Welsh Local Government Association

Developing Good Practice:
Assisting those who are homeless or vulnerably housed and have dual diagnosis issues

Executive Summary

October 2014

This report has been written by Joy Williams from the Local Authorities' Homelessness and Supporting People Networks, and published with the support of the Welsh Government.

Contact

Welsh Local Government Association

The WLGA's primary purposes are to promote a better local government, its reputation and to support authorities in the development of policies and priorities which will improve public service and democracy.

It represents the 22 local authorities in Wales with the 3 fire and rescue authorities and 3 national park authorities as associate members.

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It was steered with the help and support of Phill Chick, Currently seconded to the post of Mental Health Director from the National Public Health Service for Wales; John Bradley, NHS Senior Public Health Practitioner, Older People, Vulnerable Groups and Inequalities Team, Public Health Wales NHS Trust; and Nicola Evans, Policy and Information Manager, Cymorth Cymru.

Thanks must go to Ann Gorry, Independent Consultant, Port Business Solutions (previously dual diagnosis national program lead for the Nation Mental Health Development Unit) and Julie Butterworth, Director of JMB Health Consultancy, (previously registered practitioner in mental health and more recently a mental health commissioner within a Primary Care Trust) who acted as consultants for these pilot studies.

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1. Background and Introduction

In February 2012 Cymorth Cymru and Public Health Wales carried out a consultation and learning exchange amongst Cymorth members to look at "meeting the health needs of vulnerable people". The findings from this exercise highlighted the issues of working with, and the lack of services for, service users with complex needs e.g. mental health and substance/alcohol misuse issues (also termed dual diagnosis or co-morbidity). This evidence backs up the anecdotal findings from Supporting People teams and the Local Authorities' Homelessness Network as well as other services working with vulnerable groups.

Meeting complex needs

'Ensuring that individuals with mental ill health and substance misuse issues – alcohol and/or drugs – receive the services they need was reported as one of the biggest challenges in meeting the health needs of vulnerable people. This was even illustrated by the use of different terminology in referring to people with both mental ill-health and drug or alcohol issues. Terms used included co-morbidity, complex or multiple needs and dual diagnosis. The complexity of multiple needs often means that individuals receive a service aimed at addressing their 'main' health need. For many people with a dual-diagnosis, the reality is that they are left to 'ping-pong' between services as each service claims that responsibility lies with the other'.

Cymorth Cymru, *Health and homelessness learning exchange events – report on key findings* (2012)

The importance of developing better pathways for those with co-occurring mental health and substance misuse issues are also key themes across several Welsh Government departments including; *'Together for Mental health; A strategy for Mental Health and Wellbeing in Wales (2012-16), 'Protecting the Public and Reducing Re-offending in Wales: strategic Plan 2013-2016'* and *'Working Together to Reduce Harm: Substance Misuse Strategy for Wales 2008 – 2018'*

The Health of Homelessness People Advisory Group (chaired by Public Health Wales) decided to take this issue forward and work to develop some good practice in this area. A small working group from within this group; including representation from Public Health Wales, Cymorth Cymru and the Local Authorities' Homelessness and Supporting People Network, developed a project plan and approached Welsh Government for funding to take this work forward.

The funding request was for an initial learning and information sharing event out of which would come 4 or 5 pilot studies to develop ways of working to improve outcomes for this service user group. The funding would allow for the pilots to be facilitated by experts within the field of dual diagnosis and from these studies it was hoped to improve the service and outcomes for these often marginalised and unsupported service users. The feedback from these studies would be shared at a further learning event a year after the initial event. Funding was granted by the Welsh Government through the Section 180 Homelessness Grant.

2. Methodology

We identified several national and international subject experts in the field of dual diagnosis practice and they contributed to a learning event which took place on 16th January 2013 in Cardiff. The agenda for this event can be found in Appendix 1.

For the learning event and the work coming from this, we also secured the help of two highly experienced consultants who have developed services and models across England for working with those with dual diagnosis needs. These consultants also facilitated the pilot projects which were identified following on from the learning event.

As part of the learning event we invited delegates to submit expressions of interest to develop pilot studies that would develop models of working to improve the outcomes for service users with these complex needs. The pilots were expected to continue for one year after which the pilot areas would be asked to feedback what they had developed, including the positive aspects of their study as well as the lessons learnt. This would be so that other areas could learn from, and implement, the models developed. A sample expression of interest form can be found in Appendix 2.

By March 2013 four pilot areas were identified. These were all located across South Wales:

- Bridgend
- Western Bay
- Newport
- Cwm Taf

It was disappointing to find that no expression of interest had been received from an area of North Wales and it was felt that the involvement of this region should be sought in a different way.

The pilots received no direct funding but had the input of the expertise from service improvement consultants in a facilitative role.

3. Project Overviews

Kerrigan Project Bridgend

The Kerrigan Project aimed to develop good practice in assisting those who are homeless or vulnerably housed and have co-occurring mental health and substance misuse issues.

This project was developed as a collaborative commitment by Housing departments, Supporting People, Children and Young Persons' Services, Adult Care Services, Mental Health Services and Community Safety in Bridgend County Borough Council.

The project tender commissioned by Bridgend County Borough Council's Supporting People Planning recruited Gwalia as the successful provider of the specification named 'The Kerrigan Project'. A detailed service specification was developed upon which it was agreed that the scheme would be based at a single location and provide 6 units of high level supported accommodation plus one emergency access bed. It was envisaged that duration of stay would be around 3 months for the 6 bed-spaces and 3 days for the emergency bed. The target client group was proposed as males or females over 18 years old with primary needs associated with dual diagnosis (substance misuse and mental health) housing and offending behaviours.

A full report from this pilot can be found in Annex 1 – Click here

Western Bay

This project aimed to develop good practice in assisting those who are homeless or vulnerably housed and have Co-occurring mental health and substance misuse issues by developing Strategic partnerships for dual diagnosis – the Western Bay Collaborative.

Within the original tender, the Western Bay Collaborative identified that they would utilise the dual diagnosis consultants to ensure the various key partnerships collaborate to identify and understand the issues regionally and within localities which are potential barriers to achieving the outcomes. This would hopefully, therefore, make recommendations for what could be done differently within existing resources of each partner agency in order to achieve the overall outcomes. The tender requested that the use of the consultant time would focus on:

- Developing a shared understanding of partners and of the perceived barriers to accessing appropriate services and improving individual and service outcomes

- Identifying the resources which partners can influence

- Identifying where the focus/criteria for access to these resources currently leave gaps

- Developing a plan on how those gaps could be addressed within existing resources and embracing collaborative working

- Identify key indicators for monitoring improvement performance

- Monitor the implementation of the plan

- Individuals with co-occurring Mental Health and Substance Misuse issues having access to appropriate services

- Individuals will have improved outcomes

A full report from the Western Bay pilot can be found in Annex 2 – Click here

Cwm Taf

This project aimed to improve co-occurring mental health and substance misuse services across the Cwm Taf Health Board by agreeing clearer pathways into and out of services.

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

- 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"

- raising 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

A full report from the Cwm Taf pilot can be found in Annex 3 – Click here

Aneurin Bevan/Newport

This project aimed to develop a local collaborative approach to working with co-occurring mental health and substance misuse by identifying the barriers to accessing pathways for those with co-occurring mental health and substance misuse difficulties and supporting the 'up skilling' of key agencies to enable more effective working and co-ownership with this client group using e-learning.

The project hoped to increase the level of joint working resulting in a more integrated approach, increase the quantity and improve the quality for service users accessing services at the right point and the right time across the pathway and ensure frontline staff receives the appropriate level of training resulting in increased confidence and competence in dealing with people with co-occurring mental health and substance misuse difficulties.

A full report from the Newport / Aneurin Bevan pilot can be found in Annex 4 - Click here

Improving awareness through E-learning

During the learning event, and throughout the progress of the pilots, it was recognised that staff needed the knowledge and skills to be able to work effectively with this client group. An E-learning resource had been commissioned by the National Mental Health Development Unit National Dual Diagnosis Programme (Department of Health). It was developed by a group of experts in dual diagnosis (PROGRESS) in collaboration with Centre for Excellence in Learning Enhancement (CELE), service users and carers and Dr Liz Hughes of York University. We were able to update this resource to include policies and strategies pertinent to Wales and this resource is now hosted on the Wales NHS E-learning website.

4. Conclusions

There is a vast range of local and national agendas and policy drivers across both health and social care within Wales, aimed at improving outcomes for those with complex mental health problems, substance misuse problems (dual diagnosis) and who are potentially at risk of homelessness. It seems therefore that this vulnerable group within society present similar challenges to both health and social care services as with those of the rest of the UK. Both existing and historical practice suggests that services continue to function, albeit effectively, somewhat in isolation, whereby providing service users with a 'map of complex and disconnected junctures and pathways' upon which to negotiate a road to recovery. These pilots have begun to connect these junctures' and develop pathways which are clear and simple to navigate and offer clients a real step up out of their difficulties.

5. Recommendations

The Kerrigan Project

The following are a key set of recommendations as derived from the evaluative of the Kerrigan project work undertaken so far, and provided to influence and ensure effective future service delivery suggested as:

1. Encouragement for continued multi-agency ownership to support continuation of the Kerrigan project pilot to the full potential (single unit model and access to crisis)

2. Any future properties to consider effective governance around neighbourhood engagement and consultation

3. On-going monitoring and regular evaluation of the project to ensure that any barriers to success that develop are effectively managed in a timely way

4. To ensure that Gwalia link in with key commissioners on a regular basis

5. The use of compulsory and regular multi-agency meetings to highlight frequent users of services and offenders to ensure timely access to Kerrigan. This should include representatives from mental health, substance misuse, and colleagues from primary care, probation, police, and voluntary agencies

6. Joint early assessments between mental health, substance misuse and probation/offender services for people, co-facilitated by Gwalia in order to develop a single care plan and risk management strategy supporting all individual service users' needs with clear roles and

responsibilities of each party (see dual diagnosis quadrant on page 53 as a suggested model)

7. Develop a joint training strategy between all agencies that can be implemented realistically and includes mandatory completion of the dual diagnosis e-learning suite/programme

8. Develop a Dual Diagnosis Link Worker Forum where staff from across all agencies can meet to discuss current practice issues, problem solve difficulties in multi-agency working, inform service and system development etc

9. Develop a dual diagnosis governance structure, of commissioners and providers, with service users and carers at the heart of all service improvement and future development

10. To ensure the project is independently evaluated within 6 months of the single unit being up and running so as to measure early outcomes and champion success.

Cwm Taf

The following recommendations are taken from the action plan agreed at a workshop organised and attended by over 30 people from a wide range of statutory and voluntary sector organisations. The groups worked well and agreed four key areas for further development:

- To roll out substance misuse, mental health and co-occurring training across providers based on the training audit

- To role out the dual diagnosis E-learning program to all agencies

- To continue to develop and co ordinate the Co-occurring Steering Group to promote the work and include new partners

- Progress and develop the joint working agreement 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

Aneurin Bevan / Newport

The following are the key recommendations relating to this pilot project. It is the intention that they will influence and promote support to progress the work to date and continue to improve and develop this work in the future.

- Appropriate leadership for this service improvement work is urgently required to ensure it is given the attention needed and at the appropriate strategic level

- Update the current Mental Health Service Directory and promote awareness of all current services within the area, and ensure information on access and service provision is available

- The Steering Group membership is widened, in particular to include key people from statutory health and local authority services, alongside probation and other key relevant agencies

- The roll-out of the E-learning program is vital and will require the development of a training sub-group with good multi-agency representation, and training and skills based strategy/plan, to ensure a successful outcome

- Work is required to join-up strategies, commissioning and action plans for substance misuse and mental health service provision, to take into account and prioritize people with co-occurring problems. Service users and carers should be involved in this process

- Outcomes should be tested against the Care Pathway for Co-occurring Mental Health and Substance Misuse Problems included in the Welsh Government's document entitled 'A Service Framework to Meet the Needs of People with a Co-occurring Substance Misuse and Mental Health Problem (Sept 2007)

Overarching Recommendations

- Development of local and /or regional steering groups, with representation from all partners, particularly statutory health services

- Joint working agreements between agencies to improve service delivery for clients

- Develop directories of services locally and regionally to promote awareness of current services

- Joint training strategies across all agencies which incorporate the dual diagnosis E-learning program

- Multi-agency operational meetings to highlight the needs of the most complex clients in order to provide them with the most appropriate services

- Dual diagnosis links workers in areas where there is a high demand for these services

6. Next Steps

The steps taken and recommendations outlined above mirror the actions in the Welsh Government (2012) '*Together for Mental Health. Delivery Plan: 2012-16'.* Specifically Outcome 11.2 (see below) which states:

"To ensure substance misuse co-occurring with mental health problems is managed effectively."

And the Welsh Government (2008) - *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018* Outcome 5.2 (see below) which states:

"Ensure substance misuse co-occurring with mental health problems is managed effectively."

A full description of these outcomes can be found in Appendix 3 and 4.

The work of these pilots goes some way to achieving these outcomes and as the pilot projects are progressed and the good practice is disseminated and modelled this should continue.

The outcomes to date of these pilots have been shared at various conferences and events and the individual reports have been distributed extensively. The Health of Homeless People Advisory Group should now continue to monitor the pilot projects and disseminate any further outcomes and share documentation and good practice developed.

7. Bibliography

- Cymorth Cymru*, Health and homelessness learning exchange events – report on key findings* (2012)

- 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

- Hughes, L; Gorry, A; Dodd, T (2009) *Developing a Capable Dual Diagnosis Strategy, a Good Practice Guide*. National Mental Health Development Unit.

- NHS Wales and Welsh Assembly Government (2007) *a Service Framework to Meet the Needs of People with Co-occurring Substance Misuse and Mental Health Problems.*

- Wales Probation *Protecting the Public and Reducing Re-offending in Wales: Strategic Plan 2013-2016*.

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

- Welsh Government (2012) '*Together for Mental Health. Delivery Plan: 2012-16'*

- Welsh Government (2008) - *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018*

- Welsh Government Association (2013) - *Together for Mental Health - A Strategy for Mental Health and Wellbeing in Wales*

Appendix 1: Conference Agenda

Improving services for people with 'dual diagnosis'

16th January, 2013 (9:30 – 4:00)
The Future Inn, Hemingway Road, Cardiff, CF10 4AU
http://www.futureinns.co.uk/cardiff-hotels

AGENDA

9:30 – 10:30	*REGISTRATION & REFRESHMENTS*
10:30-10:45	**Welcome, Housekeeping and Purpose of the Day** *– Joy Williams (WLGA Homelessness Network) & Nicola Evans (Cymorth Cymru)*
10:45-11:45	**Keynote address** - *Ann Gorry, Consultant* **A Welsh Policy Perspective** – *Phil Chick,NLIAH*
	COFFEE
11:45-12:45	**Workshops** ➢ **Multi-agency Working and Network Approaches**- Richard Bell (Leeds) ➢ **Dual Diagnosis: Developing services; dos, don'ts and desirables**.- David Manley (Nottingham) ➢ **Using Individual Budgets to work with individuals with complex needs** – Rough sleeper team (Swansea)
12:45-1:30	*LUNCH*
1:30-2:30	**Workshops (REPEATED)**
2:30-3:00	**Panel Discussion**
3:00-4:00	**Open Space – Regional Discussion Tables** **Next Steps** – taking things forward
4:00	*CLOSE*

Appendix 2: Expression of Interest

Supporting you Supporting people
CYMORTH CYMRU
Cefnogi chi Cefnogi pobl

Developing good practice in assisting those w
are homeless or vulnerably housed and have
Dual Diagnosis Issues

Expression of Interest

WLGA • CLILC

Please give details of all partners who will be involved and the lead contact:

Please describe what services already exist in your area:

What are the particular housing needs of the service users you will be working with?

Please give a brief description of what it is you intend to do or develop:

How do you envisage working with the consultants to develop you idea?

How will your pilot idea benefit service users in your area?

What are your desired outcomes for your pilot study idea? How will you measure your success?

Please submit completed expressions of interest to:

Claire Cunliffe,
Housing Options,
17 High St, Swansea.
SA1 1LF
(01792 533126).

claire.cunliffe@swansea.gov.uk

by Friday 22nd February.

Thank you.

Appendix 3: Outcome 11.3 Mental Health Delivery Plan

Key Actions	Planning and Commissioning	Improvement Approach/Training and Development	How will we know?
11.3 To ensure substance misuse co-occurring with mental health problems is managed effectively.	Each Substance Misuse Area Planning Board (SMAPB) and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services, in line with the Service Framework *Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems* by **March 2013.** Develop guidance to ensure early identification and an effective response by mental health and substance misuse services to new and emerging trends of drug usage by **March 2013.**	LMHPBs / SMAPBs to ensure all relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems, and have a clear understanding of protocols and integrated care pathways in place by **September 2013.**	Number of LMHPB / SMAPB areas with a clear and functioning protocol and integrated care pathways in place for co-morbid disorders. % of clients who have a co-occurring issue referred to appropriate substance misuse and / or mental health services. Service user feedback from local audits.

Welsh Government (2012) '*Together for Mental Health. Delivery Plan: 2012-16'.*

Appendix 4: Outcome 5.2 Substance Misuse Strategy for Wales

Key Actions	Planning and Commissioning	Training and Development	How we will know Performance measures
5.2 Ensure substance misuse co-occurring with mental health problems is managed effectively. **NOTE:** This also contributes to outcomes 7 and 9.	i) Each APB and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services in line with the Service Framework 'Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems.' **(March 2013)** ii) LMPHB's/APBs to consider prevalence of alcohol related dementia (including Korsakoffs) and improve access to relevant support services.**(March 2014)** iii) Alcohol Concern & Cardiff University to develop recommendations in relation to Alcohol Related Brain Damage (**TBC)**	iv) LMHPBs / APBs to work to ensure relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems and have a clear understanding of protocols and integrated care pathways in place. **(September 2013)**	• Number of LMHPB / APB areas with a clear and functioning protocol and integrated pathway in place for co-morbid disorders. • % of clients who have a co- occurring issue referred to appropriate substance misuse and / or mental health services • Service user feedback from local audits. • Number of Young onset Dementia services in Wales which have operational policies and pathways in place that allows people with alcoholic dementia to access their services on an equitable basis. • % of relevant staff trained to identify the specific care and treatment needs of people with co-occurring substance misuse problems.

Welsh Government (2008) - *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018*