

Mr Paul Smith
HM Senior Coroner
County Of Lincolnshire
4 Lindum Road
Lincoln
LN2 1NN

Your reference – 01388-2018

8 October 2020

Dear Mr Smith

Regarding: **Regulation 28 report to prevent future deaths following the inquest of Toby Peter Edward Nieland**

Thank you for affording me the opportunity to respond to the areas of concern highlighted within Mr Brennand's regulation 28 report to prevent further deaths.

I am responding to the report as the substance misuse lead for the Public Health Division a part of the Adult Care and Community Wellbeing Directorate at Lincolnshire County Council. My responsibilities encompass the programme management of substance misuse activity within the directorate including overseeing substance misuse treatment and recovery contracts with We Are With You and any commissioning activity on behalf of the Director of Public Health, Professor [REDACTED].

1. The concerns of the immediate family were not communicated to any of the agencies charged with the responsibility of caring for the deceased, nor were their views sought (directly or indirectly) as to the suitability of the deceased's accommodation and/or circumstances and/or pathway of treatment and care;

Mr Nieland was not receiving structured treatment with We Are With You at the time of his death but was accessing the Needle Syringe Programme (NSP).

Public Health commission the NSP using NICE guidelines PH52 Needle and Syringe Programmes which details the provision required including:

- Advice on minimising the harms caused by drugs
- Help to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy)
- Access to other health and welfare services

For those receiving structured treatment it would be good practice to involve the family (if appropriate to do so). However the NSP is designed to attract those

undertaking high risk behaviour so they can be accessed anonymously and only basic information is gathered for reporting purposes. This encourages those reluctant to access service to obtain clean equipment and minimise the spread of blood borne viruses such as hepatitis C and HIV.

During the period Mr Nieland was struggling with his illnesses the family may have benefitted from accessing the carers support service commissioned by the council. This service has a substance misuse provision to support families and carers of those suffering from drug or alcohol misuse. It is recognised this did not take place and many people in this situation do not see themselves as carers and may not access the service, this situation is being addressed by the current service and will form part of the considerations when re-commissioning.

Future commissioning considerations and actions

- i. The NSP is commissioned in line with NICE PH52 guidelines. Public Health will continue to undertake this responsibility and family members will be engaged as part of the pre-procurement work that builds the service specification and future delivery model
Timeframe October 2023
- ii. The council will consider commissioning a specific substance misuse family service to offer specialised support to the families and carers of people with drug and alcohol problems
Timeframe June 2022

2. Unequivocal evidence established that the deceased suffered from an advanced progressive addiction overlaid with a vulnerable personality amounting to a complex Dual Diagnosis – the significance of which was not appreciated and therefore not managed adequately or appropriately;

The substance misuse services commissioned by Public Health with We Are with You are voluntary. I believe numerous attempts were made to encourage Mr Nieland in to the service but this was unsuccessful. NICE guidelines PH52 state NSP services should

- Offer (or help people to access): secondary care services (for example, mental health services)

This is dependent on the client wanting to access the support. Engagement cannot be forced as this can have a profound effect on long term outcomes.

We Are With You are commissioned to work in partnership with other agencies including mental health services, and should a referral be received from mental health services it is expected that holistic joint working is undertaken and clear pathways should be in place for joint working.

Future commissioning considerations and actions

- i. A joint working protocol is in place but has not been widely implemented across all services. The CCG, LPFT, We Are With You and Public Health should work together to review this protocol and implement a more robust

referral pathway between services to ensure timely and appropriate services can be accessed by all.

Timeframe – Review to commence October 2020

3. In any event, even on the basis upon which community care was deemed appropriate, there was an absence of any co-ordination between mental health service provision and addiction services;

Mr Nieland was not in structured treatment with substance misuse services. If he had been, the substance misuse provider is commissioned to work in partnership with mental health treatment services to ensure that a comprehensive package of care is delivered. This process is not currently working universally across all services which needs to be addressed by both commissioners and providers to ensure everyone with coexisting mental health and substance misuse issues receives timely and appropriate care packages.

Future commissioning considerations and actions

- i. There needs to be greater strategic and operational coordination between commissioners and providers. A group led by mental health commissioners should review and revise the existing protocol to ensure all managers and staff have clear pathways to follow within mental health and substance misuse services

Timeframe – Review commenced October 2020

- ii. The council and the CCG should consider different approaches to commissioning services that cater for those with dual diagnosis, this should form part of the commissioning cycle and include alternative models and joint commissioning opportunities

Timeframe - October 2023

4. There was an absence of any adequate "Care Programme Approach" (a package of care used to plan mental health care) resulting in no care coordinator being appointed to monitor the deceased within the auspices of an appropriate care plan;

This concern is linked to the services commissioned by the Clinical Commissioning Group and provided by Lincolnshire Partnership NHS Trust. If Care coordination is in place it is imperative that the substance misuse services work in partnership with the mental health team to provide a comprehensive individually tailored care package.

5. Inadequate evaluation of the deceased's previous history; his purported non-concordance (repeated assertions of not wanting treatment/support that ought to have been interpreted as an increase in his risk); progression of his complex vulnerabilities; his personal circumstances (reaction to accommodation and relationships); events suggestive of on-going misuse of drugs - all gave rise to a missed opportunities to appreciate a

series of ascertainable relapse signatures;

The services commissioned for substance misuse treatment have embedded assessment processes and re-engagement policies that all staff are expected to work to. Unfortunately in this case Mr Nieland was not in structured treatment and the needle syringe programmes are designed to attract those reluctant to access main stream services to ensure people do not feel pressured while doing so. Service users may use many different NSP sites. The specialist sites such as the one commissioned with We Are With You in Grantham offer a wider choice of services including more in depth harm minimisation and onward referral to any agency including mental health services.

Future commissioning considerations and actions

- i. Services will continue to be commissioned in line with NICE guidelines PH52 Needle and syringe programmes. That said, We Are With You are looking to enhance the questions asked when people attend NSP's with immediate effect. These changes will be considered when developing future commissioning models to ensure service match the needs specific to Lincolnshire. This process will apply to both NSP and the wider treatment service

Timeframe – October 2020 for the changes to questionnaire and October 2023 for re-commissioning

6. The absence of any "assertive outreach" to the deceased when discharged into the community (that is to say, no face to contact, no alternative welfare checks being organised, undue reliance being placed on the informal supervisory role of the landlord or other agencies) gave rise to a total disconnect between patient and healthcare provider, thereby creating a series of missed opportunities to assess the deceased, identify possible relapse signatures and potentially escalate care;

This concern is linked to the services commissioned by the Clinical Commissioning Group and provided by Lincolnshire Partnership NHS Trust.

7. The circumstances of this case evidences a gap in the provision of care to a patient with a Dual Diagnosis in Lincolnshire by reason of there being no dedicated and/or commissioned drug and alcohol recovery team/service;

Substance misuse dual diagnosis provision is not commissioned as a separate service but is included within the main treatment contract with We Are With You. Within the current contract the service is asked to:

- Work in partnership with mental health teams and other Providers of mental health services to provide the best co-ordinated care possible to manage Service Users with dual diagnosis

- Develop strong partnerships and where appropriate joint working arrangements with mental health services to ensure that all clients requiring support and treatment for any identified mental health needs can access and are engaged in appropriate services
- Involvement in the writing and delivery of training to generic and specialist staff regarding mental health and dual diagnosis
- Ensuring staff have appropriate training and competencies, which are appropriately recorded, to enable them to address dual diagnosis

To achieve this We Are With You have developed their staffing model to include a mental health trained nurse and specialist recovery worker who is allocated any dual diagnosis cases. This process has worked well within inpatient settings but is still developing across community mental health services.

Future commissioning considerations and actions

- i. All commissioners and providers should review current models and revise the joint working protocol

Timeframe – To commence October 2020 – to be completed by April 2021 dependent on Covid 19 impacts

- ii. The substance misuse provision for dual diagnosis will be a central point of the next service evaluation; this inspection should determine if current provision is adequate and appropriate to meet the needs of those accessing the service and make recommendations to the provider and commissioner regarding provision and future commissioning potential.

Timeframe - September 2021 to complete the review (Covid 19 restrictions may delay this action)

8. The Lincolnshire Partnership NHS Trust document – "Crisis Assessment and Home Team Protocol" (Exhibit reference IJ2) makes no adequate or appropriate provision for a patient with Dual Diagnosis;

This concern is linked to the services commissioned by the Clinical Commissioning Group and provided by Lincolnshire Partnership NHS Trust.

9. The National Institute for Health and Care Excellence (NICE) Guideline Scope document "Severe mental illness and substance misuse (dual diagnosis): community health and social care services stipulates that there should be a Dual Diagnosis protocol setting out specifically the roles of the mental health provider and the drug and alcohol service provider (no such protocol being in place at the material time) and that whilst it is apparent that some thought has been deployed to re-install a bridge between mental health provision and drug and alcohol services this does not address the needs of a patient suffering from a complex Dual Diagnosis in Lincolnshire due to:

a. The lack of interface between senior or experienced care providers to

deal with multi-faceted or nuanced cases;

The current protocol was developed between Public Health, Lincolnshire Partnership NHS Trust and We Are With You (previously Addaction) in December 2016 (included as a separate attachment to this letter titled; 2016-12 DD Protocol V1.3.docx)

This protocol takes a 'no wrong door' approach to engaging with dual diagnosis patients and places an expectation on both providers to work together and develop integrated care pathways.

The Regulation 28 report has allowed all parties involved to review and reflect on previous shortfalls in delivery and a new impetus to resolve the remaining delivery gaps is now evident. Work has commenced in October 2020 to review and revise the protocol and look at a system wide approach to improve provision even further.

Future commissioning considerations and actions

- i. There needs to be greater strategic and operational coordination between commissioners and providers. The existing protocol will be reviewed and revised to ensure all managers and staff have clear pathways to follow within mental health and substance misuse services

Timeframe – Review commenced October 2020 to be completed by April 2021 dependent on Covid 19 impacts

b. The absence of specialist Dual Diagnosis workers to be deployed in complex cases;

The response to question 7 details the provision in place from We Are With You. The specification for the service is outcome focussed and expects the provider to meet all relevant guidance and provide the support and care appropriate for those using the service to make a full and sustainable recovery. This includes dual diagnosis. The current provision is sufficient to manage need however if joint working grows significantly this will be reviewed as part of the on-going management of the contract between Public Health and We Are with You.

Future commissioning considerations and actions

- i. Consider different approaches to commissioning substance misuse services including more joined up initiatives with the CCG's and other key partners

Timeframe – October 2023

c. The absence of adequate and robust guidance and training, in particular for mental health practitioners to be aware of substance misuse issues and a patient suffering from Dual Diagnosis that impact on appropriate pathways of treatment and care;

The substance misuse treatment specification states:

- Providing advice, support, training and skills transfer to the wider workforce in relation to prevention, identification, brief advice, early intervention and

appropriate referral into specialist treatment.' This provision is in place and available for Lincolnshire Partnership NHS Trust to access.

In addition to the training available through We Are With You, Public Health in partnership with We Are With You run four Royal Society for Public Health (RSPH) accredited courses per annum on Understanding Substance Misuse and Understanding Alcohol Misuse. These courses are open to anyone interested in raising their awareness of alcohol or drug issues. Unfortunately due to the Covid 19 Pandemic these courses are currently suspended but will be resumed as soon as possible.

Conclusion and future considerations

The provision to support those with a dual diagnosis has improved over the last 18 months with many organisations working closely together and joint meetings taking place. However this is not currently uniform and work still remains to embed dual diagnosis best practice across all service areas

Public Health see the following as the main points for action going forward

- i. Ensure any engagement work which informs future commissioning includes dual diagnosis support and fully involves clients and their families
- ii. Consider redesigning the support service for families of those suffering from substance misuse issues so they can access support to help cope with and aid the recovery of their loved one
- iii. Participate in a joint working group to review and implement a new working protocol led by mental health services and incorporating all aspects of substance misuse and mental health
- iv. Continue to take into account current local and national best practice for joint working across mental health and substance misuse services when re-commissioning future drug and alcohol services
- v. Undertake an operational level review of dual diagnosis provision within substance misuse services as part of the next annual inspection
- vi. Consider different approaches to commissioning substance misuse services including more partnership commissioning with the CCG and other key partners

The Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care Services guidance acknowledges there is a national system wide issue with the commissioning of services that cater for dual diagnosis, It states:

- In the UK, service configurations, treatment philosophies and funding streams act as barriers to providing coordinated care. Separate mental health and substance misuse services are usually provided by different organisations, have different organisational and managerial structures, and staff within each service often lack the knowledge and skills needed to work effectively with people from another organisation.

We recognise this is a national issue and Public Health is not complacent in trying to navigate complex systems to support those who are vulnerable

I hope the above has provided some reassurance that Public Health take its responsibility to commission substance misuse services very seriously and that a stronger emphasis on dual diagnosis has a part to play in current and future commissioning. We will work with all partners to develop services further and embed best practice in areas where this is not yet fully implemented.

Yours sincerely

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Public Health Division
Adult Care and Community Wellbeing
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