

PROGRESS REPORT ON HEALTH & WELLBEING STRATEGY PRIORITY 4: Create a safe environment and help to build strong communities, wellbeing and mental health

To: Health and Wellbeing Board

Date: 17th September 2015

From: Emma de Zoete (Cambridgeshire County Council [CCC], Public Health)
Holly Gilbert (CCC, Public Health)
Kim Dodd (CCC, Children Families and Adults)
John Ellis (Cambridgeshire and Peterborough Clinical Commissioning Group [CCG])
Sarah Ferguson (CCC, Enhanced and Preventative Services)
Simon Kerss (CCC, Cambridgeshire Safer Communities Partnership Team)
Val Thomas (CCC, Public Health)
Susie Talbot (CCC, Drugs and Alcohol Action Team)
Lisa Faulkner (CCC, Strategy, Performance and Partnership)
Alison Smith (CCC, Children's Enhanced and Preventative Services)

1.0 PURPOSE

The purpose of this report is to update members on progress with the Health & Wellbeing (HWB) Strategy Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.

2.0 BACKGROUND

Background information is provided in the associated HWB themed meeting template, which is attached as Appendix A to this paper.

3.0 INTRODUCTION TO PRIORITY 4

For ease of reference, the aims set out in Priority 4 were as follows:

- Implement early interventions and accessible, appropriate services to support mental health, particularly for people in deprived areas and in vulnerable or marginalised groups.
- Work with partners to prevent domestic violence, raise public awareness especially amongst vulnerable groups, and provide appropriate support and services for victims of domestic abuse.
- Minimise the negative impacts of alcohol and illegal drugs and associated antisocial behaviour on individual and community health and wellbeing.
- Work with local partners to prevent and tackle homelessness and address the effects of changes in housing and welfare benefits on vulnerable groups.

There are four main elements which the CCG, Local Authorities and other stakeholders are pursuing to deliver on the HWB Strategy Priority 4 aims:

- a) Mental health strategic co-ordination
- b) Clinical Commissioning Group (CCG) and Local Authority commissioning
- c) Domestic abuse
- d) Alcohol and illegal drug use

The work that contributes to achieving priority 4 of the health and wellbeing strategy takes place across a wide range of council directorates and partner organisations. This paper reflects the multi-agency nature of these issues and highlights the key areas of work that are currently contributing to achieving the 4 aims set out above.

4. MENTAL HEALTH STRATEGIC CO-ORDINATION

It is increasingly clear that to deliver mental health system transformation there is a need to work across organisations on the cross cutting themes that feature in the majority of the existing mental health strategies. It is recognised that aligning these strategies and organisations will result in better outcomes for service users, particularly through better communication and joint decision making in areas where commissioning and service delivery remits overlap.

In June 2015 the System Transformation Programme Board agreed to the development of a collaboration statement based on these key cross-cutting strategic themes. A set of shared principles and behaviours will support the implementation of this agreement by organisations signed up. A multi-agency Mental Health Forum is proposed to identify, align and co-ordinate this work. The forum would span beyond the health system and have a role in shaping the mental health transformation programme; building on current work already underway or planned for 2015/16 in individual organisations, or through existing groups such as the Crisis Care Concordat.

Additionally, some of the discussions within the forum are likely to be related to shorter term issues than those the system transformation programme is considering. In the longer term the forum would continue taking forward the delivery of transformation, which would by then be part of business as usual.

4.1 Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The Concordat was signed locally by partners in 2014 and the local action plan is currently being refreshed in light of the CQC Right Here Right Now Report.

5. CCG COMMISSIONING

The CCG has been able to increase its investment in mental health services this year by approximately 5.6% due to the receipt of “parity of esteem” monies. The priorities within NHS services were agreed by CCG GP leads and Cambridgeshire and Peterborough Foundation Trust (CPFT) clinicians to be the following (totalling £1.7M):

- 24/7 staffing of the Section 136 suite at Fulbourn hospital
- an expansion of the capacity of the community teams
- some additional out-of-hours capacity in the crisis team
- additional staff on in-patient wards to meet “safer staffing” guidelines
- meeting new access targets for early intervention services.

In addition to this, the CCG committed last August to a substantial investment in Increased Access to Psychological Therapies (IAPT) services to meet the access targets (over £2M

for 2015/16). The CCG also set aside some of the “parity of esteem” monies received this year (approximately £800k) to support progress towards a more resilient and more equitable service model for mental health. The service model will be focused on “recovery”, and better equipped to face the demand and financial challenges anticipated during the next five years. The three key work streams this year to achieve this objective are:

- (i) **Enhanced and more Equitable Third Sector Provision throughout the CCG.** The CCG are addressing significant inequalities across the CCG in our third sector commissioning, this is particularly evident in the north of the county.
- (ii) **A small team of “Recovery Coaches”** to support those patients who are struggling with the next stage of their “recovery” to access effective support, either via the third sector providers that the CCG commission or elsewhere within the local community. The model will be focussed on a strengths-based approach, utilising coaching techniques to enable people to move appropriately and confidently through the system.
- (iii) **An Enhanced Primary Care Service.** The aim of this work stream is to create an Enhanced Primary Care Service that will resource primary care to provide an enhanced level of post discharge support for patients with severe and enduring mental illness who fall in “the gap” between primary and secondary mental health service thresholds.

The key objectives are to improve patient mental and physical health outcomes, reduce high morbidity/mortality rates in the mental health patient population, and reduce the demand on secondary and acute mental health services. This work is still in the design phase and a series of consultation events are scheduled for the next three months.

6. LOCAL AUTHORITY COMMISSIONING & STRATEGIES – MENTAL HEALTH

Following work with service user’s carers, public health mental health colleagues and other partners the final draft of the Social Care Strategy for Adults with Mental Health Needs was presented at the Adults Committee on 1st September for final sign off. The response to the strategy during the consultation period has been very positive, particular areas that received approval were the family approach, transitions for young people and the priorities around carers. The Strategy is based on the Care 2014 concept of wellbeing and the council’s Transforming Lives strategy. Both of these have a particular focus on prevention and enabling people to retain their independence and wellbeing through help to help themselves. Following approval by the Adults Committee, the strategy will be launched with partners and an implementation group established to ensure and track implementation.

The strategy lists 15 priorities including:

- A three year project in collaboration with public mental health colleagues with Mind Cambridgeshire focusing on developing resilience within communities which will be independently evaluated and will go live this October.
- Developing the community navigator service to enable people with mental health needs to access support within their communities to increase their mental wellbeing and prevent, for example, social isolation and support increased and earlier access to resources.

Additionally, the strategy captures the challenges now being experienced with recruitment and retention of mental health social workers and sustaining the Approved Mental Health Practitioner service which is a vital service within the mental health crisis pathway. Several actions have been taken to address this within a broader recruitment and retention strategy. This includes the recent successful application to become a pilot site for the national ‘Think

Ahead' programme, aiming to increase recruitment into mental health social work and establish a clear leadership structure for social workers. Work is also being completed as part of the local Mental Health Crisis Concordat Delivery Group in partnership with police and health colleagues.

Although not explicitly mentioned in the strategy, a project is currently being run collaboratively with the Fire Safety Service on developing a multi-agency protocol for working with people who have hoarding behaviours, this is underpinned by the strategy principles. It is known locally that people who have hoarding behaviours are at significant risk of death through fire, particularly if they are over the age of 65 years. The group was established to develop this protocol and includes representatives from public health, the police, district councils and mental health service. Completion of the draft protocol is planned for the end of this year.

The Public Mental Health Strategy was approved as a final version by Health Committee in May 2015. The strategy focuses on promotion of mental health and the prevention of mental illness. Key features of the strategy are promoting mental health across the life course, the impact of the wider environment on mental health, and the link between physical and mental health. This is a multi-agency strategy that is being implemented largely through existing governance structures. Key areas of work include:

- Funding an anti-stigma post with Peterborough City Council that sits within Mind to focus on campaigns work and coordinating mental health training.
- Additional support is being provided to schools to improve emotional wellbeing of children and young people, recognising the importance of mental health at a young age and the impact this can have in later life. This work contributes to wider work across the council focusing on addressing the high levels of self-harm in Cambridgeshire's young people.
- Continuing to promote and provide mental health first aid training and supporting employers with mental health training needs.
- Establishing a group to develop an action plan and drive forward work to improve the physical health of those with severe mental illness.

An update on strategy progress will be presented at Health Committee in December 2015.

Implementation of the 3 year Cambridgeshire and Peterborough Suicide Prevention strategy begun in 2014, the strategy focuses on key areas of suicide prevention as identified in the national suicide prevention strategy. Key areas of recent work for the implementation group have included the completion of the annual suicide audit and considerable input to improve the quality and variety of data we receive on suicide deaths to improve our understanding and target our work better. The multi-agency Pathfinder project has also formed a large part of the suicide prevention work with a campaign promoting the stop suicide pledge sharing the message that suicide is preventable. This campaign is supported by delivery of ASIST suicide prevention training that public mental health funding is helping to roll out further. The Pathfinder Stop Suicide work is being led by the charities Mind in Cambridgeshire, Peterborough & Fenland Mind and Lifecraft, supported by local NHS and Public Health teams. The work has been recognised nationally through an award and has been cited in national publications.

7. HOMELESSNESS AND THE EFFECTS OF CHANGES IN HOUSING AND WELFARE BENEFITS ON VULNERABLE GROUPS

District Councils have statutory functions in relation to social housing, housing benefit, and Council Tax support. As such, district councils have taken the lead on homelessness prevention and the impact of welfare benefit changes. The districts have established a range of partnerships to plan and deliver local action. Among the partnership priorities for the Child Poverty Champions Group for 2014/15 are:

1. To address the incidence and impact of benefit sanctions on vulnerable families – this has been led through the Together for Families programme, with systems established to support better partnership working between Job Centre Plus and support workers so that vulnerable clients are not sanctioned inappropriately, including improved use of shared IT systems.

2. Improved early identification and support for families at risk of homelessness – this too has mainly fallen within the remit of the Together for Families programme, with the following steps taken:

- Ensure the risk factors that identify potential homelessness are explicitly identified within the Together for Families programme. Risk factors include rent arrears and anti-social behaviour.
- Ensure that there are processes in place for agencies to refer families at risk of homelessness into the Together for Families programme.
- Ensure that the right support is offered to families identified at risk of homelessness within the Together for Families programme.

There is already evidence of successful homelessness prevention from Phase 1 of the Together for Families programme, and Phase 2 will build upon and extend this successful approach.

Sound mechanisms have been established to share information about benefit entitlements between district and County Councils. This has been facilitated by the Welfare Reform Act 2012. This enables identification of those families affected by the benefit cap and removal of the Spare Room Subsidy who were already known to county council teams, so that frontline practitioners could help to provide any additional support families might need.

8. DOMESTIC ABUSE

8.1 Domestic Abuse Governance Board

A multi-agency Domestic Abuse Governance Board was re-established in November 2013 following a peer review of the existing Partnership from Standing Together as part of a Home Office funded programme of support for local partnerships.

The initial plans for the Governance Board were as follows:

- the name would be the Domestic Abuse Governance Board
- sexual violence would remain a remit of the Partnership but would not be in the title of the governance group (this has since been revised)
- to review the (then) strategy (2011–15) and action plan of the Partnership.

The Strategy was revised, taking into account the Domestic Abuse Needs Assessment carried out in 2013-14, and the new Strategy was formally approved in November 2014.

The strategic aims of the Partnership are now to:

- prevent people from becoming perpetrators and victims of domestic abuse
- protect victims of domestic abuse and their families, whether or not they choose to report crimes to the police
- pursue perpetrators of domestic abuse through the criminal justice system and ensure that they face the consequences of their actions
- support victims to recover from the impact of domestic abuse.

An action plan, building on key areas from the Strategy, has been developed with key partners and is being implemented across the county via thematic sub-groups (Training and Awareness, Families and Young People and the countywide strategy Implementation Group).

A management information 'dashboard' has been developed to monitor the activities of the Partnership in terms of meeting its aims. Current membership of the partnership can be found in the Appendix.

8.2 Public awareness

A communications group, reporting to the operational Implementation Group, is in place to drive awareness-raising, and a range of communication activities have taken place in the last twelve months including:

- Creation of a leaflet 'Opening Closed Doors' aimed at people who are concerned that a friend or family member may be experiencing abuse
- Developing an Easy Read version of the above leaflet for adults with learning disabilities
- A poster campaign around the World Cup aimed at disrupting perpetrators
- An awareness raising campaign on Heart FM
- Input into police campaigns including stalking, domestic abuse and sexual violence
- Creation of social media accounts on Facebook and Twitter to form national links and increase awareness raising
- Continued monthly publication of Violence Against Women & Girls Newsletter
- Development of a new website for the partnership which has sections for the public and professionals
- The commissioning (via a grant provided by the Office of the Police and Crime Commissioner) of 'Health Relationships' programmes in some Cambridgeshire schools, to raise awareness of unsafe and risky relationships.

The Easy Read materials were developed with VoiceAbility and reached the finals in the 'Breaking Down Barriers' category at the 2015 Learning Disability and Autism Awards. The materials have also been shared nationally in electronic format and have received praise from across the UK.

Work is currently in progress for an awareness campaign aimed at older people which is being done in collaboration with the Adult Safeguarding team at the County Council. Age UK and Action on Elder Abuse have both pledged support nationally and locally, and will assist with sharing this campaign across their networks.

8.3 Provide appropriate support and services for victims of domestic abuse

The Cambridgeshire Safer Communities Partnerships Team (Cambridgeshire County Council) commissions two specialist providers of domestic abuse services in Cambridgeshire. Cambridge Women's Aid and Refuge both provide refuge and outreach support to victims and survivors.

In the year ending March 2015, outreach support was provided to nearly 900 victims of domestic abuse in Cambridgeshire.

The Independent Domestic Violence Advisory Service (Cambridgeshire County Council), based at the Multi-Agency Safeguarding Hub, works with high risk victims of domestic abuse. In the year ending March 2015, the service received 942 high risk referrals, 749 of which engaged with the service for support. The IDVAS also offer specialist support, at any level of risk, to the following groups:

- Victims from A8 Nations
- Victims aged 13-19 (funded by the Office of the Police and Crime Commissioner)
- Victims accessing 'health' provision as a consequence of domestic abuse

Cambridgeshire's Multi-Agency Risk Assessment Conference (MARAC), which develops and implements safety plans to prevent domestic abuse-related homicide, heard 591 cases (involving 745 children) during the period 2014/15. The chairing, coordination, management and information sharing systems of Cambridgeshire's MARACs are resourced via Cambridgeshire County Council.

Working alongside the IDVAS at the Multi-Agency Safeguarding Hub are Community Psychiatrist Nurses (funded via a grant from the Office of the Police and Crime Commissioner) and specialist Drug and Alcohol Workers (funded via the Safer Communities Partnership Team at Cambridgeshire County Council). These posts are integral to addressing the specific needs of some victims of domestic abuse.

In 2014, a comprehensive countywide domestic abuse 'offer' was developed along with a linked training strategy setting out four levels of intervention based on the NICE Domestic Abuse Guidance. This work includes developing practitioner guidance in collaboration with the Cambridgeshire Local Safeguarding Children Board. Additional training has been developed and commissioned for practitioners working at the higher levels and this is being delivered and assessed during 2015.

The Partnership, working alongside the Constabulary, has developed and implemented a new (2015) referral pathway to Cambridgeshire's Victims' Hub to provide additional support to those victims of domestic abuse-related crimes.

The Partnership is currently working with the National Institute of Health Research to pilot and evaluate a concurrent intervention programme to support children and their protective parent.

The Safer Communities Partnership Team at Cambridgeshire County Council has also commissioned the provision of two community-based perpetrator programmes which have been shown to increase the safety of victims of abuse and violence, and are also working in partnership with the Constabulary to develop further activities to disrupt those who perpetrate domestic abuse.

Supporting children and young people as victims of domestic abuse is a priority for the Local Safeguarding Children's Board and a task group has been established to take forward specific priorities in relation to this work:

- Work in schools and communities to raise awareness of what constitutes abuse and promote understanding of healthy relationships and sexual violence

- Consult with young people in Cambridgeshire about services for children and young people affected by domestic abuse
- Ensure that workers across public services are able to identify victims and potential victims and signpost or refer to appropriate services
- Provide new specialist interventions for children and young people and their families
- Develop clear policies on best approach for all partners to take when working with families where domestic abuse is occurring.

9. ALCOHOL AND ILLEGAL DRUG USE

The misuse of alcohol and drugs affects the health and wellbeing of individuals, families and communities. Both can have a serious effect on health leading to hospitalization and premature death. There were, in England in 2012/13, 13,917¹ admissions to hospital with a primary diagnosis of poisoning by illicit drugs and 6,490² alcohol-related deaths in 2012. Mental health issues are strongly associated with both alcohol and drug misuse. In England in 2014 there were 7,104³ admissions to hospital with a primary diagnosis of a drug-related mental health and behavioural disorder.

Alcohol and drug misuse has a strong relationship with violence, almost half of all violent assaults nationally are linked with alcohol misuse⁴. It is a factor in marital/relationship breakdown and domestic violence with 27%⁵ of social care serious case reviews mentioning alcohol misuse. There is an increasing concern about children who have physical, psychological, and behavioural problems that are associated with having parents/carers who misuse alcohol and drugs.

In Cambridgeshire alcohol and illegal drug misuse is addressed through a network of partnerships that work to the following three strategic priorities (2015-18) that were agreed by the overarching Cambridgeshire Drug and Alcohol Team (DAAT) Executive Board;

- **Prevention and protection from harm:** Preventing harm to individuals, children, young people, and families affected by drug and alcohol misuse.
- **Recovery:** Delivering effective partnership recovery based approaches to drug and alcohol treatment.
- **Enforcement:** Protecting communities through robust enforcement to tackle drug supply, drug and alcohol related crime, and anti-social behaviour.

Historically drugs and alcohol work has been funded through pooled budgets and shared resourcing from members of the partnership. Currently the majority of the funding for specific drug and alcohol services comes from the Public Health Grant. This is held by the Local Authority with small contributions from Cambridgeshire County Council Adult Social Care, Office of the Police and Crime Commissioner (PCC), and Cambridgeshire City Council. There is also wider partnership work that supports work to address the wider health and wellbeing issues created by alcohol and drug misuse.

9.1 Prevention and Protection from Harm

A programme of population wide and targeted campaigns that provide information about the harms associated with alcohol and drug misuse are ongoing in Cambridgeshire. These

¹ Health and Social Care Information Centre, Statistics on Drug Misuse:2014

² Health and Social Care Information Centre, Statistics on Alcohol England: 2014

³ Health and Social Care Information Centre, Statistics on Drug Misuse:2014

⁴ Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

⁵ Public Health England; Alcohol and drugs prevention, treatment and recovery :why invest: 2014

campaigns have included drink driving harm reduction, and a workplace campaign in Fenland where high levels of alcohol misuse amongst the migrant workforce population is associated with community safety issues. Young people are targeted with specific information interventions. Recently a theatre company was commissioned to provide an educational play that highlighted risk taking activities to all year 9s in schools across Cambridgeshire and focused upon the links between child sexual exploitation and substance misuse. Bespoke information for people with learning difficulties is being developed in partnership with relevant organisations.

There is considerable concern about the growing misuse and harmful impact of Novel Psychoactive Substances (NPS). A local Strategy has been developed that is targeting different settings and population groups. A local Campaign 'Keep Calm and Party Safer' is underway and Cambridgeshire Constabulary Drugs Experts and Cambridge Business Against Crime (CAMBAC) have targeted the night time economy to promote harm reduction messages.

Other prevention activities are the provision of Identification and Brief Advice (IBA) training to a wide range of organisations and businesses focusing upon those that work with high risk individuals and communities. This evidence based intervention enables practitioners to effectively raise the issue of substance misuse, providing appropriate information and advice to stimulate any necessary behaviour change along with signposting to appropriate support.

The partnership is developing with key partners, new pathways, and mechanisms to improve the poor uptake of vaccination and testing for blood borne viruses (BBV's). Naloxone kits, which reverse the effects of a heroin overdose, are now routinely distributed in Cambridgeshire to users known to be at risk of overdose and this has saved the lives of a number of local drug misusers. A RAG rated Drug Alert system has been established where information about any substance related incident is rapidly disseminated across partner agencies and user groups.

9.2 Treatment and Recovery

Treatment and recovery services for those who misuse substances are critical to mitigating the impact that their behaviour can have on their families and communities.

The DAAT partnership commissions a range of treatment services for young people and adults who misuse alcohol and drugs. Inclusion (specialist directorate of South Staffordshire and Shropshire NHS Foundation Trust SSSFT) deliver both the specialist drug and alcohol treatment contracts for adults over 18 years of age. The treatment service model is focused on overcoming dependence to achieve sustainable recovery enabling integration back into families, local communities, and a return to work and education. Its services range from education programmes, needle and syringe services to structured treatment programmes. Alcohol services also include a GP commissioned detoxification service, provided in collaboration with Inclusion and detoxification in-patient beds commissioned from Cambridgeshire and Peterborough Foundation Trust (CPFT). The DAAT Partnership has recently commissioned a Substance Misuse GP Clinical Lead who is advising the team on strengthening shared care work with GP's.

Support for recovery is increasingly important and aims to reduce the number of patients who have repeat admissions to the treatment services. Volunteer "recovery champions" provide peer support to individuals and groups on discharge and also support the services.

Cambridgeshire Adolescent Substance Misuse Service (CASUS) delivers the combined drugs and alcohol service for young people between 12 and 21 years of age. A growing role for this service is to provide support to young people who are affected by parental substance misuse. The Partnership has focused on working with commissioned services to ensure that the impact of parental/carer drug and alcohol misuse on children is assessed and managed effectively in the delivery of services to families and children. This has resulted in improvements, which includes the design and implementation of a robust data system for recording children's information and a safeguarding manual for all staff. The DAAT partnership is also working closely with Children's Services, including Together for Families, to jointly implement support packages for families, focusing on the prevention of children and young people affected by parental/carer substance misuse becoming services users themselves.

The DAAT has a small budget from Cambridgeshire County Council Adult Social Care to spot purchase places for those requiring residential rehabilitation placements. The DAAT partnership also commissions a range of housing related support projects helping offenders and those with chronic alcohol use to gain accommodation and work towards independent living.

The Partnership has also invested in a pilot project to provide recovery and accommodation support for those who have a history of homelessness and are seeking change. The three bed Alcohol Abstinence House supports individuals post-detoxification, moving them out of the hostel system and into a house with wrap around support from key agencies. The house opened in February 2015 and the outcomes are being closely monitored.

The DAAT Partnership works closely with the criminal justice system which reflects high level of substance misuse amongst offenders. Offenders who access prison substance misuse services are offered support from the commissioned service Inclusion on their release into the community. The proportion of these picked up by services has increased recently from 34% to 80%.

The Drug Intervention Programme (DIP) that was launched as a national initiative is provided by Inclusion and aimed at engaging substance misusing offenders in drug treatment through a variety of methods. This has had some success and is securing a 95% retention rate in effective treatment for this cohort.

A representative from the DAAT Partnership sits on all of the local Community Safety Partnerships (CSPs) and on the countywide Community Safety Board to ensure that drug and alcohol work is driven at both a local and countywide level. Good partnership working ensures that agencies work closely with District Councils to respond to local issues such as street drinking, alcohol related violent crime, anti-social behaviour, and night time economy issues. As an example Fenland District Council is leading on a project to target and reduce street drinking in the Fenland area. The action plan is approved and overseen by Fenland Community Safety Partnership and Health and Wellbeing Partnership.

Reducing access to alcohol is also being addressed. The DAAT, Cambridgeshire County Council Public Health Team, and Trading Standards recently made a successful representation to the Fenland Licensing Committee. This led to the Licencing Committee refusing a license application in the Cumulative Impact Zone in Wisbech based on the evidence provided by the DAAT, Cambridgeshire County Council Public Health, and Trading Standards.

The DAAT Partnership is looking at new and innovative opportunities for supporting the recovery of substance misusers. The Cambridgeshire DAAT has successfully secured funding from Public Health England to develop a new recovery project in Cambridge City. This project will establish a community based resource which will include a café. It will be run by volunteers who will provide peer support and provide ‘step down’ support for those seeking long term abstinence as a move on from specialist services and avoid future admission to services.

The Partnership recognizes that one of its biggest challenges is the strong link between substance misuse and mental health difficulties. Dual Diagnosis is linked to poor outcomes for service users ranging from worsening psychiatric symptoms, increased admission to hospital services, homelessness, and significant levels of engagement with the criminal justice system. The Partnership has been heavily involved in the development and implementation of the countywide ‘dual diagnosis’ strategy which endeavours to ensure that those with a dual diagnosis can readily access coordinated inter-agency assessment, treatment, and support. This includes the introduction of the Dual Diagnosis Capability Framework which defines the required capabilities for staff and locality groups to strengthen local networks in support of the development of collaborative working around dual diagnosis. The Dual Diagnosis Protocol is another initiative which focuses upon developing pathways for those with early onset dementia related to alcohol misuse.

9.3 Engagement

The role of user and community engagement in both prevention and especially in treatment and recovery is well established. All the commissioned services have strong service user engagement groups in place. Inclusion holds monthly service user forums which are attended periodically by members of the Partnership and also offer comprehensive support and opportunities to individuals in recovery.

Sun Network is commissioned to provide the independent service user contract. This Service engages with service users independently of the treatment service to gain feedback on local provision and encourage those who are not currently in services to seek specialist support. The service runs regular ‘Recovery cafés’ across the county and provides advocacy work. The Service also provides service user input and feedback to the Drug and Alcohol Commissioning Group assisting in the monitoring and development of local quality services.

10. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

This is an update on Priority 4 of the HWB strategy.

11. IMPLICATIONS

This is an update paper for members, so there are no new proposals contained within it.

12. RECOMMENDATION/DECISION REQUIRED

Members are asked to note this update.

Source Documents	Location
Please see report footnotes and Appendix A for background information and source documents.	