Improving Co-occurring mental health and Substance Misuse~ joint working in Cwm Taf

Agreeing clearer pathways into and out of services

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CONTENTS

Executive summary

It is everyone's business to provide good quality services for people with mental health and substance misuse difficulties. The management of people with this co occurring condition remains an area of concern and one of high priority for mental health policy and within clinical practice. *(Dual Diagnosis Themed Review, CSIP, 2007)*

Much of the policy and good practice guidance which has been developed for co occurring mental health and substance misuse problems, has focused on local areas developing a more integrated, joined up approach to working with this complex, often vulnerable and ever increasing population of service users.

The Cwm Taf co-occurring pilot project has focused on this area involving a wide range of statutory and third sector agencies and partners in the project, and identified this as a key challenge for service improvement and development across health and social care.

Work on this project commenced in early summer 2013, and to date has produced many positive service improvements in line with the initial aims identified in the pilot submission. It is, however work in progress, and the document produced is a working document which will be reviewed, disseminated and amended as it develops and according to local and national priorities and need.

Ann Gorry
Dual Diagnosis Service Improvement Consultant

1. Introduction and background

Co-occurring mental health and substance misuse occurs in over half of acute in-patient admissions to mental health units; over one third of people with a diagnosed psychotic illness also misuses drugs and/or alcohol; and drug and alcohol services see a high number of people who also have mental health problems, fifty to eighty per cent in some services. so it remains an area of high priority across all sectors. *(NHS Confederation, 2009)*

In the recent strategy *'Together for Mental Health (2012)'* the Welsh Government highlighted the need for an integrated approach to the delivery of care between substance misuse and mental health services. A key aim within this strategy was to:

'Bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages"

The need for a co-ordinated and integrated approach was further reinforced by the Welsh Governments Substance Misuse Strategy, '*Working Together to Reduce Harm 2008-18'* which stated that:

'Services must collaborate if the needs of service users with both substance misuse and mental health problems are to be properly addressed and individuals are not to fall between gaps in services'

A conference organised by Cymorth/Public Health Wales, was held in Cardiff in January 2013, which highlighted some of the issues and inequalities in provision for homeless and/or vulnerably housed service users experiencing co-occurring mental health and substance misuse difficulties. Evidence showed that services were often patchy and even non-existent in some areas, resulting all too often in service users being passed around between services, and not receiving any meaningfull interventions as a result.

The conference was well attended with a wide cross section of providers from across Wales. Discussion and debate identified and explored examples of good practice both nationally, internationally and locally. Expressions of interest were invited for local areas to submit a proposal for a pilot project to be developed in their area.

2. Introduction to the Cwm Taf Pilot

One of the four successful bids was the Cwm Taf pilot. The key partners in putting together the initial proposal were:

Cwm Taf Local Health Board
Rhondda Cynon Taf CBC
Merthyr Tydfil CBC
Cynon Taf Community Housing Group

The Lead contact – Nicola Davies, Assistant Director Partnerships, Cwm Taf Health Board.

2.1 Background to the project:

Meeting the needs of people in Cwm Taf with co-occurring substance misuse and mental health problems is a challenge for partners in both statutory and voluntary sector services. The number of people who have mental health and substance misuse problems is increasing. Due to their often complex needs and in order to provide effective care, it is vital that there is a coordinated approach to assessment and intervention, involving a range of partners. No single body or sector can meet the needs of people with co-occurring problems and there must be effective partnership working between health professionals in both primary and secondary care, Local Authorities, the Third Sector and the Independent Sector. Most importantly services user and carers must be at the heart of decision making and care planning; as far as possible, being in control of their treatment journey.

2.2 The initial aims of the project:

The initial aims set out for the pilot were to:

- Identify service gaps and service priorities by collating accurate information and developing shared information and joint working protocols
- To develop bespoke packages of learning that are accessible across the Cwm Taf footprint

It was the intention at this stage of the process to encompass the following elements into the work:

- mapping of the nature and role of services already in place across Cwm Taf for homeless /vulnerably housed dual diagnosis service users
- engagement with local stakeholders to gain perspectives on local areas of good practice; barriers to service improvement ; local gaps and inequalities across the Cwm Taf footprint
- engagement with service users to gain their perspective both of services and access
- consideration of appropriate service solutions to the issues identified including assessment, delivery and training to support a multi-disciplinary response to the housing, health, care and support needs of people with dual diagnosis
- consideration of planning and engagement mechanisms required to achieve strategic and operational requirements linking existing groups and proposed mental health joint planning arrangements being considered as part of “Together for Mental Health”
- raise the profile of the need to develop a more robust and integrated response to achieve the outcomes service users require and the delivery of safe, effective and appropriate community based services that can challenge stigma and discrimination

Following a stakeholder meeting with the Consultant, the ambitious initial submission (above) was discussed and felt to be unachievable within the parameters of the pilot. The group agreed a more realistic way forward for the pilot to progress. It was agreed that a joint working agreement to develop clearer pathways into and out of services would be the main focus of the pilot, alongside beginning to address the confidence and competence of the workforce to enable services to improve.

2.3 Purpose of the joint working agreement

Whilst individual organisations have produced their own procedures for the treatment of patients *(e.g. Cwm Taf Health Board's Procedure for the Treatment of Patients with Severe Mental Health and Substance Misuse Illness)* it was agreed that this approach has limitations and could lead to a more fragmented service. Across Cwm Taf, partners are committed to a multi agency, multi disciplinary approach which is the corner stone of this piece of work.

The working agreement aims to identify:

- The scope of joint working
- Roles and responsibilities / agreeing service 'lead agency'
- Governance arrangements
- Integrated care pathways
- Communication mechanisms
- Training requirements

It was also agreed that a local action plan would be developed, devised by stakeholders to support the development of these aims and underpin this piece of work.

2.4 Overall outcomes of the Cwm Taf Project:

- To provide easier access to services, including clear coordination from one key worker to another
- That service users receive the service best suited to their needs and if additional services are involved (which is usually the case) this is co-ordinated with as little disruption as possible
- That mental health and substance misuse services avoid duplication in the assessment process and subsequent interventions wherever possible
- The emphasis is on a preventative and recovery model in which services work closely together to provide the best and safest possible care for the service user, their carers and families
- Optimum opportunities for service user recovery are part of service philosophies across the treatment journey
- Improved access to appropriate treatment and support
- A reduction in the harm caused by substance misuse
- Increased stability in the individuals mental health

One of the key elements involved in developing a collaborative model of care is a joint approach to assessment and service delivery. This is based on an agreed understanding of individual need including the risks individuals are facing – rather than navigating a number of services into which they may or may not "fit".

The joint working agreement aims to ensure:

- Clear clinical leadership
- Establish a shared culture
- Review and agree assessment and care planning documentation
- Devise and deliver a joint training program for staff working in mental health and substance misuse services
- Establish practitioner events and peer group supervision to disseminate information, share difficulties and promote good practice
- Develop and embed the role of the co-occurring social workers
- Ensure that service users and carers/families are fully engaged in all aspects of the action plan

3. Aims of the report

The aim of this report is to provide an overview and understanding of the project and report on the progress to date. It will also serve as an example of good practice as well as a learning aid and example of a template for dissemination across Wales.

4. Project Management

4.1. Role of the external consultant

As outlined in the initial proposal, the role of the external consultant, in this instance Ann Gorry, was to provide guidance and expertise in the first instance, then to support the development of the project to the agreed completion period (March 2014).

4.2 Initial timeline:-

Focus Area	Intervention	Timescales	Proposed completion
Fieldwork	Meetings with steering group	3 days	June – September 2013
	Service mapping Service user input Support to establish network Work shop Training plan	6 days	September – December 2013
Admin	Monitoring Report writing Feedback/follow up	6 days	January – March 2014

4.3 Meetings, participation and communication

Several meetings took place with the Consultant and the Project lead initially, then with other partners who were keen to be involved in the pilot. Distance was an issue and at times a barrier; also the everyday working demands on individuals with competing priorities and deadlines caused some difficulties. Also the problems involved in getting a number of busy people (in particular clinicians and those working directly with service users) together at suitable and convenient times across a large geographical area, did, at times prove to be a real challenge.

Alternative forms of communication as well as face to face, meetings etc had to be utilised, in particular the use of teleconferencing – which proved to be extremely useful and a more effective use of the consultants time.

Notes, agendas and other communication from meetings and correspondence were sent by email.

5. Membership of the Cwm Taf Co occurring Strategic Development Group

5.1 Organisational Lead

Nicola Davies, Assistant Director Partnerships, Cwm Taf Health Board

5.2 Key partners/Core group members

Name	Role/title	Organisation
Nicola Davies	Assistant Director Partnerships	Cwm taf Health Board
Deborah Pearce	Strategic commissioning manager	Cwm taf APB
Sara Nichols	Head of service	RCT CBC
Paul Williams	Senior Nurse	CDAT
Mark Abraham	Mental health nurse	Cwm Taf UHB
Angela Jones		
Shirley Davies		
Craig Smith	Manager	Gwalia
Susan Preece	Supporting people regional development manager	Merthyr Tydfil CBC
Terry sexton	Service manager	Merthyr Tydfil
Jill Bow		
Lowri Rees	Supporting people	Merthyr Tydfil CBC

Daphne Meredith Smith	Head of mental health nursing	Cwm taf UHB
Ann Unitt		Public Health
Darran Daye	Supporting people manager	Rct CBC

6. The demographics of Cwm Taf

6.1 Location

The Cwm Taf Health Board is situated in the heart of South Wales just north of Cardiff, between the Brecon Beacons National Park and the M4 motorway. The Health Board was established in October 2009 following the integration of the former Cwm Taf NHS Trust, Merthyr Tydfil Local Health Board and Rhondda Cynon Taf Local Health Board.

The area is made up of four localities – the Cynon Valley, Merthyr Tydfil, the Rhondda Valleys and the Taff Ely area. It is the second most densely populated Health Board in Wales, covering 3% of the landmass of Wales.

Cwm Taf Health Board serves the local authorities of Merthyr Tydfil and Rhondda Cynon Taf, comprising the following populations:

Merthyr Tydfil 58,800
Rhonda Cynon Taff 234,400
Cwm Taf total 293,200

The Health Board serves the most deprived population in Wales, which is demonstrated by the lower life expectancy of residents and a consequent greater need for health care.

6.2 Mental Health

The Cwm Taf Mental Health Partnership Board shared vision is to:

1. Promote and improve the mental health and emotional wellbeing of the local population.

2. Provide prompt and effective assessment and access to services within primary care and the wider community, that help people to manage their mental health needs, with an emphasis on early intervention, self care, peer and carer support.

3. Provide timely, integrated interventions as close to home as possible for people needing to access specialist mental health support, and to prevent and respond to crises; to ensure appropriate support in places of safety.

4. Provide local services that promote rehabilitation, recovery, independence, and social inclusion, and that challenge stigma.

7. Key Drivers

In order to drive forward the co-occurring substance misuse and mental health agenda, the Welsh Government has developed 'A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem'. This framework clearly identifies substance misuse as an issue on an operational level, and highlights the service standards required of mental health and substance misuse providers, in order to achieve best practice.

The commitment of Welsh Government to achieving effective services for those with a co occurring substance misuse and mental health problem also permeates Organisations/Partnerships at a strategic level. In the 2013-2015 Welsh Government Substance Misuse Delivery Plan and the Mental Health Delivery Plan there are clear expectations and joint actions for both Mental Health Local Planning Boards and Substance Misuse Area Planning Boards.

8. Project delivery and development process

As mentioned earlier in the report, the initial ambitious aims and outcomes of the pilot had to be reviewed and revised into a more focused piece of work. The project development process worked well with good participation and progress made, in particular up to the three quarter mark, in December 2013 when a workshop was held. Unfortunately during the last quarter of the pilot run, one of the key stakeholders has been off sick, which has affected progress significantly. However, with the help and support of other members of the steering group, the work has continued to move forward, albeit slower than hoped.

9. Draft document

Appendix 2

10. Summary and conclusions

It is apparent from this report that there is a range of local and national drivers across health and social care in Wales to promote service improvement in this area, and the challenges presented are similar to those across the UK.

Progress to date:

The independent consultant met with the representatives from key agencies who put forward the original pilot proposal to tease out the focus of the product to be produced. A small working group was developed with key stakeholders, and the essence of the pilot was agreed. A number of further stakeholder meetings took place with very good support and attendance.

Bringing practitioners, commissioners and managers together from both mental health and

substance misuse services provides a fruitful environment to air views, differences, problems and to come up with some practical solutions. This proved to be the case with the Cwm Taf pilot. Four key areas were agreed for further development.

A workshop was organised which was attended by over 30 people from a wide range of statutory and voluntary sector organisations. The groups worked well and an action plan was agreed.

10.1 Action Plan

Focus area	Intervention	Key responsibility	Time-scales
Training audit	**Substance misuse training:** 3 courses for 60 people (basic awareness) 1 course for 20 people (more advanced) 2 x Bespoke courses for 40 people **Mental health training:** 40 people in third sector require mental health awareness training 20 CDAT staff require mental health, pharmacological / psychological Co-occuring training: 35 people specifically requested benefit from attending joint training sessions. Currently no courses, therefore resources would need to be sourced.	Deb Pearce	Dates set will be advertised shortly
Dual Diagnosis E learning program	Roll out across all agencies Needs to be discussed at the SMAPB and LMHPB	?Deb Pearce ?Daphney	Over the next 12 months
Co-occurring Steering Group	To continue to develop and co ordinate this group to promote the work and include new partners	Nicola Davies	Over the next 12 months
The joint working agreement document	Work is now progressing on developing the document. This will take time as it is imperative that all partners are fully engaged at every stage of the process, and that a robust governance structure is in place to ensure that the agreement continues to develop and be monitored to achieve the desired service improvement outcomes. Arrange a follow up workshop to share the draft Joint Working Document and continue to develop	Nicola Davies Dep Pearce Sara Nicholls	Spring 2014

12. Acknowledgements

Whilst this project has involved many people from a number of agencies across the Cwm Taf region, there have been some key members of the group, who, without their additional support and motivation, the progress made to date would not have been possible. Particular thanks goes to, Nicola, Deb and Sarah, who made this possible.

References

Welsh Government 'Together for Mental Health A strategy for Mental Health and Wellbeing in Wales (2012 - 2016)

Welsh Government '*Working Together to Reduce Harm:* Substance Misuse Strategy for Wales, *2008-18'*

DoH (2002) 'Mental Health Policy Implementation Guide: Dual Diagnosis Good Practice Guide' London

NHS Confederation Mental Health Network Briefing, (2009) 'Seeing double: meeting the challenge of dual diagnosis'. London: NHS Confederation

CSIP 'Themed Review Report, Dual Diagnosis' (2007)

Hughes, L (2006) 'Closing the Gap: A capability framework for working effectively with people with combined mental health and substance use problems (Dual Diagnosis)'. London: CSIP

CSIP (2008) 'Developing capable practitioners to improve services and increase positive service user experience

'Designed for Life': A Strategy for the NHS in Wales

'Fulfilled Lives and Supportive Communities': A Strategy for Social Services in Wales.

Welsh Government (2011) 'Sustainable Social Services for Wales: A framework for Action'

Appendix 1 Draft Document

Cwm Taf Co-occurring Mental Health and Substance Misuse Joint Working Agreement

Agreeing clearer pathways into and out of services in Cwm Taf

Working document 2nd draft March, 2014

Contents

Background and introduction

Meeting the needs of people in Cwm Taf with co-occurring substance misuse and mental health problems is a challenge for partners in both statutory and voluntary sector services.

In the strategy 'Together for Mental Health (2012)' (Annex1) the Welsh Government highlights the need for an integrated approach to the delivery of care between substance misuse and mental health services and aims to:

'Bring services together to form a single, seamless, comprehensive system for addressing mental health needs across all ages"

The need for a coordinated and integrated approach is further reinforced by the Welsh Governments Substance Misuse Strategy, 'Working Together to Reduce Harm 2008-18' (Annex 2) which stresses that :-

'*Services must collaborate if the needs of service users with both substance misuse and mental health problems are to be properly addressed and individuals are not to fall between gaps in services'*

The number of people who have mental health and substance misuse problems is increasing. Due to their often complex needs and in order to provide effective care, it is vital that there is a coordinated approach to assessment and intervention, involving a range of partners. No single body or sector can meet the needs of people with co-occurring problems and there must be effective partnership working between health professionals in both primary and secondary care, Local Authorities, the Third Sector and the Independent Sector.

Most importantly services user and carers must be at the heart of decision making and care planning; as far as possible, being in control of their treatment journey.
In order to drive forward the co-occurring substance misuse and mental health agenda, the Welsh Government has developed 'A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem'. This framework clearly identifies substance misuse on an operational level, the service standards required of mental health and substance misuse providers, in order to achieve best practice. (Annex 3)

The commitment of Welsh Government to achieving effective services for those with a co occurring substance misuse and mental health problem also permeates Organisations/Partnerships at a strategic level. In the 2013-2015 Welsh Government Substance Misuse Delivery Plan and the Mental Health Delivery Plan there are clear expectations and joint actions for both Mental Health Local Planning Boards (MHLPB) and Substance Misuse Area Planning Boards (SMAPB). *(Annex 4)*

What is co-occurring mental health and substance misuse?

Definition
The Welsh Assembly Government uses the terminology "co-occurring substance use and mental health problems" in recognition of the fact that not all mental health problems have been diagnosed, nor are all forms of substance use considered to be problematic. This definition has been adopted for use in the development of the service standards incorporated in the Co-occurring Framework.

Taken together these problems give rise to significant impairment and disability for which people affected need advice, support and services, in order to follow a more integrated life course. The severity and nature of a person's problem are liable to change over time. Each problem, however, would be significant enough to merit planned care on its own.

The Framework also states that "In order to clarify responsibility, this policy makes it explicit that if a patient has a psychotic illness, severe mental illness or mental illness symptoms, that adult mental health services will be the "lead" service.

In the Welsh Governments 'Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem' four models of treatment are described. It is recommended that Model 1, the joint liaison or collaborative approach should be adopted as the preferred model for the delivery of care within the Cwm Taf region.

Model of treatment	**Description**	**Issues for consideration**
Joint liaison/collaborative approach	The care of patients is jointly managed by both services	*Joint working required between mental health and substance misuse services *Joint responsibility *Ensures the skills and expertise of both spheres of health care is utilized

The implications of local demography and geography need to be taken into account when planning the implementation of this model

Purpose of working agreement

Whilst individual organisations have produced their own procedures for the treatment of patients (e.g. Cwm Taf Health Board's Procedure for the Treatment of Patients with Severe Mental Health and Substance Misuse Illness) (Annex 5) this approach has limitations and can lead to a fragmented service. Therefore in Cwm Taf, partners are committed to a multi agency, multi disciplinary approach as outlined in this document.
This working agreement aims to identify:

- The scope of joint working
- Roles and responsibilities
- Governance arrangements
- Integrated care pathways
- Communication mechanisms
- Training requirements.

A local action plan, devised by stakeholders will support the achievement of these aims.

Outcomes of working agreement

By developing this joint working protocol it is anticipated that there will be beneficial outcomes for service users and their carers, which would include:

- Optimum opportunities for recovery.
- Improved care through adopting more holistic approach to assessing and addressing service users' needs
- Improved access to appropriate treatment and support
- A reduction in the harm cause by substance misuse
- Increased stability in mental health..

Overview of services

The Cwm Taf region is fortunate in having a wide range of service provisions delivered by the statutory, third and independent sectors .Staff at a strategic and operational level, practitioners and commissioners need to understand the breadth of provision in order to ensure that all partners are actively engaged in effective care pathways. (Annex 6)

Objectives of joint working

One of the key elements involved in developing a collaborative model of care is a joint approach to assessment and service delivery. This is based on an agreed understanding of individual need including the risks individuals are facing – rather than navigating a number of services into which they may or may not "fit".
A joint approach aims to ensure:

- Ease of access to services, which includes clear coordination from one key worker to another
- People receive the service best suited to their needs and if additional services are involved (which is usually the case) this is coordinated with as little disruption to the service user as possible
- That mental health and substance misuse services avoid duplication in the assessment process and subsequent interventions wherever possible
- The emphasis is on a preventative and recovery model in which services work closely together to provide the best and safest possible care for the service user, their carers and families

Working together – Decision making matrix to assist in identifying the appropriate care coordinator

Quadrant 1 *Eg. A dependent drinker who experiences increasing anxiety or an opiate dependent person with moderate depression* **Lead service**	**Quadrant 2** *Eg. A person who has a diagnosis of schizophrenia who misuses cannabis regularly to compensate for feelings of social isolation* **Lead service**
Quadrant 3 *Eg. A person who uses stimulant drugs recreationally but is beginning to struggle with low mood* **Lead service**	**Quadrant 4** *Eg. A person with a severe mental health problem who is binge drinking and/or experimenting with other substances which is destabilising their mental health condition* **Lead service**

Overall the aim is to enable mental health interventions for people accessing substance misuse services, and substance misuse interventions for people accessing mental health services.

Access into Services

Current Integrated care pathway into substance misuse services

Y:\co occuring\
Integrated Care Path

What service users want

Key messages

Individuals who have co occurring needs form a high proportion of those using mental health, drug and alcohol and many other health and local authority services. It is in everyone's interest that services are inclusive and effective. In order to achieve this we need to listen to what service users say will help them to navigate systems and improve access into and out of services, and enable them to receive the best possible care for their individual needs.

Engagement

- The attitudes and values of staff working across services have a significant effect and impact on service users as they progress along their treatment journey
- Being listened to and treated with respect is particularly important for individuals
- Practical aids such as providing understandable and clear information, straightforward signposting and clear ways forward make a big difference

Assessment

- Initial and subsequent assessments should cover both mental health and substance use history
- A holistic assessment involving physical health, emotional wellbeing, family issues as well as practical issues such as employment, housing etc. should also be addressed as part of this process
- Staff should try to avoid assumptions based on diagnosis and listen to the individual service user's views

Treatment and relapse prevention

- Service users should be empowered to make choices as part of the recovery process. A partnership approach should be encouraged and setting achievable goals is key to achieving this
- Generally treatment programs for service users should be more flexible to reflect the complexities of this condition
- Recovery and relapse prevention
- Discharge planning is key and after-care should be agreed by all, including carers
- Service users want clear integrated pathways which form part of the recovery plan
- Social isolation, lack of meaningful activity and unstable housing are all major barriers to the recovery process. Working with a variety of agencies promoting suitable housing, social networks, education and employment are important to service users

Cwm Taf mental health and substance misuse services have a long history of involving service users, not only in their own care packages but in the design and delivery of service provisions. Over a period of time both service areas have developed a number of mechanisms to encourage the participation of service users, these would include surveys, questionnaires', workshop events, service user led participation groups ,attendance on strategic planning groups ,to name a few.
However to achieve the objectives the service users want ,as set out above ,it is clear that the current mechanisms for involvement must also converge around this issue rather than operate as separate entities.

Training and sharing skills

Individuals with co-occurring issues present with differing needs depending on the level of severity of their

mental health and substance use problems. Identification of these needs will assist in determining which service is best suited to be the lead care provider. For example, someone with alcohol dependency who experiences anxiety may be best served by the local alcohol service, and someone with schizophrenia who smokes cannabis occasionally may be best served by the local community mental health service.

The Welsh Government's 'Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem' highlighted the need for the mental health and drug and alcohol workforce to be better equipped to work with individuals who have concurrent mental health and drug and/or alcohol problems, and to support their carers and families.

Recent surveys have demonstrated that there is a lack of training across the workforce resulting in poor confidence and competence when working with this client group. Providing a variety of training and development opportunities for staff will improve the outcomes when working with this complex condition - which is paramount to deliver effective services for this client group. Mental health workers will be required to deliver effective integrated interventions which are a combination of approaches from substance use and mental health including screening and early detection, comprehensive assessment, motivational interventions, and relapse prevention. In essence the mental health workforce will need to be capable of delivering effective evidence based care for people with co-occurring problems.

In order to address some of these deficits, the Dual Diagnosis Policy Implementation Guide (DH 2002) suggests that the workforce have access to appropriate training and practice development that will increase their capabilities to work effectively with co-occurring issues. In order to do this, it is essential that the specific capabilities are defined so that training and professional development can be implemented in a uniform fashion with fidelity to the evidence base.

The Cwm Taf MHLPB and the SMAPB recognises that in order to plan an effective training programme for its workforce it firstly has to identify what the training needs of its workforce are. Consequently the boards have jointly committed to undertake a training needs analysis of its workforce in relation to the co occurring issue.

The analysis should consider:

- The need that mental health workers have for substance misuse training
- The need that substance misuse workers have for mental health training
- What both sectors require from joint co occurring training.

In order to remain current and effective it is recommended that this training needs analysis be updated annually. The results of the analysis will be presented to the MHLPB and the SMAPB in order to secure the resources required to implement a training programme.
(Some examples of training programmes can be found in annex?)

Cwm Taf proposed co-occurring training plan

As individual staff will have different learning styles it is essential that any training programme developed offers a range of learning opportunities and activities. Therefore it is proposed that Cwm Taf offers a range of the following learning opportunities:

- A co occurring E learning programme
- Specific substance misuse/mental health and co occurring courses
- Conferences/workshops /awareness raising events
- Practitioners Forums
- Co- occurring Networks
- Secondments

- Link workers
- Champions

Cwm Taf Governance structure for mental health and substance misuse

Within Cwm Taf the MHLPB and the SMAPB have separate governance structures at an operational level .However at a senior strategic level the service areas converge under the direction of the Cwm Taf Regional Collaboration Board. A pictorial representation of the governance structure can be found at annex? .Despite having separate governance structures there are many opportunities to inform and influence both the substance misuse and mental health agendas. EG Mental health has representation on the SMAPB and vice versa. Members of the SMAPB and MHLPB are also members of the Merthyr Tydfil Partnership Board and Rhondda Cynon Taf Local service Board.

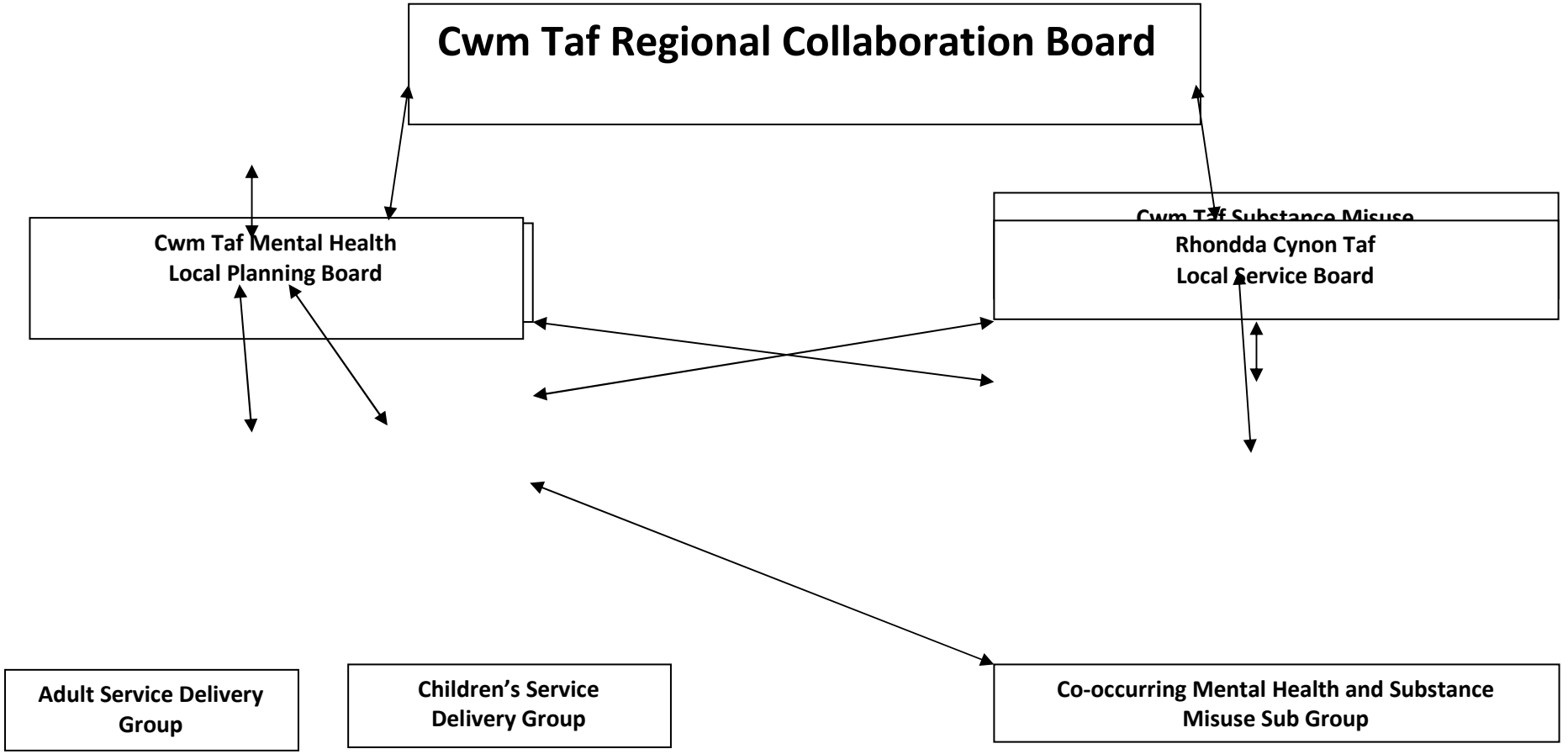
Implementation of Co-occurring Mental Health and Substance Misuse joint working protocol

If Cwm Taf MHLPB and SMAPB are to successfully implement this protocol then the following actions need to be taken forward:

- Establish clear clinical leadership
- Promote a shared culture
- Review and agree assessment and care planning documentation
- Devise and deliver a joint training program for staff working in mental health and substance misuse services
- Establish practitioner events and peer group supervision to disseminate information, share difficulties and promote good practice
- Further develop and embed the role of the co-occurring social workers
- Ensure that service users and carers/families are fully engaged in all aspects of the action plan

To ensure that these actions are undertaken then the joint mental health and substance misuse task group will develop and deliver an Implementation/Delivery Plan

Annex ?


Cwm Taf Regional Collaboration Board
Cwm Taf Mental Health Local Planning Board
Rhondda Cynon Taf Local Service Board
Adult Service Delivery Group
Children's Service Delivery Group
Co-occurring Mental Health and Substance Misuse Sub Group

Implementation delivery plan

Annexes

Annexe 1 'Together for Mental Health (2012)'
*input doc

Annexe 2 'Working Together to Reduce Harm 2008-18'
*input doc

Annexe 3 'A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem'
*input doc

Annexe 4 2013-2015 Welsh Government Substance Misuse Delivery Plan and the Mental Health Delivery Plan
*input doc

Annexe 5 Cwm Taf Health Board's Procedure for the Treatment of Patients with Severe Mental Health and Substance Misuse Illness)
*input doc

Annexe 6 overview of services

Substance Misuse Services

APB Commissioned Services, Funded through SMAP Fund

Alcohol Brief Interventions Scheme (ABIS)
The Alcohol Brief Interventions Service (ABIS) works at a primary care level and offers a brief intervention (BI) to those individuals in GP Practice and A&E who have been assessed as drinking at a hazardous or harmful level.

The objective is to offer early interventions to these individuals so that they do not progress to an alcohol dependency. In addition to providing a direct treatment intervention to service users ABIS also provides practice staff with awareness raising information and training in the use of an alcohol screening tool. This enables staff to more appropriately refer to ABIS and other treatment services.

Alcohol Liaison service
The Alcohol Liaison Scheme (ALS) provides a service to those individuals who have been admitted to Royal Glamorgan Hospital for a physical health issue that has been caused by an alcohol dependency. The service provides treatment for the dependency to those in hospital and endeavours to ensure that the treatment continues after discharge back into the community.

The primary objective of the service is to identify those with an underlying alcohol issue as early as possible during their admission to ensure they receive appropriate treatment.
In addition to providing a direct treatment intervention to service users ALS also provides nursing staff with awareness raising information and training in detoxification procedures. This enables staff to more

appropriately refer to ALS and other treatment services. Crucially this knowledge can prevent service users from experiencing alcohol withdrawal symptoms which can be life threatening.

Brynawel House
Brynawel house is a tier 4 specialist residential rehabilitation program offering a 16 week intervention to those who are alcohol dependant. This service is funded through SMAP however the allocation is ring fenced and can only be utilised for the purpose of purchasing tier 4 placements.

The aim of the service is to support individuals to achieve abstinence and move towards recovery. The key components of the program are:

- Maintenance of abstinence in a safe therapeutic environment
- Support for individuals to adhere to their existing prescribed medications e.g. anti depressant, anti psychotic medications
- Shared use of facilities with other clients in the rehabilitation program to promote and develop peer support
- An emphasis on a shared responsibility by peers
- Individual counselling and where appropriate, group therapy
- Provision of a relapse prevention program
- Individual support and promotion of education, training and vocational experience
- Promotion of positive lifestyle skills including diet, health etc.

ADFER (Tier 4)
Tier 4 ring fenced funding is provided to the APB to purchase either in patient detoxification or residential rehabilitation. A small amount of the ring fenced allocation is reserved purchase additional in patient detoxification, over and above that which is purchased by the health Board.

Young Persons Drug & Alcohol Service
The aim of YPDAS is to provide specialist, tier 3 substance misuse treatment for those under the age of 18 which will include:

- Tier 1 & 2 Liaison
- Assessment
- Care Planning and review
- Psychosocial Interventions at Tier 3
- Prescribing Services

Primary Care Drug and Alcohol Service
The Primary Care Drug & Alcohol Service (PCDAS) l delivers, in partnership with local prescribers(Mainly GP's), a primary care service that provides treatment and support to drug or alcohol adult substance users (i.e. aged 18 years and over). The services they will provide will include;-

- Assessment/ care management and Relapse prevention
- Prescribing advice and guidance
- Community detoxification
- Therapeutic interventions
- Drug testing
- BBV screening and referral for immunisation

Drug and Alcohol Single Point of Access (DASPA)
This service is the single point of access (SPA) into substance misuse services, ensuring efficient and effective pathways through the treatment services.
The service provides:

- Service users and professionals with advice and information
- Service users and professionals with a referral and allocation point

- A smooth transition between the out-of-hours telephone help line and the telephone service offered by the Provider
- Assessment of client eligibility for referral
- Triage assessment
- Harm reduction advice
- Referral to Tier 3 services
- Referral to Tier 2 services

All callers receive a service whether this is advice, referral acceptance, crisis intervention or signposting to an appropriate non substance misuse service.

Families First
The SMAP fund makes a fixed contribution towards this service which is commissioned by the RCT Children and Young Persons Partnership. Families First is a multiagency team set up to work with the children of families affected by parental/carers substance misuse
The service offers a range of interventions, including the following:-

- Strengthening Families Program
- Intermediate Support for Families where Parental Substance Misuse is an Issue
- Intensive Interventions for Families where Parental Substance Misuse is an Issue

No 7 Drop In

Provides services to:

- Individuals with substance misuse issues. who are not currently in treatment services
- Relatives and carers of individuals with substance issues
- Members of the general public who require information regarding substance misuse
- Where capacity allows the centre will provide a base for other agencies to deliver services.

Services to be provided include:

- Information and advice
- Facts and information regarding substance misuse and treatment options
- Harm reduction information
- Crisis and brief interventions
- Referrals to substance misuse treatment services
- Signposting to relevant agencies
- A range of diversionary activities as determined by service user need
- Access to internet and telephone where appropriate

Prescribing costs
Currently the APB through the SMAP fund makes a contribution to the prescribing of substance misuse medications. This is a fixed contribution and is a small proportion of the overall costs.

Supervised Consumption Methadone
Pharmacists play a key role in the care of the substance users. through the supervision of consumption of methadone and subutex. The pharmacist is instrumental in supporting drug users to comply with their prescribed regime, therefore reducing incidents of accidental death through overdose. Supervised consumption also helps to reduce the misdirection of controlled drugs, which may help to reduce drug related deaths in the community.
Pharmacists enable service users to comply with their agreed treatment plan by:

- Dispensing prescribed medication in specified instalments
- Ensuring each supervised dose is correctly administered to the patient for whom it was intended

- Liaising with the prescriber
- Monitoring the patient's response to prescribed treatment

Supervised Consumption Subutex
As above

Compass
This scheme provides structured, time limited counseling service to service users with complex psychological and emotional needs who are currently engaged in substance misuse treatments across the APB area. The counseling provided is to address the difficulties that service users are experiencing that may have contributed to their misuse problem or inhibits their ability to fully engage with treatment. Counseling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others

Rhondda Integrated Substance Misuse Service (RISMS)
RISMS is a multi-agency, multi-disciplinary integrated substance misuse service bringing together health, social care and third sector agencies to address the treatment and support needs of substance misusers and their families living in the Rhondda valleys.
In this service, integration means the bringing together of Treatment Tiers one to three in one place (with access to Tier four services), primarily to address the needs of service users who have complex multi faceted problems. For this service integration also means the provision of clinical, social and therapeutic interventions.
Services provided include:

- Assessment
- Care Planning
- Risk Assessment
- Psychosocial Interventions
- Community Detoxification
- Prescribing
- Needle Exchange
- Social Care
- Diversionary activities
- Carers' Support Services
- Access to In-Patient Detoxification
- Access to Residential Rehabilitation

TEDS young persons service
This service comprises two distinct elements.

- The Delivery of formal and informal awareness raising and education sessions in a variety of settings
- The direct provision of a tier 2 intervention, to children and young people who have been identified as having issues with substance misuse

The Service provides:

- Tailored lesson plans which are appropriate to the target audience
- A range of materials and methods to deliver awareness-raising in a variety of settings
- Advice and support to other professionals

The 2 interventions include-

- Brief interventions
- Cognitive behavioral therapy
- Motivational interviewing
- Harm reduction advice
- Relapse prevention

Drugaid young person's service

Provides the same service as TEDS but in the Merthyr Tydfil area.
These tier 2/3 interventions complement the tier 1 work done by the Youth Outreach service and provide a referral route to specialist prescribing by the Young Persons Drug and Alcohol Service.(YPDAS)
The Youth Outreach Worker provision will be used as a referral mechanism

Turnaround Project
The aim of the project is to provide an intensive programme of support to those young people at risk or harm due to their substance misuse, who have engaged in offending behaviour but now show motivation to change.
Turnaround aims to:

- Engage particpants using a cognitive behavioural approach to challenge their thinking, attitudes and emotions
- Support young people in their rejection of substance misue as a way of life
- Engage all participants in an intensive programme for change
- Provide a common core to the programme that:

  -Addresses past habits and behaviours
  -Focuses on risk management strategies
  -Offers intensive supoprt on both an individual and group basis
- Develop the level of personal autonomy amongst those referred, so that they can plan their futures in a positive manner.

Open Access Service Merthyr
The aim of the Open Access Service is to provide substance misusers with a range of interventions. The Open Access Service will provide:

- Brief interventions
- Crisis Support
- Needle Exchange
- Structured Counselling
- Care Planning and Care Coordination
- Detox Support
- Diversionary Activities
- Family Support
- Aftercare

Valley Of Hope
This service provides individuals who experience substance misuse difficulties with a range of diversionary activities, which aim to contribute to the recovery process. The activities provided include:

- Music
- Photography
- Creative Writing
- Painting and Decorating Classes

Strategy and coordination
The APB through the SMAP fund makes a contribution to the team that undertakes the lead on all substance misuse commissioning, contracting, performance management, service development and coordination of services within the APB area.

Service User Involvement
This service enables service users to fully participate in the planning, design and delivery of the services they utilise. Through its successful user involvement program, services have been able to move beyond traditional types of involvement to more innovative ways of involving service users. During the past year service users have been involved in several service improvement projects such as integrated care pathways, SPA, PCDAS. Service users are now represented on the APB and service delivery groups. They are routinely involved in interview panels and now play a major part in the training program provided at the University of Glamorgan for social workers and nurses.

TEDS Children and Young Persons Training
The above project provides accredited substance misuse training to professionals who work with children, young people and their families. The courses enable workers to identify where there might be substance misuse issues and to make appropriate referrals in a timely fashion.
The target for this service is to provide 5 x level 1 substance misuse courses = 100 people and 2 x level 2 courses = 50 people.

APB Commisioned Services funded through the LHB ring fenced allocation
CDAT
Community Drug and Alcohol Team (CDAT) is the main NHS specialist substance misuse provider for Rhondda Cynon Taff (RCT) and Merthyr Tydfil. It is a harm minimisation service that offers treatment for substance misuse including alcohol, needle exchange programme, family planning, Hepatitis B/C screening, Hepatitis B vaccinations, screening for sexually transmitted infections (STIs) and general health promotion and education.

Needle exchanges
In respect of NSP Cwm Taf have two types of provision:

- Needle exchanges provided by 4 specialist drug and alcohol agencies (TEDS, Drugaid, RISMS, CDAT)
- Needle exchanges provided by 20 Pharmacies in local communities

NSP provide:

- Sterile needles, syringes and other injecting equipment (paraphernalia)
- Facilities for the safe disposal of used injecting equipment
- Harm reduction information and advice related to route, transition and alternatives to injecting
- Signposting to other related agencies, including drug treatment providers and health care services

For some users the NSP may represent their first or only contact with a service relating to their drug use. NSP can be delivered through a variety of different settings and service models in order to meet local need.

Adfer
Cwm Taff Health Board purchase Beds nights from Adfer to meet the needs of service users requiring in patient detoxification. Adfer is a specialist inpatient treatment unit for people with substance problems, and patients are referred from various areas throughout Wales.

Treatment Options for Inpatients

The following list contains the main interventions available on the Adfer Unit. Individual Care Plans are usually based on some of the following

- Alcohol Detoxification
- Drug Detoxificatiion /Stabilisation
- Relapse Prevention Program (involves group work)
- Physiotherapy Program (includes gym, exercise, relaxation)
- Occupational Therapy
- Alcoholics Anonymous and Narcotics Anonymous meetings
- 24Hour Nursing and Medical Care
- Inpatient Contract
- Psychological Interventions

Services commissioned by the PCC for substance misuse

Integrated Offender Intervention Service
Integrated Offender Intervention Service is provided to individuals who's offending behavior is a direct result of their substance misuse.

IOIS will provide:

- Opportunity to access group work, Peer Mentoring support groups and mutual aid groups
- Medically assisted recovery service for opiate dependency
- Referral to community services
- Harm Reduction
- Assessment
- Care and recovery planning
- Exit Planning

Rhondda,CynonTaf Mental Health Services

Service provider	**Service Commissioned**
New Horizons	**Daytime opportunities**. Jointly commissioned with Cwm Taf UHB **mentalhealth.co.uk** Website developed by and for service users. Providing information/advice and signposting to other local and national mental health services
Merthyr and the Valleys Mind	**Daytime Opportunities.** Jointly commissioned with Cwm Taf UHB
Interlink	Mental Health Service User Involvement and Participation Project Jointly commissioned with Cwm Taf UHB This project promotes the active involvement of service users in the development, monitoring and delivery of mental health services across the Cwm Taf area.
Gofal Cymru	**Housing Support & Advice Work.** Based in the Local Authority's Housing Advice Centre (HAC) with lead responsibility to support people with mental health needs who make a homeless presentation at the Housing Advice Centre. Working in partnership with the HAC Manager and team to facilitate joint working practices in the HAC. **Hospital to Home.**

Based primarily at the Royal Glamorgan Hospital with a lead responsibility across the Cwm Taf Health Board area to address the housing needs for in-patients. Working to prevent homelessness occurring on hospital discharge

Mental Health Link Work
Based in the Local Authority's Housing Advice Centre developing/supporting the links between homelessness and mental health service provision and the relationship between Community Mental Health Teams and the Local Authority's Housing Department; through the provision of information and advice or signposting to alternative/more appropriate services, according to need.

Rhondda Taff Ely Citizens Advice Bureau

Financial Inclusion Project

This service is available to users of mental health and substance misuse service and their carers who are resident in Rhondda Cynon Taf and have a named Care Coordinator.

A specialist worker provides a one-to-one service for vulnerable service users and their carers accessing mental health or substance misuse services to assist them with their welfare rights, debt or money management issues

This enables and supports service users and their carers to make informed decisions about their financial situation

The service also aims to increase mental health and substance misuse workers' awareness, understanding and competency to deal with benefit and debt queries through the provision of information, sign-posting and training

Crossroads Cwm Taf

Mental Health Caring for Carers.

Provision of an active "sitting" service, supporting service users to access community based activities thereby providing respite to their identified "carers"

Annexe

CWM TAF Dual Diagnosis Workshop Notes 11th December 201
GROUP 1 - Management of Risk/Crisis

Issues to consider:
Role of CAMHS
Access to service – service users can be "labelled"

MH legislation – doesn't cover substance misuse
Who is left "holding the baby" - we need to work together to formulate and agree approach to positive risk taking
Respect of views/opinions/requests for help
Joint agency working
Changing landscape
Support for carers (knowledge)

Barriers/Challenges
Self preservation – looking after our own services
Communication – we need clear shared criteria
Families expectations/our expectations/time pressure

Solutions
Joint working/formulation/professionals meeting/sitting together!!!!
Taking care of some of the basics – over worried about main issues
Changing medical staff practice and working differently – not necessarily all about money
Access to crisis
Risk – Difficult to get assessment – who manages the risk?
Are we accessing crisis but not looking earlier down the line?
Earlier solutions avoiding crisis?

GROUP 2 - JOINT WORKING AND COMMUNICATION

Issues/Barriers
Good experiences – too much reliance on personalities and attitude. This seems to increase further up hierarchy
Too patchy/inconsistency across Cwm Taf/RCT & Merthyr Tydfil
What is working is integrated/co-located services, however, apart from RISMS, not all stakeholders together in Cynon, Merthyr Tydfil & Taff
Improvements – relationships and pockets of good practice between Crisis service & RISMS
Walk-in clinics have improved timeliness of service for service users, however, not all services in the area are aware of this
No substance misuse social worker in Merthyr Tydfil (this post was withdrawn by Local Authority)
Record keeping – barriers
Different IT systems; sharing information. Co-location does not necessarily improve this i.e. duty workers cannot always respond in detail and can only take messages.

Solution
More training re substance misuse issues, particularly for medics (1/2 day in 5 yrs not enough for such a complex issue)
Consultants – should carry out more domiciliary visits and see the issues service users face
Does this information sharing/communication have to be an issue this day and age? Haven't tools improved to allow us to do this more effectively?
Recruitment – Interview panels – particularly for consultants should be multi-agency/disciplinary
Clear shared agreement of dual diagnosis which feeds into clear referral pathway. Review shared protocol with MH and substance misuse services – re-launch protocol?
Shadowing opportunities for ALL workers particularly consultants
Models of good practice to be taken back to Area Planning Board (APB) and from around the UK
Co-occurring social workers to be consistent across RCT & Merthyr Tydfil attending meetings
Open day roadshow in each area
Link workers to meet regularly at a forum to share information; discuss case. Co-occurring workers to arrange;
E-newsletter- could New Horizons co-ordinate
Mandatory visits to each agency for (new staff) inductions
Do we develop co-occurring workers in health?
Co-occurring worker role good
Elsewhere – networks for training/sharing info & ideas etc.,

Improvements in Merthyr & Cynon – co-location has definitely helped
Use of formulation meetings – could CDAT staff attend multi-professional or 3rd sector

Crisis
Barriers/challenges
Clarity on understanding what we are asking for? What are our expectations?
Flexibility in access to information and advice (out of hours)
Being clear that someone can be assessed under the influence; this means that someone is capable of engaging in the assessment/rational conversation
Understanding that on times it is not appropriate/possible to admit everyone.

Solution
Clear pathways communicated to all stakeholders. Invited to team meetings
Access to service
Barriers/challenges
Policies vary across organisations eg New Horizons (need to check other org) - No tolerance to substance/alcohol use on premises – Children on premises – how is building insured
Barrier to people accessing services, however, people may need to use alcohol/substances or bring children to attend
Self referrals to services: Is this a lost opportunity to joint work and risk management.
Where there are professional referrals, should be accompanied by risk assessment/plan THIS NEEDS TO BE COMMUNICATED TO STAFF!

Solution
Multi agency review of such policies
How services are commissioned

Flexibility
No out of hours substance misuse service; DAN 24/7 more signposting rather than support (has been tested by professionals)
Pilot(s) have been tried in areas for the evenings, however, attendance was very poor.
Was this a communication issue as service users report lack of awareness?
Possible solutions
Flexibility on days
Evidence shows people did attend near end of the week i.e. Thursday or Friday evenings is this anticipating stresses on weekend

Challenges
Commissioning of services
Utilising volunteers
1 year contracts mean agencies unable to apply for charitable funding i.e. lottery/comic relief

GROUP 3 - TRAINING
Issues
Impact of substance misuse on prescribed meds
New substances – lack of knowledge
MI Training – lack of
Staff attitudes – substance misuse left to those who have an interest
Culture change – negative valley attitude to alcohol
Tackle Stigma - are the anti stigma campaigns working

Solutions - need for training strategy and delivery plan
Need up to date knowledge on effects of substances & what to look for, particularly new & emerging psychoactive
Culture – need training to challenge attitudes, values & underlying causes of substance misuse & mental health
How to get people to engage eg Brief intervention & motivational training/interviewing MH staff need D&AL

training & vice versa
Scope out a training plan and programme for ALL staff – Clarify what people want to have training on and audit what is available – training needs analysis - All levels of staff – consultants/nurses/support workers – everyone
Use of e-learning programme rolled out in Wales – level 1?
Practical interactive training on substances (eg provided by DRUGAID, TEDS)
Consider delivery mechanisms eg need for multi-disciplinary training, both specialist sessions and more general/informal;
Timeliness – needs to be regular to enable updates
Medic training
Primary care - training for all staff – GP's & front line
To 'up skill' general services
'Presence' of multi-disciplinary working – individuals to feel welcome
Multi-disciplinary training – with service user involvement
Team 'champions' as conduit for sharing knowledge – not the 'Doer'
Peer support sessions – knowledge & resource sharing, reading time
Day job swaps between mental health & substance misuse Use of shadowing/mentoring and more cross sector
Training for A&E staff as early intervention
Joint facilitation on development of training plan
Work placements for H&SC students
To promote a culture change towards alcohol
Better use of support workers & home care staff who have regular face to face contact with service users and to embed a basic knowledge/awareness level of training with staff
Need to develop Staff confidence, with other professionals
Information sharing – some services still reluctant and fearful of breaching confidentiality, particularly less experienced staff
Clarity on guidance – info sharing – for all service levels

General Issues
Staff attitudes towards discharges,
Staff availability for
Joint working
Training
Flexibility of services e.g. outreach
Costs, waiting lists, demographics
Staff – fear of unknown when home visiting
Non Statutory v statutory sector working practices, blurred boundaries / ignorance – thresholds
The recovery model – how is this used?
Different expectations of how to provide interventions – timing
Co-location and more joint working
Use of wider workforce by building in resources as a compulsory measure
Is there a diagnosis?
Which agency did they first present at?
Other factors such as:-
Adult protection
Child protection
Does the person's anxiety prohibit them from attending/groupwork?
Criteria for primary care – debate
Statutory services debate about who takes the lead, often whilst the person is being supported by non-statutory services.
How to use stretched resources in crisis teams, more so may presentations have SM link – but might be different risk in 8 hours
Zero tolerance – have worked through issue with staff
Policy re admission if threatening self harm
Organisations have become risk averse – so staff need confidence if something goes wrong & scrutinised
Rarely find poor decision making when review but staff will still have concerns/perception

Ownership – cultural issues in organisations – supported mechanisms to share risks
SM themed workshops – inclusive & tasks to do.
Third sector, GP's/PMHS/CAMHS/ RSLS
Consultants: - Police/Probation/1005
Forensic practitioners – mark Warren/Dina Griffiths
Training – e-learning crossing the gap framework

Issues Locally/ Barriers
Third sector service users accessing services
AMH – tension if no desire/intention of person to change behaviour
Where do lines cross – who holds ring Substance misuse or MH especially if severe/enduring MH issues – what does this mean in practice? Feels like MH care co-ordinators hold the responsibility.
How do we mange process and clarify response
Eligibility criteria for co-oc SW – do they need to meet secondary MH criteria?
What is main need – put person at centre - assessing in parallel – both sets of need & skills of teams
Things can change very quickly in terms of need e.g. alcohol complex cases
Training is really important e.g. assess tools to judge dependence
Need confidence to manage issues & what to do – lack of understanding & tools we can use re: role expected to play
Motivation of service user – restricts options to assist them – need evidence base of what works/interventions & training – management of risks – whose responsibility? – How to strike balance between service user rep & our responsibility as service providers
Consistency of approach
Wider community perspective & input – police, neighbours etc.,
Flexibility of teams when working with clients who are reluctant to engage – training need!
Difficult to undertake joint assessment?
TE/RH not co-located
Loss of Drugaid in Merthyr Tydfil
Co-location does help & easier one stop shop for clients
What other HB's doing? – Model we should use?
Specialist team
Mainstreaming – link workers/joint working protocol/training
Integrated collaborative approach – WG
Should teams be merged – popular idea but physical space? – co-location helps discussions & decision making – what to do
Are there benefits for service users in one place? Video conferencing – better than nothing
Team meetings when attended by both teams.
How could we use existing resources for CPN's e.g. TE/RH to meet with SM team
Skilling up but then escalation/next level up – share positive risk management know your limits
What else could we do to change attitudes of professionals
Learning from clinical incidents etc.,
Different view of what is 'normal' & when need both & not too medical a model – recover model
One part may be improving/managed e.g. MH but SM would still need input
How to build in work programme for joint meetings/clinical networking etc.,/disc of risk
Formulation meeting with clients & psychology ideas/'permission' to consider options, bring in other providers etc., - Ty Draw just health – Merthyr once a week – Could CDAT join the meetings – could be good arena to discuss and explore sharing of risk
Which third sector/RSLS organisation should be involved?
Clients misusing amphetamines? – Growing problem – Need some understanding and training – use of SPA for SM – awareness raising, brief intervention
CAMHS involved in the work? – Transition & what support network would be
Pathway between CDAT & CAMHS – 18+ - separate teams in CAMHS