RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

CABINET

21ST SEPTEMBER 2017

REVIEW OF SECONDARY CARE SUBSTANCE MISUSE SERVICES IN CWM TAF

REPORT OF SERVICE DIRECTOR, PUBLIC HEALTH & PROTECTION IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR R LEWIS.

Author: Derek James, Head of Communities & Prosperity

1. PURPOSE OF THE REPORT

1.1 The purpose of this report is to update Cabinet on the Public Services Boards (PSB) proposed "Integrated Substance Misuse Service", following a review of secondary care substance misuse services in Cwm Taf.

2. RECOMMENDATIONS

It is recommended that Cabinet:

2.1 Note the information contained within this report.

2.2 Scrutinise and comment on the information provided.

3. REASONS FOR RECOMENDATIONS

3.1 To inform/update Cabinet following the PSB approval of the new Cwm Taf substance misuse service model.

4. BACKGROUND

4.1 In Cwm Taf, the responsibility for the strategic planning and commissioning of services for the treatment and prevention of substance misuse rests with the Cwm Taf Substance Misuse Area Planning Board (SMAPB).

4.2 The Cwm Taf SMAPB is accountable to the Strategic Partnership Board and ultimately the Public Services Board in respect of all its

activities, including the oversight of Welsh Government grant funding expenditure.

4.3 In Cwm Taf, the majority of substance misuse services are funded through two Welsh Government funding streams, which are both managed by the SMAPB. The funding streams are:

- The Substance Misuse Action Fund (SMAF): **£2.6M**
- The Local Health Board ring fenced substance misuse allocation: **£2.5M**

4.4 Rhondda Cynon Taff County Borough Council is the nominated banker and "grant recipient" for the Substance Misuse Action Fund allocation on behalf of the Area Planning Board. The responsibility for the operational commissioning of the grant sits within the Council's Communities and Prosperity Service.

4.5 All services currently commissioned for substance misuse within Cwm Taf fall within a 4 tier conceptual framework, which refers to the level of intervention provided:

- **Tier 1:** Consists of a range of drug-related interventions that can be provided by generic providers, depending on their competence and partnership arrangements with specialised substance misuse services;
- **Tier 2:** Interventions are provided by specialist substance misuse providers and include a range of harm interventions and interventions that engage, retain and support people in treatment. Aftercare is also considered to be a tier 2 intervention;
- **Tier 3:** Provisions include the substitute prescribing programmes and home detoxification;
- **Tier 4:** Services provide substance misuse inpatient detoxification and residential rehabilitation.

4.6 Recently, Cwm Taf SMAPB has embarked upon a process of modernisation to respond to changes in legislation and service user need. This has resulted in the development of a number of new initiatives including a Single Point of Access, an updated Primary Care Service and the introduction of the All Wales tier 4 Residential Rehabilitation Framework.

4.7 However, in early 2016 it was recognised that many of these changes had taken place on a service by service basis and in isolation of each other. Furthermore, new issues/needs had also emerged that were challenging existing substance misuse services. This included; changing patterns of referrals, accessibility, changing trends in drug

use, abuse of prescription drugs, alcohol and older people and population needs assessment findings.

4.8 As a result, in November 2016, the SMAPB appointed consultants, Health and Social Research (HSR) to carry out a review of Substance Misuse Services in Cwm Taf. The purpose of the review was to:

- Review the complete provision of services delivered. The focus was on the provision of tier 2 and 3 "secondary care services", however primary care services and tier 4 services and pathways between services were also be taken into account. Children and Young People services were also included in the review;

- Develop a draft model of service and service specification with a view to ensuring that each individual component contributes towards a cohesive whole system approach and that services are equal and accessible across the region.

4.9 The review was overseen by a project steering group of the Cwm Taf SMAPB, chaired by the Service Director Public Health & Protection, which met regularly throughout the review process. The review also formed part of the Public Services Board's work-stream programme.

5. SERVICE REVIEW

Methodology

5.1 123 questionnaires, targeted at different stakeholder groups (adult service users, young people, GPs, members of staff, the public and the third sector) were submitted on-line and another 29 off-line. The team met with 42 adult service users or concerned others and 22 young people affected by substance use either in focus groups or in one to one interviews. 25 individuals attended a review workshop for the third sector and the team spoke to 10 members of the public at a community event. There were around 100 face to face and telephone interviews with APB members, substance misuse service providers and individuals from partner organisations. Approximately 60 members of staff were engaged through attendance at staff meetings.

5.2 The qualitative data obtained from interviews, questionnaires and focus groups were merged into a central dataset for examination and analysis. Using qualitative thematic analysis, cross-validated between the three researchers, key themes were identified which form the structure of the report findings.

5.3 A wide range of local population and service data were used to inform the review, including the recent Population Needs Assessment for Cwm

Taf and service provider performance reports. Extensive use was also made of a range of relevant background material including national policy, APB documentation and NICE Guidelines.

Summary of Review Findings

5.4 The review identified many examples of good practice. The themes that emerged from the data are as follows with the recommendation.

5.5 **Theme**: **Leadership and governance** - Clear leadership and governance is required from the APB to give the workforce direction to develop an integrated and equitable substance use service for the residents of Cwm Taf.

5.6 **Theme**: **Commissioning** - In order to address the changing trends in substance misuse and ensure that individuals living in Cwm Taf can access the same support, treatment and quality of service, the APB need to be proactive when commissioning services. The APB also need to address some gaps in the current service, such as prevention and early intervention, sustained recovery, assertive outreach and transition from young people to adult services. Any opportunities for joint commissioning or to integrate or share resources with other services needs be considered.

5.7 **Theme**: **Early intervention/diagnosis** - The focus of the Cwm Taf Integrated Substance Use Service needs to be on identifying individuals who are consuming substances at harmful or dependent levels as early as possible to prevent individuals requiring crisis intervention/treatment later.

5.8 **Theme**: **Access to substance misuse services** - The current Single Point of Access (SPOA) needs to be developed further so that the triage process is more accessible and consistent to ensure individuals who enter the service receive the right treatment/intervention at the right time. There is a need to work in partnership with the Mental Health service to implement a delivery plan to ensure individuals with a co-occurring mental health and substance use problem, receive timely and effective treatment.

5.9 **Theme**: **Treatment and delivery of interventions** - Staff need to be trained to deliver evidence based psychosocial therapies as recommended by NICE guidelines. The impact of treatments and interventions should be measured, particularly in relation to alcohol and drug consumption, mental health, work and social relationships.

5.10 **Theme**: **Joint/integrated working** - Opportunities to increase joint working and improved relations between different professions and services need to be explored.

5.11 **Theme**: **Service user involvement** - A Service User Involvement Plan needs to be developed to ensure that service user involvement is integral to all services within the Cwm Taf Integrated Substance Use Service. There is also a need to establish a recovery pathway, comprising recovery support, self-help and service user involvement to help service users to develop their own individual resources and resilience.

6. PROPOSED CWM TAF INTEGRATED SUBSTANCE USE SERVICE MODEL

6.1 Following a Strategic Visioning Workshop on 6th April 2017 attended by APB members and strategic partners across Cwm Taf, consensus was gained for a new substance use service model. The revised model was then presented to a Stakeholder Visioning Workshop on 26th April to ascertain its feasibility in practice.

6.2 The model complies with best practice guidelines and legislation, particularly Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018, NICE Guidelines, the Social Services and Well-Being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, the Adverse Childhood Experiences Study (2015) and the NHS Prudent Healthcare principles.

6.3 The service will be psychologically informed and sustained recovery will be integral to service development and delivery. Therefore, the proposed model is for a "Cwm Taf Integrated Substance Use Service", the component parts of which are:

- A prevention and early identification/intervention pathway;
- A single Point of Entry;
- A children and young people's service pathway;
- A transition service pathway (for young people leaving children and young people services);
- A pathway for low intensity intervention/treatment and support (Adults Tier 2);
- A specialist service pathway (Adults Tier 3);
- A pathway for shared care services (Tier 3);
- A pathway for sustained recovery.

(Appendix 1 provides a detailed breakdown of each aspect of the model).

6.4 The Cwm Taf Integrated Substance Use Service model was presented to the Strategic Partnership Board on 22nd June 2017 and was approved by the Public Services Board on 28th June 2017.

7. EQUALITY AND DIVERSITY IMPLICATIONS

7.1 An Equality Impact Assessment is not required at this time.

8. CONSULTATION

8.1 Please refer to paragraph 5.1 for further information.

9. FINANCIAL IMPLICATION(S)

9.1 Substance misuse services are financed through two Welsh Government funding streams. The new service delivery model will be funded through these external grants therefore there is no financial implication for the Council.

10. LEGAL IMPLICATIONS *OR* LEGISLATION CONSIDERED

10.1 There are no legal implications arising from these proposals, however it will be necessary to consult with Welsh Government and ensure that any changes will be in accordance with the conditions attached to the offer of funding for 2018/19.

10.2 The model complies with best practice guidelines and legislation, particularly, Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018, NICE Guidelines, the Social Services and Well-Being (Wales) Act 2014, the Wellbeing of Future Generations (Wales) Act 2015, the Adverse Childhood Experiences Study (2015) and the NHS Prudent Healthcare principles.

11. LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES.

11.1 The new substance delivery model contributes significantly to:

- Achieving a healthy, well educated, safe and skilled population;
- The preventative and early intervention action taken to reduce the number of people entering statutory services;
- The Social Services and Wellbeing Act and its fundamental principle of promoting people's independence to give them stronger voice and control;
- The Public Services Board area based approach to partnership working.

- The Sustainable Development Principle, specifically in relation to involving people, collaboration and prevention.

12. NEXT STEPS

12.1 At the Cwm Taf Substance Misuse Area Planning Board on 27th July 2017, the arrangements for the implementation of the model were agreed. This includes:

- Establishing an implementation group. This will include representatives of both local authorities (procurement, social care, commissioners, public protection), the University Health Board (planning, procurement, primary care) and Public Heath Wales.

12.2 The implementation group, once convened will be required to:

- Draft a service development and implementation plan, including a service specification, communication plan and clear timescales for implementation.

13. CONCLUSION

13.1 This report has outlined the proposed Integrated Substance Misuse Service model for Cwm Taf. The model is built on current good practice, will avoid duplication of services and ensure more efficient use of resources. It is a whole-service approach that is responsive to the needs of the local population and to the individuals and families who will access it. The service model is based on the principle that wherever an individual lives in Cwm Taf, he/she is able to access and receive the same support, treatment and quality of services.

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

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Background Papers

None.

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Cwm Taf Integrated Substance Use Service Model

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Introduction

The Integrated Substance Use Service is built on current good practice, will avoid duplication of services and ensure more efficient use of resources. It is a whole service approach that is responsive to the needs of the local population, and to the individuals and families who will access it. The service model is based on the principle that wherever an individual lives in Cwm Taf he/she is able to access and receive the same support, treatment and quality of services.

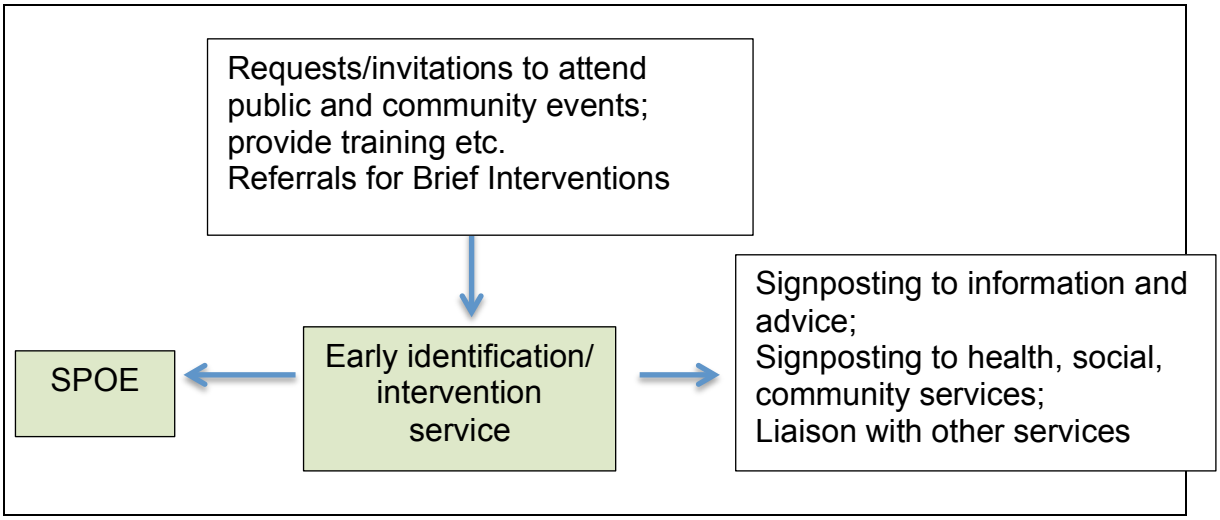
The model complies with best practice guidelines and legislation, particularly, *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018*, NICE Guidelines, the *Social Services and Well Being (Wales) Act 2014*, the *Wellbeing of Future Generations (Wales) Act 2015*, the *Welsh Adverse Childhood Experiences Study (2015)* and the NHS Prudent Healthcare principles. The service will be psychologically informed and sustained recovery will be integral to service development and delivery.

The integrated service will comprise:

- A prevention and early identification pathway
- A Single Point of Entry
- One treatment pathway for children and young people with a transition service
- Two treatment pathways for adults
- A sustained recovery pathway

(See Appendix 1 for a diagram of the integrated model)

Prevention and early identification/intervention pathway



Rationale

Review findings have identified:

- Guidance documents, e.g., NICE guidelines, Alcohol use disorders prevention (2010), Alcohol use disorders: diagnosis, assessment and management of harmful drinking and dependence (2011), Drug misuse prevention: targeted intervention (2017).
- Current good practice in education and prevention that can be built on
- The successful targeted outreach service can be built on and extended to different populations
- 85% of individuals in needle exchange are not in service (this includes individuals who use steroids)
- Individuals in primary care who are at risk of physical illness such as liver disease and other disorders not currently referred
- People at risk who come to the attention of other services such as police and housing without receiving interventions currently
- A need for earlier diagnosis of Alcohol Related Brain Damage
- High number of attendees at A&E with alcohol and drug related issues
- Alcohol and /or drug related hospital admissions
- Increase in drinking in older people: *'Substance Misuse in an Ageing Population'* (Advisory Panel on Substance Misuse, Welsh Government 2017)
- Changing trends in substance use
- Need to promote access to a range of self-help resources including digital sources

Service aims

- Facilitate healthier lifestyles and wellbeing in the population by identifying people at risk of substance use harm
- Raise awareness of the harm and risk to individuals, families and communities from alcohol and drug use
- Increase the resilience of individuals, families and communities to develop protective factors around alcohol and drug use
- Identify people who are at risk of harm from alcohol and drugs as early as possible including vulnerable people and develop prevention initiatives accordingly

- Provide interventions to people who are at risk of harm from alcohol and drugs before it becomes a 'functional problem' that requires treatment at Tiers 2 or 3
- Be responsive to intelligence around trends in substance use

Service objectives
- Provide a proactive and dynamic service to develop campaigns, raise awareness of, and provide information, education and advice on, alcohol and drug use in partnership with individuals, families, schools and communities
- Promote self-help resources, including the use of on-line and digital platforms.
- Provide a signposting service to information and resources on drug and alcohol use; and to other services as appropriate (such as housing, employment, domestic abuse, crime and justice services).
- Provide training on alcohol and drug use to workers in other services, e.g. around Brief Interventions and any new trends in substance use
- Undertake targeted outreach and provide the appropriate interventions, including to people who use steroids and needle exchanges but who are not accessing substance use services
- Increase the provision of screening services to the general population
- Increase the provision of one-to-one or group low intensity interventions e.g. motivational interventions
- Identify individuals who may be at risk of alcohol related brain damage
- Work with community safety partnership and other agencies, such as the police to respond to trends in substance use

Eligibility criteria
- Individuals, families and communities who are interested in understanding more about alcohol and substance use
- Professionals in other agencies such as social services and third sector organisations who are interested in understanding more about alcohol and substance use and in providing brief interventions
- Adults, children and young people who are at risk of using substances or are currently using substances inappropriately

Exclusion criteria
None

Staffing
The multi-disciplinary team will specialise in prevention and be expected to provide training:
- Key workers/ outreach workers for adults; and for children and young people
- Key workers who are trained to deliver Brief Interventions
- Health care in-reach workers (for example, working in hospitals and other health care settings)

Location
This service will operate across services and communities in Cwm Taf. Outreach locations will include health care, education, community, workplace and leisure settings.

The range of interfacing services and opportunities for integration:
- Single Point of Entry within the Cwm Taf Integrated Substance Use Service
- Health e.g. GPs, midwives/health visitors, hospital and EU departments, pharmacists, mental health services, early intervention for psychosis service,

public health
- Social e.g. family support, systemic family therapy, domestic abuse support, crime and justice system, housing
- Education including schools, pupil referral units, universities and colleges
- Community e.g. sports and leisure, youth clubs, workplaces, community facilities
- Drug intelligence services
- Dan 24/7

A referral pathway into the service
Signposting from various community-based services

Screening and assessment processes
Population screening measures for drug and alcohol use

Service goals (outcomes)
Population measures
Schools, communities etc. engaged
Professionals trained to undertake brief interventions
For individuals receiving brief interventions, there will be outcomes relating to their substance use, health and wellbeing and circumstances
Referrals into treatment services

Coordination of care
Not applicable

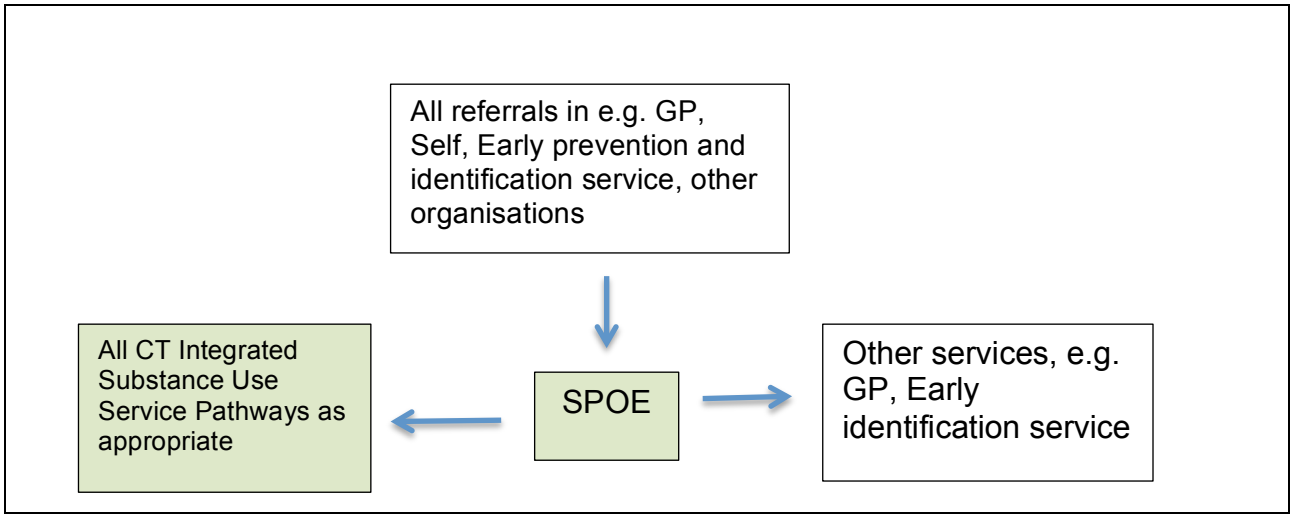
Development of agreed service goals
Individuals will be invited to take part in awareness workshops, screening and brief interventions etc.
Feedback and advice will be given as appropriate
Individuals will be signposted to other services as applicable or referred to the Cwm Taf Integrated Substance Use Service via the Single Point of Entry

A description of the treatment process or phases
Information, advice training and signposting
Workshops and campaigns to raise awareness
Brief interventions

Departure planning/aftercare and support
Not applicable

Onward referral pathway
Single point of entry if required to access the Cwm Taf Integrated Substance Use Service

Single Point of Entry



Rationale

Review findings have identified:

- NICE guidelines recommend an effective identification and referral mechanism to ensure service users get the right help at the right time
- Service users and professionals value the current Single Point of Access service
- Current Single Point of Access is used inconsistently by substance misuse services
- Need for the use of a recognised triage assessment tool(s)
- Need for greater consistency in referrals into appropriate services
- Need for improved information sharing between different service pathways
- Need for more flexible access in terms of hours and modes of contact
- Lack of integration with partner agencies such as Dyfodol.

Service aim

- To assess need and identify the most relevant service pathway using the stepped care approach

Service objectives

- Offer multiple access points for triage, including: face to face, telephone and online contact
- Conduct a triage assessment using validated and reliable assessment and screening measures which will be standardised throughout the access points for triage
- Share data with the services on the pathway as required. For example, triage data that could be used as outcome measures by all services
- Share data with partner agencies to enable the monitoring of shared outcomes
- Offer advice to professionals on referral procedure

Eligibility criteria

- Individuals who are concerned about their alcohol and/or drugs use
- Concerned others who are worried about the alcohol and/or drugs use of a family member, friend etc.
- Partner agencies who are concerned about the alcohol and/or drugs use of a client

Exclusion criteria or contraindications

None

Staffing

- Service coordinator
- Triage staff should hold a relevant "Skills for Health" qualification or competences (Drug and Alcohol National Occupational Standards) for the single point of access support worker role, or equivalent.

Location

This will be delivered from identified Cwm Taf Integrated Substance Use Service Centres and satellite clinics across the area. It can be accessed in person, by telephone and online. Given that the triage assessment is standardised, it should be possible for assessments to be completed by SPOE and by other designated staff who are part of the Cwm Taf Integrated Substance Use Service.

The range of interfacing services and opportunities for integration

- Cwm Taf Integrated Substance Use Service pathways
- High intensity specialist service (Tier 3)
- Low intensity interventions/treatment and support service (Tier 2)
- Prevention and early identification/intervention service
- Children and young people's service
- Children and young people's transition service
- Services working with vulnerable adults including those with a learning disability, those coming out of prison etc.
- Relevant other health, social and community services

A referral pathway into the service

- Self (face-to-face, telephone, online)
- Concerned others such as family members
- Cwm Taf early identification and prevention service
- Professionals from other organisations including:
  - Health services including GPs, Mental Health etc.
  - Social services including adult social services, children's services, Criminal Justice and Youth Justice, Housing associations
  - Community services including family support networks, community groups and organisations

Screening and assessment processes

There will be a triage assessment using validated and reliable assessment and screening measures. These will assess consumption and levels of severity of substances and the contribution of precipitating factors, e.g., mental health, social functioning. Other brief information on housing status and family circumstances will be sought.

There is a wide variety of validated and reliable screening and outcome measures depending on client needs - see below for examples.

Alcohol screening tools:

AUDIT: Alcohol Use Disorders Identification Test
Used to assess whether or not there is a problem with alcohol dependence.
SADQ: Severity of Alcohol Dependence Questionnaire
Used where alcohol dependence has been identified, to measure the severity of dependence.
CIWA-Ar: The revised Clinical Institute Withdrawal Assessment for Alcohol scale assessment
Used to assess the severity of alcohol withdrawal syndrome.

Drug screening tools:

DAST: Drug Abuse Screening Test
Used to assess drug use, not including alcohol or tobacco use, in the past 12 months.
COWS: Clinical Opiate Withdrawal Scale
Used by clinicians to rate common signs and symptoms of opiate withdrawal and monitor these symptoms ov time.
SOWS: Subjective Opiate Withdrawal Scale
Used to allow patients to be involved in assessing their withdrawal symptoms.
OOWS: Objective Opiate Withdrawal Scale
Used to objectively measure of the severity of opiate withdrawal symptoms.
Amphetamine Withdrawal Scale
Used where the person has solely had an amphetamine use problem.
CIWA-B: Clinical Institute Withdrawal Assessment Scale – Benzodiazepines
Used to measure the severity of benzodiazepine withdrawal.
CUDIT-R: Cannabis Use Disorder Identification Test – Revised
Used as a brief measure of cannabis use.

Drugs and alcohol screening tool:
Leeds Dependence Questionnaire
Used for patients to self complete, to measure alcohol and opiate dependence.

Screening tools for Young People
AUDIT: Alcohol Use Disorders Identification Test
CRAFFT
Used by a trained clinician as a brief interview with an adolescent patient.
DAST-A: Drug Abuse Screening Test for Adolescents
Used to screen the severity of drug use problems in adolescents.

Other screening tools:
GAD-7: Generalised Anxiety Disorder Assessment
Used as a screening tool and severity measure for generalised anxiety disorder.
PHQ-9: Patient Health Questionnaire
Used for screening, diagnosing, monitoring and measuring the severity of depression.
MMSE: Mini Mental State Exam
Used as a brief, quantitative measure of cognitive status in adults.

Treatment goals (outcomes)
Individuals' treatment goals are not applicable to the SPOE.

Coordination of care
Baseline data will be shared with services with the aim that progress can be measured throughout and at the end of each treatment phase

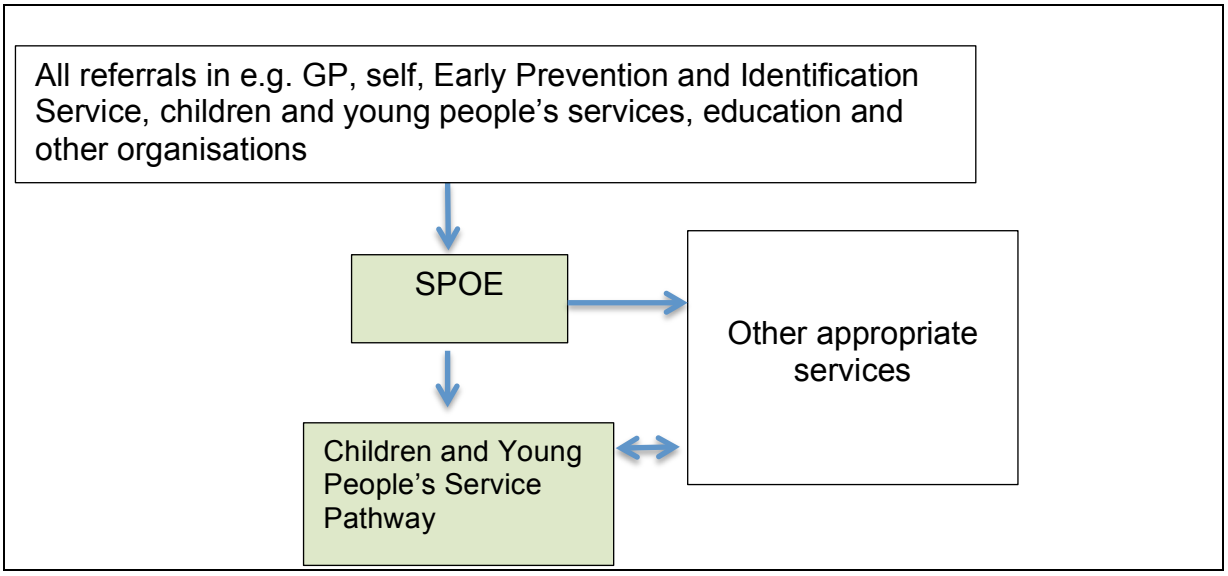
Development of agreed service goals
- Following triage, feedback will be given to the client to explain the service and the rationale for the referral to a specific service. On agreement the clients will be given a leaflet explaining the service.
- Appropriate referrals into services within a specified time
- Signposting to other relevant information and services

A description of the service process or phases
- The assessment triage can be completed face-to-face, by telephone or self completed online
- Clients will be informed of the most relevant service and an appointment made within 20 days in line with Welsh Government KPI 2.

Departure planning/aftercare and support
Not relevant for this service

Onward referral pathway
- Appropriate Cwm Taf Integrated Substance Use Service pathway based on their criteria
- Signposting to other information and services

Children and Young People's Service Pathway



Rationale

Review findings have identified:

- Current good practice which can be built on
- Lack of coordination of care
- Inconsistency in the delivery of evidence based interventions for children, young people and their families
- Inconsistency in staff training to deliver evidence based interventions for children, young people and their families
- Low referral rates to some current services
- Need for clear treatment pathways appropriate to age and vulnerability
- NICE guidelines recommend a specialist substance misuse service for children and young people that undertakes a comprehensive assessment of multiple areas of need using a clinical interview and validated assessment tools
- The need for mental health crisis support for children and young people

Service aims

- To promote children and young people's recovery by helping them to develop their own individual resources and resilience
- To provide a holistic integrated specialist service that considers the precipitating factors that lead children and young people to use substances e.g. mental health issues, relationship and family issues, education, offending behaviour etc.
- To prevent children and young people going on to access adult substance use services

Service objectives

- Undertake a comprehensive assessment of multiple areas of need using a clinical interview and validated assessment tools including measures to assess consumption, mental health status, family and relationship issues, education, abuse and trauma etc.
- Ensure a comprehensive safeguarding assessment is undertaken and that all procedures are in place to recognise vulnerability, for example, looked after children and those at risk of sexual exploitation.

- Produce a treatment/intervention plan with the service user and parent/guardian, where appropriate which considers their goals, any risks and plans for discharge. Depending on vulnerability and need, the level of care offered can be low (Tier 2) or high (Tier 3) intensity
- Provide low and high intensity treatment/interventions for children and young people and their families who are using substances:
  - Evidence based psychosocial interventions e.g. Cognitive Behavioural Therapy (CBT), social behaviour network therapy, motivational enhancement therapy, family therapy, relapse prevention service delivered one to one or through groups
  - Support for recovery delivered through peer groups facilitated by qualified staff
  - Support for risky drug taking patterns and behaviour
  - Medical assistance for alcohol and/or substance use (opioids and other psychoactive substances)
  - Detoxification from alcohol/drugs in specialist inpatient service?
  - Specialist prescribing (Naltrexone, Acamprosate, Antabuse etc.) substitute prescribing (Methadone, Subutex)
- Promote mental and physical wellbeing for young people and their families
- Provide a service to reduce attrition rate from school/employment
- Reduce the harm and risk to young people, families and communities
- Address social welfare needs of children
- Support families through interventions
- Provide crisis support for children, young people and their families
- Encourage and support children, young people and their families to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Eligibility criteria

- Individuals who are using substances but who do not meet the criteria for substance use disorder. However, consideration needs to be given to the identification of the underlying causes.
- Young people who meet the criteria for substance use disorder (DSM-5) or those who have significant problems as a result of their substance misuse, for example, issues around mental health, education, offending behaviour, relationships, employment etc.
- Individuals whose clinical presentation meets the criteria for medical or high intensity interventions but does not meet the diagnosis classification or criteria for substance use disorder
- Young people with mental or physical health issues that co-occur with dependence on alcohol and/or other substances
- Young girls who are pregnant and who are using alcohol and/or substances

Exclusion criteria

Individuals who are over the age of 18

Staffing

The multi-disciplinary team will consist of:

- CAMHs/Psychiatrists
- Specialist staff who have experience working with children and young people. For example, Mental health/Community psychiatric nurses (with prescribing qualifications), social workers, specialist outreach workers and key workers who

can deliver evidence based psychological therapy (NICE guidelines recommend CBT and family interventions)

Location
This service requires strong multi-disciplinary working practices, and ideally co-location, with close access to family and social services. Home visits, community work and outreach will be provided where appropriate to client need.

Given that the triage assessment is standardised, it should be possible for assessments to be completed by SPOE and by other designated staff who are part of the Cwm Taf Integrated Substance Use Service.

The range of interfacing services and opportunities for integration:
- Cwm Taf Integrated Substance Use Service Transition pathway and adult services
- General Practitioner
- Integrated Family Support team
- Social services
- Specialists/early intervention for psychosis
- Crime and justice system
- Specialist housing workers/mental health services
- Educational services
- Child and Educational psychologist
- Children and Young People's Wellbeing Service

A referral pathway into the service
The Single Point of Entry

Screening and assessment processes
Shared assessments from Single Point of Entry as baseline treatment outcome measures
TOPS in full (over 16 only)
Comprehensive risk assessment
Safeguarding assessment
Other valid treatment outcome measures relevant to the service

Treatment goals (outcomes)
Substance use
Health and wellbeing
Individual circumstances

Coordination of care
- Multidisciplinary team meetings to allocate individuals to Care Coordinators.
- The coordination will involve managing the young person's treatment and journey through the service (see Appendix 2).
- For those individuals who are admitted into the service and who have safeguarding issues or secondary care mental health or other needs, specialist coordination of care in line with legislation for care planning will be required and facilitated by social workers or specialist mental health nurses.

Development of agreed treatment goals
The Care Coordinator produces a care plan in consultation with the young person (and parents/guardians where appropriate) based on their needs and treatment goals.

A description of the treatment process or phases

- Agreed timelines for the treatment process and phases will be built into the care plan.
- Special consideration will be given to the young person's educational needs and parental/guardian involvement if appropriate.

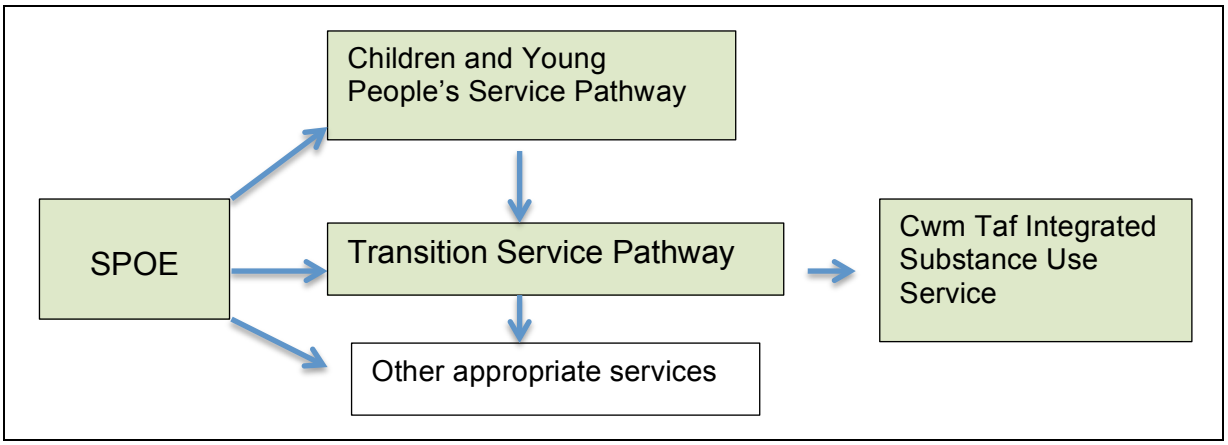
Departure planning/aftercare and support

The Care Coordinator will be responsible for ensuring that the young person's discharge and after care and support is built into the care plan.

Onward referral pathway

- Pathway to Transition Service within the Cwm Taf Integrated Substance Use Service
- Signposting to other services outside of the Cwm Taf Integrated Substance Use Service

Transition Service Pathway (for young people leaving Children and Young people's services)



Rationale

- Review findings have identified:
- There is currently no transition service for young people currently in the Cwm Taf Children and Young People Service Pathway who have reached the age of 18
- Adult services are inappropriate for lots of young people
- "Last best chance" to prevent young people entering adult substance use services
- Some young people up to the age of 25 are too immature or vulnerable to access adult services and are at risk of being 'influenced' by adult service users
- The need to align substance use services with other young people's services that allow access by young people up to the age of 25 e.g. the Out of Work Service

Service aims

- Promote the young people's recovery by helping them to develop their own individual resources and resilience
- Provide a holistic service that considers the precipitating factors that lead young people to use substances e.g. mental health issues, relationship and family issues, education, offending behaviour etc.
- Provide a transition service for young people in children and young people's services who have reached the age of 18 but are identified as being too vulnerable to go into adult services
- Provide a service to young people up to the age of 25 who are vulnerable and are at risk of exploitation in adult services
- Prepare and provide support for those who have reached the age of 18 to transfer to adult services
- Prevent young people entering adult services
- Ensure safeguarding procedures are in place and staff are appropriately trained

Service objectives

- Undertake a comprehensive assessment of multiple areas of need using a clinical interview and validated assessment tools including measures to assess

consumption, mental health status, family and relationship issues, education, abuse and trauma etc.

- Ensure a comprehensive safeguarding assessment is undertaken and that all procedures are in place to recognise vulnerability. For example, looked after children, those at risk of sexual exploitation, children with learning difficulties.
- Produce a treatment/intervention plan with the service user, which considers their goals, any risks and plans for discharge
- Provide specialist medical and high intensity interventions including:
  - Evidence based psychosocial interventions e.g. Cognitive Behavioural Therapy, social behaviour network therapy, motivational enhancement therapy, family therapy, relapse prevention service.
  - Support for risky drug taking patterns and behaviour
  - Medical assistance for alcohol and/or substance use (opioids and other psychoactive substances)
  - Detoxification from alcohol/drugs in specialist inpatient service?
  - Specialist prescribing (Naltrexone, Acamprosate, Antabuse etc.) substitute prescribing (Methadone, Subutex)
  - Specialist rehabilitation provision
- Provide a service to reduce attrition rate from education/employment
- Reduce the harm and risk to young people, families and communities
- Promote mental and physical wellbeing for young people
- Address social welfare needs of young people including housing
- Encourage and support children, young people and their families to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Eligibility criteria
Young people who are currently in children and young people's substance misuse services (and meet the same criteria as for Children and Young People's Service pathway above) and are too vulnerable to transfer to adult services. This includes some young people up to the age of 25 who are identified as too immature or vulnerable to access adult services and are at risk of being 'influenced' by adult service users.

Exclusion criteria
Young people under the age of 17 and over the age of 25

Staffing
As in the Children and Young People Service Pathway above

Location
This service requires strong multi-disciplinary working practices, and ideally co-location, with close access to family and social services. Home visits, community work and outreach will be provided where appropriate to client need.

Given that the triage assessment is standardised, it should be possible for assessments to be completed by SPOE and by other designated staff who are part of the Cwm Taf Integrated Substance Use Service.

The range of interfacing services and opportunities for integration:

- Other service pathways within Cwm Taf Integrated Substance Use Service
- Primary care, e.g. GPs, practice nurses
- Integrated Family Support team

- Social services
- Out of Work Service
- Specialists/early intervention for psychosis
- Crime and justice system
- Specialist services for learning disability
- Specialist housing workers/mental health services
- Educational services

A referral pathway into the service
Single Point of Entry
Children and Young People's Service pathway

Screening and assessment processes
Shared assessments from Single Point of Entry and Children and Young People's Service, as baseline treatment outcome measures
TOPS in full (over 16 only)
Comprehensive risk assessment
Safeguarding assessment
Other valid treatment outcome measures relevant to the service

Treatment goals (outcomes)
Substance use
Health and wellbeing
Individual circumstances

Coordination of care
- Multidisciplinary team meetings will allocate individuals to Care Coordinators.
- The coordination will involve managing the young person's treatment and journey through the service (see appendix 2).
- The Care Coordinator will only work with adult services where appropriate and for a period of time until care can be transferred
- For those individuals who are admitted into the service and who have safeguarding issues or secondary care mental health or other needs, specialist coordination of care in line with legislation for care planning will be required and facilitated by social workers or specialist mental health nurses.

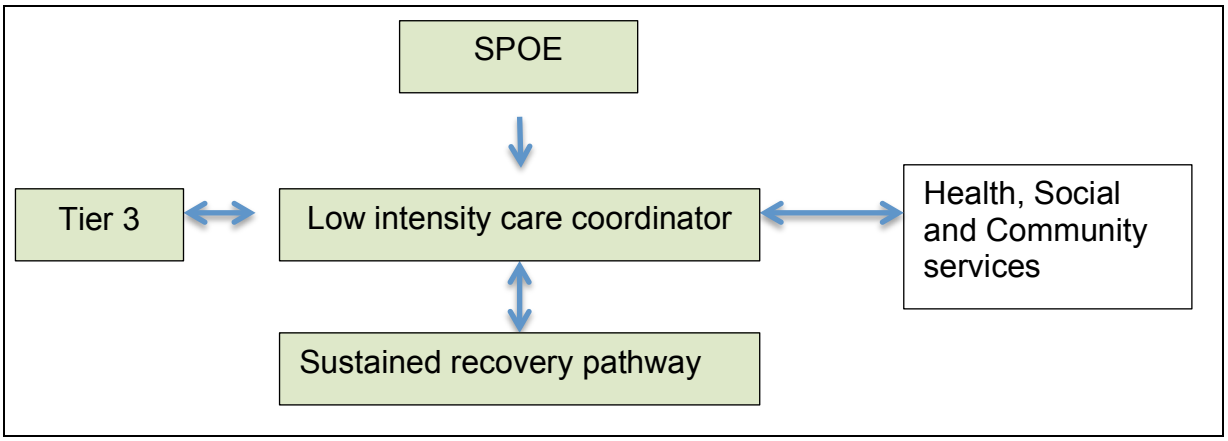
Development of agreed treatment goals
The Care Coordinator produces a care plan in consultation with the young person (and concerned other where appropriate) based on their vulnerability, needs and treatment goals.

A description of the treatment process or phases
Agreed timelines for the treatment process and phases will be built into the care plan.

Departure planning/aftercare and support
The Care Coordinator will be responsible for ensuring that the young person's discharge and after care and support is built into the care plan.

Onward referral pathway
- Pathway to Adult Services within the Cwm Taf Integrated Substance Use Service or Sustained Recovery Service
- Early intervention for psychosis
- Signposting to other services outside of the Cwm Taf Integrated Substance Use Service

Pathway for low intensity interventions/treatment and support (Adults) (Tier 2)



Rationale
Review findings have identified:

- The need to provide a more structured and evidence based treatment service appropriate to the individuals who access the service
- A lack of clear criteria for entering and exiting services and therefore individuals may not be in the most appropriate service
- Inequity in service access and provision across Cwm Taf; and inequity in access to evidence based interventions
- Gaps in evidence-based interventions, e.g. behavioural couples therapy and cognitive behavioural therapy
- Some duplication between current services
- Waiting lists for some Tier 2 services
- Lack of cooperation and integration between substance use services and wraparound services
- Negative impact of substance use in communities and public places, e.g. needle litter
- Skills-set deficit in delivering structured, time-limited, evidence-based psycho-social interventions

Service aim

- To promote individuals' recovery by helping them to develop their own individual resources and resilience
- To provide low intensity treatment/interventions for those who are drinking harmfully and/or using substances i.e. those who meet the DSM-5 criteria for mild to moderate substance use disorder but do not have any indication of withdrawal
- To provide time-limited treatment to help individuals develop the skills and strategies to manage and to overcome their substance use; and to prevent harm and dependence
- To provide treatment approaches that consider the precipitating factors that lead individuals to use substances e.g. mental health issues, relationship and family issues, education, offending behaviour etc.

Service objectives

- Produce a treatment/intervention plan with the service user, which considers their goals, any risks and plans for discharge
- Include in the treatment/ intervention plan time points for service user self-completion treatment outcome measures (prior to intervention, mid-intervention and after-intervention)
- Provide information about peer support
- Provide evidence-based low intensity treatment/interventions including:
  - Low intensity (one-to-one or group work) (up to 6-8 sessions) psychological interventions (motivational enhancement therapy/CBT/Solution focused therapy) to support controlled drinking/substance use or abstinence.

  Where appropriate also consider:
  - Behavioural couples therapy and family therapy e.g. PACT
  - Specialist prescribing (e.g. Pabrinex, Antabuse, Acamprosate, Naltrexone, Nalmefene)
  - Support client welfare and liaise with other agencies (such as housing, employment, domestic abuse, crime and justice services)
  - Relapse prevention support (including for those who are stable following detoxification in Tier 3)
- Reduce the harm and risk to individuals, families and communities by providing:
  - needle exchange
  - blood borne virus testing/vaccinations
  - harm reduction/interventions, including around steroid use
- Promote mental and physical wellbeing for individuals and their families
- Ensure safeguarding procedures are in place and staff are appropriately trained
- Encourage and support service users to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Eligibility criteria

People who are drinking harmfully and/or using substances i.e. those who meet the DSM-5 criteria for mild to moderate substance use disorder but do not have any indication of withdrawal

Exclusion criteria

Individuals who are under the age of 18

Staffing

The multi-disciplinary team will consist of:

- Key workers who can deliver low intensity evidence based psychological therapy
- Psychiatrist (for prescribing)

Location

Services will be delivered from identified Cwm Taf Integrated Substance Use Service Centres and satellite clinics across the area. Home visits, community work and outreach will be provided where appropriate to client need. Consideration should be given to a mobile needle exchange facility.

Given that the triage assessment is standardised, it should be possible for assessments to be completed by SPOE and by other designated staff who are part of the Cwm Taf Integrated Substance Use Service.

The range of interfacing services and opportunities for integration:

- Other pathways within the Cwm Taf Integrated Substance Use Service
- GPs (including prescribing for Pabrinex etc.)
- Midwives/health visitors
- Family support
- Systemic family therapy specialists
- Early intervention for psychosis
- Domestic abuse support
- Crime and justice system
- Specialist housing workers
- Mental health services
- Pharmacists

A referral pathway into the service

Single Point of Entry
Service pathways within the Cwm Taf Integrated Substance Use Service

Screening and assessment processes

Shared assessments from Single Point of Entry as baseline treatment outcome measures
TOPS in full
Comprehensive risk assessment
Safeguarding assessment
Other valid treatment outcome measures relevant to need

Treatment goals (outcomes)

Substance use
Health and wellbeing
Individual circumstances

Coordination of care

- Multidisciplinary team meetings to allocate individuals to Care Coordinators
- The coordination will involve managing the service user's treatment and journey through the service. They will be responsible for referring through the tiers and updating the care plan so that all workers understand where the service user is in their journey (See appendix 2)
- For those individuals who are admitted into the service and who have safeguarding issues or secondary care mental health or other needs, specialist coordination of care in line with legislation for care planning will be required and facilitated by social workers or specialist mental health nurses.

Development of agreed treatment goals

The Care Coordinator produces a care plan in consultation with the individual based on needs and treatment goals.

A description of the treatment process or phases

Agreed timelines for the treatment process and phases will be built into the care plan.

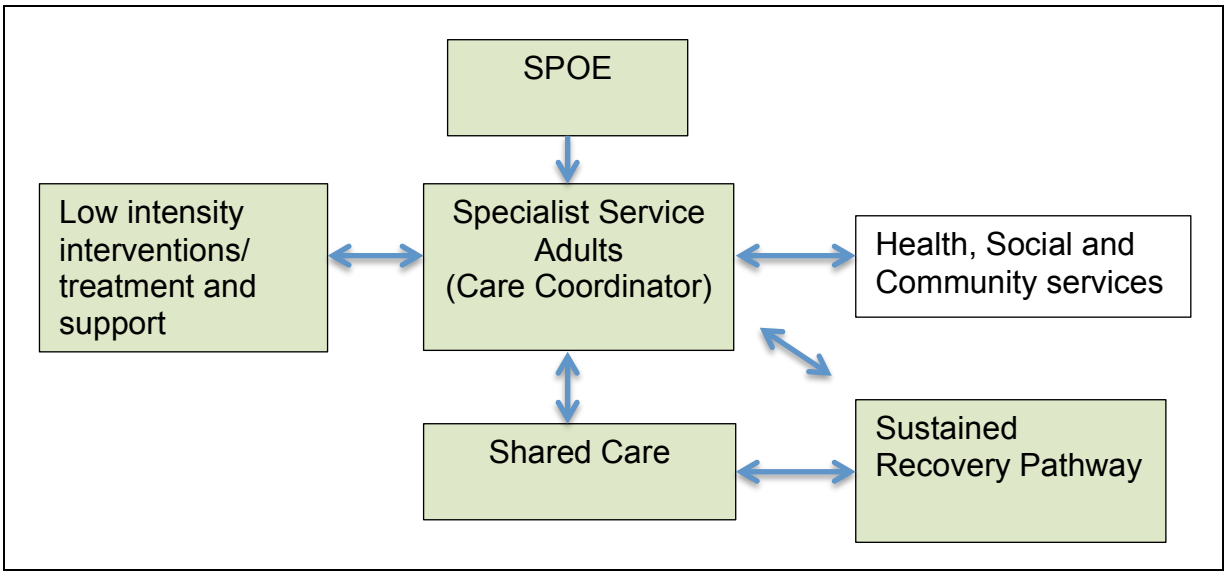
Departure planning/aftercare and support

The Care Coordinator will be responsible for ensuring that the service user's discharge and after care and support is built into the care plan.

Onward referral pathway

- Other services within the Cwm Taf Integrated Substance Use Service including the Sustained Recovery Service
- Signposting to other appropriate services outside of the Cwm Taf Integrated Substance Use Service.

Specialist service pathway (Adults) (Tier 3)



Rationale
Review findings have identified:

- There is some duplication between current services
- A lack of clear criteria for entering and exiting services and therefore individuals may not be in the most appropriate service
- Waiting lists for some tier 3 services
- High caseloads as clients remain in services for long periods
- Multiple points of care coordination duplicating effort and creating confusion
- Clients report lack of progress in treatment plans/goals
- Stated values are not always reflected in staff behaviours
- Lack of cooperation and integration between substance use services
- Lack of integration with other services particularly mental health
- A need to review staff competences and skill mix to meet the needs of the service
- Recent spike in drug related deaths

Service aim

- To promote individuals' recovery by helping them to develop their own individual resources and resilience
- To provide a holistic service that considers the precipitating factors that lead individuals to use substances e.g. mental health issues, relationship and family issues, education, offending behaviour etc.
- To provide time limited high intensity treatment/interventions for those who are moderately or severely dependent on substances

Service objectives

- Produce a treatment/intervention plan with the service user, which considers their goals, any risks and plans for discharge
- To provide specialist medical and high intensity interventions including:
  - Medical assistance for alcohol and/or substance use (opioids and other psychoactive substances)
  - Evidence based psychosocial interventions e.g. Cognitive Behavioural Therapy, Behavioural Couples Therapy
  - Detoxification from alcohol/drugs

  - Specialist prescribing (Naltrexone, Acamprosate, Antabuse etc.) substitute prescribing (Methadone, Subutex)
- Reduce the harm and risk to individuals, families and communities, including through outreach
- To promote mental and physical wellbeing for individuals and their families
- To promote the recovery philosophy
- Encourage and support service users to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Eligibility criteria

- People who meet the criteria for a diagnosis of substance use disorder i.e. severe alcohol and/or drugs dependence (as per DSM-5 criteria)
- Individuals whose clinical presentation (e.g. some evidence of withdrawal symptoms or having previous difficulties during withdrawal) meets the criteria for medical or high intensity interventions but does not meet the diagnosis classification or criteria for severe dependence
- People with mental health issues that co-occur with dependence on alcohol and/or other substances
- People with cognitive deficit disorders resulting from severe dependence on alcohol/and or substances
- Individuals whose dependence on alcohol and/or other substances that co-occur with significant health problems
- Women who are pregnant and who are using alcohol and/or substances

Exclusion criteria

Individuals who are under the age of 18

Staffing

The multi-disciplinary team will consist of:

- Psychiatrists
- Psychologist (will need to recruit)
- Specialist trained therapists to deliver evidence based psychosocial interventions
- Social workers
- Mental health nurses who are competent in delivering psycho-social interventions and who are able to write care and treatment plans
- Specialist prescribing mental health nurses
- Dedicated co-occurring workers
- Health care assistants
- Specialist outreach worker

Location

Services will be delivered from identified Cwm Taf Integrated Substance Use Service Centres and satellite clinics across the area. Home visits, community work and outreach will be provided where appropriate to client need.

Given that the triage assessment is standardised, it should be possible for assessments to be completed by SPOE and by other designated staff who are part of the Cwm Taf Integrated Substance Use Service.

The range of interfacing services and opportunities for integration:

- GP shared care (see Shared Care Pathway)
- Other pathways within the Cwm Taf Integrated Substance Use Service
- Midwives/health visitors
- Family support

- Systemic family therapy specialists
- Early intervention for psychosis
- Domestic abuse support
- Crime and justice system
- Specialist housing workers
- Mental health services
- Pharmacists

A referral pathway into the service
Single Point of Entry
Service pathways within the Cwm Taf Integrated Substance Use Service

Screening and assessment processes
Shared assessments from Single Point of Entry as baseline treatment outcome measures
TOPS in full
Comprehensive risk assessment
Safeguarding assessment
Other valid treatment outcome measures relevant to the service

Treatment goals (outcomes)
Substance use
Health and wellbeing
Individual circumstances

Coordination of care
- Multidisciplinary team meetings to allocate individuals to Care Coordinators
- The coordination will involve managing the service user's treatment and journey through the service. They will be responsible for referring through the tiers and updating the care plan so that all workers understand where the service user is in their journey (see Appendix 2).
- For those individuals who are admitted into the service and who have safeguarding issues or secondary care mental health or other needs, specialist coordination of care in line with legislation for care planning will be required and facilitated by social workers or specialist mental health nurses.

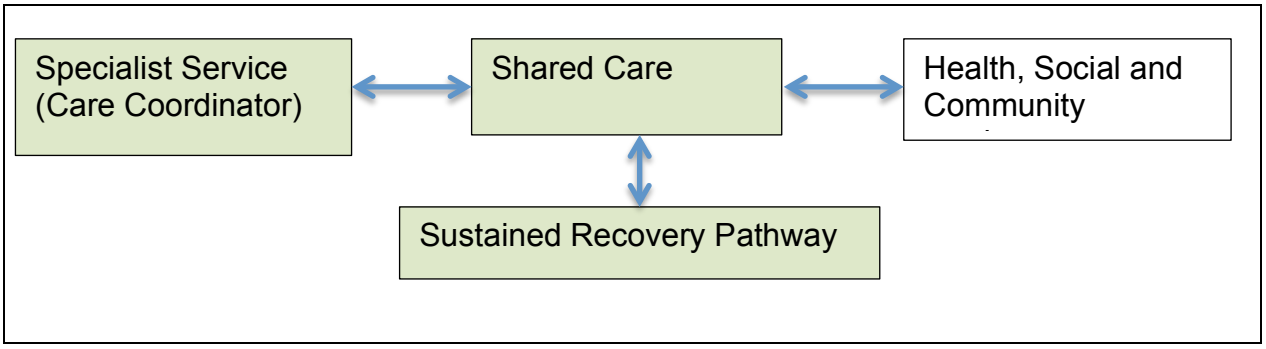
Development of agreed treatment goals
The Care Coordinator produces a care plan in consultation with the individual based on needs and treatment goals.

A description of the treatment process or phases
Agreed timelines for the treatment process and phases will be built into the care plan.

Departure planning/aftercare and support
The Care Coordinator will be responsible for ensuring that the service user's discharge and after care and support is built into the care plan.

Onward referral pathway
- Pathway to shared care
- Pathway to other services within the Cwm Taf Integrated Substance Use Service
- Signposting to other services outside of the Cwm Taf Integrated Substance Use Service.
- Pathway to Tier 4 services

Pathway for shared care service (Tier 3)



Rationale
Review findings have identified:

- The current shared care service is well received and presents opportunities for development and expansion
- There is some duplication between current services
- A lack of clear criteria for exiting Tier 3 and entering Shared Care
- Different perceptions regarding the capacity and willingness of primary care to participate in shared care
- Insufficient secondary care support for GPs

Service aim

- To promote individuals' recovery by helping them to develop their own individual resources and resilience
- To provide a holistic service that considers the precipitating factors that lead individuals to use substances e.g. mental health issues, relationship and family issues, education, offending behaviour etc.
- To provide a GP led primary care service for medically assisted prescribing and community/home detoxification service.

Service objectives

- Produce a treatment/intervention plan with the service user, which considers their goals, any risks and plans for discharge
- Provide:
  - Maintenance dose of substitute prescribing or other specialist medication that can be prescribed by the GP (e.g., Antabuse, Naltrexone)
  - Prescribing for the facilitation of community/home detoxification
  - Relapse prevention
  - Low or high intensity psychological interventions as appropriate
- Promote the recovery philosophy
- Encourage and support service users to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Eligibility criteria
This pathway is for people who:

- are stable on substitute prescription
- meet the criteria for home or clinic detoxification
- are on prescriptions following detoxification (alcohol)

Exclusion criteria or contraindications
Any young person under 18

Staffing
The team will consist of:

- GPs
- Community Psychiatric Nurses with prescribing qualifications
- Health care assistants

Location
GP services across Cwm Taf

The range of interfacing services and opportunities for integration:

- Other pathways within the Cwm Taf Integrated Substance Use Service, particularly the Specialist Service Pathway
- Midwives/health visitors
- Family support
- Systemic family therapy specialists
- Early intervention for psychosis
- Domestic abuse support
- Crime and justice system
- Specialist housing workers
- Mental health services
- Pharmacists

A referral pathway into the service
From the Specialist Service (Tier 3) for those stable on lower dose substitute prescribing or for those identified as suitable for home/community detoxification.

Screening and assessment processes
Original baseline measures (as collated on Single Point of Entry and in the Specialist Service (Tier 3)
Ongoing TOPS in full
Ongoing comprehensive risk assessment
Ongoing safe guarding assessment
Other valid treatment outcome measures relevant to the service

Treatment goals (outcomes)
Substance use
Health and wellbeing
Individual circumstances

Coordination of care

- The care plan will be updated by the person who delivers the care. The Care Coordinator will continue to oversee the implementation of the care plan and attend joint meetings as required (see Appendix 2).
- For those individuals who are admitted into the service and who have safeguarding issues or secondary care mental health or other needs, specialist coordination of care in line with legislation for care planning will be required and facilitated by social workers or specialist mental health nurses.

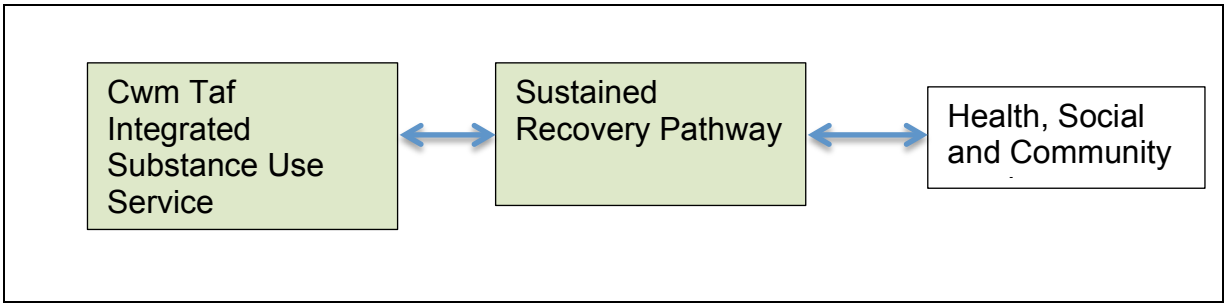
Development of agreed treatment goals
The Care Coordinator from Specialist Service (Tier 3) will liaise with the GP Shared Care and the care plan will be shared electronically.

A description of the treatment process or phases
Agreed timelines for the treatment process and phases will be built into the care plan.

Departure planning/aftercare and support
The Care Coordinator will be responsible for ensuring that the service user's discharge and after care and support is built into the care plan.

Onward referral pathway
- Other services within the Cwm Taf Integrated Substance Use Service, including the sustained recovery service
- Other services outside the Cwm Taf Integrated Substance Use Service

Pathway for sustained recovery



Rationale
Review findings have identified:

- No coordinated sustained aftercare service pathway
- Recovery principles and practice not integrated into all treatment pathways
- Lack of service user involvement, including in service development
- Lack of peer support
- Lack of innovation in terms of recovery
- Need to develop and build on existing recovery interventions to ensure that the recovery vision is integrated into all treatment pathways
- Lack of adequate support following treatment/interventions
- Strong theoretical support underpinning the need for the development of recovery capital (Best et al. 2009)

Service aims

- To take a developmental and service user led approach to establish a recovery pathway comprising, recovery support, self help and service user involvement*
- Promote individuals' recovery by helping them to develop their own individual resources and resilience
- Support individuals who have been through treatment services/ interventions to develop recovery capital
- Encourage service users to be involved in the sustainability of the sustained recovery service
- Promote the philosophy where clients take responsibility for their health and recovery, leading a drug free life
- Encourage and support service users to be involved in decision making processes relating to the Cwm Taf Integrated Substance Use Service

Service objectives

- Provide:
  - Peer support
  - Group-work to learn the skills for recovery and allow service users to plan, deliver and sustain their recovery
  - Support for individuals to gain further skills/employment and to explore the development of social enterprise initiatives

* The precise nature of the relationship between recovery support, peer support and service user involvement in the Cwm Taf Integrated Substance Use Model has to be established through conversations with service users and other stakeholders

  - Training and skills for service user involvement*
  - Relapse prevention
  - On going harm reduction advice
- Establish networks and strengthen the relationships between other community groups and initiatives
- Reduce the harm and risk to individuals, families and communities
- To ensure safeguarding procedures are in place for volunteering and other activities
- Promote mental and physical wellbeing for individuals and their families
- Promote the recovery philosophy throughout the Cwm Taf Integrated Substance Use Service
- Promote innovation including exploration of social enterprise and use of Time Credit Social Prescribing
- To support individuals to exit the service and move on

Eligibility criteria
Anyone who has received treatment/interventions or support from the Cwm Taf Integrated Substance Use Service

Exclusion criteria
Individuals who are under the age of 18
Anyone who has not received treatment/interventions or support from the Cwm Taf Integrated Substance Use Service

Staffing
This service will be led by service users and will include
- Coordinator/development worker
- Service users and volunteers
- Recovery champions

Location
This peer led community will be active across Cwm Taf including in identified centres where people can drop in, online forums etc.

The range of interfacing services and opportunities for integration:
- Other pathways within the Cwm Taf Integrated Substance Use Service
- A range of community and third sector services e.g. the community coordinators in the County Voluntary Councils
- National and local recovery organisation(s) including for mental health
- Education, training and employment support services
- Housing organisations

A referral pathway into the service
Service pathways within the Cwm Taf Integrated Substance Use Service

Screening and assessment processes
Not applicable

Treatment goals (outcomes)
Not applicable

Coordination of care
Not applicable unless the service user is still in treatment and the Care Coordinator will update the care plan

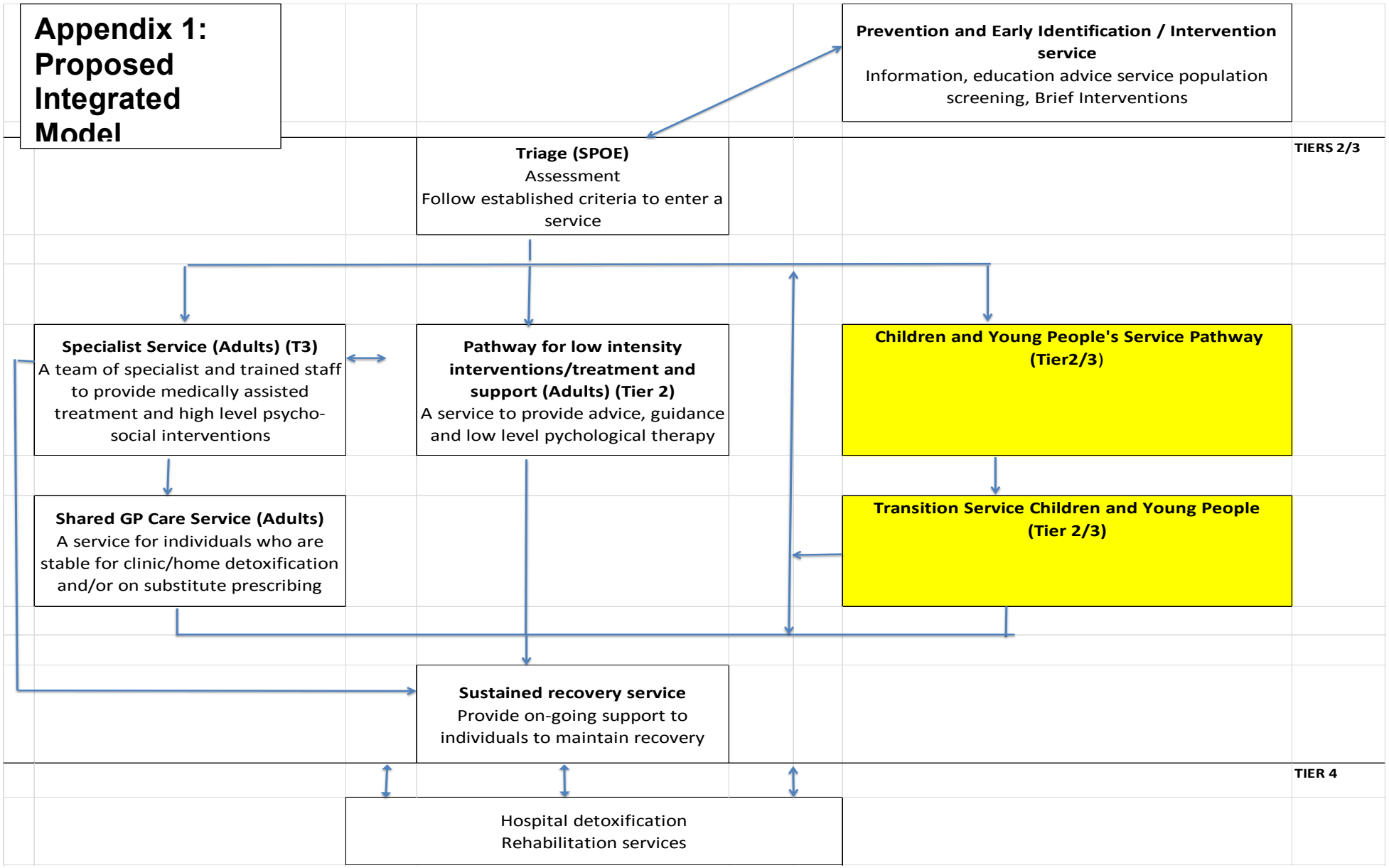
Development of agreed goals
If still in treatment, the care coordination is ongoing, however, if they have left the treatment service, this will not be required.

A description of the treatment process or phases
To provide ongoing support and interventions for sustained recovery

Departure planning/aftercare and support
Mechanisms to keep in touch with services

Onward referral pathway
- Other services within the Cwm Taf Integrated Substance Use Service if further treatment is required
- Signposting to other services outside of the Cwm Taf Integrated Substance Use Service

Appendix 1: Proposed Integrated Model



Appendix 2: Role of the Care Coordinator

Responsibilities include:

- Act as a ‘champion’ and ‘advocate’ for service users ensuring that their goals are identified and met
- Undertake continuous assessment, proportionate to the needs of service users
- Identify and prioritise needs
- Co-ordinate care in collaboration with service users, and where appropriate, their significant other
- Adequate knowledge of the treatment, interventions and pathways available
- Make appropriate referrals
- Perform periodic review of care plans