Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Strategic Development Committee

Substance Use Spotlight Session

Eitem yr Agenda / Agenda Item	7.1.3
Dyddiad y Cyfarfod / Date of Meeting:	10 November 2026
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Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Philip Daniels, Executive Director of Public Health
Diben yr Adroddiad / Report Purpose:	For Noting
Camau Gweithredu / Penderfyniad Angenrheidiol / Action / Decision Required:	The Strategic Development Committee is asked to note the information provided in response to the questions raised following the previous APB partnership update.
Cyd-destun Strategol: *Mae'r adroddiad hwn yn cyd-fynd â'r Pileri Strategol canlynol* ***Strategic Context:*** *This report aligns to the following Strategic Pillars*	Creating Health Improving Care; Inspiring People; Sustaining Our Future
Nodwch sut mae hyn yn cyd-fynd â'r Cynllun Tymor Canolig Integredig / Cynllun Cyflawni Blynyddol *(Cyfeiriad blaenoriaeth berthnasol)* **Please indicate how this aligns to the Integrated Medium Term Plan / Annual Delivery Plan** *(Reference relevant priority)*	Supports the Health Board's strategic focus on prevention, reducing health inequalities, integrated care and the development of sustainable pathways across organisational boundaries.

Crynodeb Gweithredol o'r hyn y mae'r adroddiad yn ei ddisgrifio:
Dechreuwch drwy **grynhoi'r wybodaeth bwysicaf yn fyr**. Dylai hyn roi dealltwriaeth gadarn o'r pwyntiau allweddol yn erbyn y 3 phennawd canlynol heb ddarllen yr adroddiad llawn:

Executive Summary of what the report is describing:
Start by **summarising briefly** the most critical information. This should provide a firm grasp of the key points against the following 3 headings without reading the full report:

Beth *(crynodeb o'r sefyllfa / mater cyfredol a pham ei fod yn bwysig a thystiolaeth i gefnogi'r safbwynt hwnnw ac ati)* **What** *(summary of current position / issue & why it matters and evidence to support that position etc)*	Cwm Taf Morgannwg has the highest reported drug-related death rate in Wales, at 15 per 100,000, and the highest alcohol-attributable death rate, at 66 per 100,000. In 2024/25, there were 1,488 alcohol-related admissions per 100,000 people. The CTM Area Planning Board leads the partnership response and commissions mainstream services across health, local government and the third sector. All five Welsh Government performance KPIs were achieved in August 2026. These measures do not show the full picture on waiting lists, capacity, outcomes or inequalities. Community Drug and Alcohol Teams provide a range of interventions to reduce substance-related harm, including flexible access arrangements, blood-borne virus testing, physical health assessment and integrated working with other clinical services. Services continue to face significant demand and workforce pressures, alongside constraints within primary care shared-care arrangements, psychological support, residential rehabilitation pathways and prescribing capacity.
Felly, beth *(darparu dadansoddiad ystyrlon gan dynnu allan, fel y bo'n briodol, oblygiadau yn erbyn Strategaeth / Cynlluniau Cyflawni / risgiau Strategol neu Reoleiddiol CTMUHB ac ati ac unrhyw opsiynau ar gyfer mynd i'r afael â'r rhain)* **So, what** *(provide meaningful analysis drawing out as appropriate implications against CTMUHB Strategy / Delivery Plans / Strategic or Regulatory risks etc and any options for addressing these)*	Whilst CTM continues to achieve national substance-use KPIs, these measures do not fully reflect pressures across treatment, recovery and rehabilitation pathways. Services continue to experience sustained demand, increasing complexity of need and workforce pressures. A number of significant barriers sit beyond APB commissioning arrangements and require wider CTMUHB action, particularly around workforce, primary-care shared care, prescribing pathways, accommodation and pathway coordination. Services continue to experience sustained demand, increasing complexity of need, workforce pressures and constraints within primary-care shared-care arrangements. A number of the most significant barriers to improvement sit beyond APB commissioning arrangements and require action across CTMUHB services, including workforce, prescribing pathways, accommodation and pathway coordination. CDAT improvement work demonstrates opportunities to strengthen prevention, treatment and recovery pathways; however, workforce, prescribing, primary care

	and rehabilitation constraints continue to create bottlenecks across the system. Addressing these barriers will require coordinated action beyond APB commissioning arrangements to improve capacity, access and pathway integration.
Beth Nesaf *(crynodeb o'r camau gweithredu a fwriadwyd a'r manteision sy'n cefnogi'r dewisiadau a'r argymhelliad(au) sy'n cael eu gwneud)* **What Next** *(summary of intended action and benefits supporting the choices and recommendation(s)being made)*	The APB is progressing a new regional strategic plan, governance review and improvement programme to strengthen prevention, treatment, recovery and rehabilitation pathways. The strategic plan will also strengthen the voice of people with lived experience, and use of data across the system. Within CTMUHB, Substance Use Service management priorities include improving access to psychological support, strengthening primary care provision, improving legacy Bridgend data and system issues. However, workforce, primary care and infrastructure pressures are likely to persist and will require ongoing internal and external partnership action.

Argymhelliad *(Wedi'i gysylltu â'r adran "Beth Nesaf" uchod).* **Recommendation** (Linked to the "What Next" section above).	The Strategic Development Committee is asked to: • **note** the current scale of substance-use harm and system pressures in Cwm Taf Morgannwg • **note** the improvement work underway through the Area Planning Board and CTMUHB • **note** the strategic risks and constraints likely to persist • **support** continued oversight through routine Area Planning Board partnership updates.

1. **Background / Context**

1.1 The CTM Area Planning Board (APB) is the lead partnership forum for the strategic direction and co-ordination of work to reduce substance-use harm in the region. It commissions mainstream services and brings together CTMUHB, local authorities, commissioned providers and wider partners.

1.2 APBs are Welsh Government-mandated partnership forums.

1.3 Following the previous CTM Area Planning Board (APB) partnership update, the Strategic Development Committee (SDC) requested further information on substance-use harms, system pressures, improvement activity, areas where progress is expected and constraints likely to persist. This paper is provided in response to this request.

1.4 The APB disburses the following funds to CTMUHB, which are primarily overseen by the Mental Health and Learning Disability Care Group:

- £4.1 million Welsh Government ring-fenced funding for NHS substance-use services in 2025/26, subject to APB agreement on annual spending plans
- Approximately £2.1 million in additional APB funding streams, including funding for children and young people, complex needs and Buvidal.

1.5 In addition, other substance-use related funding streams of significance in CTMUHB are:

- Approximately £400,000 of Value Based Health Care funding supporting the Alcohol Care Team (sitting within Planned Care)
- £646,000 received by CTMUHB to commission psychosocial substance-use services at HMP/YOI Parc.

1. Strategic Insights

2.1 The last substance misuse strategy for Wales expired in 2018. As such there is no current national framework to reduce substance use harms.

2.2 In response to the lack of national direction, the CTM APB is developing a regional strategic plan.

2.3 Substance use and harms in CTM

2.3.1 CTM has reported the highest drug-related death rate in Wales at 15 per 100,000 and the highest alcohol-attributable death rate at 66 per 100,000.

2.3.2 There were 1,488 alcohol related admissions per 100,000 people in CTM in 2024/25.

2.3.3 Harms extend beyond mortality and include acute and chronic ill health, mental-health and co-occurring needs, school exclusion, housing instability, family impacts, criminal-justice involvement and inequalities in access and outcomes.

2.3.4 There are no current estimates of levels of substance use in Wales, however service level data show that after alcohol, cocaine and crack cocaine make up the largest portion of referrals to substance use services in CTM, followed by cannabis, particularly in younger cohorts.

2.3.5 Heroin and other opiates use is increasingly confined to older cohorts, where increased physical ill-health presents a high risk of drug-related mortality.

2.3.6 While referral numbers are low, there has been a significant increase in activity related to ketamine in younger age groups.

2.4 CTM Substance Use System

2.4.1 How the system is organised

Substance use services in Wales are delivered across 4 tiers, with separate services for children and young people, and people in the criminal justice system and those in prison. This system fragmentation is reflected in different commissioning routes and the number of providers.

In summary:

- Prevention, early intervention and Tier 1 and 2 services are principally commissioned through the APB and delivered by Barod and partners, including Local Authority.
- Tier 3 clinical treatment is provided through CTMUHB Community Drug and Alcohol Teams and the Young People's Drug and Alcohol Service.
- Specialist provision includes the Alcohol Care Team, Community Alcohol Care Team, Housing Outreach Service and substance-misuse liaison support at Princess of Wales Hospital.
- Residential rehabilitation is commissioned through Tier 4 arrangements, while criminal-justice services are commissioned separately by HMPPS and criminal-justice partners.
- Primary Care Drug and Alcohol Services and participating GP practices support shared care and the transfer of stable patients from specialist services.

2.4.2 **Performance against Key Performance Indicators**

CTM performance is monitored at an APB level against five Welsh Government substance-use KPIs:

KPI	Measure	WG baseline	Latest CTM performance
1	DNA following assessment	≤20%	18.1%
2	Referral to treatment waiting times <28 days	≥80%	90.5%
3	Reduction in substance use	≥86.5%	90.5%
4	Improvement in quality of life	≥84.2%	90.8%
5	Treatment completion	≥76.9%	77.1%

All five Welsh Government baselines were achieved at CTM level in August 2026, although there is variation between individual services, particularly across CDAT sites.

National KPIs were set in 2017/18. Performance should be interpreted with some caution. There are known limitations in data quality and consistency, with different IT and reporting arrangements across services. The KPIs provide only a partial view of the system and do not adequately capture wider capacity and pathway pressures, inequalities, longer-term outcomes or service-user experience.

2.5 Demand and capacity pressures

Timely access to drug and alcohol services is essential to reducing substance use harms for individuals, families and communities.

Whilst performance against national KPIs remains within expected levels, the substance-use system continues to face a number of capacity and resilience challenges. These include:

- Sustained demand for treatment, recovery and support services across the region.
- Workforce recruitment and retention challenges affecting service capacity and resilience.
- High caseloads within specialist services and increasing complexity of need, including among people with co-occurring mental health needs.
- Ongoing pressures within primary care and prescribing pathways, particularly where delivery arrangements vary between localities.
- Variation in information systems and data arrangements, which can affect consistency of reporting and service oversight.
- Bridgend is transitioning to new reporting and clinical record systems, supporting greater alignment across CTMUHB and reducing administrative burden.
- Limitations in clinical accommodation and infrastructure, affecting the delivery of some specialist interventions.

2.6 Improvement Activity

A range of improvement activity is underway across the partnership to strengthen performance, consistency and system resilience. Key areas of focus include:

- Strengthening performance oversight, including more consistent reporting arrangements, enhanced performance monitoring and improved use of data to support decision-making.
- Bridgend data quality and system migration will require continued oversight during the transition, with assurance that discrepancies are resolved and reporting is stable across successive quarters.
- Identifying key areas for improvement to reduce drug related deaths, including identifying non-fatal overdoses through CTMUHB emergency care pathways.
- Improving access and capacity, through workforce development, recruitment, service review and targeted actions to address waiting times and pressures within key pathways.
- Enhancing prevention and early intervention, including additional support for children and young people, earlier engagement and improved transition between services.
- Improving consistency and quality of care, through the review of clinical pathways, standard operating procedures and service models across the region.
- Strengthening recovery and rehabilitation pathways, including revised arrangements for residential rehabilitation and improved monitoring of outcomes.

- Developing a new strategic framework for substance use, focused on system co-ordination and performance, prevention and early intervention, treatment and harm reduction, recovery and reconnection, and co-production with communities.

2.7 Improvement expected over time

These actions are expected to improve access, consistency, performance oversight and system integration across CTM substance-use services, although the scale of improvement will depend on successful implementation and available capacity.

- Improved access to support and reduce delays across key pathways, particularly for children and young people.
- More consistent service delivery and clearer pathways across the region.
- Better performance intelligence, oversight and understanding of outcomes.
- Stronger alignment between strategic priorities, governance arrangements and operational delivery.
- Enhanced partnership working to support prevention, treatment, recovery and harm reduction activities.

2.8 Challenges likely to persist

Despite ongoing improvement activity, a number of challenges are likely to continue to affect the resilience and effectiveness of the system:

- Sustained demand for treatment, recovery and harm reduction services.
- Workforce recruitment and retention challenges, alongside increasingly complex needs among people accessing support.
- Constraints within primary care, shared-care and prescribing arrangements, affecting pathway flow and continuity of care.
- Financial pressures that limit opportunities for service expansion and longer-term service development.
- Variation in digital systems, reporting arrangements and service models across the region.
- Limited clinical accommodation and treatment space in some localities.
- Limited access to integrated psychological and therapeutic support within substance-use pathways.
- Fragmented commissioner and provider landscape, with different governance routes and priorities.

2. Risks and Opportunities

3.1 Key risks

The substance-use system operates within a complex commissioning environment and remains exposed to a number of strategic risks, including:

- The planned abolition of Police and Crime Commissioners in England and Wales. The lack of clarity around future funding for criminal justice services, or planning for alternative commissioning arrangements poses a significant risk to substance use services in CTM.
- Workforce pressures, increasing complexity of need and high demand for services, which may affect capacity, resilience and the ability to sustain improvements over time.
- Constraints within primary care, shared-care and prescribing arrangements, which create bottlenecks within treatment pathways and limit opportunities for care closer to home.
- Financial pressures across partner organisations, which may constrain service development and limit the system's ability to respond to emerging needs.
- Variation in infrastructure, digital systems and service models across the region, which can affect consistency of delivery, performance reporting and oversight.
- Limited availability of specialist psychological and therapeutic support within substance-use pathways.
- Gaps in outcomes, experience and inequalities data, which can make it difficult to assess longer-term impact, equity of access and service-user outcomes.

3.2 Opportunities

Alongside these challenges, there are opportunities to strengthen the effectiveness and sustainability of the system:

- Use the development of the new substance-use strategic plan and governance arrangements to create clearer alignment between priorities, resources, performance management and delivery.
- Strengthen collaboration across CTMUHB, local authorities, commissioned providers and criminal justice partners to support more integrated pathways and shared ownership of outcomes.
- Develop a more consistent whole-system approach to prevention, early intervention, treatment, harm reduction, recovery and rehabilitation.
- Improve the quality and use of data to support strategic planning, better understand outcomes and inequalities, and provide stronger assurance regarding system performance.
- Embed lived experience and co-production more systematically within planning, commissioning and service improvement activity.
- Joint improvement work across Primary and Community Care and Mental Health and Learning Disabilities to improve shared care provision, and reduce specialist case loads.

3. Compliance and Governance

Substance-use services are delivered through a partnership model involving a range of statutory and third-sector organisations. Effective governance is therefore essential to ensuring strategic alignment, accountability and system performance.

- The Area Planning Board provides the principal mechanism for strategic oversight, commissioning and partnership co-ordination.
- Clear governance arrangements are required to ensure that risks, performance issues and service pressures are identified and escalated appropriately.
- Ongoing governance review provides an opportunity to strengthen accountability, streamline decision-making and improve the link between strategic priorities and delivery.
- Whilst many issues are best addressed through partnership arrangements, CTMUHB retains responsibility for the governance of its own services, workforce, clinical quality and infrastructure.

4. Conclusion

4.1. Substance-use harms remain a significant challenge within Cwm Taf Morgannwg and require a sustained whole-system response across prevention, treatment, recovery and harm reduction.

4.2. Whilst performance against national indicators remains positive and a range of improvement activity is underway, the system continues to face significant challenges relating to demand, workforce, funding, infrastructure and wider commissioning arrangements. In particular, uncertainty regarding future criminal justice structures and funding arrangements represents a potentially significant strategic risk for the sustainability of parts of the system.

4.3. This paper is provided in response to the issues raised by the Strategic Development Committee and is intended to provide an overview of current arrangements, challenges and improvement activity. Ongoing reporting through established Area Planning Board governance arrangements should continue to provide assurance regarding performance, emerging risks and opportunities for improvement.

Cyswllt â Risg(iau) Strategol ar Fframwaith Sicrwydd y Bwrdd *(Nodwch pa risg(iau) strategol y mae'r mater hwn yn effeithio arnynt a beth yw'r effaith ar y risg)*	Strategic Risk 4 Community & Partner Engagement
Link to Strategic Risk(s) on the Board Assurance Framework (Identify which strategic risk(s) this matter impacts on and what the impact is to the risk)	Potential relevance to quality, access, workforce, partnership delivery, prevention and early intervention and sustainable services.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales

Link to Wellbeing of Future Generations Act – Wellbeing Goals	A More Equal Wales; A Wales of Cohesive Communities

Dolen i Hwyluswyr Ansawdd / Link to Enablers of Quality	All Enablers of Quality Apply
	Leadership; Workforce; Learning, improvement and research

Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental Sustainability Impact (5Rs)	No - Not Applicable

Asesiad Effaith Impact Assessment		
Canlyniad Asesiad Effaith ar Gydraddoldeb a'r Gymraeg *(Ysgrifennwch ddatganiad cryno, os na wneir hynny, rhowch reswm o'r rhestr ostwng a llofnodwch y Weithrediaeth.)* **Equality & Welsh Language Impact Assessment Outcome** *(Please write summary statement, if not undertaken provide reason from dropdown and Executive sign off.)*	Outcome for Equality (delete as appropriate): NEUTRAL Summary of impact: This paper describes the current system and improvement activity; it does not propose a service change. Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Summary of impact:	If no, please select a reason below. Choose an item. Named Executive/Board member sign off for no EWLIA completion: EWLIA not undertaken because this is an information report and no decision or service change is proposed. Executive sign-off to be completed if required.
Canlyniad Asesiad Effaith Ansawdd *(Cadarnhewch y canlyniad, os na chynhaliwyd ef, esboniwch yn fyr pam nad oedd ei angen)* **Quality Impact Assessment Outcome**	Quality Impact Assessment not undertaken because this is an information report. Future material service changes should be assessed through the relevant process.	

(Please confirm outcome, if not undertaken briefly explain rationale for why it was not required)	
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report
Enw da / Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
CTM Area Planning Board	15/09/2026	17 September 2026 - APB support sought for the SDC spotlight session and preparation of the submission.

Acronyms / Glossary of Terms	
APB	Area Planning Board
CDAT	Community Drug and Alcohol Team
CTM	Cwm Taf Morgannwg
CTMUHB	Cwm Taf Morgannwg University Health Board
HMPPS	His Majesty's Prison and Probation Service
PCC	Police and Crime Commissioner
PCDAS	Primary Care Drug and Alcohol Service
SDC	Strategic Development Committee
YPDAS	Young People's Drug and Alcohol Service