

# Health and Adult Social Care Scrutiny Committee

## 11 July 2024

### Co-existing mental health and substance use: update on progress and plans for further development

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#### 1. Background and purpose of the paper

This paper provides an update on the progress of work to improve co-existing mental health and substance use pathways since the presentation to Scrutiny Committee on 23 June 2022. This paper includes an update on:

- the outcomes of the health needs assessment to understand the prevalence of co-existing mental health and substance use conditions in Nottingham and Nottinghamshire;
- the implementation, initial evaluation and progress to date of a baseline model of support for people with co-existing needs; and
- the plans for further developing as a partnership to fully meet the needs of this vulnerable group.

Co-existing conditions occur when individuals require support for both their mental health and their use of legal and illicit substances. Historically this population has been referred to as having a 'dual diagnosis'. Other terms for this group include comorbid or co-occurring mental health and substance use.

The National Institute for Clinical Excellence (NICE) definition of co-existing conditions is both of: (i) a severe mental illness, but not common mental health problems and (ii) the use of legal or illicit drugs in a way that causes mental and/or physical harm<sup>i</sup>. Due to the types of data available in different settings (see Methods section) three definitions of co-existing conditions are used in this report. These all include high levels of substance use but vary in their classification of mental health problems. Depending on the setting, the classification of co-existing conditions includes (i) severe mental illness (psychosis, bipolar, severe depression), (ii) any mental health problem warranting secondary care support, or (iii) any self-reported mental health problem, including common mental health problems.

There is no single organisation that is solely responsible for meeting the needs of people co-existing mental health and substance use needs. A partnership approach by commissioners and service providers is key to improving access to services which can reduce harm, improve health, and enhance recovery, enabling services to respond effectively and flexibly to presenting needs and prevent exclusion. The

Substance Use/Mental Health Pathway Development Group, is a partnership of providers and commissioners<sup>ii</sup> from across Nottingham and Nottinghamshire who are working together to understand the population need, design, implement, and review a 'baseline model', and improve outcomes.

## **2. Guidance and policy**

The 2016 NICE clinical guidelines<sup>iii</sup> set out how services for people with co-existing mental health and substance use should be organised and delivered. Some key points include:

- Jointly agreed care pathways should be in place, as should joint strategic working between service providers and commissioners.
- Staff should have good support and development opportunities to provide the right treatment and care.
- Services should be non-judgemental, inclusive and be able to engage with people from diverse cultural and ethnic backgrounds.
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- People experiencing co-existing substance misuse and mental health issues should have a clear care plan in place.

The Public Health England guide 'Better care for people with co-occurring mental health and alcohol/drug use conditions' 2017<sup>iv</sup>, highlights good practice for commissioners and providers of mental health and alcohol and drug treatment services, to inform the commissioning and provision of effective care for people with co-occurring mental health and alcohol/drug use conditions.

In December 2021 the Government published a 10-year drugs strategy<sup>v</sup>. The Nottingham City Substance Use Strategic Partnership was established in April 2022 as the local partnership to implement the national drugs strategy and support local priorities including alcohol related harm. The Partnership is led by Lucy Hubber, Director of Public Health, as the Senior Responsible Officer, with oversight through Nottingham City Community Safety Partnership Board. Membership consists of key stakeholders<sup>vi</sup> including representation from several Lived Experience Recovery Organisations. A delivery plan has been developed collectively around the three themes of: prevention, treatment and recovery and community safety and enforcement. Actions around co-occurring conditions and joined up care are identified within that plan.

## **3. Update and progress**

### **a. Local assessment of need**

An epidemiological assessment was undertaken in November 2023<sup>vii</sup> to understand the prevalence of co-existing mental health and substance use and conditions in Nottingham and Nottinghamshire. This was important work as there is not a simple measure of the number of people living with co-existing substance use and mental health needs, and the assessment was undertaken to inform future service planning.

Prevalence was assessed from service data for 2021-22 period in three contexts: primary care, secondary care (mental health) and substance use services. Co-existing conditions were assessed using different criteria and measurement tools in each setting. Care should therefore be taken in comparing prevalence across settings.

Across Nottingham and Nottinghamshire, the estimated prevalence of co-existing conditions was lowest in the primary care patient population than in the other datasets. Of the 1,054,990 patients registered within a local primary care practice, 8395 (0.8%) had a Serious Mental Illness and 705 (0.07%) had a co-existing condition. In mental health services approximately 20,000 patients (nearly 45%) had missing data and could not be included in the analysis. Of the 24,117 patients with sufficient data, a total of 4610 patients (19.1%) had a co-existing condition.

Prevalence estimates were calculated for the Nottingham City population from the data that was available. For the population of Nottingham City of the 397,620 patients registered within a local primary care practice, 305 (0.07%) had co-existing conditions. For those in a mental health setting 1475 (32.5%) has a co-existing substance use need recorded. Within the adult substance use services there were 3573 open clients in 2022-23, of which 1822 (51%) had a self-identified a mental health problem. 385 (21%) of substance use service users were engaged with a community mental health team.

The observed geographical differences in prevalence were consistent with place-based differences in deprivation, with Nottingham City having the highest prevalence. It was not possible to make a reliable estimate of unmet treatment need amongst patients accessing services due to poor recording. Nonetheless, the data from this assessment for 2021-22 suggested that approximately 80% of co-existing condition patients within secondary care for mental health were not receiving support from substance use services. Meanwhile, 20-30% of co-existing condition clients within substance use services were not receiving any form of mental health support.

#### **b. Implementation and evaluation of baseline model of support to meet local need**

A baseline model of support for people with co-existing needs was developed in 2021 and implemented across Nottingham and Nottinghamshire. The model has been developed to be compliant with NICE and PHE guidance, and informed by engagement work with service users, service providers and commissioners to get a good understanding of what 'better' and 'best' will look like. We are currently looking at best practice nationally to identify any areas where we might have opportunities to accelerate progress. We have also shared our approach at several national events as a model of good practice. Our model has four pathways:

- Mental health workers from Nottinghamshire Healthcare NHS Foundation Trust embedded in community substance use services (Nottingham Recovery Network and Change Grow Live (Nottinghamshire)).
- Substance use workers from Nottingham Recovery Network and Change Grow Live embedded in community mental health teams (known locally as LMHTs).

- Substance use workers from Nottingham Recovery Network and Change Grow Live embedded in inpatient mental health services (Highbury Hospital and Sherwood Oaks inpatient unit).
- Peer support workers with lived experience of substance use working in substance use and community mental health services from Double Impact.

Early evaluation (November 2023)<sup>viii</sup> of the community-based provision (mental health workers in substance use services and vice versa) was undertaken with the intention to continuously improve the pathways within the baseline model. It concluded that patient and staff experiences were very positive, with the pathways filling an important gap in services. The evaluation indicated the pathways were functioning primarily as a care provider for patients rather than a conduit to other services.

The evaluation found that patients in the pathway were typically middle-aged, white males living in a relatively deprived neighbourhood. There were differences between the city and county patient populations which reflect the wider respective populations, including a wider variety of ethnicities and greater deprivation within the city. There was also a larger number of patients without settled accommodation, or of no fixed abode, within the city.

Since the initial evaluation, there has been ongoing monitoring of the pathway. Service data from June 2024 of the mental health workers in substance use services and substance use workers in inpatient mental health services has shown that in total 353 patients were assessed. The average wait from referral to assessment is three weeks. The demographic data indicates that 77% of the cohort identified as having White ethnicity, with 63% identifying as male and 27% as female. Those aged over 35 years old form the largest group of patients (73% of the total).

Discharge data shows that 33% are discharged to another service and 31% of patients are discharged as 'treatment complete'. The delivery teams report an increase in the proportion of patients with a successful outcome as the pathway embeds, which is an improvement on the initial evaluation findings. 29% of patients are unable to engage with the support offer, which is consistent with the evidence base of poor levels of engagement among this service user group, and we are looking at ways peer support can help to increase engagement. The number of peer support workers has increased since April 2024, and this will be subject to ongoing review (see finance section).

Overall, in June 2024 there are currently 72 service users open to the mental health workers, and 74 with the substance use practitioners so the spread of delivery across services is very similar in mental health services and substance use settings.

The close working relationships with the homeless mental health team in the city has meant we have been able to support housing issues more successfully, as an example of this pathway supporting people with complex needs.

The substance use and mental health peer support offer was evaluated in June 2023<sup>ix</sup> and concluded it was working well, being valued by patients and the teams they are working with. Patient and staff experiences were very positive indicating that

peer support workers, with their lived experience, are offering patients something valuable and distinctive that is not provided by other professionals.

Services report that demand is high, with limited capacity within the teams. The model is under regular review by Integrated Care Board, Nottingham City Council and Nottinghamshire County Council commissioners to ensure it is addressing unmet need and testing new ways of working during 2024/25. These are further described in Section 4 – Future Developments.

### **c. Finance**

The baseline model of support described has been funded recurrently through Mental Health Transformation funding to the Integrated Care Board, except for the substance use workers in inpatient settings.

The Substance Use roles were funded through non-recurrent mental health discharge funding until March 2024, and since April 2024 through the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) from Nottingham City.

An opportunity was identified to build upon the baseline model, address unmet need and test new ways of working during 2024/25 through creating additional substance use posts in Community Mental Health Teams and Crisis Team. These posts are also funded by the SSMTRG and are being recruited to on a fixed term basis.

The SSMTRG is a grant provided to local authorities via Office of Health Improvement and Disparities to support the delivery of the national drug strategy. The Grant funding is time limited with an end date of 31st March 2025, with no confirmation of the continuation of beyond then. This is recognised as a risk not only for these posts, but across our wider system as there is a significant cliff-edge in funding for several substance use related grants ending in March 2025. This work will be considered as part of our overall review of the system needs and requirements once we know what funding will be available from 1<sup>st</sup> April 2025.

## **4. Further developments**

Several workstreams have been developed to further enhance the baseline model. The workstreams have representatives from all partners.

- **The mental health crisis services workstream**

This workstream is looking at developing a new substance use practitioner role in reaching into the Crisis resolution and Home Treatment Team. The aim of this role will be to identify unmet substance use needs and bring more people into substance use treatment, as well as addressing gaps in knowledge within the crisis services.

- **Talking Therapies response to co-existing conditions**

This workstream will be looking at how we can help improve the access to Talking Therapies for people who use substances. We shall be looking at criteria for referrals and training needs for staff within Talking Therapies services. We shall then extend

this work to look at the psychological offer in the trust, as well as the offer through the Nottingham Recovery Network.

- **Co-existing substance use and mental health needs for older people**

The co-existing pathway workforce is currently embedded within Community Adult Mental Health and we would like to extend it into community services for older adults. We shall look at setting up consultation slots to discuss complex cases which involve substance use. We shall be identifying training needs and how we can improve the identification and management of substance use.

- **Training workstream**

We have an overarching training workstream to work across partner agencies and services to improve the knowledge and skills of all staff working with people with complex needs. Key partners include the Nottingham Practice Development Unit and the Severe and Multiple Disadvantage Partnership alongside mental health and substance services in creating opportunities to share learning, create training and share best practice.

- **Child and Adolescent Mental Health Services**

Nottingham City Council commissioned Change, Grow, Live: The Place in October 2023 to provide community substance use services to young people and young adults up to 25 years old. This service was specifically designed to better meet the transitional needs of young adults. The service has developed pathways with Child and Adolescent Mental Health Services (CAMHS). Where young adults are presenting with complex mental health needs joint multi-disciplinary meetings are held with Nottingham Recovery Network to support the transition to adult mental health services. Information sharing, training and sharing learning across organisations is a priority.

## References

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- <sup>i</sup> [Quality statement 1: Initial identification of co-existing substance misuse | Co-existing severe mental illness and substance misuse | Quality standards | NICE](#)
- <sup>ii</sup> Membership consists of: Nottinghamshire Healthcare NHS Foundation Trust; Nottingham and Nottinghamshire ICB; Nottingham City Council; Nottinghamshire County Council; Nottingham Recovery Network; Change Grow Live; Double Impact and Primary Care
- <sup>iii</sup> [Overview | Co-existing severe mental illness and substance misuse: community health and social care services | Guidance | NICE](#)
- <sup>iv</sup> [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](#)
- <sup>v</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)
- <sup>vi</sup> Al-Hurrayya; Bac-In; Change Grow Live; Department for Work & Pensions; Double Impact; Framework Housing Association; His Majesty's Prison and Probation Service; HMP Nottingham; Office of the Nottinghamshire Police and Crime Commissioner; New Hope Rehab; Nottingham City Council; Nottinghamshire County Council; Nottinghamshire Healthcare NHS Foundation Trust' Nottingham & Nottinghamshire Integrated Care Board and Nottinghamshire Police
- <sup>vii</sup> Epidemiological Assessment – Prevalence of co-existing substance use and mental health conditions in Nottingham and Nottinghamshire <https://www.nottinghamshireinsight.org.uk/d/acqJc5bq>
- <sup>viii</sup> Evaluation of Nottingham and Nottinghamshire substance use mental health pathway <https://www.nottinghamshireinsight.org.uk/d/acqJdKzE>
- <sup>ix</sup> Evaluation of the pilot for dual substance use and mental health peer support workers in Nottinghamshire Healthcare Foundation Trust <https://www.nottinghamshireinsight.org.uk/d/acqJdtgA>