaches to commissioning where appropriate. This guidance is reinforced in other modules of the SMTF such as Community Prescribing. With the assistance and support of the Welsh Assembly Government's Substance Misuse Advisory Regional Teams (SMARTs), forums to support the regional commissioning of services have been put in place and an increasing number of services are being commissioned in this way. The treatment services that support the Drug Intervention Programme (DIP), for example, were commissioned at a regional level (including substitute prescribing where appropriate) across Wales - the Social Justice</p>	<p>Following discussions with our external stakeholders, we have established a national steering group to review the need for residential rehabilitation and in-patient detoxification services across Wales and consider the options for future commissioning at a regional or national level. The group will also examine the current arrangements whereby the bulk of funding for residential treatment places is held in local authority social services budgets and funded via the RSG settlement. The group will have its first meeting on 25 January 2007. Membership comprises senior representation from Welsh Assembly Government officials, CSPs, local authority social services and the Voluntary Sector.</p> <p>I advised the Committee that I would consider the commissioning of needle exchange services in the light of the joint England and Wales audit. Unfortunately, the audit report was delayed due unplanned long-term absence of the lead researcher and difficulties encountered in receiving sufficient questionnaire returns. However the final report should be available at the end of February.</p>

	<p>& Regeneration Committee's Treatment Services Review report highlights others.</p> <p>The Welsh Assembly Government does, however, accept that consideration needs to be given to supporting a mechanism to facilitate the possible commissioning of residential rehabilitation services by CSPs at a national level. Officials have begun exploring this issue with key stakeholders.</p> <p>In respect of needle exchange services, we have jointly</p>	
Recommendation	Response	Progress
1. continued	<p>commissioned with England, an audit of needle exchange facilities, which is due to report by the end of May 2006. I will consider this element of the recommendation in the light of the findings of the audit and update the Committee.</p> <p>Partially accept – work on implementation well underway</p> <p>Financial Implications – None. Any costs to further support national or regional commissioning of treatment services will be met from the existing budget of the Substance Misuse Action Fund BEL</p>	

<p>2: The Assembly Government should encourage and facilitate joined up commissioning of treatment services by:</p> <p>Establishing national standards for the availability and quality of treatment services;</p> <p>Requiring CSP and LHB commissioners to agree a set of core performance and management criteria;</p> <p>Encouraging CSPs and LHBs to operate a lead commissioner system where several of them commission the same services from a provider organisation; and</p> <p>Providing a co-ordination and training role to CSP, LHB and other commissioning agencies through the Assembly Government's Regional Substance Misuse Advisory Regional Teams.</p>	<p>The four elements of this recommendation embrace some of the most crucial aspects of the Welsh Assembly Government work to improve access, availability and quality of treatment services which is being taken forward to deliver the Welsh Substance Misuse Strategy.</p> <p>Work began to develop the SMTF for Wales (the equivalent of the Models of Care produced by the National Treatment Agency in England) in autumn 2003. The aim is to establish national standards for the availability and quality of treatment services in Wales. Seven key modules have been published to date and a further 8 are currently in development.</p> <p>The development and monitoring of performance management indicators at both a national and local level is a key part of the project to develop and implement a Substance Misuse Performance Management Framework for Wales. The second stage of this project involves the development of Key Performance Indicators (KPIs) which will facilitate the measurement and monitoring of quality, access and availability of treatment services across Wales. The Welsh Assembly Government completed a consultation on a set of national KPIs in April 2006 and is aiming to launch the final set of KPIs shortly along with guidance requiring CSPs to develop a set of locally agreed KPIs.</p>	<p>I provided the Committee with a detailed update on the development of the next 8 modules of the Substance Misuse Treatment Framework in my 4th Annual Progress Report on Substance Misuse in September 2006 (Annex 5 refers).</p> <p>Work on 6 of the modules is progressing well. The timetables on 2 modules - Continual Personal Opportunities Services (formerly called Day and Community Support Services) and Service User Involvement have slipped since my report in September. In relation to the Continual Personal Opportunities Services, we have experienced difficulties in bringing our expert stakeholder group together but we are on course to publish the document for consultation in March 2007.</p> <p>The formal consultation on the Service User Involvement Module has been delayed whilst the working group holds informal consultations with service user and family/carer groups across Wales. This aspect is absolutely vital to ensuring that the formal consultation document reflects the experiences and views of service users and their families or carers. We aim to issue the consultation document in the next week with the final document published in May 2007.</p> <p>I advised the Committee in my 4th Annual Report last September (paragraphs 2.4 – 2.6 refer); that I launched the final set of national Key Performance Indicators in August 2006. CSPs are now working on drawing up more detailed local KPIs.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

<p>2. continued</p>	<p>The Commissioning module of the SMTF (referred to in response to recommendation 1), published in November 2005, encourages CSPs to adopt regional and national approaches to commissioning and to identify lead commissioning agencies or individuals where appropriate. The development of this guidance was undertaken in close collaboration with stakeholders and partners and was led by a Local Authority Chief Executive.</p> <p>The implementation of the commissioning guidance is being supported by the delivery of a substantial programme of training for partner agencies and other developmental activities such as Action Learning Sets and the establishment of Commissioning Groups and forums.</p> <p>The Welsh Assembly Government's SMARTs have been in post since early 2003. Their role has developed and matured over time and includes advising stakeholders on policy issues, feeding-back views and experiences "on the ground" and sharing best practice. In addition, the SMARTs assist with facilitating and supporting a range of issues, including training and commissioning.</p> <p>Accept – work to implement well advanced</p> <p>Financial Implications – None. All current and planned activity will be funded by the Substance Misuse Action Fund BEL</p>	<p>My 4th Annual Report also provided details on the substantial programme of support being made available to commissioners and service providers on implementing effective commissioning. (Paragraphs 2.21 – 2.27 refer). We are now considering a further programme of support that includes advanced workshops on complex aspects of commissioning, model specifications. A conference is to be held in March 2007 to facilitate sharing of experiences and lessons learned.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

3: The Assembly Government should require CSPs and LHBs to include representation from substance misuse treatment specialists, including those with experience and knowledge of specialist medical interventions, rehabilitation, harm reduction and support and advice services. All treatment providers should be consulted on an annual basis as part of the CSP and LHB commissioning process.

The Welsh Assembly Government agrees that it is important to ensure that commissioners make informed planning and commissioning decisions based upon expert and/or specialist knowledge as appropriate.

The membership of CSPs at a strategic level is restricted to key partner agencies to ensure effective decision making. CSPs delegate the detailed delivery of their substance misuse functions to Substance Misuse Action Teams (SMATs) and statutory guidance encourages the membership of groups and individuals with specialist knowledge and/or interests, such as Service Providers, families, Service User Groups and local businesses.

Regulations establishing Local Health Boards (LHBs) provide for the appointment or co-opting of any member deemed necessary for the effective discharge of the Boards' responsibilities.

It is not, however, appropriate for service providers to take part in commissioning decisions. Service providers clearly have an important role to play in assessing the need for services and the Welsh Assembly Government's SMARTs have encouraged provider representation on CSP specialist sub-groups such as treatment sub-groups. The Welsh Assembly Government believes the right balance has been achieved by encouraging and fostering, through the Commissioning Framework implementation programme, collaborative working between providers and commissioners.

Accept in part

Financial Implications – none. All current and planned activity will be funded by the Substance Misuse Action Fund BEL

This recommendation was dealt with fully in the earlier response.

Recommendation	Response	Progress
<p>4: The Assembly Government should undertake research to establish what the impact of the current inspection regime has been on the provision of residential rehabilitation services in Wales.</p>	<p>The Welsh Assembly Government has been keen to resolve any issues arising out of the criteria for registration as a Care Home and ensure that residential treatment services were not adversely affected. This recommendation reflects the problems some residential services were experiencing at the time the Committee was hearing evidence in 2004 and early 2005. All of these were resolved satisfactorily in 2005.</p> <p>Reject – now resolved</p>	<p>Not applicable.</p>
<p>5: The Assembly Government should consider whether the current balance between the funding of core services and innovative projects is appropriate and effective. In particular, an assessment should be made of the potential impact of the abolition of Section 64 funding on service provision.</p>	<p>It seems that the first part of this recommendation seems to stem from a comment in the report that innovative projects were sometimes only funded for a fixed short-term period and service providers were therefore unable to offer long term contracts to staff. The Welsh Assembly Government has taken action to ensure that a secure, long-term funding stream is in place for treatment services. CSPs receive allocations from the Substance Misuse Action Fund for rolling 3 periods – i.e. on level playing field with mainstream health funding. CSPs are therefore able to plan and commission services on a long term basis. However, ongoing funding for any project or service is dependent upon the CSP's latest assessment of local need and value for money.</p> <p>Routing funding for substance misuse services via core funding for NHS Trusts runs the risk of the funding being diverted to services other than those relating to substance misuse services. The Welsh Assembly Government's SMARTs are supporting the 6 residential rehabilitation organisations currently in receipt of transitional S64 funding to ensure that there is no impact on the provision of residential treatment services in Wales (see also the response to recommendation 1).</p>	<p>The progress report relating to recommendation 1 informs members that we have established a national steering group of external stakeholders to consider the options for regional/ national commissioning of residential rehabilitation and in-patient detoxification services. The remainder of the recommendation was dealt with fully in the earlier response.</p>

	It should be recognised that in several instances the	
Recommendation	Response	Progress
5. continued	<p>provision of S64 funding was serving to subsidise clients from England assessing residential services in Wales.</p> <p>Accept in part</p> <p>Financial Implications – none. All current and planned activity will be funded by the Substance Misuse Action Fund BEL.</p>	
6: The Assembly Government should provide evaluation and business support services to substance misuse treatment services in order to help them to demonstrate the efficacy of projects and to make a business case for continued funding to commissioners.	<p>The Welsh Assembly Government is keen to ensure that adequate support is available to substance misuse treatment providers. The SMARTs provide advice, guidance and support to service providers on a range of issues, including the development of capital proposals and business cases to establish new and/or re-focused service provision. To illustrate, examples include</p> <p>Touchstones 12 in North Wales who now have a service level agreement and funding from the CSPs,</p> <p>NEWLINK in Cardiff who received ?400k to buy new premises,</p> <p>Chooselife in Llanelli who now receive increased funding from the CSP</p> <p>The NHS Trust in Gwent who have reached agreement on a new service level agreement with additional funding.</p> <p>Brynawel House received funding to commission</p>	My 4 th Annual Report (paragraphs 2.21 – 2.27 refer), details the range of support being provided to service providers and commissioners.

	<p>consultants to review its services and advise on a business case to access capital funding.</p> <p>? Support and advice to Rhoserchan in Dyfed, Powys</p> <p>Accept</p> <p>Financial Implications – none. All current and planned activity will be funded by the Substance Misuse Action Fund BEL</p>	
Recommendation	Response	Progress
<p>7: The Assembly Government should seek ways of redressing the current bias towards crime reduction outcomes by requiring services to demonstrate the individual and public health gains of substance misuse treatment services where appropriate.</p>	<p>It must be recognised that a key commitment of Wales: A Better Country is to create safer communities and put in place effective treatment of addicts and that is why the Substance Misuse Action Fund forms a key component of the ?125 million Crime Fighting Fund. The Welsh Assembly Government has therefore welcomed the opportunity to work with the Home Office to develop and implement the DIP and related initiatives in Wales as these programmes have resulted in additional funding of ?12.8m in 2005 – 06 and 2006 – 07 for treatment services in Wales. It should also be noted that the DIP programme is not only available to those within the Criminal Justice System.</p> <p>The Welsh Assembly Government also recognises that the individual health and public health gains of treating substance misusers are very important. That is why the approach to tackling substance misuse focuses upon improving the lives of all individuals who are affected by substance misuse, including families of substance misusers, their children and the wider community. Therefore, the Substance Misuse Action Fund and the ring-fenced LHB allocation are not biased in any way towards providing services for those in the criminal justice system. Furthermore, the modules of the SMTF and the proposed key</p>	<p>Not applicable.</p>

performance indicators focus upon positive changes for the individual, covering health, social and economic aspects of their life. Work is also underway to identify effective evaluation tools for use by commissioners with the aim of ensuring greater consistency of evaluation of progress and the resultant health and social gains.

Reject

Recommendation	Response	Progress
<p>8: The Assembly should also redress the funding bias which favours interventions aimed at illegal drug misuse rather than alcohol misuse given the consistent reports from commissioners and service providers that alcohol is by far the most commonly misused substance amongst service users. This should be achieved without reducing the funding available to tackle illegal substance misuse</p>	<p>The Welsh Assembly Government does not accept there is evidence of a funding bias in favour of drug misuse from the funding it provides for substance misuse services. It is for CSPs to determine how they spend the funding available to them based upon an assessment of local need. Data from the Welsh Substance Misuse Database for the period April 2005 – December 2005 shows that over half of all referrals for treatment were for alcohol problems.</p> <p>It is important to note that the costs of treating drug or alcohol addiction are very different and are therefore not directly comparable. For example, substitute medication services to treat drug addiction are very expensive.</p> <p>The Welsh Assembly Government has begun work on the development of the Alcohol module of the Treatment Framework. The module will include guidance to CSPs on identifying and assessing the need for treatment and rehabilitation services. In addition, the information now being provided from the Welsh Substance Misuse Database is helping commissioners review the provision of alcohol services locally. The data will also inform the Welsh Assembly Government’s scoping work for the development of the next Substance Misuse Strategy post 2008.</p>	<p>I provided the Committee with a breakdown of the Community Safety Partnerships’ expenditure on alcohol and drug treatment services in my report to the 23 November 2006 meeting (Action Point 7.12 refers). However, I should reiterate that the differences in alcohol and drug misuse treatment mean that costs are not directly comparable.</p> <p>Taking account of the increases in the last budget, the Substance Misuse Action Fund has been substantially increased for 2007–08 representing an increase of 650% from 2002-03. The overall allocations to CSPs of ? 13.5m represents an increase of over 30% for 2006–07. In allocation letters sent to CSPs, we are advising them that one of the priority for use of the additional resources is the development of alcohol services.</p> <p>The alcohol module of the Substance Misuse Treatment Framework will be issued for consultation in April with the final document scheduled for publication in September 2007.</p> <p>In the context of assessing the size and scale of alcohol misuse issues, we are looking at Health data alongside our data from the Welsh National Database to help inform our scoping work for the development of the next Substance Misuse Strategy.</p>

	<p>Reject the issue of funding bias. Accept that alcohol misuse is an important issue to tackle</p> <p>Financial Implications – none. All activity covered in the existing Substance Misuse Action Fund BEL and DRC budgets.</p>	
Recommendation	Response	Progress
<p>9: The Assembly Government should require LHBs to assess the cost of meeting medication needs of substance misusers who have accessed, or are waiting to access, services. LHBs should establish how much is currently spent and what the financial shortfall is.</p>	<p>As statutory members of CSPs, LHBs are already required to cost service provision in order to plan, prioritise and commission. However, the Welsh Assembly Government is aware of pressures on prescribing services and significant amounts of additional resources have been made available for the prescribing of substitute medication over the past two years.</p> <p>An audit of waiting times is due to commence shortly which will help expose any pressures and identify gaps in provision. The Welsh Assembly Government will consider any further action once the outcome of the audit is known.</p> <p>Accept – already required</p> <p>Financial Implications – Removing waiting times for access to prescribing treatment is likely to have significant cost implications that could not be met from the current provision for the Substance Misuse Action Fund BEL.</p>	<p>In my 4th Annual Report (Paragraphs 2.7 – 2.9 refer), I advised the Committee that we were undertaking an audit of waiting times across Wales to establish a common baseline to measure improvement against the two national Key Performance Indicators on waiting times, to identify where real blockages exist and to identify and disseminate good practice.</p> <p>The audit is progressing well with the first stage, looking at community prescribing waiting times, now completed. My officials are currently working with the CSPs and the service provider organisations in the development of improvement plans.</p> <p>Stage 2 of the audit has just begun and will focus upon Tier 2 services – i. e. those organisations that provide supporting services such as structured counselling and brief interventions for alcohol. These services often complement the more specialised prescribing services and are used in conjunction or as aftercare support.</p> <p>The two stages, once completed, will give a more complete picture of waiting times across Wales and how the configuration of different services impacts upon waiting times and the availability of places. National good practice guidance has been issued on the management of referrals and maintenance of individuals in Tier 3 services. Further guidance will be issued once the 2nd stage has completed.</p>

<p>10: The Assembly Government, LHBs and CSPs should assess the adequacy of current funding arrangements for the purchase, modernisation and maintenance of building and mobile units.</p>	<p>The Welsh Assembly Government is committed to increasing local access to services and also to ensuring that those services are provided in appropriate buildings or mobile units that meet standards such as those contained in the Disability Discrimination Act. The Substance Misuse Capital Fund was established in 2005-06 as a rolling three-year programme and over the period 2005-2008, it will provide ?11.2 million for this purpose. SMARTs are working with CSPs and service providers to ensure that these resources are used effectively.</p> <p>Accept</p> <p>Financial Implications – Capital budget line already established as part of the Substance Misuse Action Fund (capital) BEL</p>	<p>The latest Assembly budget confirms that the Substance Misuse Action (Capital) Fund will remain in place until at least 2010.</p> <p>Appendix 2 of my 4th Annual Report last September provided an updated list of approved capital schemes. A full comprehensive list of all 2006-07 approved schemes will be provided in the Minister’s Report to Committee on 22 March 2007.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>
<p>11: The Assembly Government should explore the possibility of supporting the development of specialist training for consultants as it did with the RCGP training for GPs.</p>	<p>The provision of specialist training for consultants is normally a matter for the NHS Trust as the consultants’ employer. However, as part of the Workforce Development work that is being undertaken, consideration will be given to recruitment, retention and training issues for Consultants.</p> <p>Accept</p> <p>Financial Implications – The development costs of the Workforce Development programme are included within the existing Substance Misuse Action Fund BEL. However, the cost implications involved in the provision of specialist training for Consultants will not be known until the Workforce Development Group has completed its work.</p>	<p>The contract for the establishment of the All-Wales Network and Collaborative Centre has now been awarded. The Centre will be pivotal in the promotion of excellence for education, training and development in substance misuse services. The contractors have already been asked to scope the issue of the provision of specialist training for Consultants and will be reporting on its findings in the Spring 2007. A full update on the DANOS initiative was contained in my September annual report.</p>

<p>12: The Assembly Government should facilitate the development of extended and advanced nursing roles as a means of addressing a lack of specialist medical consultant time and improving the quality of and efficacy of treatment services.</p>	<p>The Welsh Assembly Government agrees that staff resources and differing levels of expertise need to be used appropriately and work to provide specialist training for nurses began in 2005. A specialist RCGP course was available to nursing staff as well as GPs and a further course is being organised for 2006. In consultation with the RCGP, the training needs of midwives and health visitors are also being considered.</p> <p>Accept</p> <p>Financial Implications – none. Activity included in the current expenditure plan for the Substance Misuse Action Fund BEL.</p>	<p>Since we began funding the RCGP accredited substance misuse training programme in 2005, a total of 207 professionals including GPs, Nurses, Midwives, Health Visitors and Pharmacists, have received this training.</p> <p>In 2007–08, we are planning to fund a further 40 places for the RCGP substance misuse training and 90 places on a new RCGP alcohol specific course on screening and brief interventions in a primary care setting.</p> <p>As I have reported against recommendation 11, the provision of specialist training of NHS staff is now being considered as part of the contract to establish the All-Wales Network and Collaborative Centre.</p>
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Recommendation	Response	Progress
<p>13: The Assembly Government should monitor, and report regularly on, the impact of the GMS GP contract, in terms of the provision of GP substance misuse services across Wales and should continue to support GPs who wish to undertake the RCGP specialist training course in substance misuse.</p>	<p>The engagement of GPs in the provision of substance misuse services is vital to facilitate the "move-on" of patients from in-patient and other highly specialist services, thereby freeing places for those who need more intensive and specialist support. GPs also enable individuals to maintain or re-establish "normal" life during treatment. CSPs are required to report their progress of how they are engaging with GPs to improve community-based services and establish GP shared care services (under Local Enhanced Services of the GMS Contract) in their quarterly monitoring reports. This information is collated and progress is reported in the Annual Report on the Substance Misuse Strategy, which is provided, to the Social Justice and Regeneration Committee.</p> <p>RCGP substance misuse training courses have been held in 2004 and 2005; 30 GPs received the Part I training and 34 received Part II. Officials are now in</p>	<p>In my 4th Annual Report, I advised the Committee that I was disappointed that we have had limited success in encouraging more GPs to participate in shared care arrangements and we continue to push this agenda at every opportunity. In addition to the RCGP accredited training referred to in the progress report on recommendation 12, SMARTs are working with regional substance misuse forums to address this issue as a matter of urgency.</p>

	<p>discussion with the RCGP about assessing and meeting any further demand</p> <p>Accept – already in hand</p> <p>Financial Implications – none. Activity included in the existing Substance Misuse Action Fund BEL. However, funding any additional courses (approximately ?1,300 per individual) may require additional resources.</p>	
Recommendation	Response	Progress
<p>14: The Assembly Government should review the role of GPs as ‘gatekeepers’ to other substance misuse treatment services and assess the extent to which GPs act as a barrier for people who want to access treatment services.</p>	<p>Clearly GPs have a key role to play in providing effective community-based services and are one of a number of referral sources including self-referral to most services. The Welsh Assembly Government has not received any reports of GPs blocking access to treatment by refusing to refer individuals However, the Minister for Social Justice and Regeneration is very concerned to learn this may be the case and has asked officials to investigate as a matter of urgency.</p> <p>Accept</p> <p>Financial Implications – none.</p>	<p>No evidence has been received of GPs acting as a barrier to accessing treatment services but we will continue to monitor the situation through a new Community Engagement Project that will begin in April 2007 which will seek to identify barriers to access. Further detail on this is outlined in my progress report against recommendation 23.</p>

<p>15: The Assembly Government should facilitate joined up working arrangements between different statutory, voluntary and other sector substance misuse agencies and between substance misuse agencies and other services where such arrangements are likely to increase service accessibility and effectiveness. This could be done through commissioning structures and by identifying facilitating factors and barriers and good practice and making this information available to commissioners and providers in areas that don't operate joined up approaches to service delivery where it could be advantageous.</p>	<p>The underlying philosophy of the Welsh Assembly Government's strategy is about tackling substance misuse by improving partnership working. The Annual Report on substance misuse prepared for the Social Justice and Regeneration Committee in September 2005 reported some positive developments in this area. Multi-sector "one-stop" shops are being developed in an increasing number of areas across Wales supported by funding from the Substance Misuse Action (Capital) fund and the DIP programme.</p> <p>The statutory guidance issued to CSPs on developing local action plans along with the commissioning guidance promotes the multi agency approach to treatment. The report points to particular issues for individuals who suffer from dual diagnosis. The Co-occurring Mental Health and Substance Misuse (dual diagnosis) module of the SMTF, which was issued in late 2004 aims to ensure that the needs of such individuals are catered for appropriately. A series of workshops are being run across Wales which bring together the statutory and non-statutory services to ensure that the good practice set out in the guidance is understood and deployed.</p> <p>Accept</p> <p>Financial implications – none. Activity included in the Substance Misuse Action Fund BEL</p>	<p>We have delivered 6 co-occurring mental health and substance misuse workshops across Wales to a range of professionals from mental health and substance misuse services. Further workshops are now being developed to run in 2007–08.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

<p>16: The Assembly Government should require Local Health Boards and Community Safety Partnerships to undertake an assessment of the drug and alcohol treatment needs of people admitted to secondary care services and the adequacy, effectiveness and efficiency of these mechanisms. Examples of good practice should be identified and made available to commissioners and providers across Wales.</p>	<p>The Welsh Assembly Government has funded five joint workshops between NHS staff and substance misuse specialist staff to discuss and agree working protocols for identifying and dealing with people who present with apparent substance misuse problems. To date, approximately 250 people have taken part in these workshops and a further four are scheduled to run in the summer. The good practice identified at the workshops will be disseminated later in the summer.</p> <p>The need for awareness raising training is also being considered in the development of the SMTF module on alcohol and within the context of our Workforce Development policy development programme.</p> <p>Accept – work in hand</p> <p>Financial Implications – none. Activity covered in the Substance Misuse Action Fund BEL.</p>	<p>As described in the progress report for recommendation 15, a series of further workshops are being developed for 2007–08.</p>
<p>17: The Assembly Government should evaluate current access arrangements for the treatment of Voluntary service users and service users sentenced by the court.</p>	<p>The Welsh Assembly Government is working to improve access and availability for all individuals who need help. An audit of waiting times across treatment modalities for all client groups (regardless of referral routes) has already been commissioned and is due in the summer 2006. The audit will also explore the approaches taken to managing referrals and waiting lists and will advise on best practice.</p> <p>Accept</p> <p>Financial Implications – none. Activities included in the Substance Misuse Action Fund BEL.</p>	<p>Please refer to my progress report on the waiting times audit against recommendation 9.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

<p>18: That the Committee examines GP involvement in delivering substance misuse treatment/shared care schemes during Phase II of the review.</p>	<p>The Assembly Government would welcome the findings of such a review.</p>	<p>Not Applicable.</p>
<p>19: The Assembly Government should establish national minimum standards for treatment service availability and quality. It should require Local Health Boards and Community Safety Partnerships to ensure that these minimum standards are met, facilitating regional commissioning where appropriate, and undertaking the commissioning of residential rehabilitation services on a national level.</p>	<p>The SMTF, which is currently being rolled out, is establishing minimum standards of quality (see response to recommendation 2 for details). In particular, the Commissioning guidance sets out CSPs’ responsibilities for managing and monitoring the performance of providers in the delivery of local services. The national and local KPI will establish minimum standards governing access and availability.</p> <p>The Welsh Substance Misuse Database now provides information on referral numbers and waiting times for each provider organisation and is aggregated to CSP, regional and national levels. This data is being monitored by CSPs and the SMARTs.</p> <p>In respect of regional and national commissioning of residential rehabilitation services – please refer to the response for recommendation 1.</p> <p>Accept- work already in hand</p> <p>Financial Implications – none. Activities included in the Substance Misuse Action Fund BEL.</p>	<p>Please refer to my progress reports against recommendations 1, 2 and 9.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

20: The Assembly Government should consider innovative ways of increasing the accessibility of services in areas without services based locally, including the use of mobile units and existing health and social care service buildings. They should offer financial and practical support to service providers who want to offer services in particularly poorly served and remote areas.

Increasing access and availability is a key aim of the Welsh Assembly Government's substance misuse strategy. The capital element of the Substance Misuse Action Fund, along with funding provided for the introduction of the DIP programme, has already helped to increase local accessibility of services. For example, funding has been provided for mobile facilities, the creation of private areas in Pharmacies to increase locally provided supervised consumption services and supported refurbishment costs to maximise the use of buildings. Further developments are planned for the current financial year and the Welsh Assembly Government's SMARTs are continually working with local partners to identify and progress further proposals for improving access to services.

Accept – work in hand

Financial Implications – none. Activities included in the planned expenditure of the Substance Misuse Action Fund BEL.

My 4th Annual Report to Committee in September 2006 and my progress report against recommendation 10 updates the Committee on the significant contribution the Substance Misuse Action (Capital) Fund is making to increasing access to services and improving facilities.

21: The Assembly Government should assess the needs of children who misuse substances and evaluate whether current service provision is adequate and appropriate

The Welsh Assembly Government agrees that the development of further dedicated services for children and young people are vital. An expert working group began the development last October of the Children and Young People's module of the SMTF. The module will encompass guidance on treatment; education and prevention methods for children and young people and it will describe minimum standards of care to be adopted and reflected in commissioning plans and associated service contracts. The module will be issued for formal consultation in late July and the final version published in March 2007.

The Children and Young People's module will underpin the Commissioning guidance which requires all services to be subjected to a robust assessment of

In my 4th Annual Report (paragraph 2.15 refers), I advised the Committee that the timetable for the development of the Substance Misuse Treatment Framework module for Children and Young People had been extended to allow young people to participate in its development. The draft module was issued for consultation in October. Since then we have developed a children/young people "friendly" version of the consultation document which is being circulated to a number of children's organisations, including Funky Dragon and Barnardos.

The development of services for children and young people and the implementation of this module is being highlighted as a priority for the use of the large increase in CSP budgets for next year.

<p>21: continued</p>	<p>need and gaps in provision to inform service specifications.</p> <p>Accept – work in hand</p> <p>Financial Implications – none. The cost of the development of the children and young people module is included in the planned expenditure of the Substance Misuse Action Fund BEL. An expansion of dedicated services will have cost implications.</p>	
<p>22: The Assembly Government should assess the needs of older people who misuse substances and evaluate whether current service provision is adequate and appropriate.</p>	<p>The Welsh Assembly Government’s statutory guidance on the development of local action plans and the commissioning guidance requires CSPs to plan and commission services based upon a robust assessment of need which should include an evaluation of current provision for all client groups. The Welsh Substance Misuse Database is now assisting CSPs with assessing the demands of all age groups.</p> <p>Work will begin this year on the development of the Alcohol module of the SMTF. This module will have particular relevance to substance misuse by older people, given that evidence clearly demonstrates that the needs of this client group are most likely to be alcohol related.</p> <p>Accept in part</p> <p>Financial Implications – none. Costs associated with the development of the Alcohol module are included in the planned expenditure of the Substance Misuse Action Fund BEL.</p>	<p>I have reported the progress we are making to develop the alcohol module of the Substance Misuse Treatment Framework in my progress report against recommendation 8.</p>

Recommendation	Response	Progress
<p>23: The Assembly Government should undertake research to identify the impact of personal factors such as sex, ethnicity, language and disability on people's ability and motivation to access treatment services</p>	<p>The Welsh Assembly Government agrees that it is important that research is undertaken to establish any barriers to accessing treatment. The third stage of the Performance Management Framework involves the development and delivery of a research programme which will expand on the information now available from the Welsh Substance Misuse Database. The Advisory Panel on Substance Misuse is currently being consulted about the forward research programme and the research recommended in this report will be put to them for consideration.</p> <p>Accept</p> <p>Financial Implications – This research is not currently included in the planned research programme and will be subjected to a competitive tendering exercise and therefore the costs are not known at this stage.</p>	<p>Appendix 4 of my 4th Annual Report outlined the research we are taking forward following informal discussions with stakeholders and obtaining the views of the Advisory Panel on Substance Misuse.</p> <p>We are in the process of establishing three studies that will consider barriers to accessing treatment. All three projects will commence in April 2007 and will be undertaken as Action Research projects involving the engagement of the community, including existing and ex-service users, their families and carers. Projects will run in Cardiff and Swansea and will focus upon the barriers and disincentives that impact upon Black and Ethnic Communities accessing services. The third project will run across North Wales and will aim to identify the range of barriers that people may encounter in accessing services. The project will encompass the problems encountered in both rural and town communities and consider the impact on access in tourist areas. This project will also draw lessons from a Stonewall Cymru project currently looking at barriers that gay, lesbian and bi-sexual people encounter in accessing general NHS services.</p>
<p>24: The Assembly Government should require Local Health Boards and Community Safety Partnerships to monitor, where possible and appropriate, the sex, ethnicity, age, languages used, sexual orientation, disabilities, home location and parental status of service users in order to establish whether certain groups of people are under-represented. Service commissioners should address the needs of any under-represented groups.</p>	<p>The Welsh Substance Misuse Database, established on 1 April 2005, collects all of the information recommended, apart from "sexual orientation". The need for data around sexual orientation was discussed with providers during the development phase of the database. The general consensus was that the question was considered too intrusive and would create barriers for individuals accessing services. However, the issue will be explored further with treatment providers and CSPs and Stonewall Cymru (formerly The LGB Forum) will be consulted.</p> <p>Partially accepted and already actioned</p> <p>Financial Implications – none.</p>	<p>Officials have met with Stonewall Cymru who felt unable to provide definitive advice on whether sexual orientation data should be collected. We therefore explored the issue again with CSPs and treatment providers and, as with the earlier consultation, view are mixed. We therefore intending using the findings of the North Wales Community Engagement Project that I have outlined at recommendation 23 to help inform what data, if any, on sexual orientation should be collected when the current data set is updated.</p>

Recommendation	Response	Progress
<p>25: The Assembly Government should identify the good and innovative practices amongst commissioners and service providers in making treatment services more accessible and find ways of facilitating the sharing and development of such practices in other parts of Wales where appropriate</p>	<p>Facilitating the sharing of best practice and lessons learned from innovative schemes are clearly in crucial driving up the standards and effectiveness of substance misuse treatment services across Wales. The Welsh Assembly Government's Community Safety Division regularly organises conferences and seminars for stakeholders on key issues. All-Wales best practice conferences organised over the past few years have covered issues such Cannabis, Crack Cocaine, commissioning, children and young people's services and developing local action plans. Workshops and forums are also held at a regional level with CSPs and providers on topical issues such as clinical governance, rapid prescribing, performance management and co-occurring mental health and substance misuse problems.</p> <p>A key role of the SMARTs is the dissemination and sharing of good practice between CSPs and regions, using existing regional and local communication mechanisms.</p> <p>Accept – work in hand</p> <p>Financial Implications – none. All current activity is included in the planned expenditure of the Substance Misuse Action Fund BEL and DRCs.</p>	<p>My 4th Annual Report updates the Committee on the variety of activities we are undertaking to share best practice. We are also planning to hold a "Sharing best practice and Lessons Learned" conference in March 2007 for CSPs and service providers.</p>

<p>26: The Assembly Government should offer public support to treatment services who are trying to expand and modernise the centres from which they deliver services in order to meet local need and should encourage CSPs to do the same. The Assembly Government should also propose means to include the community at the outset and include in planning processes for such treatment centres.</p>	<p>The Welsh Assembly Government's Minister for Social Justice and Regeneration has gone on record several times supporting the establishment of treatment services that can be more easily accessed by local people. However, it is for CSPs to determine suitable locations for such services and ensure that the local public is properly consulted during the planning process. Officials from the Community Safety Division engage regularly with CSPs and local stakeholders to press the need to establish local services and to overcome barriers to their development.</p> <p>The Welsh Assembly Government is currently</p>	<p>Following further discussions with our partners on this action, the general preference was to hold informal discussions to share experiences and learn lessons. These sessions are underway.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>
<p>26: continued</p>	<p>developing further guidance for CSPs and Providers on developing successful proposals for substance misuse capital developments, which will also include good practice on public engagement. This will be published in July 2006</p> <p>Accept</p> <p>Financial Implications – none. Activity included in the planned expenditure of the Substance Misuse Action Fund BEL.</p>	

<p>27: The Assembly Government should consider the adequacy of current funding arrangements for service infrastructure development.</p>	<p>Please refer to the response to recommendation 10. A capital budget was put in place for 2005 – 06 to support service infrastructure development. A list of the schemes that were supported last year was provided to the Social Justice and Regeneration Committee on 20 October 2005 and on 9 February 2006. The DIP has also supported a number of such schemes.</p> <p>Accept</p> <p>Financial Implications – None. 74.1m per annum is available for capital developments from the Substance Misuse Action Fund (Capital) BEL</p>	<p>Please refer to my progress report against recommendation 10.</p>
<p>28: The Assembly Government should assess the impact of the current legal situation regarding the supply of sterile water and make representations to the Home Office if it concludes that the current legal situation is contributing to hepatitis infection rates.</p>	<p>Changes in Section 9A of the 1971 Misuse of Drugs Act published in a joint NTA/Royal Pharmaceutical Society publication "Best Practise Guidance for Commissioners and Providers of Pharmaceutical Services for Drug users" in February 2006 allows the lawful supply of certain articles of drug paraphernalia to drug users for harm minimisation purposes, specifically swabs, spoons, bowls, filters, citric acid, ascorbic acid and water for injections (containing not more than 2ml of sterile water)</p> <p>Accept and legislative changes have already taken place</p> <p>Financial Implications – none.</p>	<p>No action required.</p>
<p>Recommendation</p>	<p>Response</p>	<p>Progress</p>

<p>29: The Assembly Government should undertake research to identify the barriers, which prevent people from accessing treatment services. As part of this research, treatment service users and potential service users should be given the opportunity to contribute.</p>	<p>The Welsh Assembly Government agrees that it is important to understand the barriers to accessing treatment and put measures in place to resolve them. The research suggested in this recommendation will be incorporated into the study suggested at recommendation 23 and the methodology will include obtaining the views and experiences of service users, their families and carers.</p> <p>In addition, work is in hand as part of the SMTF, to develop two modules covering user involvement (due to issue for consultation in September 2006) and carers and their families, scheduled to issue for consultation in November 2006. An important element of these modules will be the engagement of service users and their families/carers in the planning and shaping of local services and the identification of local needs and priorities.</p> <p>Accept</p> <p>Financial Implications – Activity to develop the modules included in the Substance Misuse Action Fund BEL. Research study costs will be subject to competitive tender.</p>	<p>My progress report against recommendation 23 outlines the three research projects we are undertaking to look at barriers to access. All three projects will be run as Action Research – Community Engagement projects and will be led by the community, involving potential, existing and ex- service users, families and carers.</p> <p>At recommendation 2 I have reported progress on the development of the modules for service user and carers and families’ involvement.</p>
<p>30: The Assembly Government should support research and evaluation skills capacity building within treatment services and amongst commissioning bodies</p>	<p>As part of the third stage of the Performance Management Framework project (i.e. the research programme), work began in March 2006 to produce a report which:</p> <p>Scopes the existing research capacity in Wales; and,</p> <p>Identifies barriers to undertaking research in Wales or participating in joint studies.</p> <p>The report is due in July 2006 and consideration will then be given to taking any recommendations forward.</p>	<p>Work to scope existing and potential research capacity has helped inform the development of the research programme which forms part of the Social Justice and Regeneration Department’s research strategy. This includes a small grant scheme open to CSPs and service providers. In 2006-07, 15 organisations have received approval for funding from the New Ideas Fund for research projects addressing themes within the Social Justice and Regeneration portfolio, including several relating to substance misuse. [Details of the successful projects are due to be included in my Report to Committee on 18 January 2007].</p>

	<p>Accept</p> <p>Financial Implications - The costs of the report are being met from existing staff resources. Until that report is available, the financial implications of building</p>	
Recommendation	Response	Progress
30: continued	<p>research capacity is not known but the work will need to be linked with the Workforce Development policy programme and the establishment of the Centre of Excellence.</p>	
<p>31: The Assembly Government should provide regular updates on its performance management projects and other initiatives, ensuring that front line staff and service users have an opportunity to learn about the project and contribute to it.</p>	<p>The Welsh Assembly Government believes that 2-way communication is key to developing and delivering it's policies and programmes. The Community Safety Division already communicates to organisations about progress and developments in a variety of ways. These include local and regional meetings, substance misuse fora, consultation events, workshops, conferences and seminars along with the issuing of information bulletins. Regular updates are also included in the quarterly Community Safety Newsletter that is widely distributed in Wales. A Voluntary Sector Substance Misuse Forum has also been established to aid communications with the voluntary sector.</p> <p>The Welsh Assembly Government will continue to seek ways of improving communications with stakeholders but there is also a responsibility on nominated leads and representatives to circulate information within their organisations.</p> <p>Accept – already in hand</p>	<p>The recommendation was dealt with fully in the earlier response.</p>

	Financial Implications – None. Activity included in the planned expenditure of the Substance Misuse Action Fund BEL	
Recommendation	Response	Progress
32. The Assembly Government should make up to date waiting time and list data available and accessible.	<p>With effect from September 2005 (backdated to 1 April 2005), information on waiting times is published quarterly on an individual agency level and issued to all Agencies, CSPs, and the National Public Health Service and published in the Assembly Library.</p> <p>Waiting list data is collected by providers and supplied to CSPs for performance monitoring purposes. Guidance on best practice for managing waiting lists will be issued in August 2006 following the national audit of waiting times due to report in July 2006.</p> <p>Accept - already available</p> <p>Financial Implications – none. Activity included in the planned expenditure of the Substance Misuse Action Fund BEL.</p>	Please refer to my progress report on the waiting times audit against recommendation 9. The national guidance arising out of stage 1 of the audit has now been issued.
33: The Assembly Government should establish effective mechanisms for the identification and sharing of good practice and good ideas between service providers and commissioners in Wales.	<p>Please refer to the response to Recommendation 25.</p> <p>Accept – work in hand</p>	Please refer to my progress report against recommendation 25.

<p>34: That the Assembly Government report on the degree to which strategic partnerships, such as Community Safety Partnerships, Substance Misuse Action Teams and Local Health Boards, socially reflect the communities they serve and that action is taken to address under-representation</p>	<p>Please refer to the response to Recommendation 3. Statutory guidance to CSPs on partnership working encourages the involvement of a range of organisations and individual service users. The regulations establishing LHBs includes the provision to appoint or co-opt members as considered necessary for the effective discharge of the Board’s responsibilities. However, representation will be considered in the context of the Welsh Assembly Government’s review of the Strategy during 2006 – 07.</p> <p>Accept in part</p> <p>Financial Implications – none.</p>	<p>The review of the existing strategy has identified the need for there to be greater involvement from service users in the planning and development of local services. The progress report on recommendation 2 informs provides an update on the development of the Service User Involvement module of the SMTF.</p> <p>This issue will now be addressed at part of the development of the next Substance Misuse Strategy which is about to begin.</p>
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Recommendation	Response	Progress
<p>35: That the Assembly Government, Community Safety Partnerships and Local Health Boards audit the extent to which current treatment provision offers equality of access to appropriate treatment services so that a baseline is provided for future planning.</p>	<p>The statutory guidance that was issued to CSPs on the development of their action plans, sets out the requirement for them to plan services on the basis of a comprehensive needs assessment incorporating diversity issues and the rights of individuals to equal access to services. These requirements have been reinforced in the guidance contained in the Commissioning Module of the SMTF. Baseline data on those now accessing services is provided by the Welsh Substance Misuse Database.</p> <p>The Welsh Assembly Government does not see a need for a separate audit of equality of access to treatment services given that it is considered important that research is undertaken to establish any barriers to accessing treatment. The Welsh Assembly Government will be consulting the Advisory Panel on Substance Misuse about undertaking this study. (Please see the responses to Recommendations 23, 29 and 36).</p>	<p>Please refer to my progress report against recommendations 23 and 29.</p>

	Accept in part	
36: That the Assembly Government identify ways of encouraging and supporting innovative work to address inequalities in access to treatment services and the evaluation of such work.	<p>The Welsh Assembly Government is keen to encourage and support innovative working to address inequalities in access to treatment services. The study looking at barriers to accessing services (the responses to Recommendations 23, 29, 35 & 36 refer) will assist with this.</p> <p>Accept</p>	Please refer to my progress report against recommendations 23, 29 & 35.
Recommendation	Response	Progress
37: That the Assembly Government considers ways of supporting awareness raising and the sharing of good practice across Wales, which involve communities.	<p>Best practice guidance for service providers and clients on the engagement and involvement of service users is being developed by an external working group for issue in summer 2006. This guidance will underpin the development of a module within the SMTF on strengthening engagement and involvement of service users, their families and carers. This is due to be issued for consultation in September 2006.</p> <p>Accept</p> <p>Financial Implications – none. Activity included in the planned expenditure of the Substance Misuse Action Fund BEL.</p>	Please refer to my progress report on the development of the service user, families and carer involvement modules of the Substance Misuse Treatment Framework. Recommendation 2 refers.

<p>38: That the Assembly Government requires Substance Misuse Action Plans to demonstrate how equality will be promoted using the Assembly's duty to promote equality under sections 48 and 120 of the Government of Wales Act 1998 as the basis of this requirement.</p>	<p>The statutory guidance issued to CSPs in 2004 on the development of three-year Local Action Plans required CSPs to incorporate equality issues in their action plans. Please refer to the response to Recommendation 35.</p> <p>Accept – already a requirement</p> <p>Financial Implications – None</p>	<p>Recommendation dealt with fully in earlier response.</p>
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Cabinet Written Response - Additional Points

Précis of point made:	Response	Progress
<p>Homelessness</p> <p>Provision of services to tackle substance misuse for homeless people – exact figures not held by LHB of homeless in communities. How do we provide community detoxification and outreach facilities for homeless groups and how do we improve access to GPs for homeless groups.</p>	<p>The Welsh Assembly Government has recognised that the needs of this vulnerable group of people require special consideration. Evidence suggests that homeless people have poorer physical and mental health problems and accessing substance misuse services is a major problem for them. Work began in November 2005 to develop a module of the SMTF that focuses on how best to shape and deliver services to ensure that homeless people can access treatment services and harm minimisation advice. The group developing this module comprises external representation from CSPs, treatment providers who specialise in services to homeless people and the National Public Health Service.</p> <p>The module is being developed within the context of the Welsh Assembly Government's broader definition of Homelessness within the Code of Guidance on Homelessness, which is more inclusive than the statutory definition contained in the Housing Act 1996. The module will also complement new and existing modules within the SMTF, of particular relevance are the modules for</p>	<p>The Homelessness module of the SMTF was issued for consultation in October 2006 and final version will be published shortly.</p>

	<p>the provision of services for alcohol and co-occurring mental health and substance misuse problems.</p> <p>Financial Implications</p> <p>The cost of the development of the Homelessness module is included in the planned expenditure in the Substance Misuse Action Fund BEL.</p>	
Précis of point made:	Response	Progress
<p>Harm Minimisation</p> <p>Improving access to and the availability of safer injecting facilities. The Health Protection Agency highlighted in a recent report that the number of injecting drug users infected with HIV and Hepatitis C and other diseases is on the increase. Evidence exists that services that provide clean needles and syringes significantly help with harm minimisation.</p>	<p>The Welsh Assembly Government agrees that improving access and increasing the availability of harm minimisation services provides significant health gains both for individuals who are injecting substances but also for the wider community. This is why it is an important element of our strategy for tackling substance misuse and why the CSPs are required to set objectives for the provision of these services at the local level.</p> <p>The National Public Health Service are due to report in summer 2006 on a series of research studies they have undertaken between December 2004 and May 2006. The studies aim to provide robust evidence, specific to Wales, on the scale and nature of blood borne virus infection associated with injecting drug use. In addition, the joint England and Wales audit of needle exchange services (response to recommendation 1 refers) will also be available shortly. Harm minimisation services will be considered in the light of the findings of these two reports.</p> <p>Financial Implications</p> <p>The cost of producing the two reports is being met from the existing provision for the Substance</p>	<p>The National Public Health Service have produced their report on the scale and nature of blood borne virus infection. The report is currently with the Assembly's Office of the Chief Medical Officer who commissioned the study.</p> <p>The development of a Harm Minimisation module of the Substance Misuse Treatment Framework is being considered as one of the priorities for 2007-08. This report will inform that work along with the findings of the needle exchange audit which I have reported on at recommendation 1.</p>

	<p>Misuse Action Fund BEL. It may be that additional resources would be required to fund developments as a result of the findings of these reports but those are impossible to quantify at the moment.</p>	
OAQ	Response	Progress
<p>OAQ - Rhodri Glyn Thomas - 3rd May 2006.</p> <p>When the Social Justice and Regeneration Committee carried out a review of substance misuse, it became evident from our visits to various organisations throughout Wales that many of them were charities working voluntarily because, often, individuals had had a vision regarding those services. As a result, the services are inconsistent and diverse in their methods of working. 1.Do you believe that there is scope for these services to be led from the centre?</p> <p>2. Is there also room for the direct and national commissioning of services for people suffering from alcoholism, because they are often low on the priority lists of the commissioning local health boards?</p>	<p>1. In autumn 2003, work began to develop the SMTF (the equivalent of Models of Care in England). The Framework establishes national standards for the availability and quality of treatment services in Wales to ensure a consistent and comprehensive approach to the planning and delivery of services. This agenda is being underpinned by the development of the Performance Management Framework which will facilitate the monitoring and measurement of quality, access and availability of treatment services across Wales. (Please refer to the response to Recommendation 2).</p> <p>To further drive forward improvements in consistency and quality of service provision, the Welsh Assembly Government has commissioned two important projects:</p> <p>a pilot study is due to commence shortly trialling a unified assessment process for all adults referred for treatment; and,</p> <p>A research study commenced in December 2005 to scope the possibility of mandating evaluation tools to measure an individual's progress through treatment.</p> <p>2. Information from the Welsh Substance Misuse Database shows that over 50% of all referrals for treatment are for alcohol problems. This would seem to suggest that the commissioners of services, the CSPs, which includes Local Health Boards as</p>	<p>My progress report against recommendation 2 details the work being undertaken on the Substance Misuse Treatment Framework.</p> <p>The development of a unified assessment system – the Wales Integrated In-depth Substance Misuse Assessment Tool (WIISMAT) – has been complex as I reported in my 4th Annual Report to Committee last September (para 2.14 refers). Piloting of the tool has now formally begun in Gwynedd (Welsh Language version), Ynys Mon, Ceredigion and Neath Port Talbot/Bridgend. The remaining pilot in Monmouthshire is about to commence shortly.</p> <p>The research study to examine evaluation tools did not identify any that had a sufficiently strong evidence base to justify mandating. We are now discussing with the National Treatment Agency in England the possibility of joint work to develop and pilot a new evaluation tool.</p> <p>Please refer to my progress report against recommendation 8 where I have outlined the work we are undertaking to address alcohol misuse issues.</p>

	statutory partners, view the treatment of alcohol problems of at least equal importance to the treatment of drug problems.	
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