Reference: Preventative Agenda – Drug Misuse – South Lanarkshire ADP response

In response to your email dated 27th November 2017 our ADP partners reviewed the original drug strategy and made the following suggestions for the refreshed strategy which I hope you find helpful. If you require further information on any of these please do not hesitate to get in touch.

1. To what extent do you believe the Scottish Government’s national drug strategy, The Road to Recovery, and the approach by Integration Authorities and NHS Board are preventative?

The partners believe that it would be helpful to make specific reference to the role of NHS boards and Integrated Authorities within the new strategy – outlining how they can work together to focus on key preventative strands within the new refreshed strategies (both alcohol and drugs).

2. Is the approach adequate or is more action needed?

The partners recognise that more action is needed in the following areas:

1. The need for greater synergy between substance misuse and the adverse impact on children and families (including young people in transition and children at risk) and the requirement to include access to these specific services within the ROSC.
2. Highlight the growing issues with drug related illness and mortality including the changing pattern in terms of affluence and gender. Consider links to the Primary Care Transformation work that is currently taking place. This should ensure that individuals with substance misuse problems and on-going health concerns are prioritised into the testing work that is taking place in models such as the House of Care. The House of Care and Primary Care Transformation work should focus on testing ways to improve ease of access for people whose lives may be chaotic. The important role of primary care was also identified in the Opioid Replacement Review; Realising Recovery, that took place a couple of years ago.
3. Consider how we can build capacity in statutory and voluntary services around overdose awareness. There is also a need to consider the rise in drug related deaths and the number of individuals at time of death not known to substance misuse services, recognising that they will however be known to other services (e.g. education, health, social care provision). We need to raise the profile around risk of drug related death and train more services to provide overdose awareness sessions to those who may be at risk.
4. Given the changing demographics, a greater focus on older adults, vulnerable adults, adult protection, bereavement and the concomitant use of over the counter and prescribed medication.

5. The Responding to Distress agenda provides a framework for engaging with people with substance misuse/mental health issues and should be recognised as such.

6. The role of the new Community Justice Partnerships also needs to be strengthened to reflect the role of addiction and the impact of drug related crime as a key action in their delivery and strategic needs plans. Within this it would be useful to consider how we can 1) use third sector providers as an alternative from prosecution or higher tariff outcomes for lower level offences and 2) treatment programmes as alternatives to prosecution.

7. The national review of DTTOs should be reflected with further consideration given to lower level drug associated offences as an early intervention and diversion from prosecution strategy. Potentially this would mean a different type of workforce for DTTOs dealing with chronic and non-chronic users. Use of DTTOs for lower level drug associated offences as an early intervention and diversion from prosecution strategy should also be considered.

8. The relationship between mental health services and addiction services should be strengthened, with an emphasis on creating clear referral pathways and removing barriers to treatment for comorbid conditions. Recommendations should include the creation of 1) integrated management structures and services 2) budget alignment; 3) single point of entry which does this not detract from the no wrong door approach and 4) holistic treatment and care planning.

9. Employability and training for employment opportunities needs to be a specific target and outcome for all services.

10. Incorporate the most recent research and prevalence rates within the strategy. It would also be useful to establish the outcomes from the case studies/services that were identified in the initial strategy as areas of good practice in order to know that they have made a difference. Within this it is important to highlight the prevalence of drug & alcohol users in the long term and repeat homelessness population and the need to find more effective approaches to working with this client group.

11. Reinforce the need for recovery oriented systems of care and asset based community development in tackling stigmatisation, in order to remove barriers to access treatment and support, whilst recognising the key role of the third sector and peer support within this. The impact of trauma and deprivation need to be recognised not only as causal factors but also factors which then make access to care more problematic, both aspects require to be tackled.

12. There is a considerable shared interest between the Scottish Government’s Sexual Health and BBV Networks and Alcohol Drug Partnerships (ADPs). Improved collaboration within SG is required as well close partnership working with local ADPs and NHS Board Managed Care Networks (MCNs) to help achieve common objectives.

3 What evaluation has been done of interventions

Services that are commissioned by the ADP provide outcome data. These services include support to the following care groups:

1) Pre-Birth & the Early years
2) Children and young people, including those at risk of offending
3) Adults with substance misuse problems, including those at risk of offending
4) Families affected by substance misuse,
Most are evaluated by using a version of the ‘Outcome Star’. We will continue to use this approach until a national suite of recovery indicators is available.

4 Are the services and national drug strategy being measured and evaluated in terms of cost and benefit.

Yes, ADP partners have a 3 year cycle of commissioning in place which ensures that all services are measured and evaluated in terms of cost and benefit. Appendix 1 provides an example of some of these services and the rationale for utilising ADP funding to support them.
APPENDIX 1: EVALUATION METHODOLOGY

1  BACKGROUND TO SERVICE PROVISION

The Lanarkshire ADP Strategy (2015 – 2018) took a life-course perspective which recognised the structural, social, and cultural contexts in which we live and work. In doing so it reflects the importance of our early years and how this impacts on a range of other health and social indices. It was informed by the findings of the Adverse Childhood Experiences Study (ACE Study). As illustrated in Diagram 1, the lower levels, or Adverse Childhood Experiences, of the pyramid link to the upper level risk factors with the orange arrow on the side showing the whole life, from conception to death, in perspective. The ACE pyramid has five layers. The bottom layer represents “adverse childhood experiences”. Next is “social, emotional, and cognitive impairment”. Third is “adoption of health-risk behaviours”. Fourth is “disease, disability, and social problems,” and the top layer represents “early death”. Spaces between layers represent scientific gaps about relationships between layers. A vertical arrow on the left of the pyramid represents the health impact of adverse childhood experiences from conception to death.

Diagram 1: Effect of Adverse Childhood Experiences

2  FUNDING IN 2017/18

Funding in 2015/18 was therefore spread across a range of services, the outcomes of which are summarised in the remainder of this report.

Section 1: Pre-Birth & The Early Years

1  Specialist Substance Misuse Midwives

There is a range of literature available relating to the effects of maternal drug and alcohol use on the outcomes of pregnancy and the newborn. However, there is uncertainty on the long term effects on the child’s development and whether environmental factors contribute to learning and behavioural delays. The Scottish Government (2011) published guidance on the effects of substance use in pregnancy and found various substances to be associated with a range of increased risks including an increased risk of preterm delivery, placental abruption, delivery by emergency caesarean section in addition to associated risks in the newborn of low birth weight, neonatal abstinence syndrome (NAS), foetal alcohol spectrum
disorder (FASD), reduced brain/organ growth, intrauterine death and increased risk of sudden infant death.

Poor engagement with services, particularly for antenatal care, is known to have a negative impact on all of these outcomes. Women are reluctant to engage through fear of being ‘judged’, referred to social work services and their child removed from their care. However, evidence demonstrates that the provision of ‘specialist’, integrated antenatal care, which is tailored to the specific needs of this particularly vulnerable group of women, can reduce the risks of illicit drug use, preterm delivery and low birth weight. There is also further evidence to suggest that the provision of a specialist service contributes to cost effectiveness with a reduction in admissions to the neonatal unit and accommodation of infants by social services.

The Lanarkshire ADP therefore funded two Advanced Specialist Midwives (Lanarkshire Additional Midwifery Service – LAMS) to work collaboratively to support pregnant women in Lanarkshire to recover from substance misuse. It does this by improving women's engagement with antenatal care, providing support for their holistic needs and preparing them to care for their new-born. Using quality improvement methodology, through the Children and Young People Improvement Collaborative, LAMS tested, measured and implemented a number of systemic changes to the ways it delivers services.

These included improving screening and documentation of substance misuse, introducing psychosocial interventions to help pregnant women develop coping strategies and avoid relapse and, introducing initiatives to build parenting capacity, promote health and wellbeing and help tackle poverty.

The improvements resulted in many more pregnant women engaging with LAMS; increasing from 36 per cent in 2013 to over 85 per cent in 2015. There has been a significant reduction in families requiring social work interventions and an 86 per cent decrease in illicit substance misuse. More babies are being born at term and improvements in new born birth weights are being recorded. In addition, more women are taking up offers of advice on smoking cessation, breast feeding and welfare rights. And there is more uptake of Long Acting Reversible Contraception preventing future unplanned pregnancies.

Many families who engaged with the Specialist midwives say that without this support they would not have been able to change their lifestyle and care for their child. A Recovery Action Plan was also developed for pregnant women that is now provided to all families they work with.

This service won the Royal College of Midwives President's Award in 2017 for Reducing Inequalities and was also shortlisted for a CYPIC Quality Improvement Award in 2016.

2 Maternity and Children Quality Improvement Collaborative (MCQIC)

The MCQIC aims are to reduce the incidence of harm in women and babies by 30% by 2019. This harm is defined for all 3 strands of the MCQIC programme – maternity, neonatal and paediatric care.

1. By 2020 at least 85% of Children within each SIMD quintile of the CPP will have reached all of their developmental milestones at time of their 13 -15 month child health review.
2. By 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27 – 30 month child health review.

3. By 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones by the time of their 4-5 year child health review.

In Lanarkshire, substance misuse focussed staff and services are represented across all three workstreams and are involved in a number of tests of change. Key developments relating to the collaborative are summarised below.

1. To evaluate the impact of psycho-social interventions (via use of MYRAP diary) has on reduction and abstinence of substances where clients are not open to or engaging with addiction staff but are attending LAMS clinics.

2. To evaluate what difference LAMS support has on the client and her partner’s knowledge of the impact drug &/or alcohol use has on her pregnancy, newborn and parenting capacity. Feedback for this was imbedded within client feedback questionnaire, which evidenced that all families have received this support during their care.

3. The effect one-to-one breast feeding workshop has on women, who are on substitute prescribing, choosing to breast feed at birth, discharge from hospital and 6 weeks postnatal. Additionally, provision of breast pump to support provision of breast milk if unable to feed at the breast. Now extended to all women attending LAMS.

4. Impact discussion of planned long term contraceptive device has during pregnancy at LAMS has on uptake of same following birth. Looking at methods used, numbers inserted prior to discharge from hospital and subsequent numbers of unplanned pregnancies with known drug or alcohol use. The uptake of insertion has been good; either inserted within maternity unit prior to discharge or by Specialist Midwife at local LAMS clinics.

5. Support in income maximization by referral to welfare Rights Officers. Particular improvement identified where families have not been addressing debts and where issues have occurred with their benefits.

6. The initial training of a number of substance misuse staff in the Solihull Approach. “Small step” improvement methodology was applied; one addictions nurse and one Social Worker worked with one family each, threading the Solihull Approach through their addictions work to yield positive outcomes for both families. This test has now been scaled up and almost all substance misuse staff, working with both children and/or parents have been trained in the approach and a number of staff are now trained as trainers in order to sustain workforce development.

7. A process of gauging improvements in both the quality and format of information shared with the child’s Named Person in Education and Health via the Promoting Wellbeing Assessment for adult substnace misuse services. The test of change is now complete with clear evidence, from the perspective of the Named Person, that the Promoting Wellbeing Assessment will support them in their role in promoting and safeguarding wellbeing.
Section 2: Children and Young People

1 Introduction

The *My World Triangle*, as illustrated in Diagram 3, is the foundation in which the *Getting it Right for Every Child* agenda is constructed upon in Scotland, including Lanarkshire and graphically illustrates the key building blocks that children need to thrive and reach their potential later in life.

Diagram 3: My World Triangle

A number of research studies, however, along with the extensive findings from the ACE Study, further indicate that childhood physical, sexual, and emotional abuse, as well as neglect, are risk factors for an array of adverse mental health consequences in childhood and adulthood alike. Numerous studies have also documented associations between a child's exposure to abuse with negative mental health outcomes in adolescence, including low self-esteem and depression, severe anxiety, drug and alcohol abuse, post-traumatic stress disorder, self-harming and suicidality and being bullied at school. Other psychological and emotional conditions include panic disorder, dissociative disorders, attention deficit/hyperactivity disorder, and reactive attachment disorders. We have therefore invested in a number of services which support these outcomes as described below.

2 Children & Adolescent Mental Health Services (CAMHS)

The Lanarkshire ADP therefore provided addition funding within CAMHS to provide an early intervention and a psychology based intensive service for young people (aged 5 to 18). By using a stepped and tiered approach young people are able access a range of mental health services at the level required and at the point of need. This includes those vulnerable young people no longer attending school. As an additional support, training and consultation is available to enhance the work of colleagues in other health services, social work, education and the third sector. This additional funding has ensured that younger children and families now have access to a range of group work programmes (Incredible Years) aimed at Mental Health promotion and prevention. These groups aim to improve relationships and understanding between young people, their parents, carer’s, friends and relevant others. The groups aim to improve the communication in families, to help families find healthier strategies to manage life adversity.
In 2015/16 the Youth Counselling Service (YCS) and the Primary Mental Health Team received 1,821 referrals from young people and families. Teams are working to encourage families to make use of self-help materials and access other services and partner agencies applying more intervention at universal and Tier 1 levels of intervention.

4 Young People’s Sexual Health & Lifestyle Nurses

As youth sexual health services were rolled out to all localities across NHS Lanarkshire it became apparent there were a number of young people indulging in risk taking behaviours in relation to alcohol and drug misuse which in turn increased risky sexual behaviours. At particular risk were young people already ‘in the system’ e.g. looked after and accommodated (LAAC), school non attendees, young offenders and teenage parents.

The 2 WTE sexual health and lifestyle nurses have now been in post for over five years they have continued to expand and develop their role, working in close partnership with North and South Lanarkshire, including social work and education. In 2015/16, 290 young people were referred (166 under 16), 91% of those referred given harm reduction information, while 94 were screened for BBVs, 56 tested for BBVs. 69 screenings carried out using CRAFT/FAST resulting in 33 alcohol brief interventions. The Sexual Health Lifestyle Nursing service was recognised for its innovative approach to supporting our young people who exhibit risky sexual behaviours as a result of alcohol and substance misuse either directly and indirectly at a prestigious clinical scientific event in Leeds. They also came third at a recent event in London.

<table>
<thead>
<tr>
<th>Section 3: Improving Outcomes for Adults with Substance Misuse Problems</th>
</tr>
</thead>
</table>

1 Introduction

In South Lanarkshire we recognise that recovery is not simply about tackling the symptoms and causes of dependence, but about enabling people to successfully reintegrate back into their family and local communities. It is also about ensuring that they have somewhere to live, something to do and the ability to form positive relationships with others. Embedding the principles of recovery in all relevant services has therefore continued to be a focus for our work within alcohol and drug treatment and care services over the past eight years. This includes ensuring that there is a full range of Essential Care services within the ten principle townships of urban and rural communities in Lanarkshire. These essential services incorporate identifiable community rehabilitation services which have people with lived experience within their staffing complements; access to detoxification and residential rehabilitation; access to a full range of psychological and psychiatric services and proactive engagement with employability and accommodation providers.

The Outcome Star tool was therefore used by all services to measure progress across these domains. The Star is a visual tool that allows an open, two-way discussion between client and worker to help identify and achieve the client’s goals. It focuses on ten areas that have been found to be critical in supporting recovery. The Star focuses on changes to all aspects of a person’s life to support lasting recovery, including enhancement of family and peer relationships, maximization of income and securing a safe home. In addition to the use of the tool itself workers have access to the Star Online. The Star Online allows worker and client to complete the tool electronically, keeping a permanent record of each star and allowing comparison with earlier stars to demonstrate progress. Stars can be printed allowing clients to keep a record of their progress. The Star Online also allows data to be
aggregated at a service level providing valuable source of evidence for services in meeting their agreed outcomes and can be used to identify staff development needs during supervision. The Stars are designed to be completed collaboratively at the 3 monthly care plan reviews.

2 Tier 3 Service Provision

The South Lanarkshire Alcohol & Drug Service (LaADS) & Substance Misuse Teams (SMT) are Tier 3 services which provide a comprehensive range of services to people, and their families, who develop problems with alcohol and drugs within South Lanarkshire. Services are provided on an equitable basis and co-ordinated across health and social care to meet the needs of service users and their families within the four major townships of South Lanarkshire.

A core aim of Tier 3 service provision is to assist service users to effect behavior change in order to improve and stabilise all aspects of their life. Core interventions include, substitute prescribing, protective medication clinics, coordination of community and inpatient detoxification and/or rehabilitation programs, blood borne viruses screening and treatments, promotion of successful recovery from alcohol and drug problems and enabling service users to achieve pro-social life style changes. Tier 3 services are all statutory and incorporate nursing, medical, pharmacy, social care, psychology and occupational therapy staff.

All work with individuals to improve their motivation to change and deliver evidence based psycho-social interventions. In addition Protective Medication Clinics (PMC) were set up to use the “protective medications” for problem substance use (baclofen, disulfiram, and naltrexone) to help promote abstinence from problem substance use, and/or a general reduction in use of the problem substance.

The ADP also funds Addiction Psychologists Specialists. This service model is based on providing direct psychological therapy and assessment for complex cases, along with consultation, training, and support to other NHS, local authority, and non-statutory agencies involved in the provision of services to individuals with alcohol or drug problems. This matched care model ensures the best match between the skill set of the workers and the needs of the individual service user. Indeed, in addition to direct clinical work, the APS provides specialist training workshops for addictions staff across the statutory and non-statutory sectors to facilitate delivery of psychosocial interventions and to enhance psychologically informed practice across the workforce.

Referrals to LaADS & SMT all increased slightly during 2016/17. Psychiatrists working within the Protective Medication Clinics offered, 2357 appointments, 542 of these were to people new to this area of service – and 1,815 of these were for review. The overall non-attendance rate for these appointments was 30%.

2.2 Patient Reminder Service (DNA Propensity Study)

Did Not Attend rates (DNA) rates are a significant problem for many services across Lanarkshire. Last year LAADS used improvement methodology to test a ”Patient Reminder Service” in one locality. There was early verification and evidence that this model was successful in reducing the DNA rates, so it was agreed that all four localities in South Lanarkshire would participate. The project has subsequently reduced DNA Rates for clients who were most likely to miss their appointments from 67% to 31%. From a treatment
perspective, this has increased the number of people engaging with the services and the project has also allowed people to access treatment more quickly.

Using improvement methodology to refine and improve the model by testing more intervention strategies (e.g. client initiated engagement, initial conversation with client carried out by a nurse rather than an administrator) could further increase engagement rates.

2.3 Wiseman Workload Measure

LAADS also continue to use the Wiseman Workload Measure (WWM) as an aid to capacity planning. The WWM helps services and practitioners to evidence the time required to deliver the care necessary to meet the needs and aspirations of the individuals that they are working with. This is measured in direct care; the number of contacts and the duration of contacts between practitioner and individual, as well as measuring the amount of time spent on indirect care. The WWM also considers the work agency tasks that a practitioner might be involved in, as well as the travelling requirements for their role.

To ensure that caseloads are equitable and practitioners manage caseloads more effectively and efficiently data analysis from the WWM is now being used routinely by team leaders and practitioners as part of clinical supervision, caseload management and staff governance arrangements within LAADS. Over the past year Team leaders are becoming more confident utilising the data to review capacity, for instance if the quarterly report indicates a wide variation in Direct to Indirect Care Ratios across the team. To improve efficiency and release capacity they will review all available information for low scoring individuals, identify improvements and introduce action plans to try and increase the ratios.

2.4 South Lanarkshire Health & Social Care Partnership Nursing & Midwifery Workforce Profiling (NMWWP) Tools

We have also utilised NMWWP Tools in order to support safe, effective and person centred care and support delivery of the 20:20 workforce vision and quality strategy within NHS Lanarkshire Alcohol and Drug services. This was achieved by triangulating the local context and funded and actual establishments with the workforce tools, quality factors and professional judgement. The NMWWP tools alone cannot provide a definitive outcome which is why the triangulation approach was crucial.

There was a strong emphasis on using the six step methodology advocated as part of a multifaceted approach to undertaking a workforce review. Consideration was given to a range of factors including outcomes of the tools, professional judgment and quality data, all of which are recognised nationally as being necessary to obtain meaningful data from a workforce exercise.

2.5 Outcomes

100 people using the Protective Medication Service in 2015/16 were sampled to assess the demographics and outcomes, by taking the first 100 case-records found in series. 75% were male, and came from 4 main referral sources (Community Addiction Teams (74%); the acute sector (19%); Psychiatry (5%) and General practice (2%)). 604 (94%) reported being abstinent, while 24% of the total sample reported remaining abstinent throughout the entire year (i.e. for the full 12 months). In total, 86% of the people who used the service
reported one lapse or less during their time in contact with the service, with the average overall lapse lasting one day or less.

In addition all Tier 3 services use the outcome star to measure outcomes. Positive outcomes were achieved across all domains, with meaningful use of time (^33%), Community engagement (^22%), Emotional and Mental Health (^16%) and Alcohol Misuse (^15%) showing the greatest increases.

2.5 Reducing the Rate of Blood Borne Viruses (BBVs)

The introduction of dry blood spot testing in 2011 has had a significant impact in testing activity and diagnosis of all blood borne viruses within Tier 3 services. All 3 blood borne viruses (hepatitis B, hepatitis C and HIV) can be tested from the same blood sample using this method. As summarised in Table 5, 620 tests were carried out in Lanarkshire in 2016. Hepatitis C remains the most prevalent of all 3 viruses with people who are engaged within addiction services. 91 individuals tested positive for hepatitis C (PCR positive means they have active hep C virus). 27 were new diagnosis and 1 reported as a re-infection (had previously received treatment for hepatitis C in prison and cleared the virus). No information was recorded for the remaining 29. The hepatitis B vaccination programme has been critical in ensuring hepatitis B rates remain low.

HIV has been tested for routinely since 2011 and whilst these number remain low we have seen a re-emergence of HIV amongst people who inject drugs in neighbouring health boards. It is critical therefore that HIV testing and awareness raising remains high on the agenda for services working with people who inject drugs.

Table 5: Hepatitis B immunisation and BBV Testing

<table>
<thead>
<tr>
<th>North Lanarkshire</th>
<th>Twinrix Vaccinations</th>
<th>No DBST</th>
<th>Number of HCV PCR +ve</th>
<th>No referred</th>
<th>Known HCV +ve</th>
<th>New Diagnosis</th>
<th>Re-infected</th>
<th>Info not recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>28</td>
<td>22</td>
<td>15</td>
<td>316</td>
<td>60</td>
<td>50</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>25</td>
<td>18</td>
<td>21</td>
<td>19</td>
<td>304</td>
<td>31</td>
<td>29</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td>46</td>
<td>43</td>
<td>620</td>
<td>91</td>
<td>79</td>
<td>34</td>
<td>27</td>
</tr>
</tbody>
</table>

The target for people supported through Hepatitis C treatment for this year was 126. The numbers achieved for Lanarkshire was 122. Referral rates and engagement with BBV services has improved through joint working with BBV Specialist Services, NHS Lanarkshire’s Harm Reduction Team and third sector service Positive Support. Service users who have had a HCV positive diagnosis but are not ready to engage in treatment are referred to and supported by Positive Support who provide wrap around care and support until individuals are ready to start treatment. Positive Support have reported an increase in referrals and engagement for this year.

3 Improving Outcomes for Adults at Risk of Offending

3.1 Lanarkshire Community Bridges Project (LCBP)
Offenders serving short term prison sentences of less than four years have higher reconviction rates compared to those released from longer custodial sentences (Scottish Centre for Crime and Justice Research 2015). The following factors have been identified as being associated with a reduced chance of an individual reoffending:

1) Reduced or stabilised substance misuse.
2) The ability to access and sustain suitable accommodation.
3) Finding suitable employment.
4) Improvements in the attitudes or behaviour which leads to offending and greater responsibility in managing their own behaviour and understanding the impact on victims and their own families.
5) Maintained or improved relationships with families, peers and community.
6) The ability to access and sustain community supports.

The Lanarkshire ADP therefore funded North Lanarkshire Council Justice Service and the operators of HMP Addiewell, Sodexo Justice Services to provide a service which targets service users serving less than 4 years imprisonment with identified alcohol and/or drugs issues. LCBP staff work with offenders during their sentence and continue to provide ongoing support and direction following release. The service engages with service users up to six months prior to release, with staff aiming to develop an effective worker/service user relationship. A personalised community re-integration plan is developed which promotes active participation from the service user. Supports are flexible and tailored to meet the needs of the individual. The service addresses the factors highlighted above as well as providing support with issues arising from previous abuse and trauma, mental health issues, such as anxiety, depression, isolation, stress and other complex issues, such as personality disorder.

A total of 375 men have been supported by Community Bridges since the project was established in 2011. In 2015/16 a total of 206 were interviewed for the project. Table 6 below is based 112 service users who were assessed using Outcome Star in 2015/16. The figures show the percentage increase in scores for each scale.

Table 6 Community Bridges Outcome Star Scores (n=112, after 3/12 review)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation &amp; taking responsibility</td>
<td>73%</td>
</tr>
<tr>
<td>Self-care &amp; living skills</td>
<td>50%</td>
</tr>
<tr>
<td>Managing money and personal administration</td>
<td>52%</td>
</tr>
<tr>
<td>Social networks &amp; relationships</td>
<td>58%</td>
</tr>
<tr>
<td>Drug &amp; Alcohol issues</td>
<td>70%</td>
</tr>
<tr>
<td>Physical health</td>
<td>42%</td>
</tr>
<tr>
<td>Emotional &amp; Mental Health</td>
<td>50%</td>
</tr>
<tr>
<td>Meaningful use of time</td>
<td>70%</td>
</tr>
<tr>
<td>Managing tenancy &amp; accommodation</td>
<td>49%</td>
</tr>
<tr>
<td>Offending</td>
<td>70%</td>
</tr>
</tbody>
</table>

In 2011/12 a total of 87 cases were tracked and of those 87 cases, 53 remain in the community and 34 returned to custody by 2015/16. In 2012/13 a further 66 new cases were tracked again year on year. Of those 66 cases, 38 remained in the community and 28 returned to custody by 2015/16. In 2014/15, 71 new cases were tracked year on year. Of those 71 cases 55 remained in the community and 16 returned to custody by 2015/16. The positive work undertaken by LCBP with service users and the close working relationship

12
between Justice Support Assistants and prison colleagues was recognised in the 2015 report on HMP Addiewell by HM Inspectorate of Prisons for Scotland.

### 3.2 Police Custody Suites

In evaluating the clinical needs of those in police custody, Her Majesty’s Inspectorate of Constabulary for Scotland, (HMICS) concluded that had they not been arrested, a significant proportion of those people genuinely in need of medical attention or at least examination would not have sought treatment from a doctor “because of their disorganised or chaotic lifestyle”. In light of the well-established links between chaotic or chronic substance/alcohol misuse and multiple re-offending, the notion of integrating NHS care with police care brings with it certain prima facie advantages. A more direct form of integration between police care healthcare and NHS Boards also brings the potential for joined-up access to critical service areas, such as mental health and substance misuse services. The overarching aim of bringing healthcare closer to those in need who might otherwise overlook or avoid contact with NHS services is to improve health and assist in reducing crime and re-offending rates. This will contribute to reducing health inequalities, and ultimately wider social and community inequalities.

Evidence demonstrates that a timely, person-centred service following sexual assault can positively influence the long term health status, their recovery and their continued engagement in any criminal justice process as well as the collection of high quality evidence to support the criminal justice process.

The dual benefits of a dedicated service for the health and well being of the client and delivery of justice are quite considerable. Forensic recovery, medical support and the wellbeing of complainant are key factors within rape investigation and central to health outcomes and maintaining the confidence of the complainant throughout the judicial process. Providing a more cohesive and robust forensic medical service will assist the criminal justice system through increasing the quality of forensic information available, and ultimately help to secure justice. There are also significant knock-on benefits to the NHS for an integrated early response to sexual assault across the comprehensive health system, including the voluntary and community sector and criminal justice system. As outlined in Table 7 since its inception in 2012, the service has ensured that:

- Pathways and links to substance misuse, alcohol services, and sexual health services with follow up appointments in place
- Screening for and delivery of alcohol brief interventions shortly after the point of arrest
- Identification of mental health needs with follow up appointments
- Identification of learning disability conditions with follow up appointments
- Enhanced opportunities to reduce Domestic abuse / violence and self- harm episodes and provision of information to help navigate local support
- Naloxone is provided to opiate users on release.

### Section 4: Improving Outcomes for Families Affected by Substance Misuse

#### 4.1 Tier 2 & 3 Alcohol & Drug Services

Tier 3 services also support families affected by the service user’s substance misuse in the form of joint meetings and reviews and signpost to other appropriate supports and mutual aid groups, such as Al-Anon. Whilst the Addaction project offers direct 1-1 and group work sessions with family members adversely affected by a significant others alcohol or drug use.
Section 5: Summary

This report has demonstrated the significant impact across a range of care groups that are impacted by substance misuse, it has also showcased a number of services which have used innovative practice to secure outcomes for their clients. In addition it clearly demonstrates the excellent connectivity, joint work and alignment that already exists in Lanarkshire between wider health and social care service provision within our Recovery Orientated System of Care.

The Lanarkshire ADP, like other areas, however was subject to a 21.6% cut in core funding from the Scottish Government. Following a detailed risk assessment of the likely impact on front line service delivery, NHS Lanarkshire and North and South Lanarkshire Health & Care Partnerships were able to reduce this deficit down to a 10% reduction of the ADP core budget from £6,937,386 in 2015/16 and 16/17 to £6,243,646 effective from 1st April 2016). It was formally signed off by NHS Lanarkshire Board and North and South Health & Social Care Partnerships in March 2016.

As all financial decisions were based on a detailed risk assessment by service managers, including direct impact on patient care, quality of service provision and ability to meet local and national targets, we have continued to meet Ministerial Priorities. However we have suffered significant loss in service provision because of the short-time line and notification of these reductions to funding within our newly commissioned third sector providers.

Moreover as all clients who attend our services have the highest problem severity, lowest recovery capital, live in our most deprived areas and are more likely to be stigmatised, suffer greater morbidity and mortality than any other care group, further reductions will only serve to weaken a system that is already under intense pressure to accommodate existing demand, whilst maintaining quality of care and adherence to national and local best practice.