Report of the Director of Places

Agenda Item No: 7
Meeting: 28 March 2017

NORTH LINCOLNSHIRE COUNCIL

CABINET

SUPPORTING THOSE WITH CO–EXISTING MENTAL HEALTH AND SUBSTANCE MISUSE ISSUES (DUAL DIAGNOSIS)

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1. To consider progress against the recommendations of the report of the Health Scrutiny Panel published in January 2016, on supporting those with co-existing mental health and substance misuse issues (dual diagnosis).

2 BACKGROUND INFORMATION

2.1 In January 2016, the Health Scrutiny Panel published a report on "Supporting Those with Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)". The report set out the findings of a review undertaken by the Panel arising from a perceived lack of joined-up care for those with co-existing substance misuse and mental health issues. The report contained six recommendations (see attached Appendix 1). Cabinet subsequently received the report. They agreed to approve and adopt the recommendations in full and asked for the development of an action plan to take these forward.

2.2 Improving the delivery of services for those with coexisting mental health and substance misuse issues within North Lincolnshire is vital in respect of achieving improved outcomes for Public Health and Community Safety. The aim is to provide a more person centred care pathway.

2.3 An action plan has been developed to take forward the recommendations (see Appendix 2 attached). Some good progress is already apparent in most areas. There are also some areas requiring further attention and joint management across the Clinical Commissioning Group (CCG) and the Council for improved coordination.

2.4 Progress against each recommendation is summarised below with outstanding actions and further areas of work contained within the

action plan. Please refer to appendix 1 for the full details of each recommendation.

2.4.1 **Recommendation 1** - A Pathway was drafted (IAPPT model) via a workshop, and Commissioners have consulted on the draft pathway with some responses received from providers. The original pathway has been amended and shared again for further consultation. The pathway now includes a requirement for fortnightly multi-disciplinary meetings between RDASH and CGL Stepforward and links to best practice guidance for practitioners. This is being led by the Substance Misuse Social Worker. The pathway seeks to bring providers together for joint case conferencing and gives opportunities for joint assessment. Such an approach assists in building common language and seeks to bridge relationships.

2.4.2 **Recommendation 2** - Joint training opportunities have been explored and joint training delivered on Legal Highs (Novel Psychoactive Substances) and Alcohol. There are still areas to be identified via mapping and additional areas for mental health to deliver within substance misuse. Joint meetings are occurring, but not consistently. RDASH attendance at the complex case panel has improved. Some training has been delivered by CGL and RDASH reciprocally in terms of substance misuse and mental health. Areas of inconsistency and knowledge gaps within mental health definitions are currently being supported by officers from Public Health and a substance misuse social worker. Workforce development remains a priority.

2.4.3 **Recommendation 3 -** This recommendation has now been addressed. A Public Health officer is in place who has agreed to be the objective lead to support all areas of the action plan. Work on a specific health needs assessment for substance misusers' with mental health problems is progressing.

2.4.4 **Recommendation 4** - This recommendation has now been partly addressed with work with RDASH to complete. Consultant and practitioner leads have been identified from Substance Misuse. The Substance Misuse social worker is leading on peer support for the partnership, shaping pathways and developing best practice guidance. Weekly visits to Great Oaks are undertaken to improve understanding of substance misuse problems and feedback loops are in place to support improved case management and referral opportunities.

2.4.5 **Recommendation 5** - Shared key performance indicators for dual diagnosis across CCG and NLC will be effective from April 2017. The intention is to align case management and jointly case-manage complex high risk cases. This can be monitored with provider contract management meetings (a current gap).

2.4.6 **Recommendation 6** - Identification of lead roles and introduction of training has started the development of a common understanding. Commissioners have developed some best practice guidance (based on NICE guidance). However as some people are using substances at a functioning level there are problems with the joint assessment process. This area is being further developed and is heavily influenced by service culture and service orientation. Implementing training, developing lead roles and a suite of documents will assist. However the assessment of clients who disclose substance misuse needs to be addressed and will feed into future commissioning and service delivery models.

2.5 In summary a common joint assessment framework for Dual Diagnosis is required and still outstanding. Public Health is supporting this element of the plan. However the pathway is still not agreed fully by RDASH. Presently there are concerns of little change, without an agreed pathway a joint assessment will have minimal impact. There are issues with clients not being assessed for Mental Health whilst in periods of substance misuse consumption. A meeting has been held recently to clarify roles and agree pathways/assessment processes**.** CCG were in attendance however the provider was not. CCG took an action to obtain the commitment required.

2.6 All recommendations relating specifically to substance misuse have evidence of progression. An audit undertaken by the Substance Misuse Team in 2016 noted key knowledge gaps in addition to issues with joint care planning and joint case management. The audit displayed some clear learning around the workforce understanding of Dual Diagnosis thresholds

2.7 Meetings have been arranged between North Lincolnshire Council and the CCG commissioners along with service providers. To date RDASH haven't attended these meetings. Their contribution going forward is essential to making sustained progress in fully delivering the action plan.

2.8 Whilst further work is on-going to complete the action plan and care pathway to progress the coordination of the Dual Diagnosis work it is proposed that officers explore the possibility of assigning a senior Public Health Specialist with the responsibility for overseeing the delivery of actions. This would help in supporting the CCG in being clear about expectations with regards to the scrutiny recommendations and address the areas of the action plan requiring contributions by RDASH.

2.9 Attached in the appendices to this report are two case studies that demonstrate that a multi-disciplinary approach is needed for supporting those with complex needs e.g. Dual Diagnosis. They show the positive outcomes that can come from this should it be embedded into all care for service users with such complex and high risk needs.

3. OPTIONS FOR CONSIDERATION

3.1 To note the progress made to date against each of the recommendations contained in the Health Scrutiny Panel report titled; "Supporting Those with Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)".

3.2 To formally approve the action plan aimed at taking forward further work in relation to the recommendations in question.

3.2 That Cabinet supports the assignment of a senior Public Health Specialist to take a lead in progressing the action plan.

4. ANALYSIS OF OPTIONS

4.1 There is a requirement for improved coordination and an independent lead to oversee progress from both Substance Misuse and Mental Health. A senior Public Health specialist with experience and knowledge in Mental Health would assist in ensuring progress of any actions that remain outstanding to take forward the recommendations of the Scrutiny Panel, such as the workforce needs analysis. Independent oversight and senior leadership will help towards ensuring that relevant contributors work together in an effective and joined up way.

4.2 Improved support to the CCG would also be a welcome improvement in terms of consistently managing performance and expectations across Mental Health and Substance Misuse. Commissioners need to be clear with providers over the Health Scrutiny recommendations and revisit them with senior management teams. Revisiting the scrutiny report with senior management will assist in obtaining the commitment from RDASH within the pathway and joint agency meetings.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 There are no resource implications to highlight.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 Not applicable.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTEREST DECLARED

7.1 Consultation with service provider staff (substance misuse) and Social Workers identified that there is still a reluctance to assess people for their mental health if they disclose any substance misuse. This was made known to the CCG within the recent planning meeting and

discussions are now taking place between CCG and RDASH on these issues.

7.2 The Health Scrutiny Panel considered this report and the accompanying action plan at their meeting held on 6 March 2017. The Panel supported this paper coming forward to Cabinet for consideration and approval without amendment.

8. RECOMMENDATIONS

8.1 That Cabinet notes the progress made to date against each of the recommendations contained in the Health Scrutiny Panel report titled; "Supporting Those with Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)".

8.2 That Cabinet formally approves the action plan aimed at taking forward further work in relation to the recommendations in question.

8.3 That Cabinet supports the assignment of a senior Public Health Specialist to take a lead in progressing the action plan.

DIRECTOR OF PLACES

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Background Papers used in the preparation of this report:

- Health Scrutiny Panel Report; "Supporting Those with Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)"

Appendix 1

HEALTH SCRUTINY PANEL REPORT - "Supporting Those with Co-Existing Mental Health and Substance Misuse Issues (Dual Diagnosis)"

Recommendations

Recommendation 1: That key commissioners and specialist providers develop a client-focussed, responsive, and comprehensive dual diagnosis pathway, supporting integrated and co-ordinated working, and with clear points of access and referral mechanisms within a set timescale. We would wish to see this pathway in place within twelve months of this report's publication. We further recommend that this is developed in cooperation with all relevant partners.

Recommendation 2: The panel recommends that a single training needs assessment be carried out across all relevant providers across North Lincolnshire and a plan developed to ensure consistent, joined up training on issues such as psychological interventions, triage and assessment, diversion, and referral to other appropriate services. The role of the Training Plan would be to support the practical application of the proposed pathway (see Recommendation 1 above). The panel recommends that this is drafted, agreed and implemented within twelve months of this report's publication.

Recommendation 3: The panel recommends that an appropriate senior officer from within the Public Health Hub be identified as a key strategic lead to oversee the co-ordination, effectiveness and timeliness of services for those with complex, co-existing mental health and substance misuse issues.

Recommendation 4: The panel recommends that appropriate mental health and substance misuse staff be identified as Dual Diagnosis Leads in each service, championing closer working between services and more holistic working. The panel would expect this to be in place within twelve months of this report.

Recommendation 5: The panel recommends that commissioners from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group, via the Health and Wellbeing Board, explore opportunities to move towards an increasingly co-ordinated recovery focussed model over the next commissioning cycle.

Recommendation 6: The panel recommends that, in order to counter concerns about a lack of a 'common language' between services, mental health and substance misuse providers utilise and adopt the Suite of Documents, as agreed and adopted by North Lincolnshire's Health and Wellbeing Board in December 2014. Again, the panel would wish to see this fully embedded within 12 months from receipt of this recommendation.

APPENDIX No. 2

DUAL DIAGNOSIS ACTION PLAN 2017/18

RECOMMENDATION	ACTION(S) TO BE TAKEN	LEAD RESPONSIBILITY	TARGET DATE FOR COMPLETION
Recommendation 1: That key commissioners and specialist providers develop a client-focussed, responsive, and comprehensive dual diagnosis pathway, supporting integrated and co-ordinated working, and with clear points of access and referral mechanisms within a set timescale. We would wish to see this pathway in place within twelve months of this report's publication. We further recommend that this is developed in cooperation with all relevant partners.	Commissioners to redevelop the pathway and develop some best practice guidance for practitioners.	SM Team/CCG	March 2017
	RDASH to agree the pathway	CCG/RDASH	March 2017
	CCG to secure provider commitment to clarify roles and agree pathways/assessment processes	CCG/RDASH	March 2017
Recommendation 2: The panel recommends that a single training needs assessment be carried out across all relevant providers across North Lincolnshire and a plan developed to ensure consistent, joined up training on issues such as psychological interventions, triage and assessment, diversion, and referral to other appropriate services. The role of the Training Plan would be to support the practical application of the proposed pathway (see Recommendation 1 above).	Complete mapping of workforce training needs via lead roles.	RDASH /CGL	May 2017
	Lead role to be identified for RDASH.	RDASH/CGL	May 2017
Recommendation 3: The panel recommends that an appropriate senior officer from within the Public Health Hub be identified as a key strategic lead to oversee the co-ordination, effectiveness and timeliness of services for those with complex, co-existing mental health and substance misuse issues.	Complete work on a specific health needs assessment for substance misusers' with mental health problems.	NLC	April 2017

RECOMMENDATION	ACTION(S) TO BE TAKEN	LEAD RESPONSIBILITY	TARGET DATE FOR COMPLETION
Recommendation 4: The panel recommends that appropriate mental health and substance misuse staff be identified as Dual Diagnosis Leads in each service, championing closer working between services and more holistic working.	Meeting arranged with primary care GPs.	RDASH/CGL	March 2017
	Lead roles to be identified by substance misuse service (CGL)	CGL (Completed)	December 2016
	Lead roles to be identified by RDASH	RDASH	March 2017
	Providers to confirm model for MH led care.	RDASH/CGL	March 2017
	Providers to confirm model for substance misuse led – assessment and ongoing joint case management.	RDASH/CGL	March 2017
	To research substance misuse led Dual Diagnosis service in Dudley to map best practice and return to North Lincs with recommendations.		
Recommendation 5: The panel recommends that commissioners from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group, via the Health and Wellbeing Board, explore opportunities to move towards an increasingly co-ordinated recovery focussed model over the next commissioning cycle.	Shared key performance indicators for dual diagnosis across CCG and NLC to be implemented from April 2017.	SM Team/CCG	March 2017
	To align case management and jointly case manage complex high risk cases. To be monitored with provider contract management meetings.	SM Team	April 2017
	CCG and LA to agree wording within the substance misuse contracts to ensure consistent delivery.	SM Team/CCG	April 2017
Recommendation 6: The panel recommends that, in order to counter concerns about a lack of a 'common language' between services, mental health and substance misuse providers utilise and adopt the Suite of Documents, as agreed and adopted by North Lincolnshire's Health and Wellbeing Board in December 2014.	To complete the development of a common understanding.	RDASH/CGL/CCG/SM Team	April 2017
	To further consider the difficulty with the joint assessment process created as some people are using substances at a functioning level.	RDASH/CGL/CCG/SM Team	April 2017
	To complete the common joint assessment framework for Dual Diagnosis.	RDASH/CGL/CCG/SM Team	April 2017

Appendix 3

DUAL DIAGNOSIS CASE STUDIES 2016/17

1. Service User X

Service User X has been in drug treatment services since 2009 and has a history of high risk behaviour, often confrontational with staff and the general public. He has been in and out of treatment services due to the chaotic lifestyle he leads. On his most recent treatment episode following release from prison he was diagnosed with psychosis with the main symptom being auditory hallucinations. He was prescribed Olanzapine by his GP.

However was not taking his medication. Due to his unmet mental health needs and substance misuse he became street homeless after many failed tenancies both in supported accommodation and private rents. He mainly slept on the high street and throughout the day would 'beg' for money from the public. On his last and most recent treatment episode where he was prescribed methadone and offered psychosocial support, a multi-disciplinary approach was considered the best option. His case was brought to complex case panel which includes representatives from mental health, substance misuse, housing, safeguarding adults etc. A plan was formulated and although he was not offered any support for his mental health the substance misuse team (CGL) worked with him to find a suitable and supported environment for him to live in as this was felt to be his primary need. This was mainly due to the fact he was not experiencing psychosis at that time and had worked with his substance misuse keyworker and consultant from CGL to manage this in the best way he could.

Service User X was referred out of area with the support of the Homeless Outreach Worker (NLC) to an out of area hostel specialising in rehabilitating those with mental health issues, criminal justice backgrounds and substance misuse. He has now been in this hostel for 2 months and progress updates are that he is stable in drug treatment and accessing support for his mental health.

2. Service User Y

Service User Y has been in and out of treatment services since 2014. There is a family history of substance misuse and mental health issues. Service User Y is a current agenda item on complex case panel. Service User Y has a long standing history of depression and anxiety and query post traumatic stress disorder following a sexual assault on him when in prison.

Service User Y is currently engaging with low level support for his substance misuse but not on a prescription. This again is due to Service User Y's chaotic lifestyle. Like the above service user, Service User Y has had many failed tenancies in both supported and private accommodation and is currently sleeping on the high street. Just recently and after a period of outreach work by CGL, the Substance Misuse Social Worker and the Homeless Outreach Worker he has started to engage and has been attending the CGL drop in cafe, he has been referred for an assessment at

a supported housing provider and has an appointment to discuss prescribing for his substance misuse and also a mental health assessment.

Both of these case studies show that a multi-disciplinary approach is needed for supporting those with complex needs e.g. Dual Diagnosis and the positive outcomes that can come from this should it be embedded into all care for service users with such complex and high risk needs.