Interconnected System Mapping: Findings and Insights

Mental Health and Substance Use: Improving our Response in North Lanarkshire

Healthcare Improvement Scotland

These Interconnected System Mapping sessions form part of the programme's System Understanding phase, where we will look to develop a shared understanding of the current mental health and substance use support system within North Lanarkshire and highlight potential areas for focus.

The aims of these sessions are:

1. To outline all of the system actors in different parts of the system
2. To highlight the connections/relationships between services and identify discrete ecosystems of supports
3. To identify barriers and challenges in making connections
4. To identify conditions for connection *(for example – good clinical governance, aligned funding, co-location)*

This report provides an overview of the Interconnected System Map that was developed over two sessions with stakeholders in North Lanarkshire, along with reflections around:
- Existing 'assets' within North Lanarkshire and potential gaps
- The spread of services that support people with mental health and substance use
- How services connect and the methods of access for people

Key findings include:

Diagnostic based services in the acute sector entrench silos along the pathway	Signposting organisations are the key gateway into community support	Lots of great services but not well connected/wrapped around people

These session had representation from:

- Addiction Recovery Team
- Barnardo's
- Blue Triangle - Recovery Support
- Equal Say Ltd - Advocacy
- Lanarkshire Overdose Response Team
- NHS Lanarkshire - Alcohol and Other Substances Team
- NHS Lanarkshire - Health Improvement
- NHS Lanarkshire - Pharmacy
- North Lanarkshire Council - Addiction Support
- North Lanarkshire Recovery Community
- SAMH
- We Are With You

North Lanarkshire Alcohol and Drugs Partnership and Healthcare Improvement Scotland are collaborating on a range of activity with the aim of creating enabling conditions for the implementation of key recommendations and priorities within North Lanarkshire.

The short term aims are to:

- Establish capacity within third and independent sector
- Identify gaps in provision
- Improve interfaces between NHS/HSCP and third/independent sector services
- Improve trust and communication across the system to allow for confidence in referral

These broad, system level ambitions will help drive improvements and connections that support ongoing, specific activity within North Lanarkshire. This will focus on improving service delivery and support new approaches to planning and enhance collaboration.

Interconnected System Mapping: Findings and Insights

Healthcare Improvement Scotland

Mental Health

- SAMH North Lanarkshire Support Service
- Penumbra

Housing and Homelessness

- Local Housing Offices
- Housing First Team
- Shelter Scotland
- Training Flat
- Out of Hours Homelessness Service
- ADP Commissioned Services
- Barnardo's Housing Support
- Blue Triangle Accommodation Support

Information/Advice Phone Lines

- Breathing Space
- Childline
- Samaritans
- National Debt Helpline

Substance Use

- Phoenix Futures
- Smart Recovery
- Recovery Cafes
- Landed
- Integrated Rehab Team
- Scottish Families Affected by Drugs and Alcohol
- Alcoholics Anonymous
- Turning Point Scotland
- Community Prescribing Service
- Blue Triangle – Breakthrough

Social/Emotional Support

- Cumbernauld Community Hub
- Friday and Saturday Night Project
- Men's Shed
- Street Soccer
- LAMH Café and Wellbeing Centre

NHS/Statutory

- GP Practice
- A&E
- High Resource User Team
- Addictions Recovery Team
- Acute Psychiatric Care
- Community Mental Health
- North Lanarkshire Advocacy
- Residential Rehab
- Addictions Psychology
- Police Scotland
- Overdose Response Team
- Distress Brief Intervention
- Harm Reduction Team

Carers, Social Work and Children

- PHEW Respite Care
- Diamonds in the Community
- Penumbra
- Action for Children
- Lanarkshire Carers
- Social Work Out of Hours

Practical/Financial

- Citizen's Advice
- Income Maximisers
- Money Advice

Interconnected System Map

Overview of the services mapped, identified into clusters. Key points:

1. Scope of services - There are not many non-statutory mental health services. This may reflect the spread of participants, but also could point to a reliance on statutory and social/emotional support for providing help to people with mental health needs.

2. Service offers - Looking at the range of social/emotional support – these were noted as being key to ongoing recovery. However, it was discussed that there is a gap in evening and weekend support. It was also noted that hesitancy to access these services was caused by not knowing the demographics/types of people who attend.

3. Meeting needs - Reflecting on these clusters, participants noted the range of support that there is. A challenge is in how to build these services around a person; and in a way that responds to changing need.

**Healthcare Improvement Scotland**
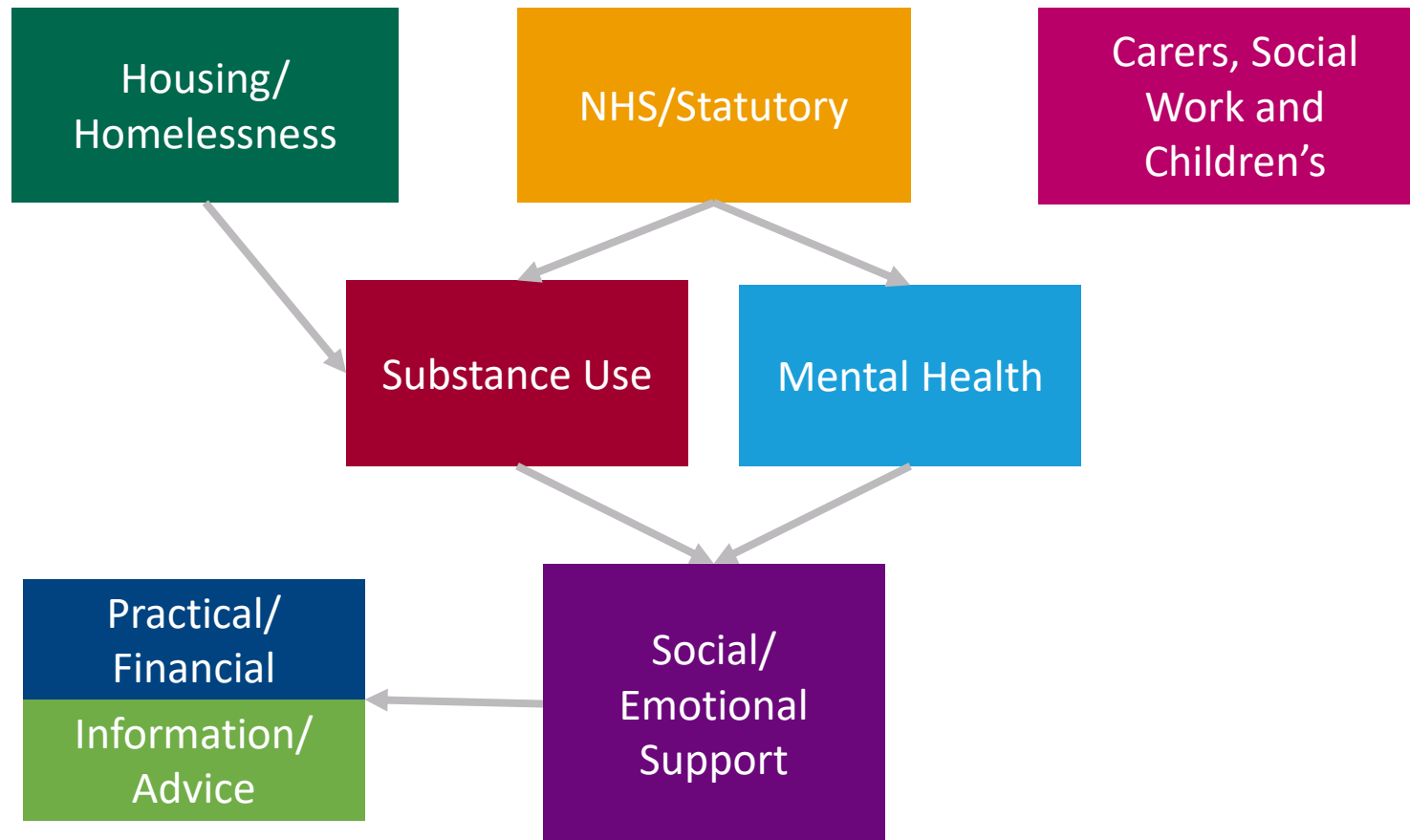
Interconnected System Map

Broad connections

Housing, health and social work were seen as very separate with distinct access pathways. Housing and homelessness services have links with substance use support services (though not statutory ones such as the Addictions Recovery Team). Social work has little connection with other parts of the map – though this may be due to a lack of representation of social work within the participants.

Connections from NHS/Statutory are mostly done through signposting, with few formal relationships. Similarly, within the Substance Use and Mental Health service category, there are a range of services offering different support. The connections within this category are ad hoc, usually made through informal relationships and little coordinated care – though there are emerging programmes aimed at closer collaboration.

The links into social/emotional support services are entirely signposted and rely on people themselves getting in touch and arranging access. This is also the case for services offering information and practical support.
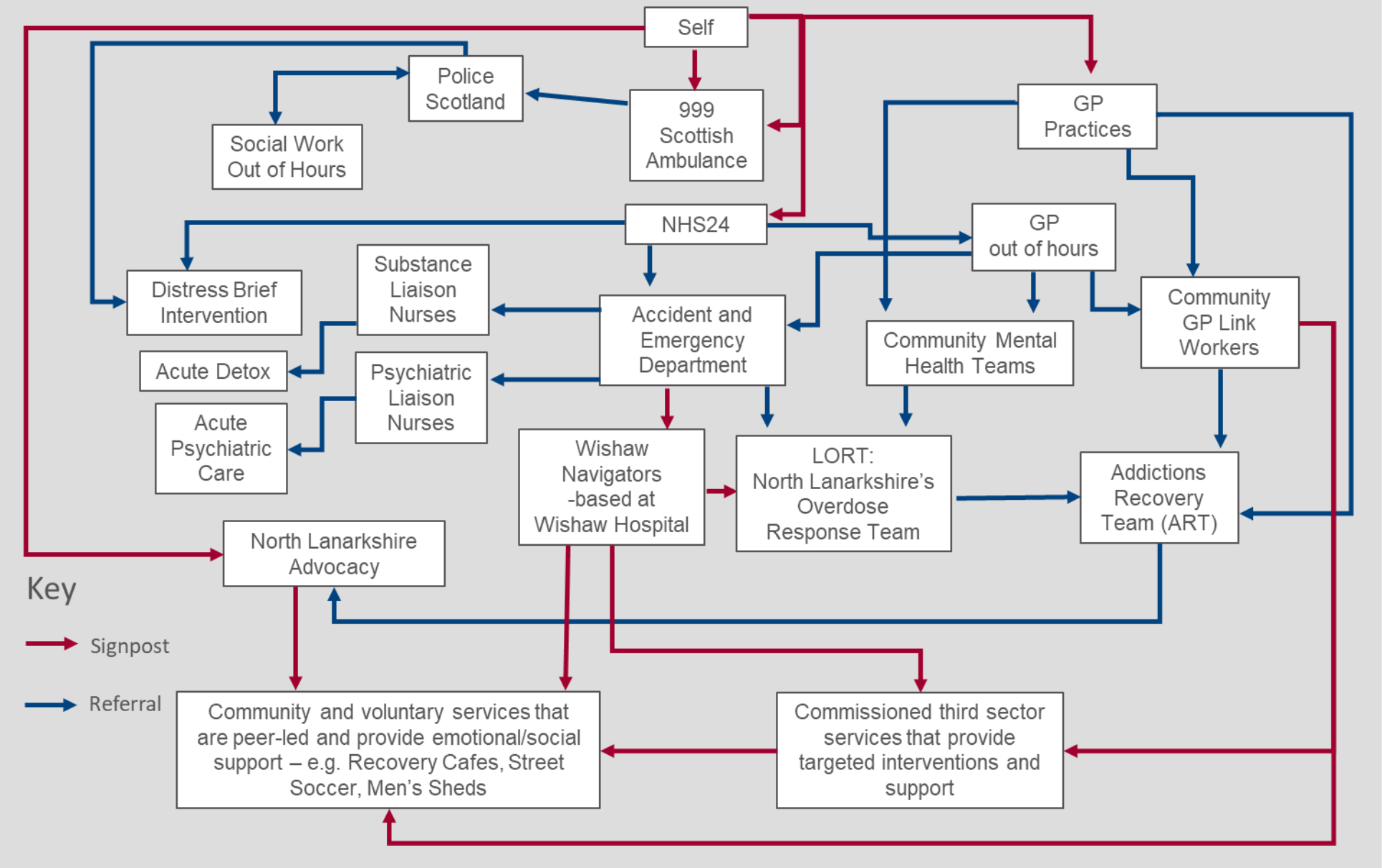
Participants identified the Accident and Emergency Department as an area it would be useful to explore. This is an area of high demand. Further to this, analysis undertaken by the Scottish Ambulance Service on people who are attended for a non-fatal naloxone administered incident has highlighted an area of potential unmet need.

23% of those attended are attended again within 30 days. A majority of incidents logged are within service hours, i.e. are not out of hours calls. Further work by Scottish Ambulance Service notes that it is often the case that people attending for substance use are not given access to mental health services at presentation or there are complex pathways to access.
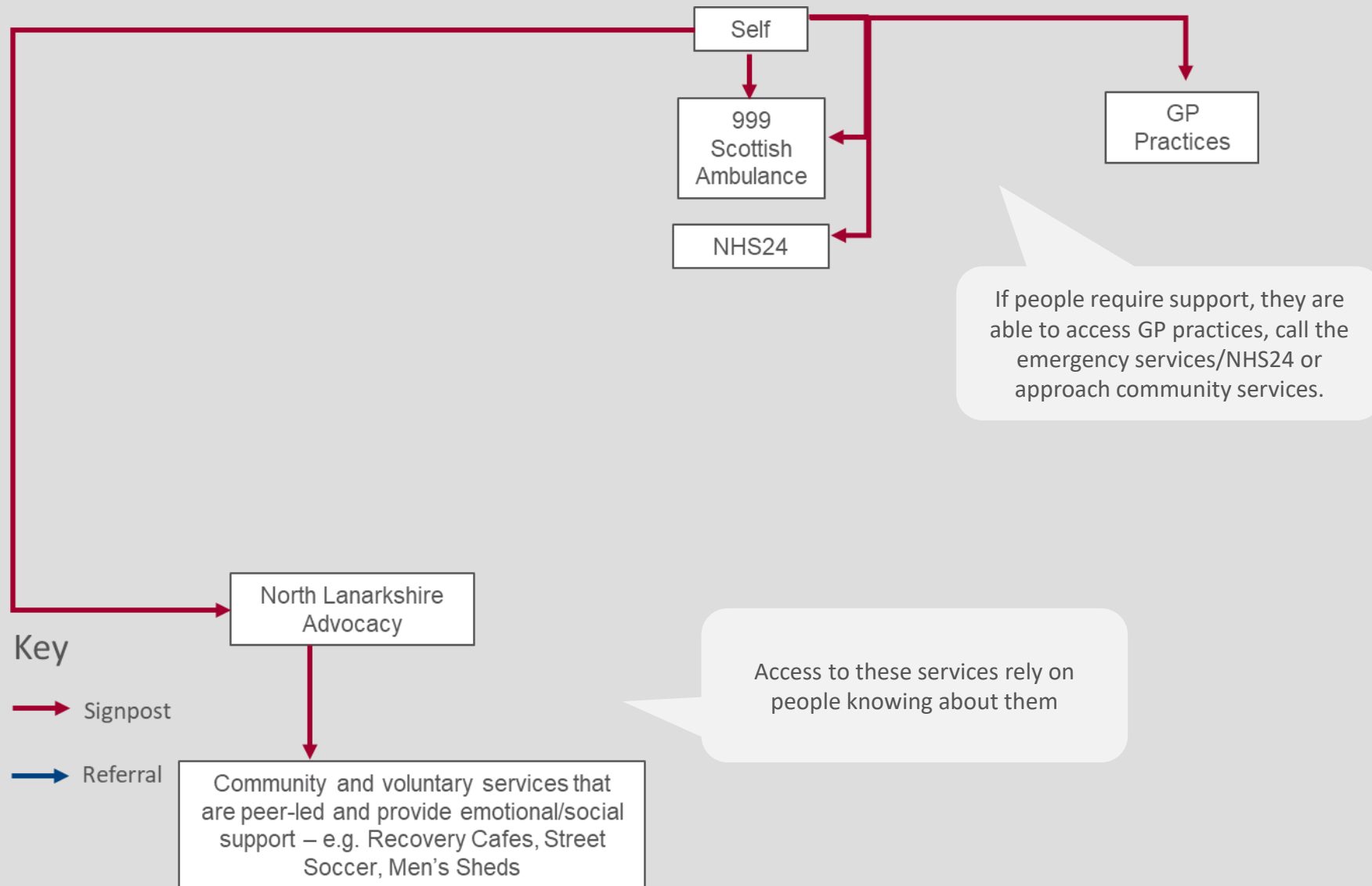
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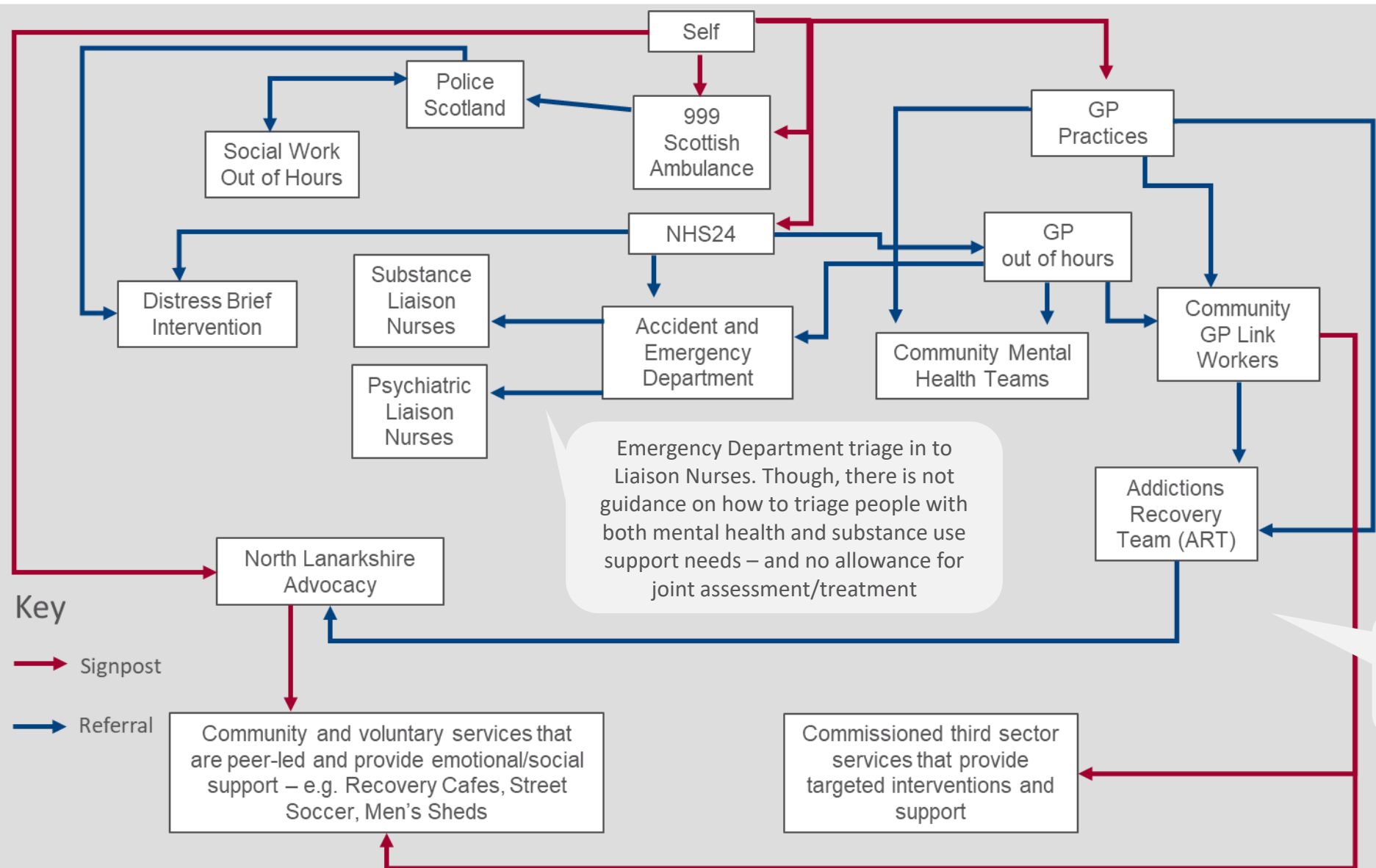
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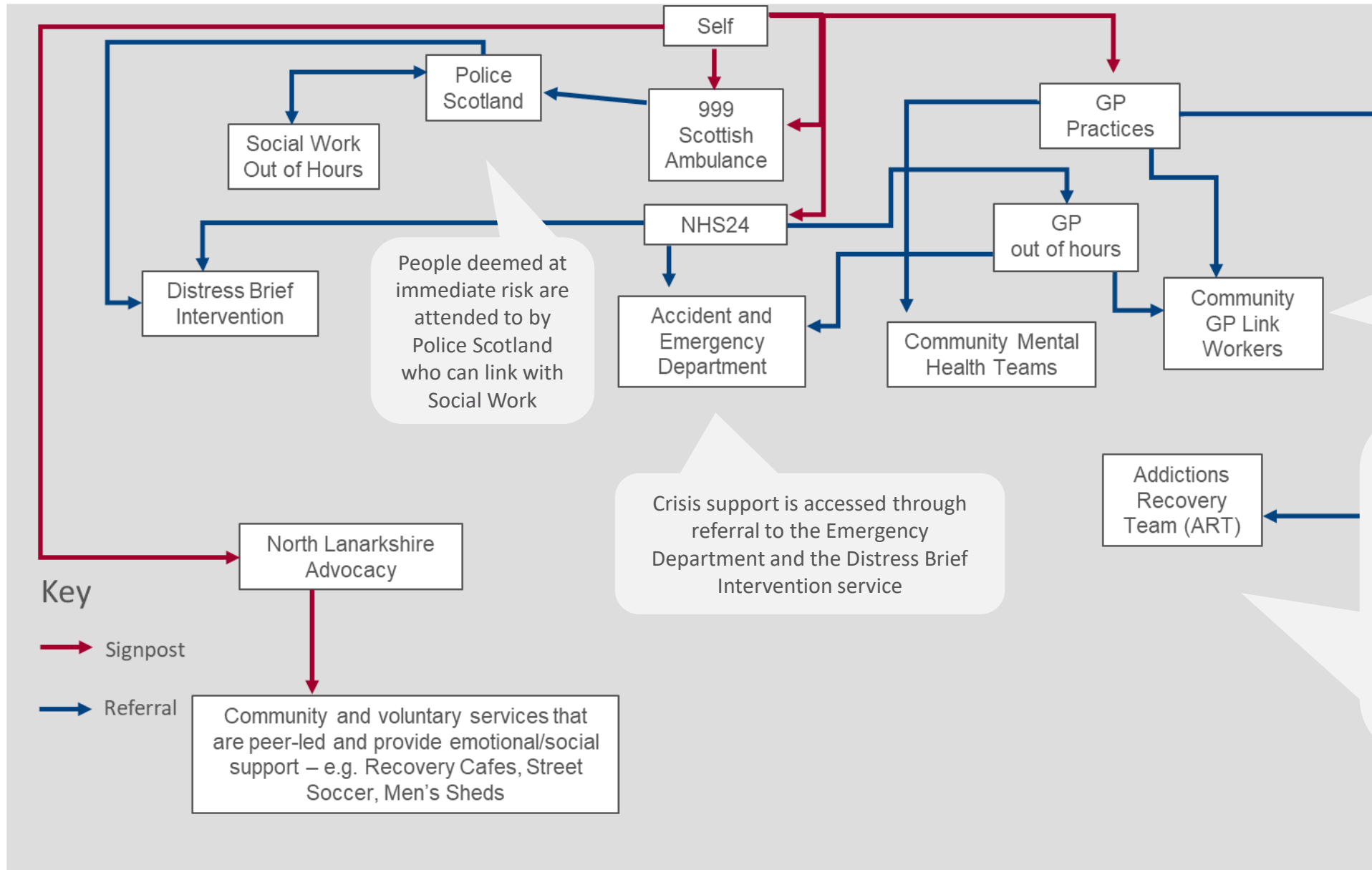
Triage and Treatment

Services that offer immediate, short term support and provide triage after initial access.

Community Link Workers are key signposters who can provide information about third sector and community services. They do also have the ability to refer into some commissioned services.

The flow through Primary Care support access to secondary services in the Community Mental Health Team or Addictions Recovery Team. However, access criteria can mean that people with both mental health and substance use needs are not able to get treatment across both services. Where they are, different waiting lists mean that they might not be access the services concurrently.

People deemed at immediate risk are attended to by Police Scotland who can link with Social Work

Crisis support is accessed through referral to the Emergency Department and the Distress Brief Intervention service

Diagram boxes
- Self
- Police Scotland
- Social Work Out of Hours
- 999 Scottish Ambulance
- GP Practices
- NHS24
- GP out of hours
- Distress Brief Intervention
- Accident and Emergency Department
- Community Mental Health Teams
- Community GP Link Workers
- Addictions Recovery Team (ART)
- North Lanarkshire Advocacy
- Community and voluntary services that are peer-led and provide emotional/social support – e.g. Recovery Cafes, Street Soccer, Men's Sheds

Key
- Signpost
- Referral

Into services

Services that provide ongoing support to people.

Self

Police Scotland

Social Work Out of Hours

999 Scottish Ambulance

GP Practices

NHS24

GP out of hours

Distress Brief Intervention

Substance Liaison Nurses

Accident and Emergency Department

Community Mental Health Teams

Community GP Link Workers

Psychiatric Liaison Nurses

Emergency Department triage in to Liaison Nurses. Though, there is not guidance on how to triage people with both mental health and substance use support needs – and no allowance for joint assessment/treatment

Addictions Recovery Team (ART)

North Lanarkshire Advocacy

Where there are opportunities, formal services will signpost people into community and voluntary services

Key

→ Signpost

→ Referral

Community and voluntary services that are peer-led and provide emotional/social support – e.g. Recovery Cafes, Street Soccer, Men's Sheds

Commissioned third sector services that provide targeted interventions and support

Interconnected System Mapping: Findings and Insights

Into services

Services that provide ongoing support to people.

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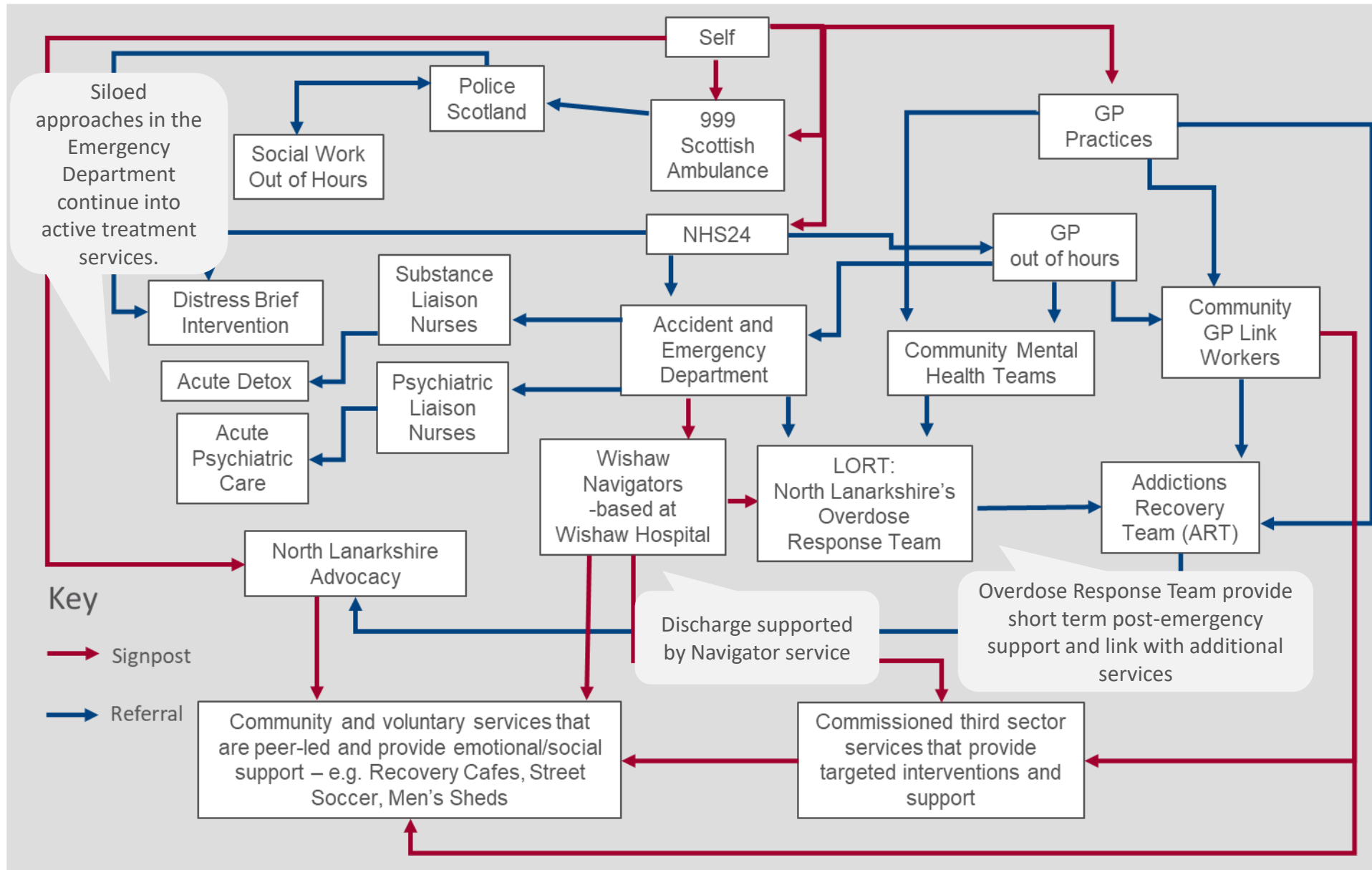
Insights

Treatment and Triage

- The map highlights the focus on triage within the system. The system seems designed to filter people by need. However, this means that it is likely that those with severe or more complex need have to move through a higher volume of services in order to get support.

Challenges to coordination

- Within acute services, there are no integrated services that can support with both mental health and substance use needs. There is an Addictions Psychology team, however, this is a relatively isolated service with regards to wider connections.
- Additional discussion was had about the role of waiting times on coordination, whereby coordination relies on being able to access two services at the same time. However, due to waiting times, treatment within service may be staggered, making coordination impossible.

The role of signposting

- Getting people into longer term support within the third and independent sector, including peer-led community groups, relies on key signposting organisations. This creates a sense of distance between statutory/clinical services and community organisations.

Community and voluntary services

- Within community and voluntary services, there are two categories: commissioned services that offer specific treatment and support; and more peer-led services that focus on community and connections. Within both of these categories the connections are relatively informal but well developed.
- There are funding and commissioning challenges across both categories and discussion centred on how services can coordinate more effectively around the needs of a person, along with responding to changing needs.

Unmet Need

- The high readmission rate suggests that there is significant unmet need. Within the pathways from the Accident and Emergency Department, there is significant separation between mental health and substance use services. This means that people attending through 'non-fatal naloxone administered incidents' are not supported with their mental health, which is often a significant contributing factor in substance use/overdose.

Further questions

The discussions within these sessions raised a number of questions that it will be important to follow up:

- Which services do assessments and is there routine inquiry regarding mental health/substance use?
- Are there more mental health services that have not yet been captured?
- Is there any 'in-house' capacity among addictions services to provide mental health support?
- Who else needs to be involved in order to talk about specific linkages between statutory mental health and substance use services?

Areas of focus

An interconnected systems map can help quickly identify settings that have a good range of services along with seeing where there might be gaps or areas for development.

These initial reflections are here to help stimulate conversations about what else we might want to explore and start thinking about potential areas of focus.

Key role of signposting organisations

- Potential bottle-neck
- Do not have clinical input or information from services
- 'Hard' boundary – people are discharged and then find additional support, no phased/step down approach
- Signposting may result in a lack of ownership – because there are many services, ironically, it is very easy to say 'go there for that help'

Access

- Lots of being passed between services to find the right support
- Few integrated pathways, with the presenting/immediate need determining future pathways and support
- Variable waiting times making joined up care across services difficult

Community and voluntary sector collaboration

- Good range of services with attempts to bring things closer together, but potential to look at more streamlined collaboration
- There might be a role for Market Facilitation to support connections across the whole of the third sector
- Connections with smaller, grassroots organisations a challenge
- Knowledge and information a big gap

To hear more about these sessions or the wider programme, please get in touch with the team on his.mhportfolio@nhs.scot

How might we…

…reduce the number of services people have to go through to get support?

…develop holistic needs based pathways?

…develop shared assessments within the third sector?

…coordinate/join-up care within acute/secondary services?

…use these system assets to wrap care around people?

Next Steps

Person Centred Journey Mapping:
Working with people to understand their experiences with service across the system. This will help compare the system as planned with the system as experienced – and highlight further areas for focus.

Phase One Summary:
Bringing together all of the findings so far to define the key challenges/areas of focus for the programme.

'How might we…' sessions:
To start thinking about potential tests of change through engaging with staff and people with experience of accessing services.