CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date 21 March 2018

Drugs, Alcohol and Mental Health

Responsible Officer: Muriel Scott
Email: Muriel.Scott@central bedfordshire.gov.uk

Advising Officer: Martin Westerby
Email: Martin.Westerby@central bedfordshire.gov.uk

Public

Purpose of this report

1. **To provide an update on the ongoing actions to improve outcomes for residents with co-occurring mental health and alcohol/drug problems.**

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. **Review the progress of the collaborative work taking place**

Issues

2. National Studies show that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community drug and alcohol misuse treatment.

3. 54% of all suicides in people experiencing mental health problems also have a history of alcohol or drug use.

4. People with co-occurring conditions have a heightened risk of other health problems and early death. For example, smoking is highly prevalent among both people with mental health conditions and those who use alcohol/drugs, and is a significant contributor to illness and death among this group.

5. NHS and local authority commissioners have a shared responsibility to provide treatment, care and support, but nationally, it is acknowledged that people with co-occurring mental health and

alcohol/drug conditions often have difficulty accessing services or remaining in effective treatment.

6. Locally there have been a number of documented and anecdotal incidents, some of which resulted in service user deaths, that have evidenced significant barriers for residents with a range of mental health conditions and alcohol/drug problems both accessing services and receiving meaningful treatment interventions.

Case Study – Resident 1

7. Resident 1 first tried to engage with Mental Health Services in late 2015. He was also a client of Pathway to Recovery(P2R), the Public Health-commissioned drug and alcohol treatment provider, who referred him to the Community Mental Health Team (CMHT) in March 2016. Resident 1 attended all his appointments with the CMHT; however, despite being proactive and patient with seeking help he did not receive timely psychological support.

8. He had good engagement with P2R, who kept him open – i.e. they retained him as a client in ongoing treatment - purely because the CMHT did not engage with him in a meaningful enough way to address his MH problems.

9. Resident 1 has had a troubled past and felt that he was unable to live his life to its full potential without 'talking therapies'. He said that he was left feeling hopeless because of lack of care and treatment provided by the CMHT.

10. Chronology of events:

- **March 2016** - Resident 1 originally presented for support to P2R, since which time they supported him in his attempts to receive support and treatment from the Mental Health Team.
- **May 2016** - He was referred to the Mental Health Team by his GP
- **June 2016** - P2R psychiatrist assessed him, with symptoms of depression, social anxiety and agoraphobia and wrote to the Mental Health Team with this update.
- **October 2016** - MHT assessed him and diagnosed him with Recurrent Depressive Disorder and they referred him to the Wellbeing Service for talking therapy.
- **December 2016** - The Wellbeing Service then assessed Resident 1 and advised him that his needs were too complex for their Service and he was required to see the CMHT psychologist - and he was therefore referred back to the Mental Health Team.
- **February 2017** - P2R followed up this referral as Resident 1 had not heard anything. The Mental Health Team explained that they sent the referral to the CMHT psychologist and that he should wait for an appointment.

- **April 2017** – Still no appointment was received, so another attempt was made to move this forward. It was found that the referral from the Wellbeing Service had not been received by the CMHT psychologist and that in fact Resident 1 needed to see a psychiatrist again.
- **July 2017** – Resident 1 saw a psychiatrist, following re-referral, by his GP. At this appointment Resident 1 was told he would be referred for psychology; however he would need to wait as there was a long waiting list and there was no way of expediting this.

11. Resident 1 was eventually able to access the service that he needed, but after an "unacceptable delay" he suggested that systems should be in place to communicate efficiently and effectively between the Trust's services, especially in relation to the Wellbeing Service and the CMHT.

Local Action

12. In response to the emerging evidence about issues facing local people with co-occurring mental health and alcohol/drug condition, the Drug & Alcohol Partnership Board dedicated a session focusing on the issues and developing a system-wide approach to address the problems.

13. As a result of that session, the Drug & Alcohol Commissioners and Mental Health provider ELFT, came together to review the recent "Better care for people with co-occurring mental health and alcohol/drug use conditions" guidance document, published by Public Health England, and used it to develop a self-assessment tool for best practice standards for services.

14. This recognises the roles played by several key partners and documents the actions and evidence that is expected of them to improve pathways, user experiences and outcomes.

15. The self-assessment and related workplan is detailed, with 52 actions, within 4 sections or themes:
    - 1 – Commissioning & Leadership
    - 2 – Standards of Care, Integrated Care Pathways & Multi-Agency Working
    - 3 – Crisis Services
    - 4 – Workforce development

16. Actions have been prioritised, with each one having an identified lead, current position and evidence of progress.

17. Those which will have an immediate impact on delivery of services have been given a deadline for completion of 31 March 2018 and

those less of a priority or needing significant work will be completed by 31 March 2020 at the latest.

18. For example, as effective care pathways between P2R and ELFT MH have been highlighted as an area for development, the action (taken directly from the Guidance) *“Agree a pathway of care which will enable collaborative delivery of care by multiple agencies in response to individual need”* is in the former group of prioritised actions.

19. Against this action, the current position statement records that:
    - An amended referral pathway between P2R and Adult CMHTs has been put place.
    - A new Dual Diagnosis Policy has been developed and is in place.
    - P2R and ELFT MH are in the process of setting up 7 one-off meetings – one per adult CMHT – to work through all cases currently being joint worked by both services. When this work has been completed regular case discussion groups will take place between local services, every 2 months; one group for Bedford/Mid Beds and one group for South Beds.

20. Evidence of progress on actions/development will be collected and a timetable of auditing against progress will be developed where this is required as evidence of progress/change.

Financial and Risk Implications

21. None

Measures of Success

22. There will be a range of success measures for that will indicate better outcomes for residents, including:
    - Greater numbers and proportions of residents with co-occurring alcohol/drug and mental health problems completing treatment and having a sustained recovery;
        - This will include more of this cohort taking an active part in the recovery community, e.g. peer mentoring;
    - Higher satisfaction scores (both from surveys by the providers and those undertaken independently) from service users relating to the offer and treatment, they have received;
    - Fewer examples of residents being delayed or unable to access services, and crucially;
    - Fewer serious incidents and service user deaths resulting from access and service delivery issues.

23. Whilst it is difficult to quantify some of these changes, and without wanting to be complacent about the developments needing to be implemented, there are already signs that improvements are being seen in the system. For example, there have been relatively few serious incidents involving residents in both P2R/ELFT services since changes to improve information sharing and communications between the services were put in place in 2017.

Governance and Delivery Implications

24. Once the self-assessment has been completed, the partners will monitor progress through ongoing examination of evidence against change. This will include testing practice through a series of audits related to key actions and developments within the framework.

25. Progress to be systematically reported back through the Bedford and Central Bedfordshire Drug & Alcohol Partnership Board.

26. Following a recent meeting of STP-wide MH providers and commissioners, the self-assessment process will be extended to cover the BLMK STP area, to ensure that standards are more consistent across the 4 local authorities.

27. The STP group felt that a workshop for providers' staff, to raise awareness of the issues faced by people with co-occurring mental conditions would be valuable. This would identify possible training needs and further support good practice.

Equalities Implications

28. The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Conclusion and next Steps

29. Collection of evidence against each of the actions is ongoing and a tasking group meets regularly to monitor progress and review evidence.

30. Completion of the self-assessment framework by partners in MH and D&A service provision and commissioning, as well as other stakeholders, will be staged according to prioritisation of actions,

with some longer-term actions to be completed by March 2020. Subsequent audit of changes and progress will be ongoing.

31. The tasking group will also identify any gaps that there are within the self-assessment document, developing it where necessary to support the implementation of action required locally.

Appendices

32. The following Appendix is attached/provided through an electronic link:

33. https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services

Background Papers

None