------------------------Pecyn dogfennau cyhoeddus ------------------------

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 - Y Senedd

Dyddiad:
Dydd Mercher, 12 Tachwedd 2014

Amser:
09.30

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:

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Agenda

1 Cyflwyniadau, ymddiheuriadau a dirprwyon (09.30)

2 Ymchwiliad i sylweddau seicoweithredol newydd ("cyffuriau penfeddwol cyfreithlon"): Sesiwn dystiolaeth 5 (09.30 - 10.15)

(Tudalennau 1 - 35)

Ditectif Brif Arolygydd Gary Phillips, TARIAN, Uned Troseddau Cyfundrefnol Rhanbarthol De Cymru

Ditectif Arolygydd Richie Jones, Ffederasiwn yr Heddlu ar gyfer Cymru a Lloegr

3 Ymchwiliad i sylweddau seicoweithredol newydd ("cyffuriau penfeddwol cyfreithlon"): Sesiwn dystiolaeth 6 (10.15 - 11.00)

(Tudalennau 36 - 42)

Paul Roberts, Arolygiaeth Carchardai Ei Mawrhydi

4 Papurau i'w nodi (11.00)

Cyllideb Ddrafft Llywodraeth Cymru 2015-16: Yn dilyn 16 Hydref 2014 (Tudalennau

43 - 49)

5 Cynnig o dan Reolau Sefydlog 17.42(ix) a (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod ac ar gyfer eitem 1 y cyfarfod ar 20 Tachwedd 2014 (11.00)

6 Ymchwiliad i sylweddau seicoweithredol newydd ("cyffuriau penfeddwol cyfreithlon"): Trafod y dystiolaeth a ddaeth i law (11.00 - 11.15)

7 Ymchwiliad i gamddefnyddio alcohol a sylweddau: trefniadau ymgynghori (11.15 - 11.30) (Tudalennau 50 - 52)

8 Ymchwiliad i fynediad at dechnolegau meddygol yng Nghymru: trafod yr adroddiad drafft (11.30 - 12.15) (Tudalennau 53 - 118)

Mae cyfyngiadau ar y ddogfen hon

NOT PROTECTIVELY MARKED

ROCU
Problem Profile

Profile of Mephedrone and New Psychoactive Substance Use & Supply in Wales

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Date: September 2014

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Introduction

Intelligence suggests that the use of Mephedrone and New Psychoactive Substances (NPS) is an ongoing issue within the South and Mid Wales Region. The purpose of this document is to help gain a better understanding of the Mephedrone and NPS markets within the southern Wales region.

Scope

The profile will concentrate on the period between 2012 and 2014 with an analysis of offences, availability of Mephedrone/NPS and Mephedrone/NPS related deaths. The report uses recorded drugs offences and intelligence reports relating to Mephedrone from the Dyfed Powys, South Wales and Gwent Police Forces.

Key Findings

- A year on year comparison of drug-related crime data across Dyfed Powys, South Wales & Gwent shows a general reduction in Mephedrone-related arrests and seizures for 2013/14 when compared to recent years.
- A report produced by Fiona Brookman and published by the University of South Wales in April 2014 gives an invaluable insight into the harmful side-effects of long-term Mephedrone use on the users, both physical and mental.
- Despite a reduction in reported cases of Mephedrone-related drugs offences, there continues to be supply and demand for Mephedrone and other closely related substances in southern Wales
- The Welsh Emerging Drugs & Identification of Novel Substances Project (WEDINOS) continues to evidence the varied & ever-changing nature of New Psychoactive Substances (NPS) available in Wales
- Over 77% of all branded NPS products tested by WEDINOS were shown to contain two or more substances in varying levels
- WEDINOS findings show that a brand name for any given NPS is no guarantee of consistency in the chemical content of the product, presenting the real risk of unwitting poly-drug use

Definitions

Description of Mephedrone

Mephedrone (meph, m-cat, miaow miaow) is derived from cathinone – a stimulant found in the plant Catha edulis. Mephedrone is available in several forms including powder, pills and capsules, and is also water soluble allowing users to inject the drug. The drug can also be snorted, swallowed and bombed (ground up, wrapped in paper and swallowed) but cannot be smoked. Mephedrone has a uniquely unpleasant odour that has variously been described as resembling stale urine, vanilla and bleach, and electric circuit boards. It can be cut with other substances so sometimes appears discoloured.

Description of NPS

New Psychoactive Substances are mainly synthetic drugs manufactured to mimic the effects of already controlled drugs and are used mainly as recreational drugs. The majority of NPS are sold in mixtures. NPS come in the form of white, off white and other coloured powders, various shaped and coloured pills, pellets, liquids and smoking blends. The only way that anyone can be certain of their content is when they are examined by the relevant scientific analysis equipment.

Effects of use

Mephedrone

In summary users report the positive effects to be somewhere between MDMA and Cocaine with euphoria, enhanced music appreciation, elevated mood, increased energy, sociability, mental stimulation and sexual stamina commonly mentioned. Loss of appetite and weight loss are also cited as positive effects.

However, Mephedrone can over stimulate the heart, circulation and nervous system therefore causing a risk of fits. The psychological impact of the drug can have an effect very quickly and cause side effects, including psychosis, paranoia, depression, self-harm and suicidal thoughts. Mephedrone is twice as corrosive as Cocaine on the membrane/septum when snorted and collapses the vein three times faster than Heroin when injected (SWP Intelligence Bulletin 83/12).

There is strong anecdotal evidence that users can become addicted to Mephedrone. Users report a desire to re-dose and craving the drug, often to overcome the ‘come down’ or ‘hangover’ associated with its use. Users report that they quickly develop a tolerance to Mephedrone and have to increase the frequency and dosage to maintain the positive effects. This is often reported to quickly progress to uncontrolled binging behaviour called ‘Fiending’. The desire to offset the effect of comedown and to return to the highly pleasurable effects of Mephedrone leads to this ‘fiending’. In one survey over 60% of users reported using the drug for longer and in larger amounts than originally intended when they began (Wood, 2013).

Standard risks associated with frequently injecting controlled drugs apply to Mephedrone also. Very little is known about the long-term effects of the drug.

NPS

Little evidence currently exists as to the harms that these substances may be able to cause (ACPO, 2011). Products sold under a ‘branded name’ often contain completely different substances and therefore, the effects of NPS cannot be known (NCA, July 2014).

In general, the most commonly reported adverse effects appear to be losing consciousness and vomiting. While these are both a cause for concern in isolation, it is important to note that the threat they pose is significantly increased when occurring *simultaneously*, due to the risk of potentially fatal asphyxiation.

Legislation

Mephedrone

Mephedrone became classified as a Class B illegal substance in April 2010 under the Misuse of Drugs Act 1971.

NPS

NPS/'legal highs' are substances which produce the same, or similar effects, to illegal stimulant drugs such as Cocaine and ecstasy, but are not controlled under legislation. It is however considered illegal under current medicines legislation to sell, supply or advertise for "human consumption". To get round this sellers refer to them as research chemicals, plant food, bath crystals or pond cleaner. A number of NPS have been controlled under the Misuse of Drugs Act 1971 often using a generic definition enabling the Government to legislate for the 'family' of related drugs as far as possible.

Forensic Early Warning System (FEWS)

FEWS was developed in January 2011 in response to the emergence of NPS. FEWS helps to identify NPS quicker by bringing together expertise from forensic laboratories, chemical suppliers, law enforcement agencies and experts in the field in a coordinated approach to the analysis of law enforcement seizures and test purchases.

Substances are collected by forces and sent to their usual Forensic Provider (using a special FEWS Label) for examination, when collection plans are in place. The Forensic Provider will examine these substances as part of the FEWS project, at no cost to the submitting force.

Emerging NPS

New and previously unseen NPS are being identified throughout Europe and the United Kingdom on a regular basis.

FEWS (Forensic Early Warning System) has identified a number of NPS including:

- AKB-48
- 25-B-NBOMe
- 4-MeO-PCP
- Critical Haze
- Sparklee
- Black Mamba

The most commonly mentioned legal highs in 2013 and 2014 were "Exodus" followed by "Pandora's Box" and "Black Mamba".

In 2013, 81 new psychoactive substances were notified to the EU Early Warning System, compared to 74 in 2012, 49 in 2011 and 41 in 2010. This brings the number of substances monitored to more than 350.

During 2013-2014, two new NPS (down from 10 in 2012) have been identified under FEWS which have not been previously encountered in the UK or Europe. These are mephtetramine and LY2183240. Two new substances have been identified at UK level only, which are BB-22 and dichloromethylphenidate.

The EMCDDA report noted particular concern at EU level around synthetic opioids such as AH-7921, MT-45, carfentanil and ocfentanil which have been widely reported in the past two years. The ACMD has recommended the control of the synthetic opiod AH-7921 ('legal Heroin') as a Class A drug. A number of tryptamines are already controlled under UK legislation but the ACMD is recommending the definition is widened to include hallucinogenic drugs in the same group including AMT (similar effects to LSD) and 5-MeO-DALT ('rockstar'/'green beans'/'jungles').

Enquiries reveal "Jeffrey" refers to either the stimulant NPS "Posh" mixed with Mephedrone *or* oxidised, illicit Ephedrine. For example limited intelligence from South Wales indicates some Western BCU dealers are adding NPS to Cannabis, though it is unclear if this is the addition of chemical stimulants, hallucinogens and/or Synthetic Cannabinoids (Wilson and Holmstrom, 2014).

There is limited intelligence to suggest NPS are being used as cutting agents, although the full extent remains unknown.

User profile

Mephedrone

The majority of Mephedrone users are in the age range 18-24 and are predominantly male (RIUW, 2012). Richards (2012) states that young people are most vulnerable to Mephedrone use because they are more exposed to drugs in pubs and nightclubs. Mephedrone has been ranked as the fourth most popular drug in the 16-24 age group on the British Crime Survey.

According to the British Crime Survey 2013 – 2014 around 10.9% of respondents who had been to a nightclub four or more times in the last month were frequent drug users. This compares with 2.3% of respondents who had not visited a nightclub in the past month. Furthermore, youths are a particular high-risk group in that they are more likely than other age groups to try an unknown drug/white powder.

NPS

The profile of the most significant number of users is broadly similar to the profile of club drug users; both NPS and club drug users are generally young males, well educated, and socially functional (ACPO, 2011). The NPS user demographic is generally seen to differ from other drugs. Those that present to health services tend to have stable jobs, relationships and accommodation and appear more likely to make the most of treatment (NCA, July 2014).

The report for the National Treatment Agency for Substance Misuse (NTASM, 2012) stated that individuals who sought treatment for NPS in 2012 were relatively young, with 56% of all adults in treatment aged 18-24. Despite the fact that the sale of such substances to minors is prohibited, the

intelligence logs have shown the use of NPS to be strongly linked to those under the age of 18. Street dealers have no qualms about supplying NPS to minors.

There are incidents of former high-harm drug users diverting to NPS, potentially due to the low purity of controlled drugs in their area (ACPO, 2011). There is some evidence to suggest that NPS are being injected by users; generally existing drug injectors as a substitute for opiates during a periods of low opiate availability/affordability (NCA, July 2014).

Vulnerable groups

Children & Young People – influenced most by the image of Mephedrone, more likely to experiment with unknown 'white powers' and being actively targeted by dealers (offering tasters to school children for under £1).

Problematic Drug Users – intravenous Heroin users are at increased risk due to the image of Mephedrone as an aid to coming off Heroin and reducing withdrawal symptoms.

Existing Mental Health Issues - those already suffering with poor mental health may also be at increased risk as Mephedrone seems to exacerbate existing conditions and has been linked to a disproportionate number of suicides than other stimulants.

Not in Education Employment or Training (NEETs) - unemployed males and females aged 16-24 years may be most at risk of becoming Mephedrone dealers given the current state of the jobs market in many areas of Wales, particularly if they are already recreationally using drugs.

A large proportion of people using Mephedrone and NPS are not using these substances in isolation but take them alongside other controlled substances namely Valium, Cocaine, Heroin, Ketamine and Amphetamine.

Sources

<u>Mephedrone</u>

Research suggests that Mephedrone was originally sold as a party drug in Israel in the early 2000's and then distributed and used in the western world (Nutt, 2012). Mephedrone can be bought via the internet or through street dealers. Prior to being classified in 2010 it was also widely available from 'head shops' on the high street. However, even following the classification of Mephedrone as a Class B drug it can be easily purchased online.

Europol (2011) reported that the most common method of sourcing Mephedrone in urban areas is from friends and dealers. Even following classification of the drug it can easily be purchased online but McElrath and O'Neill (2010) reported that very few people purchased Mephedrone from online suppliers. Similarly, Brookman's (2014) study also revealed little evidence of internet-based purchases.

'Silk Road', is an underground website (sometimes referred to as the 'Amazon.com' for illegal drugs) which provides buyers with anonymity when browsing and making online drug purchases. The site was shut down in 2013 but now apparently operates again as Silk Road 2.0.

Suppliers appear to order large quantities of Mephedrone online (mainly from China and India) which then arrive through post and parcel services (SOCA, 2012). Intelligence suggests that it is unlikely that Mephedrone is being produced in South Wales. However, the vast majority of

Mephedrone dealers appear to have a localised impact, obtaining smaller amounts frequently (rather than kilo quantities) and dealing to a network of local users.

Mephedrone suppliers often use legitimate businesses as a method to conceal their dealing activities. Pub owners, particularly in the Western Valleys of South Wales, are known to sell controlled substances including Mephedrone over the counter to their customers. Similarly, delivery drivers are known to carry and distribute drugs alongside takeaway food.

NPS

The earliest reported form of new psychoactive substance was Ketamine in America at the start of the 1980's (EMCDDA, 2002).

NPS can be bought via the internet, at festivals, through street dealers or 'head shops' on the high street. Those selling NPS through the internet and head shops will often brand them as 'legal' or 'herbal highs' or attempt to conceal their true purpose by miss-describing them, for example as 'plant food', 'pond cleaner', 'bath salts' or 'research chemicals'. However, analysis of test purchases demonstrates they often contain Mephedrone or a wide range of other controlled drugs.

The majority of NPS are produced in China, and sometimes India, and traded via the internet. Whilst the internet is an important retail agent, particularly for larger amounts, available data suggests that at 'user' level most consumers purchase NPS through friends or traditional 'dealing' networks (NCA, July 2014).

It has been reported that students have created websites to supply legal highs nationally and through local markets (ACMD, 2011).

Price

Mephedrone

The price of Mephedrone at street level is very similar across southern Wales, on average between £10-20 for a deal (approx. 1 gram). Frequently 2-3 gram bags can be purchased at lower prices, often £25-30. In some areas the price can be as high as £40 per gram, but it is likely that at this price the Mephedrone will be mixed with other drugs such as Cocaine or Benzocaine. Ounces can be bought across South Wales for on average £150-300 but limited information is known about the larger quantities such as kilos.

Price comparison with other problematic drugs

Cocaine	£30-50 **Gram**	£800-1000 **Ounce**	£50,000-55,000 **Kilo**
Heroin	£40-50	£650-900	£15,000-17,000
Mephedrone	**£10-20**	**£200-300**	**£4,000**

Mephedrone is significantly cheaper than Heroin or Cocaine at all levels of the supply chain. Rough estimations of profitability suggest that selling Mephedrone at street level is more profitable than dealing Cocaine with the added attraction of a significantly lower initial outlay.

Intelligence suggests drugs markets are becoming increasingly "business-like" with some Mephedrone dealers charging a £20 "delivery charge". Street dealers are known to drive around in vehicles delivering the substances to their customers.

Mephedrone and NPS are also widely available to drug users in prison. It is said that a single line of Mephedrone will 'cost' one box of Amber Leaf tobacco.

NPS

NPS products online range from £4 to £150 depending on dosage and item, in certain shops legal highs can be purchased for between £10 and £200. Some customers are known to come in and 'stock up' on a large quantity of drugs, presumably with the intention of trading the products at a higher price. Young buyers have been seen selling newly purchased drugs just two streets away from the head shop in which they were bought. Due to the age restrictions that prohibit the sale of NPS to minors, there is some suggestion of an emerging trend for nominals to make multiple legitimate purchases from head shops that they then "deal" to under age users.

Overall, prices of NPS products are very similar to prices of Mephedrone. In much the same way as Mephedrone, NPS can be bought as a gram/bag (£10) or several grams/3 bags at a reduced rate (£25).

There is data available that shows that some significantly lower priced items sold online contained the same NPS as the more expensive samples. It is possible that vendors expect customers to make the assumption that high price equals high quality, thereby enabling maximum profit.

Prevalence

Mephedrone

Areas of high prevalence in 2012 and 2013 were Llanelli, Swansea, Bridgend, Cardiff and Newport. Police records do not show that this problem has began to impact on North Wales (Chadd, 2013).

Mephedrone use was first recorded in the British Crime Survey England and Wales in 2010-2011. Mephedrone usage decreased in 2012-2013. 0.5% of adults reported using Mephedrone compared to 2011-2012 when an estimated 1.1% used it.

The British Crime Survey 2013 – 2014 revealed that 1.9% of people (aged 16-24) have admitted to using Mephedrone at least once in their lives. This is a slight increase compared to 1.6% of people in 2012 – 2013.

Including Mephedrone, the proportion of adults (aged 16 to 59) taking any illicit drug in the last year was 8.8% in 2013/14 i.e. no different to the proportion when excluding Mephedrone (Home Office, 2014) which suggests that Mephedrone popularity is decreasing dramatically.

The British Crime Survey 2013 – 2014 revealed that less than 10% of adults (aged 16 to 59) used Mephedrone more than once a month compared to over 80% of young adults used the drug less than once a month.

Between April 2014 and June 2014 the Welsh Emerging Drugs & Identification of Novel Substances Project (WEDINOS) received 641 samples of NPS (this represented a 15% increase from the last quarter). 77% of all branded psychoactive products were found to contain at least two substances following analysis; with 34% containing at least three substances. Out of the 7 welsh health boards the Anuerin Bevan locality (Blaenau Gwent, Newport, Caerphilly, Torfaen and Monmouthshire) provided the most samples. Mephedrone was the seventh most commonly identified substance amongst the samples.

Despite the prevalence of Mephedrone in Western, Northern and Central BCU's in South Wales, in the main little is known in relation to the supply structure above that of end-users and their immediate suppliers.

NPS

Within the UK data relating to the use of NPS is relatively new, with Ketamine and Mephedrone only being included for the first time on the 2010 – 2011 British Crime Survey and the 2012 report for the National Treatment Agency for Substance Misuse (NTASM, 2012).

In 2011 The European Commission interviewed 12,000 randomly sampled young people from EU member states and it was found that 5% of the whole young person sample had used NPS. In relation to the UK, it was found that 8% of the young people had used NPS compared to 0.8% in Italy, 1% in Finland and 1.6% in Greece.

19.2% of NPS samples collected by FEWS in 2013-14 contained controlled drugs. In some cases more than one substance was identified in each sample. Some samples contained cutting agents such as caffeine, lidocaine and benzocaine. Of the samples analysed that contained NPS, about 91% were identified as mixtures of either two (61%) or three (30%) different active components.

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Seizures of Mephedrone & Related Arrests

Dyfed Powys

Crime data reveals that the total amount of Mephedrone seized within the Dyfed Powys force area during the period 1 April 2014 to 1 August 2014 has decreased from approximately 1.39kgs to 0.5.kg when compared to the same period last year. 84% (472g) of the Mephedrone seized during the reporting period has been in Carmarthenshire, the remaining being seized from Powys (59 grams) and Pembrokeshire (13 grams).

Area	Apr '13 to Aug '13	Apr '14 to Aug '14	% Change
EASTERN	107	50	-53.27%
Carmarthenshire	90	37	-58.89%
Powys	17	13	-23.53%
WESTERN	15	13	-13.33%
Ceredigion	1	4	300.00%
Pembrokeshire	14	9	-35.71%
Grand Total	244	126	-48.36%

Data supplied in the Dyfed Powys Mephedrone profile from August 2014 shows a reduction of 48.36% in the number of Mephedrone related drug offences when comparing like periods for 2013 and 2014. All but one area showed a reduction in offences, with the largest reduction being in Carmarthenshire.

South Wales

Occurrence data reveals that the total amount of Mephedrone seized within the South Wales force between the period August 2013 and July 2014 decreased by 34% compared to the same period in 2012 and 2013.

BCU's	Aug 12 to Jul 13	Aug 13 to Jul 14	% Change
Central	111	82	-26.13%
Eastern	45	23	-48.89%
Northern	111	93	-16.22%
Western	163	84	-48.47%
Grand Total	430	282	-34.42%

Seizures in Eastern and Western BCU's decreased by nearly half in 2013-2014 compared to 2012-2013. Northern and Western BCU's also show a decline regarding the recorded seizures. Northern BCU demonstrates the smallest percentage decrease of seizures year on year.

Overall, much like Dyfed Powys Police Force, the occurrence data reveals that the seizures related to Mephedrone in the South Wales force area have decreased dramatically in 2013 – 2014 compared to 2012 – 2013.

Gwent

Data obtained for Gwent Police shows that there was a 63% reduction in the amount of Mephedrone seized in Gwent when comparing the data for 2012/13 with that of 2013/14. There were 58% fewer items seized in 2013/14 compared to 2012/13 and the amount seized reduced from 1.54kg down to 569g in total.

LPU	Apr '12 to Mar '13	Apr '13 to Mar '14	% Change
Blaenau Gwent	57	3	-94.74%
Caerphilly	62	37	-40.32%
Monmouthshire	41	19	-53.66%
Newport	101	72	-28.71%
Torfaen	27	23	-14.81%
Grand Total	288	154	-46.53%

Overall results for Gwent show a 46.53% reduction overall in the number of arrests relating to Mephedrone. Reductions were noted across all of the LPUs, with the most significant occurring in Blaenau Gwent and Monmouthshire.

Offending

Mephedrone

In 2011 – 2012 drug related offences involving Mephedrone increased by 83% in Wales (289 to 530). In 2012 – 2013 a further sharp increase of 165% was noted (Chadd, 2013).

Whilst there are numerous anecdotal accounts of Mephedrone-induced aggression and violence (Daly, 2012) the empirical research base is sparse. Van Hout and Bingham (2012) studied the patterns of use and perceived consequences of Mephedrone based head shop products in Ireland. The study analysed 11 Mephedrone users who all had a history of injecting and poly drug use. Mephedrone users stated that Mephedrone heightened the sense of paranoia that in turn, led to elevated levels of violence and participation in criminal acts. Mephedrone users also reported acting violently when they were trying to secure further supplies of the drug for the next dose (Van Hout and Bingham, 2012).

Increased aggression and violent behaviour has also been reported on numerous occasions often linked to the 'come down' rather than the 'high' (Brookman, 2014). Over half of those interviewed in Brookman's (2014) survey, which covered an area that took in both South Wales and Gwent Pilce Force areas, had become involved in acquisitive crime (including shoplifting, burglary, vehicle theft and street robbery). Intelligence logs from South Wales and Gwent Police Forces over the last 12 months support this information. Three-quarters of those interviewed had committed acts of violence connected in some way to their use of Mephedrone. Four somewhat distinct violence-Mephedrone links were discerned: (i) violence when 'high'; (ii) violence associated with comedown; (iii) economic compulsion and violence and (iv) violence associated with purchasing and dealing Mephedrone. Importantly, regarding the first two categories, interviewees were very clear in their own minds that Mephedrone had a direct and significant influence on them becoming involved in acts of violence. This, they reasoned, must be the case as they were either not usually violent or, would not normally have been violent in relation to such trivial triggers.

Key findings from expert practitioners who work with users in many regards mirrored and confirmed the findings from the users (Brookman, 2014). Many practitioners had been on the receiving-end of aggressive and violent behaviour by Mephedrone-using clients, most of whom had not exhibited such tendencies in the past. Many had been verbally threatened and several had been physically assaulted. Practitioners also reported a range of acquisitive crimes committed by their clients specifically linked to their abuse of Mephedrone and the necessity to fund their increased use of this highly addictive drug.

All Southern Wales forces report incidents of domestic disturbances or assaults mainly involving youths who were Mephedrone users. A number of assaults across the region can be linked to Mephedrone use, often in combination with alcohol or the night-time economy. In several cases the offenders have had no previous history of violence (Chadd, 2013).

Users who had injected or snorted Mephedrone were prone to being more aggressive and violent, compared to users who swallowed or bombed the drug (Daly, 2012).

NPS

NPS markets encompass a large number of users across almost all demographics of society. The impact of NPS usage therefore also poses a significant threat to the Force area; Anti-Social Behaviour (particularly linked to younger users), the often blatant dealing and using of these drugs and the associated risks to mental and physical health all have a profound effect on communities. (Wilson and Holmstrom, 2014).

At this time, there are no known Organised Crime Groups concerned in the supply of NPS in the South Wales area (Wilson and Holmstrom, 2014). The rise in popularity of NPS, particularly Synthetic Cannabinoids, is undoubtedly an issue within the SWP force area. The existing widespread and established drugs market and the supply chains, the low risk of penalties, the inability to identify usage via drug testing, the ease at which they can purchased at low cost and the misguided belief that they are "safe", all make NPS appealing to many demographics within society and relatively easy to get hold of.

Whilst much NPS trade is in small amounts, trafficking and supply sometimes also involves organised crime. Criminals involved in NPS activity specifically are often relatively unknown to UK low enforcement, score low on OCGM and receive limited attention (NCA, July 2014).

High risk areas

Areas of higher prevalence of Mephedrone offences appear to correlate primarily with rural areas or urban areas of higher depravation. It is possible that Mephedrone is more popular in rural areas simply due to a lack of an established class A market. In more deprived urban areas (e.g. some areas of Swansea, Bridgend or the Valleys) the drug is likely to be more attractive to both recreational and problematic drug users as it is cheaper and better quality than available Cocaine and Heroin. The British Crime Survey 2013 – 2014 showed that 4.5% of adults who lived in very deprived areas were more frequent drug users compared with those who lived in the least deprived areas (2.3%).

Mephedrone can be easily sourced via the internet/postal systems, so normal Class A drugs supply networks are not needed to source the drugs. In more deprived urban areas (e.g. some areas of Swansea) the drug is likely to be more attractive to both recreational and problematic drug users as it is cheaper and better quality than available class A drugs such as Cocaine and Heroin.

Hubs feeding Wales

Bristol, Liverpool, Manchester, Cardiff, Newport & Swansea are the principal hubs identified for supply throughout southern Wales.

Even with limited intelligence the hubs tend to reflect the established Class A hubs. Dealers are likely to be picking up other Class A drugs alongside Mephedrone from these hubs.

Related deaths

<u>Mephedrone</u>

In the UK between September 2009 and August 2011 there were a total of 60 confirmed and 125 suspected Mephedrone-associated fatalities identified. Two of these deaths occurred in Wales. 13 of the confirmed deaths resulted from suicide by hanging, which is significantly higher than with other stimulant drugs.

On 2 July 2013 Sarah Mayhew, a teacher from Newport, died after taking a cocktail of drugs, including Mephedrone and became the first recorded Mephedrone death in Gwent.

On 30 December 2013 Rhys Trimby from Crumlin died after taking Mephedrone with alcohol.

NPS

Since 2005, NPS have been attributed to 70 deaths in the UK (NPS conference, 2014).

The number of deaths related to Mephedrone and NPS is extremely difficult to ascertain as there is a significant delay between a death occurring and the coroner's findings being released. Previous research surrounding Mephedrone/NPS related deaths shows us that deaths have occurred due to poly drug use.

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Influence. Represent. Negotiate

To: HSCCommittee@wales.gov.uk

National Assembly for Wales
Health and Social Care Committee
Inquiry into New Psychoactive Substances (NPS)

1. The Police Federation

1.1. The Police Federation of England & Wales ('The Federation') was formed in 1919 by an Act of Parliament and, in Wales, it represents 6,780 police officers, of all uniformed and CID ranks from Constable to Chief Inspector. The Federation's membership comes from each of Wales' four police forces.

1.2. The Federation was established to protect and promote the 'welfare & efficiency' of police officers and in its discharge of functions as laid down by statute.

1.3. The Police have a duty of care to the public. The sworn and attested duties are discharging their duty 'to protect life' and to 'enforce the law'. The Police Federation's principal representatives, are all serving police officers who are elected to their respective roles.

2. Evidence

2.1. The Police Federation will restrict this submission to the impact that NPS' are having upon the role that officers play in combating such emerging drug and associated crime. *We make a recommendation in this submission at paragraph 3.1.*

2.2. It is important to recognise that the criminal elements that make up NPS are simply to *generate profit through organised crime via the production and selling of drugs*. Such organised crime is not concerned with the wake it creates in regard to anti-social behaviour, the negative impact upon people's lives, their families or their health, or indeed - save for making criminal profit - the overall chain-reaction it generates through more serious crime such as to fund the further purchase of the drugs. The negative impact generated by NPS includes also violent and sexual crimes for those taking such drugs.

2.3 Policing in the front line to combat NPS is conducted exactly the same as it is in dealing with those drugs commonly known in classes A and B. Examples of Class A drugs being cocaine, heroin, LSD, and ecstasy and Class B drugs such as amphetamines, barbiturates, cannabis, mephedrone and synthetic cannabinoids which remain illegal.

2.4 To effect quality policing requires a combination of source-led intelligence. Such operations come from information gathered from the streets and elsewhere, but ultimately such a police resource that can effectively deal with the intelligence, arrest and associated processes, requires a physical presence of police officers. In Wales, since 2010 police numbers have reduced by circa 800 officers; effectively since that time, Wales' resilience to police the streets has reduced, we stand by these remarks irrespective of what political messages are given out on crime.

2.5 The collating of information of such drug usage is down to Wales' four individual police forces, each will have witnessed an increase in the prevalence of NPS and where necessary the recording of such use. This is apparent even with the known 'amnesty drop boxes' that are found outside night clubs etc. However, not all NPS usage is at public bars and clubs. The outcome of this is that this leaves communities vulnerable, especially so when the number of retailing outlets for these drugs (termed 'head shops') are actually not known.

2.6 Police may arrest a suspect on producing, selling or using such NPS. However, to secure a charge and conviction it's chemical make-up has to be analysed and currently this is being conducted by Kings College London and latterly in Wales by Wedinos; this takes time and finance. Many of the branded products that are analysed contain more than one substance, in fact 77% of all branded psychoactive products contain at least two substances with 34% containing at least three substances. Around 19% of products sold do contain controlled drugs. Users do not know what they are taking – either for image/steroid enhancement, but also for psychoactive mind altering properties - producers do not know the exact chemical make-up of the NPS other than they are actually synthetically produced in cocktails (often from overseas) and for home-produced drugs this is extant also for hydroponic production across the UK.

2.7 Police can arrest any suspect under current police powers; we believe that those 'powers of arrest' are sufficient. However, the alteration of NPS compounds (i.e. their actual chemical make-up) can be rapid, as those engaged in 'organised crime' need to evade detection. Albeit The Misuse of Drugs Act 1971 has been amended to allow Temporary Class Drug Orders to be made - and that this goes some way to alleviate the issue, in reality it does not (with the exception of the possession offence) keep up-to-speed or in-step with the 'changing science' of NPS production. Such synthetic production has considerable momentum driven by criminal profit and 'social acceptance' across many age ranges.

2.8 It is not uncommon for 'head-shops' to obscure their identity of multiple outlets, or for 'online sales' not to comply with and to flout product safety. Indeed regularly, retail outlets cite that they are unaware of what the contents actually are within the products (often in pre-sealed packages) that they sell; despite what it 'says-on-the-tin'. So, to combat the increase of usage of NPS requires a multi-agency approach from not only the police, but trading standards, local authority, education and health boards.

2.9 The police of course provide training and awareness amongst its own officers and share this throughout police forces and indeed collaborate on intelligence; such collaboration is nothing new. However where a gap does exist is in the provision of training and awareness through community partnerships and this may prove of significant value, especially so as the authorities will be seen to be acting through various out-reach-groups and via diverse communities that are at risk right across Wales. This is an area, that other stakeholders may identify to you in detail.

3. Recommendation

3.1 We are concerned with application and enforcement of the law and so from a policing perspective, we believe that Trading Standards/Local Authorities need the continued resources to deal with the authorised opening of 'head-shops', but moreso, that the NAfW could examine examples from overseas 'licensing' in as much as in Eire, their *The Criminal Justice (Psychoactive Substances) Act 2010* became law that empowered the Garda to seek court orders to close head shops suspected of selling drug-like products, with the onus on the owners to prove they are not doing so. Let us stress we are not advocating the licensing or legalisation of drugs, but an enhancement to current powers that could be enacted quickly, with a Court Order - pending retrospective investigation of Chemical compounds therein - of such articles found. This power would need territorial enactment across both Wales and England jointly in legislative competence and effect.

We therefore recommend that jointly the Welsh and UK Government examine how best to progress legislation that allows a Court Order to be issued that allows the police and Welsh local authorities to close outlets suspected of selling illegal drug-like products, that would be categorised as NPS.

3.2 The result is that head-shops and any other shops would have the onus placed upon them to ensure that what they are selling is not 'illegal', such a power would extend to any other shops that sell products that are, or can be used for NPS. We accept that umbrella bodies such as retail consortiums etc., may also have a view upon this, but our sworn attested duties are both to enforce the law and to protect public life and property; we believe that such a power will go some way towards that service to the public.

3.3 We accept that such a legislative route will not fully curtail the selling of 'wraps' or 'poly bags' on the streets for personal consumption (or further illegal sale), or indeed online sales, however, not withstanding police resources, our current powers in this respect would be sufficient to stop, search and if necessary impound suspect goods and arrest a suspect. That current power extends also to S23 of the MDA that allows the police, with a warrant, to search premises when grounds exist that controlled substances are held.

4. Conclusion

4.1 What is abundantly clear, is that the current position on NPS is somewhat disjointed and albeit each 'stakeholder' is engaging, there is a lack of police powers and/or local authority powers to act decisively and to work with intelligence.

4.2 We cannot continue on such an *ad hoc* basis with no 'messages' being conveyed concisely to the public (or sellers) about the illegality of such drugs. Despite the valiant efforts with the Welsh Government's *DAN 24/7 Helpline* which has an important and integral part to play in education, help and support of the public, from our perspective, we are concerned with law enforcement, and we believe that our recommendations go some way further in ensuring safer communities and to help lower crime.

4.3 None of the information in this submission is classified as 'Restricted' and The Police Federation are happy that this submission is placed in the public domain. Additionally, we are happy to make available officers with considerable operational knowledge in this subject to give oral evidence to the Health & Social Care Committee or be called forward in respect of advice should a legislative route be progressed in due course.

Steve White
Chair etc

Andy Fittes
General Secretary etc

polfed.org

National Assembly for Wales
Health and Social Care Committee
Inquiry into new psychoactive substances ("legal highs")
Evidence from HM Inspectorate of Prisons - LH 18

Eitem 3

RESPONSE TO National Assembly for Wales - Health and Social Care Committee: Inquiry into new psychoactive substances

RESPONSE TO National Assembly for Wales - Health and Social Care Committee: Inquiry into new psychoactive substances

by Her Majesty's Chief Inspector of Prisons

Introduction

1. We welcome the opportunity to submit a response to the inquiry into new psychoactive substances (NPS).

2. Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent inspectorate whose duties are primarily set out in section 5A of the Prison Act 1952. HMI Prisons has a statutory duty to report on conditions for and treatment of those in prisons, young offender institutions (YOIs) and immigration detention facilities. HMI Prisons also inspects court custody, police custody and customs custody (jointly with HM Inspectorate of Constabulary), and secure training centres (with Ofsted).

3. HMI Prisons coordinates, and is a member of, the UK's National Preventive Mechanism (NPM) the body established in compliance with the UK government's obligations arising from its status as a party to the UN Optional Protocol to the Convention Against Torture (OPCAT). The NPM's primary focus is the prevention of torture and ill treatment in all places of detention. Article 19 (c) of the Protocol sets out the NPM's powers to submit proposals concerning existing or draft legislation.

4. All inspections are carried out against our *Expectations* - independent criteria based on relevant international human rights standards and norms.

5. In response to the serious threats that drugs and alcohol pose to health and safety in prisons, HMI Prisons has on its staff three specialist substance use inspectors. They have wide ranging backgrounds in substance use nursing, addiction rehabilitation and service management within prisons and the community. They also bring experience in substance use treatment programme design and evaluation, both in the UK and internationally. Inspectors' on-going involvement with substance misuse research in prisons adds to the specialist knowledge base. Working as part of the HMI Prisons healthcare team, they inspect clinical and psychosocial aspects of in-prison substance use treatment and associated education and awareness programmes. Substance use inspectors also work closely with security inspectors to determine the effectiveness of prisons' drug supply reduction initiatives including drug testing programmes.

6. As part of HMI Prisons' statutory duty to report on conditions for and treatment of those in prisons, YOIs and immigration detention facilities, we have monitored and reported on the rise of NPS use and availability in prisons in England and Wales. The following response is based on evidence from HMI Prisons' most recent inspections of Welsh prisons, as follows:

   - HMP Swansea: unannounced inspection, 29 September – 10 October 2014 (*report not yet published)*
   - HMYOI Parc Juvenile Unit: unannounced inspection, 28 April – 9 May 2014

- Arolygiad dirybudd Carchar EM / Sefydliad Troseddwyr Ifanc y Parc (9-19 Gorffennaf 2013) –/– HMP/YOI Parc: unannounced inspection, 9 – 19 July 2013

- Adroddiad ar arolygiad heb ei gyhoeddi ymlaen llaw o CEM Brynbuga a CEM/STI Prescoed (22 Ebrill – 3 Mai 2013) –/– HMP Usk and HMP/YOI Prescoed: unannounced inspection, 22 April – 3 May 2013

- Arolygiad lle rhoddwyd rhybudd o Garchar Ei Mawrhydi Caerdydd (18–22 Mawrth 2013) –/– HMP Cardiff: announced inspection, 18 – 22 March 2013

Summary

- Drugs get into prisons through five main routes.
- HMI Prisons inspections of Welsh prisons over the last two years have shown new psychoactive substances (NPS) to be less of a problem than in English prisons. This may change in the near future.
- Spice and Black Mamba have been an increasing problem in English prisons since autumn 2013.
- Areas of good practice are beginning to emerge, from which lessons can be learned.
- Current drug testing programmes in prisons are not equipped to deal with NPS.
- Under the current legislative framework, prisoners find NPS an attractive alternative to more traditional drugs for a number of reasons related to the lack of detectability and reduced risks of penalties.
- Inspection findings over the last year have pointed to increased safety concerns in prisons. The rise of NPS misuse is one such factor that may also partly be a result of the other factors that contribute to prisoners feeling less safe, given that people who feel under stress will often take drugs in an attempt to relieve that stress.

HMI Prisons response

7. In order to reflect the sole focus of HMIP on places of detention, this evidence focuses specifically on the inquiry's terms of reference that fit with the unique circumstances of prison environments. We have therefore left the remaining three areas more effectively to be evidenced by community-based service users and providers.

How to raise awareness of the harms associated with the use of legal highs among the public and those working in the relevant public services.

8. The wider awareness of drug problems in prisons at a strategic level, includes an understanding of how drugs get into prisons. In 2008, David Blakey produced a report entitled 'Disrupting the supply of illicit drugs into prisons.' That report cited five routes that are still widely used:

    - *With visitors* – normally passed to prisoners during a visit
    - *'Over the wall'* – people on the outside use various devices to throw drugs over prison walls for prisoners to retrieve from exercise yards and walkways. Small packets or even single coins holding a single tablet are commonly found especially in inner-city prisons. Coins are used to provide weight and velocity sufficient to ensure passage through nets that are sometimes erected to prevent throw overs.
    - *In post and parcels* – even confidential letters from legal representatives have been used to get drugs into prisons.

- *Brought in by prisoners* – drugs are often secreted in body cavities – a practice known as 'packing' or 'plugging'. As well as opportunistic attempts by individual prisoners, a new trend is emerging in this area. Intelligence from some areas of the UK points to organised gangs directing individuals released on licence to commit minor offences that ensure a short return custody. This enables drugs to be taken into local prisons regularly and in relatively large quantities.
- *Through corrupt staff* – Blakey said *"Most staff are not corrupt and have a clear integrity. They are let down by a minority of staff who are corrupt. That corruption will extend, in some cases, to receiving large amounts of money for carrying in phones or drugs."*

9. When we inspected HMP Cardiff in March 2013, whilst the diversion of prescribed medication was an issue, there was no evidence of NPS availability or use. Similarly, at HMP/YOI Parc four months later in July 2013 and at the inspection of the Parc Juvenile unit in May 2014, there was no evidence of an emerging NPS problem. Most recently, at our inspection of HMP Swansea in early October, (report not yet published), staff and prisoners told us there was little or no evidence that NPS were becoming and issue within the prison.

10. Nevertheless, prison staff and prisoners alike often say that drug trends within prisons follow those in the community. As NPS gain momentum in Welsh communities, it can be predicted with some confidence that Welsh prisons should expect a rise in the incidence of NPS misuse – as is certainly the case in England.

11. On 28 October 2014, the WalesOnLine website reported the Chief Inspector's warnings for the proposed new prison in North Wales. Stating legal highs had a "prison value" 10 times that of the "street value," he stressed the health dangers and warned: "[They] are a cause of debt and debt is a cause of violence. What we found is that on the whole in Welsh prisons, actually, they don't have the problem yet to the same extent as English prisons..."But I think it will [arrive] and therefore those Welsh prisons need to be ready for this to hit them and on the whole I think the system has been too slow to react."

International evidence on approaches taken to legal highs in other countries.

12. In the autumn of 2013 we reported the beginnings of the availability and use of NPS in prisons with our report on the Category D establishment, HMP Blantyre House (Kent, England), inspected 9 – 20 September 2013. We made the following comments:

    The number of violent incidents had increased since the last inspection and there had been two recent serious assaults. Although the level was still low, more prisoners reported victimisation than at the last inspection and at similar establishments. This appeared, at least in part, to be due to the availability of 'Spice' – a synthetic cannabinoid – and associated debt and bullying. Current testing methods did not detect Spice, so the very low positive drug testing rate did not give an accurate picture of the availability of drugs in the prison. The prison's response to the issue was inadequate.

13. In our report on the Category C establishment, HMP Ranby (Nottinghamshire, England), inspected 10 – 21 March 2014, we raised the following concern:

    There were high levels of illicit drug and alcohol availability. More than half of the population said that it was easy to get illegal drugs and a quarter that it was easy to get alcohol. The number of finds was high. Most intelligence and finds related to undetectable diverted medication and new psychoactive substances (especially 'Mamba')... In the previous six months substance misuse and health services staff had responded to 25 acute medical situations which were thought to have resulted from prisoners taking such substances...The prison had taken some reactive measures but there was no coordinated action plan to reduce supply and demand.

14. To address the above concern we made the following recommendation to HMP Ranby:

> *An action plan to address drug and alcohol supply reduction and demand should be implemented and should address the specific issue of new psychoactive substances and diverted medication.*

15. HM Chief Inspector reported on inspection findings across prisons in England and Wales in his Annual Report 2013-14, specifying:

> *NPS, specifically 'Spice' and 'Black Mamba', were cited as causes for concern at 14 (37%) of the adult male establishments inspected, particularly local and category D jails. Although many prisons had taken steps to promote awareness of this problem, we highlighted the need for some to give prisoners and staff accurate and up-to-date information on the acute health dangers associated with NPS.*

16. Drugs education and treatment programmes in prisons in England and Wales have experienced huge changes in recent years. The previous nationally-based and prison service-run CARAT (counselling, assessment, referral, advice and throughcare) service, has been replaced by locally commissioned, civilian-based services. Much time and effort has been, in our opinion rightly, devoted by these newer services to the development of integrated clinical and psychosocial opiate treatment programmes (e.g. heroin and its substitutes). Whilst this has been in response to previously assessed levels of need, the demographics of drug use are constantly changing. Services in England, where NPS is becoming a problem have had to devise awareness and education programmes quickly and with minimal resources.

17. Staff training, in some prisons where NPS is a problem, has been difficult to organise. Overall shortages in staff have reduced opportunities to take staff away from operational duties for training.

18. Nevertheless, as well as pointing out areas for improvement, the HMI Prisons inspection process is a useful way of identifying good practice. In recent months we have found good practice that has begun to address NPS in some prisons in England has included the following components: (due to this information being recent, reports are not yet published):

    - Adaptations of drugs strategies and action plans that specifically address supply reduction, demand reduction and harm reduction relating to NPS.
    - Up-to-date, accurate information on the appearance and effects of NPS – given to both staff and prisoners.
    - Extra training given to discipline staff and primary healthcare staff that better equips them to recognise and deal with acute health situations caused by prisoners' use of NPS.
    - Extra training given to drug workers to enable delivery of NPS-specific demand reduction and harm reduction initiatives.
    - Exploration of initiatives to reduce the supply of NPS including:
    - The training of drug dogs to recognise 'Spice' and other synthetic cannabinoid receptor agonists (SCRAs)
    - The development of accurate tests to detect SCRAs

The possible legislative approaches to tackling the issue of legal highs, at both Welsh Government and UK Government level.

19. Powers to require prisoners to provide a sample for drug testing purposes were introduced as part of the Criminal Justice and Public Order Act 1994 (Appendix 1). The initial powers for testing prisoners for drugs were added under the aegis of Section 16A the Prison Act 1952, and came into force on 9 January 1995.

20. HMI Prisons has noted that while there has been a general decline in the positive rates resulting from the mandatory drug testing (MDT) of prisoners – both in random testing and that carried out under 'reasonable suspicion' – this trend does not mean that prisoners' illicit drug use has reduced. While MDT rates provide an indicator, they do not reliably measure drug availability in establishments – nor does testing necessarily deter prisoners' use of illicit drugs. In our survey, 31% said that illegal drugs were easy or very easy to obtain in their prison, and 7% told us they had developed a problem with illegal drugs and 7% with diverted medications since coming to prison. HMI Prisons considers that the main reason for this is that the current MDT does not detect new psychoactive substances (NPS) and most diverted prescribed medications.

21. It is important to consider that the wide range of drugs that fall into the 'NPS' (which includes stimulants like Mephedrone, to depressant hallucinogenics like Spice and other SCRAs) makes the development of tests a complex issue involving many drugs, the precise ingredients of which are constantly changing.

22. The current absence of a usable test for any NPS makes such drugs attractive to some prisoners who might otherwise be deterred by the risk of being caught through drugs testing programmes.

23. The previous two points notwithstanding, the types of drugs used in a prison environment tend not to include stimulants. The majority of prisoners will prefer to use drugs that depress levels of awareness of surroundings, reduce anxiety and produce a sedative effect. Such effects are brought on by depressant drugs. NPS that fall into this category are the SCRAs.

24. NPS, and specifically SCRAs are also attractive to prisoners for the following reasons:
    - These substances have little odour when mixed and smoked with tobacco.
    - The penalties for a prisoner caught with NPS will be limited to 'possession of an unauthorised article', rather than 'possession of a controlled drug'. The former will lead to a temporary loss of privileges whilst the later can be adjudicated by an Independent Adjudicator (a judge) and lead to the greater penalty of added days to the sentence.
    - This is because each sample, if found in the possession of a prisoner, would have to be forensically tested to determine whether or not it fell within current definitions of drugs controlled under the Misuse of Drugs Act (1971). Such analysis is expensive and unlikely to be given funding. Also, given the constantly changing nature of NPS at a molecular level, the manufacturers of NPS are often able to keep ahead of the drugs covered by statute.
    - We have spoken to many prisoners who say they enjoy the risks associated with taking new drugs, the effects of which are unpredictable.

25. In conclusion, the emergence of NPS in English prisons is likely to be mirrored in Welsh prisons in the near future. Lessons that can be learned include the need for a strategically co-ordinated, 'whole prison' approach to tackling the new threats posed by NPS.

26. A 'whole prison' approach to drugs is a strategy that recognises a simple principle: Drugs have the potential to affect virtually all areas of prison life. It therefore follows that an effective strategic response will address all relevant issues in all those same areas of prison life. The 'whole prison' approach will have at its core, strategies that tackle three areas:
    - Supply reduction: stopping drugs getting into the prison – security is everyone's business.
    - Demand reduction: treatment for drug users - but importantly not just that. This area also involves all areas that reduce demand. Some examples:
        - Where prisoners feel safer in custody they experience lower levels of stress and therefore will be likely to have reduced self-medication needs.

    - Time out of cell and purposeful activity reduce boredom and stress, facilitating healthy sleep that prisoners otherwise may feel the need to induce with drugs.
    - Good healthcare and effective pain management reduces demand for self-medication.
- Harm reduction: up-to-date, accurate and effective drugs awareness and education that equips staff and prisoners to deal with situations and make informed choices in their own behaviour. Good harm reduction supports demand reduction by recognising that some users of illicit recreational and diverted prescription drugs in prisons are not regular drug users in the community. Simply put, any prisoner who feels unsafe, unfulfilled and unhealthy may be more likely to want to take mind-altering substances.

Closing remarks

27. I hope that you find this information useful and should you require anything further, please do not hesitate to contact me. I look forward to attending the Committee hearing on 12 November 2014.

Paul Roberts
Specialist Substance Use Inspector
HM Inspectorate of Prisons

On behalf of
Nick Hardwick
HM Chief Inspector of Prisons

28 October 2014

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/3154/14

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6 Tachwedd 2014

Annwyl David

Rwy'n cyfeirio at eich llythyr dyddiedig 25 Hydref oedd yn amlinellu'r materion allweddol a nodwyd gennych yn ystod eich gwaith craffu ar gyllideb ddrafft Llywodraeth Cymru 2015-16. Rydych yn gwneud sylw ar nifer o faterion pwysig ac wedi gofyn am wybodaeth bellach mewn nifer o achosion.

Rwy'n nodi hefyd eich bod yn atodi llythyr gan Gadeirydd y Pwyllgor Plant, Pobl Ifanc ac Addysg, sy'n cyfeirio at y materion y mae'r pwyllgor wedi'u codi; rydych chi hefyd yn gofyn am ymatebion i'r cwestiynau y mae'n eu holi.

Rwy'n ddigon bodlon cynnig yr wybodaeth rydych chi'n gofyn amdani ac wedi ymateb isod i gwestiynau'r Pwyllgor Plant, Pobl Ifanc ac Addysg.

1. Dyraniad refeniw ychwanegol ar gyfer gwasanaethau'r GIG yn 2015-16

Byddai'r Pwyllgor yn croesawu rhagor o wybodaeth gan Lywodraeth Cymru ynghylch sut y bydd yn monitro ac yn sicrhau bod yr arian refeniw ychwanegol ar gyfer y blynyddoedd ariannol 2014-15 a 2015-16 yn arwain at ddiwygio gwasanaethau'n ystyrlon a chanlyniadau cadarnhaol i gleifion, yn hytrach na chael ei ddefnyddio gan fyrddau iechyd i fynd i'r afael â diffygion ar ddiwedd blwyddyn yn deillio o fodelau gofal heb eu newid.

Fel y pwysleisir yn adroddiad Nuffield, mae angen mwyafrif y cyllid newydd yn bennaf i gynnal y lefelau gwasanaeth presennol a pharhau i ddarparu gwasanaethau diogel o ansawdd uchel. Fodd bynnag, cydnabyddir na allwn barhau i ddarparu'r gwasanaethau yn yr un ffordd ag yn y gorffennol, hyd yn oed gyda chyllid ychwanegol. Bydd angen i ni fod yn fwy arloesol a pharhau i nodi modelau newydd ar gyfer darparu gwasanaethau.

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Bydd y broses gynllunio yn allweddol o ran nodi sut byddwn yn gwneud y newid hwn, a bydd y cyllid yn cael ei dargedu i ddiwallu'r heriau a amlinellir yn y cynlluniau gwasanaeth tymor canolig integredig. Drwy barhau i ddatblygu cynlluniau gwasanaethau integredig y GIG, byddwn yn parhau i greu'r modelau gwasanaeth cywir a'r canlyniadau cywir i gleifion.

Rydym yn monitro cynnydd yn erbyn y cynlluniau integredig ac yn goruchwylio perfformiad y GIG drwy nifer o ffyrdd, gan gynnwys: cyfarfodydd misol y Prif Weithredwr, cyfarfod ansawdd a darparu misol, cyflwyniad manwl ar y ffurflenni monitro ariannol misol, cyd-gyfarfodydd y tîm gweithredol etc. Mae gennym hefyd broses gydnabyddedig o uwchgyfeirio ac ymyrraeth a ddatblygwyd ar y cyd gydag AGIC a Swyddfa Archwilio Cymru. Mae hyn yn cynnwys rhannu ac adrodd ar berfformiad a chynnydd sefydliadau'r GIG ymysg ei gilydd.

2. Fformiwla dyrannu adnoddau a dosbarthu cyllid ychwanegol.

Byddai'r Pwyllgor yn croesawu rhagor o fanylion ar ddosbarthiad y cyllid ychwanegol hwn ar ôl i hynny gael ei wneud, gan gynnwys gwybodaeth am sut y mae cynlluniau tymor canolig integredig byrddau iechyd wedi dylanwadu ar benderfyniadau.

Byddaf yn rhoi'r diweddaraf i'r Pwyllgor ar gyfanswm y dyraniad refeniw i bob bwrdd iechyd ar gyfer 2015-16 wedi i'r penderfyniadau terfynol gael eu gwneud.

3. Y Gronfa Gofal Canolraddol

Yn y tymor byr, byddai'r Pwyllgor yn croesawu rhagor o wybodaeth gan y Gweinidog ynghylch sut y bydd yn monitro ac yn sicrhau y bydd y camau cadarnhaol a gymerwyd o ganlyniad i fodolaeth y Gronfa yn parhau ar ôl i'w chyllid ddod i ben ar ddiwedd 2014-15.

Er mai am flwyddyn yr ariannwyd y Gronfa Gofal Canolraddol i ddechrau, rydym yn gobeithio adeiladu ar rai o'r llwyddiannau y mae wedi helpu i'w datblygu, naill ai drwy brif-ffrydio rhywfaint o'r gwaith hwn yn y ffocws ar ofal sylfaenol a'r gymuned, drwy'r cydweithio a'r cydweithredu rydym yn eu datblygu ac yn eu hariannu drwy'r gwaith cynllunio tair blynedd, neu drwy ad-drefnu elfen o'r adnoddau refeniw ychwanegol sy'n cael eu darparu ar gyfer iechyd a gofal cymdeithasol yn 2015/16. Rydym yn ystyried sut gellir defnyddio'r cyllid ychwanegol ar gyfer iechyd i ddatblygu a phrif-ffrydio effeithiau buddiol y Gronfa.

Ar ben hyn, mae £10 miliwn ychwanegol ar gael ar gyfer gwasanaethau cymdeithasol, a bydd modd defnyddio rhywfaint o'r arian hwn i fuddsoddi mewn gwasanaethau a'u diwygio i ganolbwyntio ar atal problemau ac ymyrraeth gynnar, sy'n elfennau allweddol o'r Gronfa Gofal Canolraddol.

Mewn achosion lle gallai fod angen cyfalaf ychwanegol, rydym hefyd yn adolygu'n blaenoriaethau cyfalaf i ddatblygu mwy o fentrau cymunedol ac yn edrych ar ffyrdd o ariannu hyn drwy ddulliau cyllido arloesol ar sail partneriaethau cyhoeddus, preifat a thrydydd sector.

O ran monitro, mae gofyn i bob rhanbarth lunio bwletin chwarterol ffurfiol ynghylch y gwaith sy'n cael ei ddatblygu, ac mae swyddogion hefyd yn cwrdd â'r rhanbarthau bob chwarter i adolygu cynnydd. Mae hefyd yn ofynnol i bob rhanbarth wneud gwerthusiad ffurfiol. Bydd hyn yn ein galluogi i nodi'r arfer da a'r ymyriadau mwyaf effeithiol, a'r buddion y dylid eu cynnal a'u prif-ffrydio yn yr hirdymor.

4. Cyfalaf

Mae'r Pwyllgor yn pryderu am y gostyngiad cyffredinol mewn cyllid cyfalaf a byddai'n croesawu gwybodaeth bellach am sut y bydd yr ymarfer blaenoriaethu cyfalaf newydd yn gweithio'n ymarferol.

Mae Llywodraeth Cymru yn rhannu pryder y Pwyllgor ynghylch y gostyngiad yn y cyllid cyfalaf ar gyfer gwasanaethau cyhoeddus yng Nghymru.

Mae'r ymarfer blaenoriaethu cyfalaf yn fy adran wedi canolbwyntio ar nodi cynlluniau cyfalaf a fydd yn bodloni ac yn cyflawni amcanion ynghylch buddsoddi i gefnogi newid gwasanaethau â buddion amlwg, gan gynnwys arbedion refeniw a darparu gwasanaethau cynaliadwy. Mae Llywodraeth Cymru wedi sefydlu panel o arbenigwyr i ymgymryd â'r gwaith hwn. Mae'r panel yn cynnwys uwch-gynrychiolwyr o bob rhan o'r sefydliad, gan gynnwys arweinwyr meddygol, gweithlu, cynllunio, cyllid a thechnoleg gwybodaeth.

Gofynnwyd i'r byrddau iechyd lleol flaenoriaethu a chyflwyno cynigion i'r panel, ar sail meini prawf buddsoddi allweddol, yn gysylltiedig ag enillion iechyd, fforddiadwyedd, cynaliadwyedd clinigol a sgiliau, tegwch a gwerth am arian. Cafodd yr holl gynlluniau yn y flaenraglen o 2015-16 ymlaen eu cynnwys, gan gynnwys y rheini sydd eisoes wedi cychwyn y broses achos busnes ond lle nad yw'r achos busnes llawn wedi'i gymeradwyo eto.

Mae'r panel arbenigwyr wrthi'n gwerthuso ac yn blaenoriaethu ymhellach y cynigion sydd wedi dod i law. Fel rhan o'i gylch gwaith, mae'n ystyried fforddiadwyedd a'r effeithiau posibl ar y flaenraglen waith sy'n gysylltiedig â'r gwaith sydd ar y gweill. Bydd canfyddiadau ac argymhellion y grŵp yn cael eu cyflwyno i mi maes o law.

5. Gwasanaethau iechyd meddwl a'r cyllid a glustnodir

Byddai'r Pwyllgor yn croesawu rhagor o fanylion ynghylch dyrannu arian i'r maes iechyd meddwl gan ei bod yn ymddangos fod gwybodaeth wedi cael ei chyflwyno mewn fformat gwahanol yn nogfennau'r Gyllideb Ddrafft eleni. Yn ogystal, byddai'r Pwyllgor yn croesawu eglurhad ynghylch a oedd y dyraniad wedi'i glustnodi ar gyfer gwasanaethau iechyd meddwl wedi cynyddu yn unol â chwyddiant ers ei sefydlu.

Mae'r papur tystiolaeth a gyflwynwyd i'r Pwyllgor yn cyfeirio at £529m sy'n ymwneud â phrif elfen y cyllid iechyd meddwl sydd wedi'i nodi yn y dyraniad sydd wedi'i warchod a'i glustnodi ar gyfer y GIG yn 2014-15. Yn ogystal â hyn, ceir elfennau yn y dyraniadau presgripsiynu a gwasanaethau meddygol cyffredinol sy'n rhan o'r cyfanswm cyffredinol o arian o £587m sydd wedi'i warchod ar gyfer iechyd meddwl.

Mae'r swm sydd wedi'i neilltuo ar gyfer iechyd meddwl yn lefel na ddylai gwariant ar wasanaethau iechyd meddwl craidd fynd islaw iddi. Mae'r byrddau iechyd lleol yn gyson wedi mynd y tu hwnt i'r lefel o wariant sydd wedi'i neilltuo wrth i'r galw am wasanaethau iechyd meddwl gynyddu. Ers 2010-11, mae cyllid wedi cael ei ychwanegu at y swm sydd wedi'i neilltuo ar gyfer meysydd penodol fel y Mesur Iechyd Meddwl, CAMHS ac eiriolaeth.

Mae lefel y swm sydd wedi'i neilltuo yn cael ei hadolygu ar hyn o bryd ac ystyrir ei haddasu ym mhroses dyrannu cyllideb y GIG 2015-16.

Er eglurder, mae'r papur tystiolaeth a gyflwynwyd i'r Pwyllgor hefyd yn cyfeirio at wariant o £618m ar iechyd meddwl. Mae hyn wedi'i gynnwys yn y siart Cyllidebu Rhaglenni mewn perthynas â blwyddyn ariannol 2012-13. Er gwybodaeth i'r Pwyllgor, mae'r ffigur hwn yn ddadansoddiad ôl-weithredol o'r costau cyfeirio sydd wedi'u

dyrannu i Gategori'r Rhaglen Iechyd Meddwl yn y Gyllideb. Byddai hyn yn cynnwys pob un o'r canlynol:

- Y cyllid sydd wedi'i glustnodi a nodir uchod;
- Unrhyw gyllid pellach a ddosberthir gan bob bwrdd iechyd o'u cyllideb ddewisol;
- Gorbenion sy'n cael eu dyrannu ar draws yr arbenigeddau a mannau darparu fel rhan o'r broses y mae'r byrddau iechyd yn mynd trwyddi wrth lunio eu costau cyfeirio blynyddol, sydd wedyn yn cael eu mapio i'w ffurflenni cyllidebu rhaglenni.

6. Ymgyfreitha a'r Gronfa Risg

Mae'r Pwyllgor yn edrych ymlaen at gael dadansoddiad pellach yn ymwneud â maint a lefel y setliadau yn ystod y flwyddyn a wnaed yn erbyn y gronfa risg yn y blynyddoedd diwethaf, fel y gofynnwyd yn ystod y cyfarfod.

Yn ogystal â chyflwyno'r dadansoddiad pellach y mae'r Pwyllgor wedi gofyn amdano, gallai hefyd fod yn ddefnyddio i esbonio'n gryno yr arferion cyfrifyddu sy'n gysylltiedig â gweinyddu'r Gronfa Risg.

Mae Cronfa Risg Cymru yn digolledu colledion o fwy na £25,000 gan gyrff GIG Cymru yn sgil esgeulustod a hawliadau cymwys eraill, ac fe'i hariennir drwy gyllideb gofal iechyd GIG Cymru. Mae'r cyllid blynyddol ar gyfer Cronfa Risg Cymru yn cynnwys:

- Adnodd Gwariant a Reolir yn Flynyddol ar gyfer trosglwyddiadau ar y fantolen mewn perthynas â rhwymedigaethau a setliadau'r dyfodol.

- Adnodd Terfyn Gwariant Adrannol Refeniw ar gyfer taliadau a wneir mewn blwyddyn ariannol i ddigolledu Byrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG am setliadau.

Yn unol â gofynion cyfrifon statudol, cedwir darpariaeth ar gyfer rhwymedigaethau Cronfa Risg Cymru ar gyfer y dyfodol. Mae'r ddarpariaeth hon i'w gweld yng nghyfrifon statudol cyfunol Llywodraeth Cymru yn flynyddol.

Mae'r ddarpariaeth yn cynnwys dwy brif elfen:

- darpariaeth i Gronfa Risg Cymru ddigolledu Byrddau Iechyd Lleol ac Ymddiriedolaethau GIG Cymru yn y dyfodol ar gyfer hawliadau esgeulustod clinigol ac anafiadau personol sy'n fwy na'r tâl-dros-ben y cytunwyd arno (£25,000 ar hyn o bryd) a lle bernir ei bod yn debygol y bydd y dyfarniad o blaid yr hawlydd (tebygolrwydd o fwy na 50%);

- darpariaeth ar gyfer gorchmynion taliadau cyfnodol a ddyfernir i hawlwyr, a reolir gan Gronfa Risg Cymru ar ran Byrddau Iechyd Lleol ac Ymddiriedolaethau perthnasol GIG Cymru. (Mae gorchmynion taliadau cyfnodol yn drefniant lle mae hawliwr yn cytuno i dderbyn taliadau cyfnodol gan ddilyn amserlen y cytunir arni yn hytrach na fel cyfandaliad).

  Mae'r ddarpariaeth yng nghyfrifon Llywodraeth Cymru ar gyfer y ddwy flynedd ariannol ddiwethaf fel a ganlyn:

	31 Mawrth 2013	**31 Mawrth 2014**

Darpariaeth Cronfa Risg Cymru	£521m	£594m
Elfen Gorchmynion Taliadau Cyfnodol yr uchod	£183m	£214m

Caiff y trosglwyddiad yn y ddarpariaeth hon ei hariannu yn flynyddol o'r gyllideb Gwariant a Reolir yn Flynyddol.

Mae'r adnodd DEL Refeniw a ddefnyddiwyd ar gyfer setliadau hawliadau yn ystod y flwyddyn yn y tair blynedd ariannol diwethaf fel a ganlyn:

	2012-13	**2013-14**	**Rhagolwg 2014-15**
Setliadau hawliadau Cronfa Risg Cymru	£60.8m	£69.1m	£75.0m

Sylw ar y tueddiad cyffredinol ar gyfer hawliadau
Yn y blynyddoedd diweddar, ac yn gyffredin â gwledydd eraill, mae GIG Cymru wedi gweld twf yn nifer yr hawliadau cyfreithiol; er enghraifft yn 2013/14 gwelodd Awdurdod Ymgyfreitha y GIG yn Lloegr gynnydd o 17.9% mewn hawliadau esgeulustod clinigol o'i gymharu â 2012/13 a chynnydd yng nghyfanswm y ddarpariaeth hawliadau o 13.7% o'i gymharu â chynnydd o 14% yn narpariaeth Cronfa Risg Cymru. Gall gymryd nifer o flynyddoedd nes cytuno ar setliad llawn ar gyfer hawliadau unigol, a phrosesau cyfreithiol a'r llysoedd sy'n penderfynu ar amseru setliadau o'r fath.

Mae nifer o resymau am y cynnydd mewn hawliadau ac nid oes modd dweud ag unrhyw sicrwydd beth yw'r prif reswm dros y cynnydd. Bu cynnydd cyffredinol mewn hawliadau dros y blynyddoedd diwethaf, o ran nifer a gwerth fel ei gilydd. Bernir bod newidiadau diweddar i reolau cyllid ar gyfer hawliadau cyfreithiol a ddaeth i rym ar 1 Ebrill 2013 wedi cael effaith ar gofrestru hawliadau cyn y dyddiad hwn, ac felly ar nifer yr achosion a gyflwynwyd wedi hynny yn 2013/14. Hefyd bernir bod cynnydd yn ymwybyddiaeth y cyhoedd o'r opsiynau ar gyfer unioni camweddau clinigol yn cyfrannu at nifer yr hawliadau.

Mae cost yr hawliadau hefyd wedi cynyddu, yn enwedig yn achos setliadau ar gyfer pecynnau gofal hirdymor. Y rheswm dros y cynnydd hwn yw bod anghenion gofal yn mynd yn fwy cymhleth ac mae angen sicrhau bod unrhyw becyn gofal yn cydymffurfio'n llawn â deddfwriaeth berthnasol fel Cyfarwyddebau Iechyd a Diogelwch ac Oriau Gwaith.

Mae GIG Cymru yn mynd ati'n rhagweithiol i ddysgu o hawliadau i leihau'r risg y bydd problemau'n codi eto. Cyn i Gronfa Risg Cymru allu digolledu, mae gofyn bod Byrddau ac Ymddiriedolaethau Iechyd yn amlinellu'r prif wendidau a arweiniodd at yr hawliad, ac amlinellu'r camau sydd wedi'u cymryd i leihau'r risg y bydd problemau'n codi eto. Caiff hawliadau eu hadolygu'n fewnol gan Gronfa Risg Cymru i weld beth yw'r camau mwyaf effeithiol, ac yna fe'u hystyrir gan grŵp amlddisgyblaeth o swyddogion gweithredol Cymru gyfan, gyda chynrychiolwyr o blith cyfarwyddwyr meddygol, cyfarwyddwyr nyrsio, prif weithredwyr, cyfarwyddwyr cyllid, cadeiryddion

byrddau iechyd, cyfarwyddwyr llywodraethu a Llywodraeth Cymru. Os oes tystiolaeth o risgiau a allai fod yn berthnasol i gyrff eraill y GIG, neu dystiolaeth o arfer da, gellir gofyn am adolygiad manylach o'r hawliad.

Os oes materion sy'n amlwg yn berthnasol i Gymru gyfan yn codi o hawliadau, mae Cronfa Risg Cymru yn gwneud gwaith thematig. Mae hyn yn cynnwys asesiad clinigol o feysydd risg uchel, gan gynnwys mamolaeth, adrannau brys a'r llwybr llawfeddygol. Caiff canfyddiadau'r adolygiadau eu rhannu gyda byrddau iechyd unigol, gydag adroddiad cyfansawdd yn cael ei rannu gyda Llywodraeth Cymru a'r Prif Weithredwyr.

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

7. £10m ychwanegol ar gyfer Gwasanaethau Cymdeithasol

Pa fecanwaith y mae Llywodraeth Cymru wedi'i roi ar waith i sicrhau bod cyfran briodol yn cael ei gwario ar blant

Mae'r Llywodraeth wedi gweithio'n galed i ddod o hyd i adnoddau ychwanegol ar gyfer gwasanaethau cymdeithasol ac ysgolion yn y Gyllideb Ddrafft. Mae hyn yn golygu nad yw awdurdodau lleol yng Nghymru yn wynebu'r gostyngiad o 4.5% ar gyfartaledd yr oeddem yn ei ofni yn gynharach eleni.

Mae £10 miliwn wedi cael ei ychwanegu at y setliad i gydnabod pwysigrwydd gwasanaethau cymdeithasol lleol cryf o ran llwyddiant y gwasanaeth iechyd yng Nghymru yn yr hirdymor. Byddwn yn parhau i amddiffyn cyllid ysgolion yn unol â'n hymrwymiad i gynyddu adnoddau gan 1% uwchlaw'r newid cyffredinol yng Nghyllideb Cymru.

Mae'r setliad llywodraeth leol heb ei neilltuo er mwyn cynnig hyblygrwydd i awdurdodau benderfynu ar flaenoriaethau gwariant lleol. Cyfrifoldeb awdurdodau lleol yw pennu blaenoriaethau eu cyllideb a sicrhau eu bod yn cyflawni eu cyfrifoldebau statudol. Mae hyn yn cynnwys diogelu plant a darparu gwasanaethau ar eu cyfer, a'r ddyletswydd gyfreithiol i ystyried hawliau'r plentyn wrth ddatblygu a darparu gwasanaethau.

8. Trosglwyddo £4.6m ar gyfer y Gwasanaethau Integredig Cymorth i Deuluoedd i'r Grant Cynnal Refeniw

Pa gamau diogelu sydd wedi cael eu rhoi ar waith i sicrhau bod awdurdodau lleol yn gwneud buddsoddiad parhaus yn y rhaglen newydd hon dros gyfnod o amser.

Llywodraeth leol sy'n ariannu ac yn darparu'r mwyafrif helaeth o wasanaethau cymdeithasol. Mae Llywodraeth Cymru yn buddsoddi costau datblygu a chychwyn gan fwyaf yn y meysydd hyn. Rydym yn canolbwyntio'n bennaf ar y canlyniadau a gyflawnir ar draws gwasanaethau cymdeithasol, ond byddwn yn olrhain gweithgarwch a gwariant yn y meysydd hyn drwy gyfarfodydd rheolaidd gyda chyfarwyddwyr gwasanaethau cymdeithasol statudol.

Yn achos Gwasanaethau Integredig Cymorth i Deuluoedd, ceir rheoliadau yn pennu'r gofynion i awdurdodau lleol a'u partneriaid ddarparu a chyflwyno'r gwasanaethau hyn. Mae hyn yn gynnwys y gofyniad am Fwrdd Gwasanaethau Integredig Cymorth i Deuluoedd, sy'n derbyn ac yn adolygu adroddiadau monitro chwarterol gan y Tîm Gwasanaethau Integredig Cymorth i Deuluoedd. Mae'r adroddiadau'n cynnwys gwybodaeth am weithgarwch a chanlyniadau, gweithlu a chyllid (incwm a gwariant). Mae'n rhaid i'r Bwrdd hysbysu'r awdurdod lleol a'r bwrdd iechyd lleol am unrhyw

faterion ariannol neu faterion adnoddau eraill sy'n debygol o effeithio ar ei allu i gyflawni ei swyddogaethau.

Mae hefyd yn ofynnol i'r Bwrdd gyflwyno adroddiad blynyddol i Lywodraeth Cymru. Defnyddir hyn i sicrhau bod Gwasanaethau Integredig Cymorth i Deuluoedd yn cael eu darparu yn unol â'r gofynion yn y rheoliadau a'r canllawiau statudol.

9. £3m ar gyfer gweithredu Deddf Gwasanaethau Cymdeithasol:
Pa fecanwaith y mae Llywodraeth Cymru wedi'i roi ar waith i sicrhau bod cyfran briodol yn cael ei gwario ar y ddeddfwriaeth fel y mae'n effeithio ar blant a phobl ifanc.

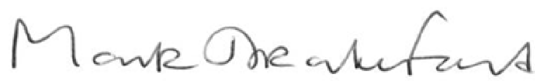
Mae ein cymorth ariannol i gefnogi gweithredu Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) heb ei neilltuo ar grwpiau penodol o ddefnyddwyr gwasanaethau, ond mae'n helpu awdurdodau lleol a sefydliadau partner i baratoi a chyflwyno'u cynlluniau gweithredu rhanbarthol eu hunain. 'Deddf y bobl' i'r rheini o bob oedran yw hon, ac mae'n hynny'n beth bwriadol iawn. Mae'r Ddeddf yn ei gwneud yn ofynnol i awdurdodau lleol a byrddau iechyd lleol ddatblygu asesiadau o anghenion y boblogaeth, gan gynnwys anghenion plant, a fydd yn cael eu defnyddio i lywio a blaenoriaethu eu gwasanaethau.

10. Trefniadau ariannu ar gyfer byrddau iechyd lleol:
O gofio bod trefniadau ariannu yn ôl disgresiwn y Bwrdd Iechyd Lleol ac nad oes oedran neilltuo cysylltiedig: Sut y mae Llywodraeth Cymru yn asesu effaith penderfyniadau gwariant y BILl ar iechyd a lles plant; Pa asesiad y mae Llywodraeth Cymru wedi'i wneud o effaith bosibl ar iechyd plant sy'n codi o Adolygiad Adnoddau'r Bwrdd Iechyd Lleol.

Mae Byrddau Iechyd Lleol yn gyfrifol am ddarparu gofal iechyd i'w poblogaethau, a chyfrifoldeb byrddau iechyd yw penderfynu ar y defnydd gorau o'r cyllid hwn ym mhob maes, dan arweiniad asesiad o anghenion iechyd a llesiant eu poblogaethau lleol. Mae ystod o bolisïau cenedlaethol yn bodoli sy'n canolbwyntio ar yr angen am fuddsoddiad effeithiol mewn gwasanaethau i blant a phobl ifanc.

Mae gan Lywodraeth Cymru nifer o fecanweithiau ar waith i fonitro ac adolygu perfformiad y GIG yn erbyn y cynlluniau gwasanaethau, a chaiff effaith penderfyniadau gwariant ar y polisïau sy'n gysylltiedig ag anghenion gofal iechyd plant a phobl ifanc ei hadolygu drwy'r broses hon.

Bydd y Pwyllgor yn ymwybodol bod sylfaen y dyraniad adnoddau refeniw yn cael ei diweddaru i gynnwys effaith y setiau data diweddaraf a fydd, er enghraifft, yn cynnwys proffil oedran y boblogaeth.



Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Yn rhinwedd paragraff(au) ix o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

Eitem 8

Mae cyfyngiadau ar y ddogfen hon