

Cambridgeshire and Peterborough CCG, Local Authority, Public Health and the Office of the Police and Crime Commissioner:

Our commitment to better care for people with co-occurring Mental Health and Substance/Alcohol use.

This document outlines the commitment from substance/alcohol use and mental health commissioners from the Local Authorities, Public Health, and the Clinical Commissioning Group in Cambridgeshire and Peterborough and the Office of the Police and Crime Commissioner, to address the unmet need within service provision for those people who have co-occurring mental health and substance/alcohol use conditions. This is based on the recent guidance from Public Health England (2017) “*A guide for commissioners and service providers: Better care for people with co-occurring mental health and alcohol/drug use conditions*”. This commitment is strongly supported by Office of the Police and Crime Commissioner who work in partnership with all named commissioning organisations.

People with co-occurring needs are often unable to access the care they need; often being excluded from mental health services because of their level of substance/alcohol use and excluded from substance/alcohol services due to the severity of their mental illness (Public Health England, 2017).

This document will replace the previous Dual Diagnosis strategy and Dual Diagnosis definition within that strategy. For the avoidance of doubt, Cambridgeshire and Peterborough have re-defined Dual Diagnosis to be representative of all people, of any age, with any mental health need and level of dependency on any substance (including prescribed medications)

Background

From a recent staff and service user survey (February 2017), it became apparent that the implementation of the Dual Diagnosis strategy is not consistent. Anecdotal evidence identified ongoing practice of patients being turned away from mental health services on the sole basis of their drug/alcohol use despite their mental health needs.

Weaver et al (2003) identified that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment services. Death by suicide is also common and a history of alcohol or drug

use was being recorded in 54% of all suicides in people experiencing mental health problems¹.

For children and young people in alcohol and drug treatment, there is evidence of high levels of self-harm, domestic violence and sexual exploitation with very low referral rates into mental health treatment²

It is therefore prudent, as part of our Zero Suicide campaigns, Crisis Concordat and Community Mental Health Delivery Boards that this cohort of patients are no longer excluded from our commissioning plans and should have access to high quality of care and treatment, regardless of their co-occurring needs.

We are making a commitment to address the inequalities in service delivery through our commissioning intentions, contractual arrangements with providers and ongoing monitoring of performance. We will be exploring and working towards the joint commissioning of services in the future.

The Public Health England guidance is underpinned by the following principles; we are endorsing:

1. Meeting the needs of individuals with co-occurring mental health and substance/alcohol use is everyone's job.
2. Commissioners and Providers will work together to reach shared solutions.
3. Right door every time. Every contact will count and providers of substance/alcohol and mental health services will have an open door policy.

For the avoidance of doubt, our principles will cover the following:

- All substances of use (including prescribed medications)
- All levels of dependency and states of intoxication
- All mental health problems
- All ages

Commissioning and Contracting

The current commissioning responsibilities for substance and alcohol misuse services sit with Public Health.

The current commissioning responsibilities for health in respect of mental health treatment sits with the CCG

¹ Weaver et al (2003) Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. The British Journal of Psychiatry Sep 2003, 183 (4) 304-313

² Public Health England (2015) Young people's statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2014 to 31 March 2015

The current commissioning responsibilities for social care in respect of mental health sit with the Local Authorities.

The Commissioners are committed to developing and working towards an integrated approach for people with co-occurring needs and will expect all providers to develop and deliver this approach.

Each commissioner will be including in current and future service contracts, the following statement:

For mental health services: *“Service users who present with substance or alcohol issues will not be excluded from the service on the basis of the substance/alcohol use. The service would be expected to develop locally agreed pathways with relevant substance misuse services to ensure that the service user needs are being met.”*

For Substance/Alcohol services: *“Service users who present with mental health issues will not be excluded from the service on the basis of their mental health. The service would be expected to develop locally agreed pathways with relevant mental health services to ensure that the service user needs are being met.”*

Expectations from Service Providers

As an organisation commissioned by the CCG, Local Authorities, Public Health and the Office of the Police and Crime Commissioner, we expect that the delivery of care is based on the following principles:

- Substance/Alcohol misuse and/or mental health should never be a barrier to respective treatments.
- Dual Diagnosis is a core part of the work of all professionals working in the Mental Health, Substance Misuse and criminal justice field.
- Care should reflect the views and motivations of the person
- Where the person is accessing any combination of substance misuse, mental health and criminal justice services, the service providers will be expected to work collaboratively to meet the needs of the individual through effective joint working and care-coordination arrangements
- Providers will deliver a consistent model of service delivery for those with Dual Diagnosis needs
- Staff of all agencies will be equipped to recognise, assess and support appropriately those with Dual Diagnosis needs
- All staff should have access to relevant training to equip them to manage the care and support of this client group.
- Care plans should involve carers (including young carers) and family members
- User and carer involvement is at the forefront of service delivery.

- Service providers have responsibility for the delivery of the pathways and should escalate to their commissioner any evidence where the pathway is not being followed
- Where non-compliance of pathway delivery is highlighted, the provider must provide a written action plan to remedy the issues.

Performance Management

Providers will be performance managed where failure to comply with guidance becomes apparent.

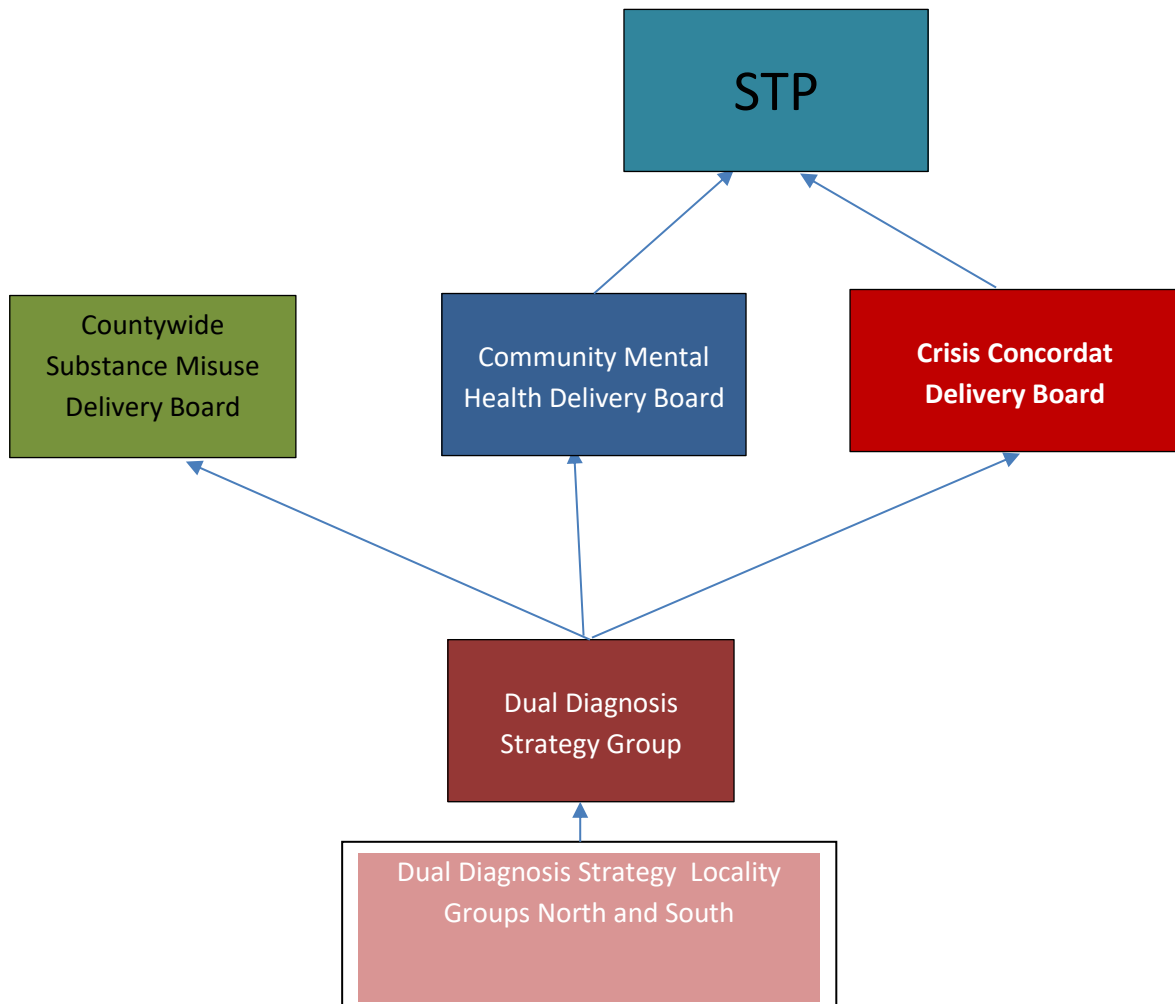
All providers will be expected to provide data relevant to the delivery of this guidance as and when required.

Governance

This document and subsequent delivery plans to deliver the principles outlined in this document will be maintained by the Dual Diagnosis Strategy Group.

The Dual Diagnosis Strategy Group will report to the Community Mental Health Delivery Board, the Crisis Concordat Delivery Board and the County-Wide Substance Misuse Delivery Board.

The Community Mental Health Delivery Board and the Crisis Concordat Delivery Board will report into the STP governance framework.



Appendix 1

Severity of Problematic Substance Misuse - High	
e.g. a dependent drinker who experiences increasing anxiety	e.g. an individual with schizophrenia who misuses cannabis on a daily basis to compensate for social isolation
Substance Misuse Lead/Coordinate care Advice/Support from MH teams and Substance misuse teams	MH Lead/Coordinate Care advice/Support from substance misuse team
Severity of Mental Illness – Low _____	Severity of Mental Illness - High _____
e.g. a recreational misuser of stimulant drugs or illicit user of prescription drugs who has begun to struggle with low mood after weekend use	e.g. an individual with bi-polar disorder whose occasional binge drinking and experimental misuse of other substances de-stabilises their mental health
PRISM act as a contact point/gateway	MH Lead/coordinate care advice/support from substance misuse teams
Severity of Problematic Substance Misuse - Low	

Referrals Mental Health

For those in Mental Health Crisis requiring an immediate telephone triage – Dial 111 and Option 2 or the professionals number on 01480 442 007

For those with mental health problems moderate to high severity – All referrals should be channelled via the GP route to PRISM

For those with mental health problems of mild to moderate severity – Refer to the Psychological Wellbeing Service phone 0300 300 0055

Referrals for Substance Misuse

For adult substance misuse services Cambridgeshire phone CGL 0300 555 01 01

For young persons substance misuse services Cambridgeshire phone CASUS 01480 445 316

For adult young person and adult substance misuse services Peterborough phone Aspire 01733 895 624

Appendix 2 – Adult Mental health pathways

