The following North Ayrshire information are all statistically significantly worse that the national average:

<table>
<thead>
<tr>
<th>Extent of Problem in North Ayrshire</th>
<th>ScotPHO (Public Health Information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Related Hospital Stays</td>
<td>Drug Related Hospital Stays</td>
</tr>
<tr>
<td>Alcohol Related Mortality</td>
<td>Population Prevalence of Problematic Drug Use</td>
</tr>
<tr>
<td>Child Protection with parental alcohol misuse</td>
<td>Child Protection with parental drug misuse</td>
</tr>
<tr>
<td>Personal Licenses in force</td>
<td>Vandalism &amp; Breach of the Peace</td>
</tr>
</tbody>
</table>
DEPRESSING FACTS & FIGURES

DRUG RELATED DEATHS

Scotland – increase in 2015 from 2014 (706 recorded Drug Related Deaths – the highest number ever recorded).

This is a 110% increase from 2005

North Ayrshire – number of Drug Related Deaths

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>16</td>
<td>19</td>
<td>11</td>
<td>15</td>
<td>15</td>
<td>?&gt;60% increase</td>
</tr>
</tbody>
</table>

+ INCREASES IN

Poly substance use, use of NPS (Legal Highs), older drug using population, ARBD, Complexity of co-presenting issues
PREVENTION OF DRUG RELATED DEATHS

* Supply of NALOXONE (Medication which can be administered to counter the effects of Opioid Overdose)

* In 2015/16 – 258 Naloxone kits were supplied to clients and others (727 were supplied across A&A)

* A&A have met and exceeded every years target for the supply and distribution of Naloxone kits

* Last year – 57 lives were reported to the service as being saved through the use of Naloxone

* Access to treatment – exceeding all targets

* 98% of clients in treatment <3 weeks. 100% within 6 weeks.
## MORE POSITIVE NEWS

Prevention & Early Intervention – Delivery of Alcohol Brief Interventions (ABIs)

<table>
<thead>
<tr>
<th>SETTINGS</th>
<th>TARGET (Number of ABIs to be delivered)</th>
<th>ACTUAL (Number delivered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITY GROUPS (A&amp;E, Primary Care &amp; Maternity)</td>
<td>3,420</td>
<td>3,999</td>
</tr>
<tr>
<td>NON PRIORITY GROUPS (WIDER SETTINGS)</td>
<td>855</td>
<td>932</td>
</tr>
</tbody>
</table>

North Ayrshire Services have always met & exceeded this target.
### FACT OR FICTION

The number of people on Methadone increases year on year?

<table>
<thead>
<tr>
<th>DATE</th>
<th>East</th>
<th>North</th>
<th>South</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/12</td>
<td>844</td>
<td>876</td>
<td>535</td>
<td>2,255</td>
</tr>
<tr>
<td>31/3/17</td>
<td>813</td>
<td>832</td>
<td>500</td>
<td>2,145</td>
</tr>
</tbody>
</table>

No one comes off Methadone? – No’s supported to detox to zero

<table>
<thead>
<tr>
<th>YEAR</th>
<th>EAST</th>
<th>NORTH</th>
<th>SOUTH</th>
<th>TOTAL OVER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>27</td>
<td>38</td>
<td>14</td>
<td>79</td>
</tr>
<tr>
<td>2011/12</td>
<td>37</td>
<td>37</td>
<td>35</td>
<td>109</td>
</tr>
<tr>
<td>2012/13</td>
<td>45</td>
<td>42</td>
<td>36</td>
<td>123</td>
</tr>
<tr>
<td>2013/14</td>
<td>51</td>
<td>49</td>
<td>40</td>
<td>140</td>
</tr>
<tr>
<td>2014/15</td>
<td>67</td>
<td>40</td>
<td>25</td>
<td>132</td>
</tr>
<tr>
<td>2015/16</td>
<td>75</td>
<td>55</td>
<td>33</td>
<td>163</td>
</tr>
<tr>
<td>2016/17</td>
<td>16</td>
<td>51</td>
<td>26</td>
<td>93</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>318</td>
<td>312</td>
<td>209</td>
<td>839</td>
</tr>
</tbody>
</table>
### Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol intake reduced</td>
<td>74%</td>
</tr>
<tr>
<td>Non prescribed drug use reduced</td>
<td>62%</td>
</tr>
<tr>
<td>Physical Health Improved</td>
<td>57%</td>
</tr>
<tr>
<td>Psychological Health Improved</td>
<td>54%</td>
</tr>
</tbody>
</table>
Prevention and Service Support Team

Deliver, organise, facilitate and support ‘addiction related’:
- Training Prevention activities Campaigns
- Education (including SPICE programme in schools)
- Awareness (community and HSCP and public events)
- Support to services (evaluations, client experience, adverse event review etc)
- Local IM&T infrastructure and support
- Alcohol Brief Intervention training and reporting

New initiatives
- Recreational Drug Use Brief Intervention (in response to staff requests for support re NPS or Legal Highs)
- Ayrshire College Alcohol and Drug Liaison Officer post
A purpose built addictions unit within Woodland View that offers a new integrated pathway of support for more complex client presentations.

The new model of care incorporates elements of:

- Detoxification function for alcohol and drug use (new)
- Specialist assessment
- Psychological interventions delivered via 1 to 1 or group settings
- Structured day attendance programme

Previously some of these functions were delivered in multi sites across East and South Ayrshire with no cohesive pathways of support. The new unit now offers support with no upper age limit and provides a safe and recovery focussed intervention for individuals with poly substance use, long term conditions and more complex addiction related issues.
North Ayrshire Drug & Alcohol Recovery Service (NADARS)

• The two statutory addiction services (North Ayrshire Council and NHS Addiction teams) merged into one service in May 2016. This is the first large scale integration of services across Ayrshire and Arran.

• This service offers health and social care interventions to some of the most vulnerable individuals requiring support for their drug and alcohol issues. Service users are now supported within one service by a wide range of professionals including nurses, social workers, occupational therapists, addiction and support workers, consultant psychiatrists, GP, ANP and pharmacist prescribers.
Achievements in the last year

Single Point of Contact

• **One Health and Social Care Team Base** (now co-located in North Ayrshire whereas previously the team was spread across East and North Ayrshire)

• **One single contact phone number, one email and one ‘open’ referral process** (consultation with clients, family and carers identified that previous numerous contact numbers were too complicated and confusing. The service now has one referral system accepting any type of referral including self referrals, referrals from others on behalf of the client, family members, telephone or self presentations)
Integrated Locality Response

- **Joined up new ‘Daily Responder’ process** – health and social care staff together now manage any daily enquiries, calls for assistance and are available for a same day joint assessment at the team base.

- **Joint response to concerns and inquiries** – a joint response is now offered to Police, Fire & Rescue, Adult Support and Protection (ASP) and Child Protection concerns or referrals.

- **Locality focus** – the staff team work across designated locality areas.

- **Staff training** – staff members embraced joint training opportunities including Appreciative Enquiry events, ASP & Self Management awareness.
New model
Opiate Replacement Therapy (ORT) prescribing

• Methadone (‘Parked on methadone; no one comes off it’)

• Implemented a new coordinated, blended, multi-disciplinary, tiered, prescribing workforce – rather than a Consultant Psychiatrist prescribing model

• Now have an increased range of prescribing and support options with a focus on recovery incorporating GP, Pharmacist, Advanced Nurse Practitioner (ANP) and additional medical prescribing. NHS A&A and the three ADPs have allocated £600,000 of recurring funding
Impact & Outcomes
(the ‘so what’ question)

Since 2015/16

• 139 fewer clients being prescribed methadone
• Supported to stop their illicit drug use (including methadone) – 163 individuals in 2016 v 67 in 2013
• An additional 3,600 appointments were offered last year
• Over 3,000 additional attendances (offering 3,000 additional opportunities for review and recovery discussions)
• Improved mental and physical health and social functioning (>50% improvement)
Funding

* 1.2% of the H&SCP budget is spent directly on Addictions – is that sufficient to meet current and predicted demand?

* 40% of the addiction budget is provided via the local ADPs – this is only committed 1 year at a time – ends in March.

* The Public Health Department have cut the Addiction budget by 7.5% - impacting on front line service delivery for the most vulnerable members of society who inject drugs and are most at risk of developing Blood Borne Viruses.
CHALLENGES/OPPORTUNITIES

NAC and NHS Differences

* Working hours (37.5 v 35 hours per week)
* Use of flexible working and working from home practise
* Different public holidays
* Different contracts & terms and conditions & pay structures
* 2 separate client electronic recording systems
* 2 separate emails
* 2 separate processes for many other things e.g. reporting and investigating incidents & deaths, communicating with Primary Care, dealing with complaints, reporting and sharing of risks etc etc
DEVELOPMENTS

Early Intervention and Prevention Clinics

• BACKGROUND – Significant level of Non Attendance at 1st appointments; many clients who do attend do not require statutory service; don't require a ‘Mental Health’ or ‘Addiction’ label and were able to self manage with different type of support

PLAN - Set up regular ‘drop in’ (no appointment needed) anonymous clinics/sessions in the 6 localities (delivered by experienced staff)

TARGET – individuals worried about their own or someone else’s alcohol and/or drug use

EARLY INTERVENTION/PREVENTION - brief intervention, advice, information & signposting & interface with Community Connectors and Addiction Recovery and Community initiatives

PILOT - Garnock Valley GP pilot – then extend to cover all 6 localities in 2017
PRIORITIES

- Work in partnership to review processes and procedures and use opportunities so that the service will have an increased focus on:
  - Parental substance misuse;
  - Protection of children and vulnerable adults;
  - Prevention of Drug Related Deaths (DRD) by continuing with the roll out of the Naloxone programme and implementing new actions as part of the service DRD Improvement Plan;
  - Support individuals to increase their recovery capital
  - Implement new ‘Recreational Drug Use’ Brief Intervention programme in light of the increasing use of NPS and DRDs.
Relapse prevention – and link in with clients discharged from Ward 5, detoxification programme

- Women in North Ayrshire support
- Parenting capacity and support
- Anxiety management and relaxation therapy
- SMART (Self Management And Recovery Training) meetings

- PLAN – pilot and then roll out group work programme – locally accessible. Agreement reached to work in partnership with local CMHT re some of the planned initiatives.
Partnership working

- ADP
- Peer Support / Recovery at Work (RaW)
- Third sector – commissioned services Richmond Fellowship and Momentum
- Co-facilitation of SMART meetings
- Implementation of Moving On Together (MOT) groups
- Service user group – providing feedback re services & assisting with re-design of services
- Family members and carers
- Change and Improvement Team support
Service user feedback

worthwhile, help, respect, future, kindness, life, footprint, listening, hope, control, involved, positive, inspiring, gratitude, options, empowered, advice, support, helpful, team, trust, treatment, recovery, journey, good, grateful, destiny, growth, happy, courage, North Ayrshire Health & Social Care Partnership