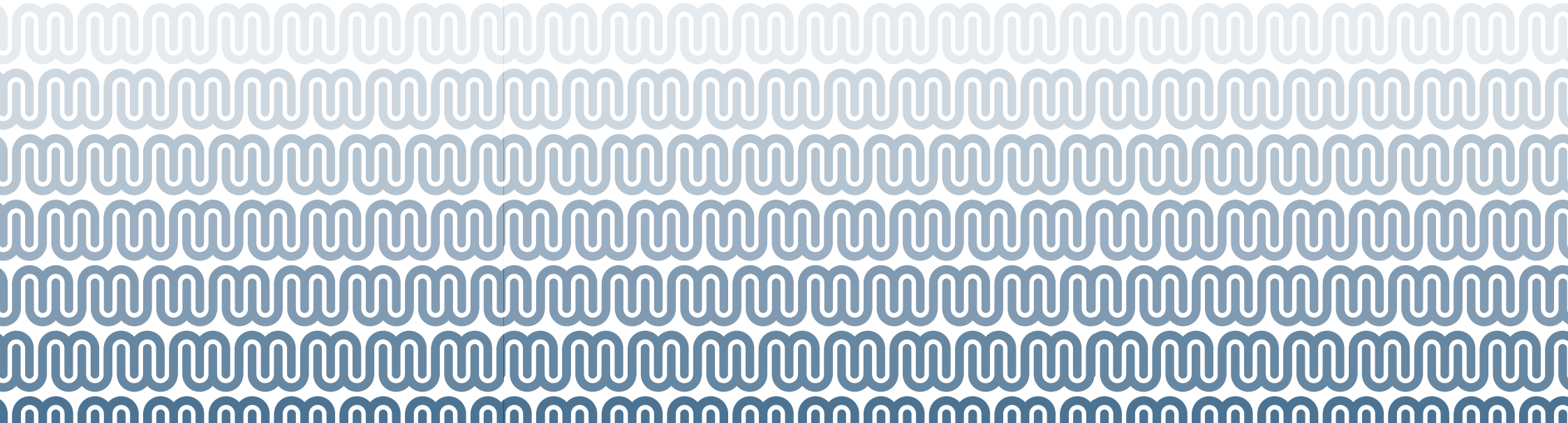
mental welfare commission for scotland

Closure report

Ending the exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland

December 2023



Our mission and purpose

Closure report:

Ending the exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland

Executive lead:
Dr Arun Chopra

Date of executive leadership team approval of project mandate:
Project mandate was agreed on 3 May 2021.

Date of commencement:
3 August 2021

Date of publication:
29 September 2022

Date of closure report:
19 December 2023

Purpose of a closure report
The purpose of a closure report is to assess whether the Commission has achieved its objectives (including outcomes, learning, quality and impact) and completed all deliverables on time and as planned.

The report must summarise the findings and recommendations made in themed visit report and identify the organisations and individuals to whom the recommendations were made.

The report should also identify the follow up actions and activities of the Commission in gathering in responses to the recommendations, and once in, identify how these responses were evidenced, assessed for impact and their success measured.

The report should assess theme in terms of impact, resource commitment and outcomes and met organisational standards and expectations.

1. Summary of recommendations made in the report

The report looked at the experience of people who are living with both mental ill health and problematic drug or/and alcohol use. It considered whether their care was joined-up and holistic and was in keeping with existing policies and guidance.

We undertook this themed visit because of the difficulties that Scotland faces with regards drugs and alcohol misuse and addiction. The high death rates from these health conditions are well known and work to reduce this is a national priority. Within the group of individuals who have addictions, some also have a co-occurring mental health condition. This group is particularly vulnerable.

A key policy aim has been that the care of this group is joined up and that they have access to joined up treatment and care to support them with these difficulties rather than them being 'bounced' between services that cater to the addiction or the mental health problem separately.

In total, 426 people engaged with us as part of this work through consultations, focus groups and questionnaires. We were keen to focus on their direct experience of services and working within them. We remain grateful for their insight and expertise and for the continued engagement with the Commission following the publication of this report in September 2022.

Whilst we found pockets of good practice, and a real desire to improve care and treatment we were concerned to find that national guidance and standards that emphasise the need for services to work closely together to meet all the needs of a person had not been realised.

People with lived experience and families/carers described a system in which they felt discriminated and were often 'bounced' between mental health services and addictions services. People who worked in services echoed those with lived experience, highlighting a lack of protocols that implemented policies that were to ensure that needs were met holistically, that people had care co-ordinators and care plans, were prevented from being 'bounced' between services, or excluded from services due to their problem substance use.

Despite clear guidance on the importance of clear care plans, 77% of professionals said documented care planning did not happen or that they were unaware of it. Despite the Medication-Assisted Treatment (MAT) Standards introduced following the report of the Drugs Death Task Force, we found little awareness of the standards particularly relevant to our report, on engagement and joined-up working so that people with a substance (drug or alcohol) use problem can access mental health care at the point of treatment.

People with lived experience, families/carers, and professionals noted a common theme was the impact of staff shortages on delivering care and treatment and in the continuity of care. People with lived experience and their relatives/carers told us how this resulted in people having to re-tell their stories to multiple professionals. Many people have experienced past trauma or adverse childhood experiences and it is upsetting to have to recount these experiences repeatedly, the opposite of what might be expected from trauma-informed care. The final report of the Drugs

Death Taskforce called for an end to stigma as an essential element in Scotland's fight against its high rate of drug-deaths. Our work also confirmed that stigma is preventing these issues being seen as the health problems that they are and is compounding the suffering for individuals and their families and carers.

We recommended the following:

To health and social care partnerships (supported by health boards and local authorities) by October 2023:

1. There should be a clear written policy/service delivery model reflecting national standards and guidance, outlining the expectations for the holistic, joined up care of people with a co-occurring mental health condition and problem substance use (if one does not already exist)*.
2. Audits should be undertaken to ensure that every person with a co-occurring mental health condition and problem substance use has a documented care plan with a care-coordinator identified.
3. Protocols should be in place detailing agreed approaches for people who disengage with services and this includes people with co-occurring mental ill health and problem substance use.
4. Psychiatric Emergency Plans should be reviewed to ensure that sections that set protocols for the care and treatment of those individuals presenting intoxicated provide a mechanism for contemporaneous and subsequent engagement.

To NHS Education for Scotland (NES)

5. NES to consider with relevant stakeholders, and report on how educational and improvement programmes for professionals working in mental health, addiction services and social care might:
   a) Embed a trauma-informed approach to care and treatment of people with mental health conditions and problem substance use;
   b) Address stigmatising attitudes within professionals towards people with mental health conditions and problem substance use.

To The Scottish Government

6. The Scottish Government should monitor the delivery of the above recommendations and work with health and social care partnerships (and associated health boards/local authorities) and NES to support consistency and address any barriers to delivery over the next 12 months.

** In the **absence** of or pending such a written policy/service delivery model for integrated care for this group that require secondary care mental health services and addictions services, **to avoid any inadvertent exclusion now**, the Commission considers that the lead service for this group should be secondary care mental health services (with support from addictions services as needed).*

2. Summary of responses

We made recommendations to Scottish Government, NHS Education for Scotland and to services. It is constructive to firstly consider how the Scottish Government responded and note the other policy drivers which have informed the response (a brief chronology is presented) from Scottish Government and from services and to note the planned work that Healthcare Improvement Scotland will be leading to support services in meeting recommendations that arise, in part from the Commission's report.

Following this, a description of how NHS Education for Scotland has taken forward the recommendations is presented.

The Commission report was published on 29 September 2022. The report was raised through a topical question in the Scottish Parliament on 4 October 2022. Meeting of the Parliament: 04/10/2022 | Scottish Parliament Website

The question asked for Scottish Government's response to the report. The then Minister for Mental Wellbeing and Social Care welcomed the report and stated that the Commission had made it clear that the Scottish Government focus must be on delivery. The minister committed to carefully considering the report's findings in detail over coming weeks and referenced the on-going *Rapid Review of mental health and substance use services* (commissioned by Scottish Government); pathfinder work by Healthcare Improvement Scotland to create better working links between substance use and mental health services (in the context of actions arising from the Mental Health Strategy – these are actions described as pilot activities under Action 27 of the 2017-2027 strategy) and the implementation of the Medication-Assisted Treatment Standards (MAT standards).

(A link to actions 26 and 27 is here Mental Health Strategy 2017-2027 - gov.scot (www.gov.scot))

The testimonies from people with lived experience who had contributed to our report and the issues we cited with regards the impact on policing services were also mentioned in the questions that followed in the debate in Parliament.

On 24 October 2022, the Commission received a letter from the minister confirming a plan to meet with the Commission to discuss the recommendations from the report. Following this, a joint meeting with the then Minister for Mental Wellbeing and Social Care and the Minister for Drugs Policy was organised with the medical director of the Mental Welfare Commission on 15 November, to discuss our finding on the gap between existing policies and delivery against these and the particular barriers that we felt were relevant to this on-going gap. The *Rapid Review* was in the final stages of preparation at this stage and it was agreed to meet with relevant officials to consider both the *Ending the Exclusion* and the *Rapid Review* recommendations and actions arising.

Our recommendation to Scottish Government was to monitor progress against the recommendations made to services and NES and to support consistency of approach and address barriers to delivery.

The Way Ahead: Recommendations to Scottish Government from the Rapid Review of Co-occurring Substance Use and Mental Health Conditions in Scotland was published in November 2022. A link to this is here Substance use and mental health concerns - The Way Ahead: rapid review recommendations - gov.scot (www.gov.scot). In the introduction, the report's authors state that they aimed that the report is complementary to the Commission's report and throughout the report they reference the Commission's work to demonstrate alignment or any alternative approach. This was a considerate approach that aided understanding. The *Rapid Review* made seven recommendations to Scottish Government. Some of these are relevant to the Government's response to the Commission's recommendations.

The first recommendation was that Scottish Government should ensure that each area has an agreed protocol in relation to the operational interfaces between mental health and substance misuse services, mirroring our first recommendation. The review acknowledged the Commission's evidence for the need for this and how this aligned to efforts needed to meet the MAT standards, particularly in relation to standard 9 that requires that people with co-occurring mental health conditions and drug use can receive mental health care at the point of MAT delivery.

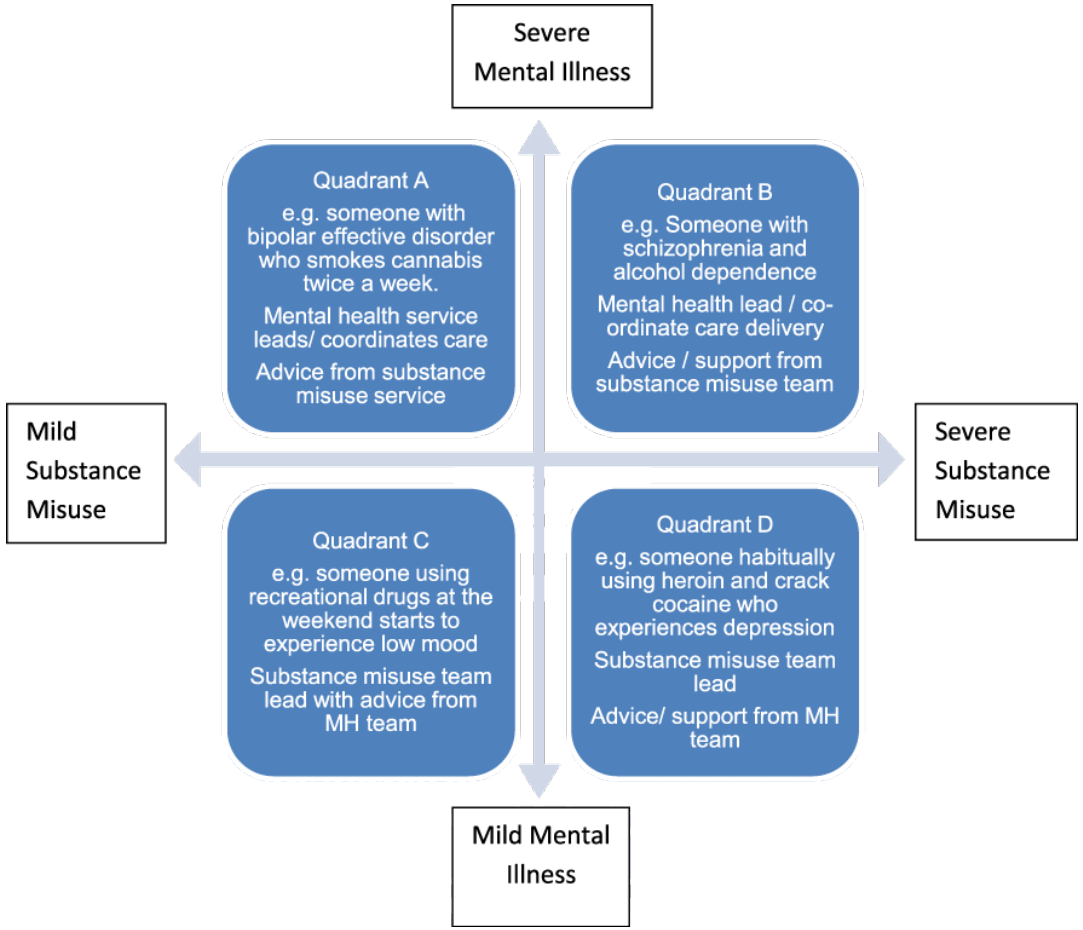
The second recommendation from this report calls for improved data collection on people who have both problem drug use and mental health conditions also has implications for our second recommendation to services on an audit of this group to ensure care-coordination. As the responses show there were several issues reported around the challenges of data collection.

Finally, the sixth recommendation on a trauma-informed approach to training for all mental health and substance use staff aligns against the first part of our recommendation to NHS Education for Scotland.

In their third recommendation to Scottish Government, The *Rapid Review* authors advocate the approach of the 'four-quadrant model' to Scottish Government, as a model that determines which service should lead care for this group of people with a view that the model should be operationalised through the local protocols. The authors recommend that the Mental Welfare Commission's report is read with the' four quadrant' model in mind. The model arises from a 2002 Department of Health publication in this subject area. (A link to this is here [ARCHIVED CONTENT] (nationalarchives.gov.uk) (accessed 17 September 2023)). The model is diagrammatically depicted below.

The *Rapid Review* authors noted that the Commission report suggests in-reach to substance use services from mental health services. We also recommend (through our first recommendation) that if an area does not have a protocol, secondary care mental health services should lead care. We deliberately made this recommendation to end any more 'bouncing' between services whilst services that do not have a protocol develop this.

Both the *Rapid Review* and the Commission's report are clear that separate dual diagnosis teams are not favoured in Scotland. The reports are complementary and make recommendations in the same direction.



(Diagram from [The complexity and challenge of 'dual diagnosis' (findings.org.uk)] accessed 17 September 2023)

At a subsequent meeting in early 2023 with officials from Scottish Government, the Commission's involvement in a 'reference group' to take forward the recommendations arising from the report was discussed. On 21 March 2023, the then Minister for Drugs Policy made a statement in Scottish Parliament on improving care for people with co-occurring mental health and substance use conditions. She referenced in her statement the recommendations from the *Rapid Review*, the Medication Assisted Standards, especially standard 9 and the *Ending the Exclusion* report and refers to these reports setting a clear way forward. Meeting of the Parliament: 21/03/2023 | Scottish Parliament Website

The minister states that every area will have a publicly available protocol that sets out exactly how mental health and substance use services should work together (our first recommendation). In order to ensure that the protocols will make a difference on the ground, Healthcare Improvement Scotland (HIS) will develop a 'Gold Standard protocol' against which all local protocols will be assessed. The protocol will deliver on the recommendations from *'Ending the Exclusion'* and the relevant MAT Standards. The minister reported that work on the protocol was to begin in May 2023 and the protocol would be available to local areas from October 2023. The implementation of the protocol was expected to begin from January 2024.

On further discussions with officials in September 2023, the plan remains that a 'reference group' (to include the Commission) will be convened in order to develop the 'Gold Standard' protocol. This group has not yet met. In September 2023, the Commission informed the Scottish Government of the responses received from services on the development of local protocols (where these did not previously exist) through their responses to the Commission's *Ending the exclusion* report.

Services responses

All HSCPs and associated health boards responded to the recommendations.

We noted that following publication some services responded asking for clarity about the meaning of 'mental health conditions' asking the question whether we meant any mental health condition or mental health conditions that requires secondary care. When asked we clarified that we meant the latter and felt that we had provided a steer towards this through the first recommendation within the information that had been asterisked. We acknowledge that some national guidance and policy direction is towards those in receipt of secondary care whereas other guidance is more widely set towards those with conditions that do not require secondary care input and as a result are less specific/targeted around requirements.

Another challenge that many services grasped as an opportunity rather than as a hindrance to responding was the rolling out of the MAT standards and the need to demonstrate against these standards (specifically MAT 3, 5, 6, 9) that related to the recommendations that we had made. However, as the Commission's recommendations and the MAT standards were in sync, this did not lead to any mismatch but did mean that services wrapped their response to the Commission in the language of the MAT standards. We made reference to the MAT standards through our report and the responses that addressed these made practical sense.

All responded have described clear time frames that mostly met our response recommendations (there were a couple that required additional time to April 2024) however as partnerships were at different stages the response time frames varied from 'already completed' to requiring additional time. All indicated a named role responsible for driving the change.

All partnerships were sensitive to the urgency of this work and the priority that had to be afforded to getting it right for this vulnerable group.

With regards recommendation 1: **There should be a clear written policy/service delivery model reflecting national standards and guidance, outlining the expectations for the holistic, joined up care of people with a co-occurring mental health condition and problem substance use (if one does not already exist).**

One partnership described developing the model (protocol) in stages according to clinical need and reported that they would be completed by October 2023. Others, referred to responding to requirements to meet MAT 9 as the vehicle for ensuring that this recommendation is monitored within the timescale. One referred to successfully recruiting a new staff member (advance nurse practitioner) to work across the teams with individuals with complex needs and that the Alcohol and Drug Partnership Board would monitor the compliance with MAT 9. Many partnerships had existing policies that required audit of implementation, which was the central observation of our report.

It was however also clear that boards and partnerships were starting at very different points with two partnerships describing no existing policies (protocols) to address this recommendation at all but both agreed to complete this, with associated audit activity, within the stipulated time frame for response, identifying the relevant area's addiction service as the lead to take this forward in one partnership; and colleagues from Healthcare Improvement Scotland who were working with the associated health board from shortly after the publication of our report in the other area. (In subsequent discussion with Scottish Government, it was clear that this partnership (board) was an area where the HIS pathfinder project from Action 27 was taking place)

Another partnership referred to MAT 9 with regards this recommendation stating that the MAT implementation support team (MIST) at Public Health Scotland and the Scottish Government will set the reporting requirements for Standard that will help them in determining the extent to which they meet the Commission's recommendation within the expected timescale. Within this response was the assumption that the Commission's recommendation is derived from MAT 9 however as mentioned in the report, the requirement around holistic joined up care for this group (the Scottish Government agreed the national guidance developed with the Department of Health 'orange book') predates the development of the MAT standards.

Another partnership, which also described how HIS is working with the associated board, has a policy document that covers the joint working arrangement however they acknowledged that this required improvement. The partnership is working with HIS to further develop and improve the pathway for those with co-occurring conditions. The work will not be completed until March 2024.

Three partnerships had already developed a written protocol as we had recommended. One described the model of bringing together not just the services we had referred to but also primary care, and referred to peer workers and psychology being available in one hub – we had already made reference to this service as an area of good practice in the report so it was not surprising that they had completed the evaluation that we suggested however they described how they were now rolling out the model across other areas within the partnership. Another partnership also described how the services are co-located in one building and how members of the alcohol and drug recovery team attend the local community mental health team fortnightly leadership and business meeting and through this have streamlined the procedures between multidisciplinary teams (MDTs) to reduce internal barriers to support. One partnership suggested that although there was no policy they felt that their services did work well together however they had set up a short life working group to consider whether a written policy is needed. We will follow up with this partnership with the named individual responsible for considering this as this was a key recommendation based on clear evidence from the national confidential inquiry that a written protocol was associated with a reduction in deaths in those NHS Trusts (in England) that had developed these. It is also clear that in the context of the Scottish Government's plans to require a written protocol and the work that HIS are progressing around a gold standard on this protocol to compare local policies against that this will be required.

With regards recommendation 2: **Audits should be undertaken to ensure that every person with a co-occurring mental health condition and problem substance use has a documented care plan with a care-coordinator identified.**

Some partnerships described progressing the audit following development of a model of joined up working that needed to precede the audit activity. Many referred to the digital systems that would be needed to progress this and although this was not an insurmountable barrier it was a consistent theme that partnerships referred to. We noted that the Rapid Review had identified that data collection is an issue and made a specific recommendation around this. The responses that we received on this recommendation confirmed the need that the *Rapid Review* identified. All the partnerships associated with one larger health board sought clarification on the target group, as the diagnostic information was not easily extractable and this required a new template from the medical information system (EMIS). They reported that outcome data on this would be available, linked to MAT 9, to the respective Alcohol & Drug Partnerships by April 2024. Two areas said that work on this recommendation would follow from the first recommendation as they did not have the policies in place to audit against, however they indicated that they would expedite this work (one in association with HIS; and referred to MAT standard 5 as another driver towards realising this)

One partnership area described the barrier to this being the social work file recording system (Care First) needing upgrading to a new system (Eclipse) to allow health-based colleagues to undertake this audit systematically, however in the meantime they undertook two separate audits on the existing systems (Care First and Trak) to identify relevant individuals. Another partnership described a difficulty in undertaking this audit being recording the data between the third sector named provider and the statutory service but that they are working towards this recording. Another partnership also described how the electronic system they had in place (Morse) allowed them to identify the relevant individuals to include in this audit. Two partnerships were clear that their existing data-tracking systems would not allow them to identify which individuals access both substance use and mental health services within the time-frames specified and that developing this system will take significant

planning and resourcing and include analyst support. Both of these partnerships indicated that work would start on this after the exact specifications and associated planning had determined a feasible time scale to complete the audit work. This would be complete within MAT reporting schedules however (April 2024).

Another partnership made a similar observation on the planning required with regards resources for this recommendation to be realised. This partnership described how they did not, at this stage, have shared care guidance. This will be developed in response to recommendation 1 (and would specify the process for agreeing a named care-coordinator for individuals accessing both services) and an audit will be best progressed against a standard that has had time to embed.

One of the partnerships had already developed the written protocol (recommendation 1) but had not audited against this recommendation so planned to undertake this within the recommended timescale for this. One partnership described how this recommendation had already been met however as the care plans were largely led by the community mental health team they are piloting a joint care plan between services and the individual.

With regards recommendation 3: **Protocols should be in place detailing agreed approaches for people who disengage with services and this includes people with co-occurring mental ill health and problem substance use.**

Some partnerships described how protocols for this are already in place for mental health services but not for addictions services necessitating improvement activity across the sector. Others were able to accept and implement this as the protocols were rolled out across the service following sign off at relevant governance groups. In a reversal of the first situation, one partnership described how a protocol for disengagement existed for those in addictions services but not for those in mental health service. This partnership took our recommendation further and described developing a written policy for disengagement that will also cover primary care, third sector and lived experience groups that might meet with people who are the subject of the recommendation. They are taking this forward through the MAT implementation plan.

Four partnership areas already had these protocols in place; and one described how work from their MAT 9 pathfinder project was progressing so that the protocol would be in place by March 2024.

One partnership felt that this recommendation required agreement across board/partnership and needed to be realistic in the context of the existing staffing shortages that is currently being experienced and that progressing this recommendation must consider impact on caseloads/quality of work. Having made these observations, the partnership detailed a clear audit process that met the timescale for response, in relation to MAT standard 3 (assertive outreach) and standard 5 (retention).

And finally with regards the fourth recommendation to services, **Psychiatric Emergency Plans should be reviewed to ensure that sections that set protocols for the care and treatment of those individuals presenting intoxicated provide a mechanism for contemporaneous and subsequent engagement:**

In common with other responses, most partnerships referred to the relevant health board (that has responsibility for this), but action plans indicated that the relevant integration joint board (IJB) has to sign this off and therefore they agreed to use this mechanism for sign off on a plan for subsequent engagement if agreed between other partner organisations at the review of the PEP plan.

One partnership described how HIS was supporting the board to audit presentations that arise in these situations to the relevant team (Drug and Alcohol Care Team) and proposed an audit on this within their response to explore effectiveness.

One partnership described how it was working in partnership with Turning Point Scotland's non-fatal overdose pathway to ensure referral for consistent follow up following such presentations. Two partnerships (in a combined response) indicated that the board's unscheduled care workstream pick up the management of psychiatric emergencies that present through the routes of the psychiatric emergency plan and this is in place to allow subsequent engagement with those who do not access immediate support.

We intend to make the information above and the action plans available to the Healthcare Improvement Scotland led reference-group as the examples above show how different areas are meeting the recommendations and this might be helpful in developing the 'gold standard' protocol that will aid/support local area protocols.

With regards the recommendation to NHS Education for Scotland, a detailed response was provided. We made two recommendations to NES on developing a trauma-informed training approach within mental health and substance use services and on addressing the stigma that professionals appeared to demonstrate towards people with substance use conditions.

On Embedding a trauma informed approach, NES described the following actions:

- TURAS landing pages with trauma pages guiding the embedding of trauma informed approach at all levels (https://learn.nes.nhs.scot/19051#).
- E-learning modules for practitioners on 'developing your trauma skilled practice', including in substance use and mental health settings, which are included in the TURAS landing pages to enhance access.
- Newly developed National Trauma Training Programme website.
- Matrix update in process.
- Trauma and substance use Pathfinders Project, with findings that highlight the complexity and challenges of delivering trauma informed care in substance use.
- Companion document for alcohol and drug use and trauma.
- Edinburgh Interview (Motivational Interviewing) Learning Programme launched with a focus on underlying trauma and the importance of trauma informed care.
- Three new online seminars developed and delivered regularly with a focus on substance use and trauma informed practice, including slides on the NTTP and Ending the Exclusion.
- Trauma informed practice embedded in the Core Skills course.
- Consulting with stakeholders on effective strategies for implementing MAT Standard 9 and 10.
- Completion of Essentials of Psychologically Informed Care module and launch on TURAS.
- Consulting with stakeholders on additional trauma and substance use training for mental health nurses, including those working in inpatient and CMHT settings with further development planned.
- Developing and coordinating materials considering specific populations with a focus on trauma informed practice, including: older adults; cognitive impairment; children, parents and families; women using substances; bereavement.
- Communication strategy rolling out in September to increase visibility and accessibility of all of these resources, including Essentials, trauma and substance use e-learning, the companion document, the Edinburgh Interview and Core Skills.

On addressing Stigma, NES described the following actions:

- TURAS landing pages addressing stigma on the first page and a link to 'Ending the Exclusion' and then a stigma section in the menu with training resources.
- Elearning module for practitioners on 'developing your trauma skilled practice', in substance use settings, included in the TURAS landing pages to enhance access.
- Edinburgh Interview (Motivational Interviewing) Learning Programme which addresses the impact of stigma.
- Matrix update in process.
- Three new online seminars developed and delivered regularly with a focus on substance use, mental health and trauma, including slides on the NTTP and *Ending the exclusion*.
- Attitudes and addressing stigma are embedded in the Core Skills course.
- Consulting with stakeholders on effective strategies for implementing MAT Standard 9 and 10.
- Consulting with stakeholders on additional trauma and substance use training for mental health nurses, including those working in inpatient and CMHT settings with further development planned.
- Developing and coordinating materials considering specific populations with a focus on addressing stigma, including: older adults; cognitive impairment; children, parents and families; women using substances; bereavement.

Communication strategy rolling out in September to increase visibility and accessibility of all of these resources, including TURAS landing page and stigma resources, Essentials, trauma and substance use e-learning, the companion document, the Edinburgh Interview and Core Skills.
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3. Summary of follow up activity and actions

As well as the activity described above; the report team met with the *Rapid Review* team, and met with Audit Scotland in August 2023 to discuss a proposed review of progress in this area and to share the insights gathered through this work.

In September, the Commission's medical director spoke to *The Ferret* on a report that looked at a street-based service for people with drug problems in San Fransisco which was preventing people from being caught in the 'Catch-22 situation' of requiring to address their addictions before receiving mental health support and vice versa. This linked clearly with the Commission's report on the situation in Scotland. 'These are our people': How a street-based therapy service is tackling San Francisco's drugs crisis (theferret.scot)

We will be contributing to the reference group that HIS is leading to ensure that every area has a local protocol.

4. Summary of the impact of themed report and wider learning

Communications analysis – *Ending the exclusion* report

The report was published on Thursday 29 September, 2022 and gained excellent coverage from national broadcast and print media, specialist publications, social media, and was the subject of a question in the Scottish Parliament.

Media

The report with an interview with the medical director, featured in broadcast breakfast bulletins on the day of publication on BBC1 Scotland, BBC Radio Scotland and Tay FM. It featured in lunchtime bulletins on BBC1 Scotland, BBC Radio Scotland, and STV News. It was also in the evening news bulletins on BBC1 Scotland and STV News At Six.

The updated guide was covered by The Times, The Scotsman, The Sun, The National (and again with the Government's response, and an opinion piece), The Daily Record, an opinion piece in The Press and Journal, Aberdeen Evening Express, Edinburgh Evening News, and The Courier. Online it was covered by The Guardian, BBC News (where it was the top story), Aberdeen Live, The Sunday Post, The Courier, The Daily Record, The Ferret, IQ Stock Market, and the Press and Journal.

X (the platform formerly called Twitter)

The Tweet announcing the report was the most-engaged tweet the Commission has published since August 2020.

Subscribers

The reports were emailed to 1736 subscribers on our lists and the response rate (based on opening the link to the report) **is the highest response rate of any email campaign sent by the Commission to all its subscribers** (records go back to August 2012).

It is clear through the responses on social media; and the ministerial response in Scottish Parliament, that our key message had impact and resonated. There is an implementation gap between policy and practice, there is no need for a new policy, just the implementation of what should be happening.

5. Conclusion – was themed visit worth doing?

Yes. Scottish Government has commissioned Healthcare Improvement Scotland to develop a Gold Standard protocol against which local protocols will be assessed. Our work is contributing to closing the gap that we identified and will reduce the 'bouncing' between services that leads to exclusion. The aim is to prevent people from being 'bounced' between services. NHS Education for Scotland has developed a set of resources that are aimed to address stigma that our work showed was potentially a driver for this exclusion and to ensure that staff working with people who experience both mental health conditions and substance use problems are approaching care in a trauma-informed way.

6. Outstanding actions and recommendations, and any future activity or options to satisfy these

Share relevant information from this with the ‘reference group’ at HIS and engage with this group (one of the practitioners who worked on the project will represent the Commission) and engage with Audit Scotland’s forthcoming work in this area (the medical director will represent the Commission on this).

If you have any comments or feedback on this publication, please contact us:

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