Livewell Southwest

Mental health and substance misuse treatment service within Harbour Drug & Alcohol Services Complex and Multiple Needs Team Operational policy

Delivered within Provider Partnership between
Harbour Drug & Alcohol Services
And
Livewell Southwest

Version No.1.
Review: January 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author:	**Clinical Manager/Non Medical Prescriber**
Asset Number:	**736**

Reader Information

Title	Mental health and substance misuse treatment service within Harbour Drug & Alcohol Services Complex and Multiple Needs Team Operational Policy. V.1
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Document purpose/summary	LSW Complex and Multiple Needs Team Operational Policy in Partnership with Harbour Drug & Alcohol Service Drug and Alcohol Services ***should be read together with** • **LSW /Harbour Drug & Alcohol Services memorandum of agreement (APPENDIX B)** • **LSW Out posting agreement** • **Dual Diagnosis Strategy (draft)** • **Mental Health Commissioning Strategy** Operational policy describing the role and function of the Complex and Multiple Needs Team within the Harbour Drug & Alcohol Service and LSW partnership.
Author	(Clinical Manager/Nurse Prescriber) (Nurse Prescriber) (Senior Drug Worker)
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Associated documentation	N/A
Supersedes document	New Policy – supersedes old operational policy for service prior to change of role – reflected in DD Strategy 2013
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Document review history

Version no.	Type of change	Date	Originator of Change	Description of change
0.1	New Document	September 2014	Clinical Manager	New policy.
0.2	Updated	December 2014	Clinical Manager	Updated following November 2014 PRG.
1	Ratified	January 2015	Policy Ratification Group	Ratified.

1. Glossary

CPA	Core Programme Approach linked to Models of Care 2009
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
CPN	Community Psychiatric Nurse
DAAT	Drug & Alcohol Action Team (No longer exists is now CCG)
DOH	Department of Health
MDT	Multi Disciplinary Team
NTA	National Treatment Agency
NHSP	National Health Service Provider
PCC	Plymouth City Council
LSW	Livewell Southwest
PSAS	Plymouth Specialist Addiction Service – PSAS offer prescribing Interventions, assessment and advice to Harbour Drug & Alcohol Service and to GPs in the Plymouth area
RGN	Registered General Nurse
SLA	Service Level Agreement
SUI	Serious Untoward Incident (used within Harbour Drug & Alcohol Service)
SIRI	Serious Incident requiring investigation
TOP	Treatment Outcome Profile
HALO	Electronic case management system for Substance Misuse Services in Plymouth
MARAC	Multi Agency Risk Assessment Conference

2. Definitions

2.1 Modality working

When we offer modality interventions we will complete a full comprehensive health care assessment and provide treatment recommendations where we will detail what part of this we as a team would best placed to provide**.** These are time limited and defined care planned by the Care Co-ordinator who will remain responsible for all NTMS/TOPs care planning, Risk agreements and review of treatment responsibilities. We will not be the Care Co-ordinator.

2.2 Care co-ordination/Caseload Definition

We will care co-ordinate package of person centred care and complete all NDTMS and TOPs requirements and fulfil care planning and treatment obligations detailed in Models of Care (2009).

2.3 Recovery definition

Recovery in mental health and substance misuse can be defined as both clinical and personal. Clinical recovery refers to an absence or reduction of symptoms/use of substances to a level below the specified threshold on a clinical assessment tool. Personal recovery is about an individual having a meaning and quality to their life, but not necessarily having clinical recovery (Mental Health Care 2012). This document will relate to recovery within the above definition of clinical and personal dimensions.

2.4 Definition of use, misuse, abuse

Drug abuse or misuse (Definition from DrugScope) http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/drugabuse.

2.4.1 Drug use refers to the taking of a drug.

- This can be either by swallowing, smoking, **injecting** or any other way of getting the drug into the blood stream, such as inserting it into the anus (often done by heavy cocaine snorters to avoid further damaging their noses) or insufflation - inhaling the drug contained in a fine spray.
- The terms have different connotations, varying usually on ideas of harm or wrong or inappropriate purpose. Abuse and misuse imply that the use is harmful or done in the wrong way. Misuse, as harm, refers to use that is **dependent** or part of a problematic or harmful behaviour. Those who believe drug taking is wrong, except within a medical context, will tend to use the term misuse to refer to illicit drug taking. The Government for example still uses this term, in keeping with their policies that aim to prevent non-medical drug taking.
- Use by children is regarded as inappropriate and again the terms abuse and misuse often apply, such as in the case of **volatile substance abuse** which is often harmful and particular to young teenagers.
- Drug use is used to refer to drug taking that, although it has some risk, it is not necessarily wrong or dangerous. The term does not imply that drug taking is

wrong and is therefore preferred by many not wishing to value-judge the taking of drugs.

2.4.2 Definition of Complex

Complex within this document will related to intricate, not simple, interconnected difficulties around substance misuse and mental health – alongside multiple vulnerabilities which may include crime, homelessness, pregnancy, domestic violence to name but a few.

2.4.3 Definition of Dual Diagnosis

A client who is experiencing a range of mental health problems in conjunction with substance misuse. Multiple, complex & interdependent, inter relational needs are always involved.

3. Philosophy and Mission Statement

3.1 The Complex and Multiple Needs Team aims to bridge the gap between existing mental health and substance misuse treatment services.

3.2 We share the aspiration of LSW strategic drivers towards mainstreaming (**see Plymouth Dual Diagnosis Strategy- link)** with a focus on working together collaboratively and in partnership with Plymouth wide services.

3.3 We are encouraged by a Mental Health Commissioning Strategy 2014-2017 that has dual diagnosis as a priority area for action and development, and emphasis that dual diagnosis cannot remain a diagnosis for exclusion.

3.4 Our philosophy is guided by the following shared principles:

- Seeing the client as an expert by experience.
- Treatment is user led, asset based and promotes recovery.
- We aim to promote choice, control and personalisation.
- We aim to build workforce skills and Practitioner competencies in working with people with multiple and complex needs.
- We encourage empowerment through recovery and relapse prevention.
- We encourage joint work and integrated packages of care around individuals.
- We focus on client and service provider satisfaction.
- We aim to practise ethically and respect diversity whilst challenging any inequalities.
- The model underpinning the function of the multidisciplinary team based on New Ways of Working Document 2007 Department of Health

4. Duties & responsibilities

4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

4.2 Responsibility of **line manager**

Fulfil all managerial responsibilities in relation to staff working within this policy and guidance and other policy and protocols dictated by the organisation. Responsible for direct line management of staff in line with LSW Policy and to respond and escalate any issues that may not sit within policy.

4.3 Responsibility of all **staff**

Work within their competence and within all agreed protocols to achieve best outcome for clients, highlight risk, provide high standards of care utilising all existing governance and clinical frameworks, utilise clinical supervision and conduct themselves at all times as ambassadors to the organisation upholding corporate image.

4.4 Responsibility of **Harbour Partnership Board.**

Harbour Provider Partnership Board – Terms of Reference

The Harbour Provider Partnership Board is responsible for the strategic management and development of the Harbour partnership providing substance misuse treatment and recovery services. The partnership will continuously seek to improve outcomes for people with multiple or complex needs who are referred to Harbour by challenging performance and developing new ways of working.

The members of the board will decide on the management and deployment of resources in order to ensure that services are safely, efficiently and effectively delivered to meet service users' needs and the desired outputs and outcomes specified by our commissioning agencies.

Each partner organisation within Harbour will be held to account by the Trustees of Harbour Centre (Plymouth), through a formal contract or agreement, to deliver services within their area of expertise.

The Board will consist of representatives from each of the partner service provider organisations and Chaired by the Chief Executive of Harbour Centre (Plymouth).

Each representative will have delegated authority to act on behalf of their own organisation within the terms of their Service / Partnership Agreement, Contract, Agreement or Memorandum of Understanding with Harbour Centre Plymouth.

Associated representatives from other organisations working in collaboration with Harbour Drug and Alcohol Services may be invited to attend. Any such arrangements will be clearly defined in an exchange of letters.

The Management Board will meet regularly, or by exception if necessary, to review the partnership's activities and performance. Its duties will include:

a. strategy planning and implementation
b. ensuring good governance and management of risk in all partnership activities
c. endorsing operational and support service strategies

d. negotiating and agreeing partnership contracts with Commissioners
e. endorsing all policies and procedures
f. ensuring that the partnership complies with data protection legislation
g. managing clinical and medical risk associated with the service
h. securing and allocating resources to meet the needs of the service
i. leading on tender opportunities
j. endorsing the appointment of service management level staff and above within the partnership
k. communicating with other statutory, private, voluntary or government agencies and the media

Diagram of accountabilities and links for the Harbour Provider Partnership. (Appendix B).

5. Who we are:

5.1 The service falls under the management of the North West Locality.

5.2 The team is made up of a Clinical Manager, Clinical Lead, CPNs, Senior Drugs Workers and Detox Nurses out posted to Harbour Drug & Alcohol Service Drug & Alcohol Services from LSW : Further detail around accountabilities in terms of safe systems of work can be found in Appendix A.

5.3 The service is enhanced by 2 Mental Health Support Workers who are employed by Harbour Drug & Alcohol Service, a part time Consultant Psychiatrist and the Plymouth Specialist Addiction Service.

Practitioner breakdown

1 x WTE – Clinical Manager/Nurse Prescriber **1 x 0.4 WTE Clinical Lead**
1 x 0.2 WTE Consultant Psychiatrist **2 x 0.4 WTE GPwSI**
3 x WTE CPNs **1 x WTE NMP Nurse (RGN)**
1 x 0.6 WTE CPNs
2 x WTE Senior Drugs Workers
2 x WTE Detox Nurses
3 x WTE Medical Secretaries and Prescribing Administrators
Supported by 1.5 WTE Support Workers employed by Harbour Drug & Alcohol Service

5.4 A partnership board between LSW & Harbour Drug & Alcohol Service exists, which has its own terms of reference which will guide service delivery (Appendix B).

5.5 “Harbour Drug & Alcohol Service aspires to be a preferred partner and centre of excellence in all matters associated with the use and misuse of alcohol and other substances; and is the lead agency delivering integrated recovery focused treatment to people affected directly or indirectly by misuse, addiction or dependency.

6. Who we aim to work with

6.1 The Complex and Multiple Needs Team will work with individuals aged 18 years and over with complex mental health, complex substance misuse needs and multiple vulnerabilities. There is no upper age limit and the service is designed to meet the needs of those, from any background, culture, race and ethnicity who have complex mental health problems and are using chaotic illicit drugs or alcohol use including new psychoactive stimulants, analgesics and tranquilisers.

6.2 **We are not commissioned to work with:**

- Under 18s.
- Clients currently in custody.
- Clients who pose an unacceptable risk to a Practitioner.
- Clients who don't have a current complex mental health and complex substance misuse issue/presentation.

6.3 The service will usually cover the hours of 0900 hours and 1700 hours Monday to Friday, however, there will be some flexibility to accommodate individual client need.

6.4 No assessments for new referrals will be carried out in the client's house unless an up-to-date Risk Assessment and another Practitioner known to the client is available to safely facilitate this.

Plymouth LSW - Lone Worker Policy

7. What we provide

7.1 The aim of the Complex & Multiple Needs Team is to promote and inspire Recovery through offering specialist assessments, modality interventions, treatment and care co-ordination to clients open to Harbour Drug & Alcohol Service Drug and Alcohol Services who have complex mental health and substantial substance misuse issues and which require an integrated treatment approach.

7.2 In addition to case load management and modality support the team offer:-

- Consultancy – specialist one off assessment and treatment recommendations to Practitioner without caseload management (care co-ordination).

- Specialist Dual Diagnosis supervision, mentoring, coaching to Practitioner, this could be individual, teams or services.

- Specialist Dual Diagnosis training: We strongly recommend the free Dual Diagnosis e-learning package. http://www.celecoventry.co.uk/projects/dualdiagnosis/

- We will provide assessment for individuals with complex mental health issues and chaotic substance misuse co-morbidity as defined in the Dual Diagnosis Strategy.

- We will assess individuals not purely defined as Dual Diagnosis where substance misuse issues dominate. We may also assess individuals where the complexity of mental health and psychological problems exacerbate risk when combined with substance misuse and require specialist mental health and substance misuse evidence based interventions.

- Aim to provide community based approach, supporting prevention and avoiding crisis and hospital admission.

- Offer a duty system for clinical advice, information and signposting.

- Offer advice and support to professionals referring or potentially referring to Harbour Drug & Alcohol Service.

- Offer a link practitioner to mental health teams.

- Offer advice guidance and signposting to individuals referred.

- Address root cause and wider determinants of drug and alcohol use on the individual carers and families and the wider community.

- Offer modality, joint working where time limited and brief interventions are assessed or deemed appropriate in accordance with NICE guidelines and evidence based treatments and to promote holistic relapse prevention.

- Offer attendance at Risk Management Meeting to give a perspective on how substance misuse and mental health issues affect risk.

- Only care coordinate those assessed as having a range of complex mental health and complex substance misuse and associated risk issues – where there is no other appropriate care co-ordinator. The purpose of this work will be to help the service user engaged with the most appropriate service.

  This work will be regularly reviewed, with advocacy used to affect the most appropriate service for the individual.

- Provide structured evidence based mental health and substance misuse treatment interventions which are Recovery orientated focus on client's strengths and resiliencies with an expectance of a client's diverse routes to Recovery.

- Function as an integral part of the Plymouth Dual Diagnosis Training Strategy and associated networks. We will be part of organisational and service developments, in the area of Complex and Multiple Needs commissioned service delivery.

- Support Practitioner in a range of provider settings to develop confidence in skills needed to work effectively within a Dual Diagnosis framework so they can play their part in a client's recovery actively and safely.

- Share learning and best practice across Mental Health and Drug & Alcohol Treatment Service within LSW .

- Promote client's self-directed support and mutual aid to enhance and mobilise clients own skills, resources and assets.

- Support client engagement with local networks and community projects which may include mutual aid recovery groups.

- Offer a pre-referral surgery 2 x per month for Harbour Drug & Alcohol Service Substance Misuse Specialist Workers to discuss complex cases where referral into CNT may or may not be deemed appropriate following the discussion of the case. This pre-referral surgery is an opportunity for any staff from LSW /Harbour Drug & Alcohol Service to discuss complex cases prior to them making a formal referral. These meetings can often act as valuable supervision, coaching and sign posting.

- Promote joint assessment to support the client to remain in the treatment service where their needs will be best met.

- Refer if necessary to the Plymouth Specialist Addiction Service (PSAS).

- We provide and encourage students and other service provider guests for practice placements and attend our team meetings. This is always through prior arrangement and signing of a Confidentiality Agreement.

7.3 All of the services are provided in partnership with Harbour Drug & Alcohol Service, in accordance to our memorandum of agreement and in the spirit of promoting the Plymouth Dual Diagnosis Strategy and will provide a service that is accessible through Harbour Drug & Alcohol Service Drug and Alcohol Services. However we can all offer assessment and consultancy to other commissioned services as clinically indicated.

8. How we will provide

8.1 We aim to address the mental health and substance misuse needs of individuals currently within and presenting to the Harbour Drug & Alcohol Service Drug and Alcohol Service in a timely and appropriate manner. This will involve assessment of existing Harbour Drug & Alcohol Service clients and their suitability for care coordination by a CPN, signposting, advice and liaison with other teams and services within Plymouth, medical review by Consultant Psychiatrist and assessment for detox.

8.2 All referrals if appropriate will be appointed within a 21 day period.

All Practitioner's will complete Risk Assessment, Treatment Outcome Profile, Care Plans and such other documentation as is necessary to ensure effective treatment and continuity of care. Comprehensive Assessments will have been completed by a Substance Misuse Specialist prior to referral to Complex and Multiple Needs

Team. The assessment will provide a detailed record of the needs of the individual including those relating to risk and vulnerability and also form the basis of subsequent planned interventions. We aim to achieve this in a way that avoids unnecessary waits for users and carer's in a style that is respectful and supportive and within time frameworks defined by the Commissioned SLA (Service Level Agreement) and previously NTA (National Treatment Agency) guidelines now Public Health England.

8.3 All comprehensive healthcare assessments will include assessment of Risks to self (others, children and consider Adult Safeguarding in line with LSW – Safeguarding Policy & Procedures **– see hyperlink**).Safeguarding Adults Policy v1:1

9. Performance & Governance

9.1 The Clinical Lead & Clinical Manager will attend Harbour Drug & Alcohol Service Management meetings, regularly attend the Clinical & Service Governance Forum (CSGF) meetings, attend any CCG related and commissioning meetings, be part of the SIRI process and attend North West locality meetings.

Regular meetings with LSW Governance Lead, Harbour Governance Lead and Commissioners provide opportunities for quality and service improvement to be discussed. A system of governance processes that exist within Harbour, within LSW and locally within Public Health England are currently being mapped.

9.2 **Effectiveness** of the service will be measured as follows:

- Performance Targets as defined within the Service Level Agreement with the Public Health England are achieved.

- National Drug Treatment Monitoring Service requirements are met, including immunisation, physical health screening, improved Treatment Outcome Profile (TOP).

9.3 **Quality** of the service will be measured as follows:

Compliance with Models of Care which mirrors CPA (Care Programme Approach). Our service therefore is exempt from LSW CPA Policy. All "Recovery" Care Plans will be on HALO and can be sent with the client's permission to other agencies as hard copy or sent to other caseload management systems as scanned documents.

- Care Quality Commission (CQC) Compliance.

- National Institute for Health & Care Excellence (NICE) Compliant treatments.

- Compliance with Clinical Governance requirements.

- Positive Feedback from users and carer's – MERIDAN + Harbour Drug & Alcohol Service survey.

- Positive feedback from partners and stakeholders – compliments + complaints.

- Learning from complaints and any adverse incidents (SIRI).

- Learning from links with the mental health services to progress towards mainstreaming.

- Learning from audit. A record keeping audit will be undertaken yearly.

- Learning from research that may be undertaken within the Service or locally with the University of Plymouth DARU.

9.4 **Efficiency** of the service will be measured as follows:

- The service is delivered within budget.

- Recruitment + retention of Practitioner.

- Sickness of LSW employees is below 3%.

- Waiting times from accepting referral to assessment within 21days. Feedback from referrals within 10 days through MDT Minutes. We aspire to have a zero waiting list.

- Allocation for caseload management within 4 weeks of feedback to MDT and allocation for modality within same time frame.

- Governance of service through CSGF (Clinical & Service Governance Forum), Harbour Drug & Alcohol Service Partnership Forum and LSW Medicines Management Team.

- All LSW employees working within Harbour Drug & Alcohol Service will follow established LSW policies and procedures, governance framework and accountabilities which include accountabilities and Children and Adult Safeguarding.

10. How we practice

10.1 The model underpinning the delivery of services is based upon Public Health principles and a whole system approach to the delivery of care and treatment.

10.2 Practitioners will engage the service user in a way that helps them feel comfortable and does not compromise the safety of the individual, third parties, or the team. Practitioners will work in a fashion that enables and empowers service users and is based upon a model of social inclusion and utilises the whole system to meet an individual's needs. Practitioners will involve where appropriate carer's and significant others. We will actively seek out and explore all evidence based alternatives to mental health hospital admission. When formulating care plans we will work together with all relevant individuals and agencies as appropriate and as agreed with the individual. We will encourage advocacy for individuals. We will adapt and reflect continually to meet the needs of the people we are working with,

being clear and honest about what we are able and not able to offer – with recovery outcomes at the heart of intervention.

10.3 Practitioners recognise that as a service we may need to work in ways that other Teams and Services traditionally may not. This may challenge usual and accepted practice and raise challenging ethical issues. Thus, it is crucial that practice is defined well within established policies and procedures, whenever possible, and carried out within the framework of effective clinical governance.

10.4 Practitioners are encouraged to take positive risks in treatment delivery following clinical discussions, detailed risk assessments and by using skills and expertise of LSW Risk Department.

11. Clinical Decision making processes

11.1 There will be a two hours multidisciplinary team meeting (MDT) at weekly intervals, to be chaired by the Clinical Lead & Clinical Manager/or in their absence a CPN. The role of the multidisciplinary team meeting will be to provide a forum for discussion with colleagues regarding care and treatment of individuals with particularly complex and risky behaviours, also where prescribing interventions are outside of policy and where social care assessments can be arranged. There will be a fortnightly rolling agenda (week one business items and week two clinical case discussion.

- Referrals can be personally presented at the meeting, brought by Harbour Drug & Alcohol Service Practitioner following the pre-referral surgery OR referrals can be via letter/referral form. All referrals are discussed and outcomes are minuted and sent to referees.

- All accepted referrals and requests for joint assessments will be discussed at this meeting and allocated accordingly.

- Clients will be contacted via letter/and or phone as directed, by the referral and invited to attend a comprehensive mental health/substance misuse assessment.

- All assessments will be discussed at the MDT before agreement and caseload, for either a modality intervention, signposting or care co-ordination. The referrer and GP will be written to with the outcome of the assessment.

- All requests for joint assessment can come via any practitioner but will be discussed as above at the MDT.

- The consensus outcome and decisions made at the MDT will be recorded in the service user record on HALO by the practitioner.

- Minutes from the meeting are recorded by a medical secretary and circulated to all attendees, and to Harbour referrers. MDT minutes and notes will be kept for CQC evidence.

- Requests for medical assessments by Consultant Psychiatrist can be accommodated through an appointment booking system. All requests will be discussed at the MDT meeting prior to an appointment being booked.

- Best practice is for the Care Co-ordinator to attend all medical appointments. The Consultant will then discuss outcomes at the MDT and this will be recorded in the minutes.

- HALO is the commissioned electronic case management system, where all client contact will be recorded. All LSW staff within Harbour will have Smart Cards and be trained to use SystmOne enabling risk and clinical information to be shared. Staff can input, view and refer to other services via the SystmOne electronic case management system adding special notes and priority reminders where appropriate.

- Where care is shared with other LSW services including Secondary Care Mental Health Services staff will share risk assessments and care plans via post or email whichever is appropriate so that these documents can be held on both systems.

- Non nurses within the team will have profiles set up on SystmOne where their work does not require counter signature.

- There will be a monthly clinical supervision meeting to discuss complex and high risk cases and cases where treatment feels static or clients may be disengaging.

11.2 Where there is significant risk identified or anticipated a SystmOne warning will be activated under high priority reminders and special notes as well as on HALO. All documentation will be in keeping with LSW Record Keeping policy and procedures and in keeping with professional standards, national good practice, (NTA Models of Care) and local governance requirements.

11.3 Clinical supervision will be provided within the LSW Policy for all practitioners on a monthly basis. A degree of clinical supervision is anticipated to take place within a group setting as part of the weekly MDT meeting and within informal team bases discussion.

11.4 Line Management for all LSW Practitioners will be provided by the Clinical Manager on a minimum of a 6 weekly basis in keeping with LSW Appraisal and Management Supervision Policy. This will include caseload management, 12 monthly appraisal, objective setting, performance management and training & development plans/CPD.

11.5 Ongoing training and development opportunities will be made available and expected to be taken up by members of Practitioners. Each individual will be expected to maintain their professional registration and update their mandatory training as required by LSW . All practitioners are expected to undertake audit and research as required by the LSW , Harbour Drug & Alcohol Service Drug & Alcohol Services and CCG.

11.6 It is expected that individuals will be involved in training and development, particularly in relation to mental health awareness and substance misuse. Any time required to undertake this role will be negotiated with Clinical Manager.

11.7 Any requests for the team to deliver training will come through the Clinical Manager in the first instance and will be discussed through the LSW Training and Development Team.

12. How we will liaise with other Services

12.1 Good liaison with all Services is essential + crucial to encourage and enhance client's recovery.

- Circumstances will commonly arise where care, support and information is shared across a range of Agencies.

- All services involved can expect that their confidentially policies will be adhered to at all times.

- Due to the nature and range of an individual's needs we may be required to share proportionate information on an as required basis with other partners - When possible we will do this with the consent of the service user.

- All practitioners will be identified to represent the service on relevant Networks and forums and at relevant strategic & governance meetings.

12.2 In addition to proportionate information sharing staff will adhere to LSW system and policies around MARAC, safeguarding children and adults and risks to self, others and staff utilising the risk management team and system.

13. How Users and Carer's will be involved in the Service

13.1 The Harbour Drug & Alcohol Service Drug & Alcohol Service and LSW positively encourage feedback and participation from users and carer's. We will do this by a range of methods including:-

- Regular consultation with service users and their Carer's in order to accurately evaluate the quality of service provided. This can be done using anonymous feedback to independent representatives.

- We actively encourage the use of advocacy services where available and possible.

- The offer of signposting to other community support services including Family Matters.

- The provision and copy of Recovery care plans, letters and personal notes will be made available in line with LSW + Harbour Drug & Alcohol Service Drug & Alcohol Service Policy.

- We encourage service users to sign their Care Plan where possible and actively participate in their care and treatment. This indicates their agreement to the treatment plan and their commitment to their recovery.

- We respect and recognise an individual's rights to plan their own care in times of crisis or difficulty.

- The signposting of Recovery Groups for families and Carer's.

- We strongly and actively support carer's and family involvement in the care and treatment packages we offer. We appreciate that at times family connections are difficult but we will always endeavour whilst respecting Client Confidentiality to work with the client and carer's' to reassure, education, signpost etc.

14. What to do if client is not happy with the service – and what to do if client would like to pay the service a compliment

14.1 As a service we are always keen to get feedback from the client, their relatives and carer's about parts of client's treatment that go well and those that do not feel so satisfactory. We welcome compliments and complaints.

14.2 If as a client or carer they are unhappy with the service that is being delivered the service would like the client or carer to say so and actively encourage their feedback. The client or carer should feel free to discuss any views with any member of the service and if the issue or problem remains unresolved an appointment can be made with the Clinical Manager to discuss this further if the client or care would like to do so.

14.3 The service as have available leaflets which the client or carer can ask for with details of how the service manage complaints and compliments. See Hyperlink – http://LSW net.derriford.phnt.swest.nhs.uk/Portals/3/Documents/Leaflets/Complaints%20leaflet.pdf

14.4 Patients may need support or advice without wishing to make a formal complaint. Staff should be able to offer such support and advice about the Complaints procedure through the Customer Services Department. A number of specialist advocacy services are developing alongside Livewell Southwest services, such as Plymouth Advocacy Gaining Empowerment and Support (PAGES) for service users of Mental Health Services, which should be considered.

14.5 Patients should be provided with details regarding the Independent Health Complaints Advocacy Plymouth Service (IHCAS) who will provide support and assistance through the complaints process.

14.6 If through an informal route the client or carer has been unable to resolve the issue or problem please request a copy of the leaflet Plymouth 'Complimenting or complaining about our services'.

14.6 This will explain how we can resolve your concerns and can be obtained from the client's care worker, from Plymouth on 01752 435201 or **complaintservicesLSW@nhs.net**

14.7 If the client requires help with their complaint the client can contact the Independent Complaints Advocacy Service (ICAS). This is a free independent service that will help the client write a letter of complaint to the Trust and support the client through this process.

15. Discharge from the Service

- At the beginning our engagement with clients we are working towards endings. We continually review clients recovery journeys and interventions we are providing to support their recovery throughout our engagement. We acknowledge that everyone will be working towards eventual discharge but will be at different stages towards this end throughout their treatment. We will always include clients, their families and carers in discussion and plans, best suited to meet individual client's needs.

- We will ensure that on discharge a written letter following a verbal discussion is required to end treatment with follow up in writing handover is provided to either a General Practitioner or Care Team that is taking on the care and treatment of the individual and a satisfaction survey is given to the individual on discharge.

- If an individual has been offered treatment and after a significant and extensive period of time an individual is not responding then in conjunction with them a decision may be made in regard to whether the Mental Health Complex Needs Service is best suited to meeting their needs at the time.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner

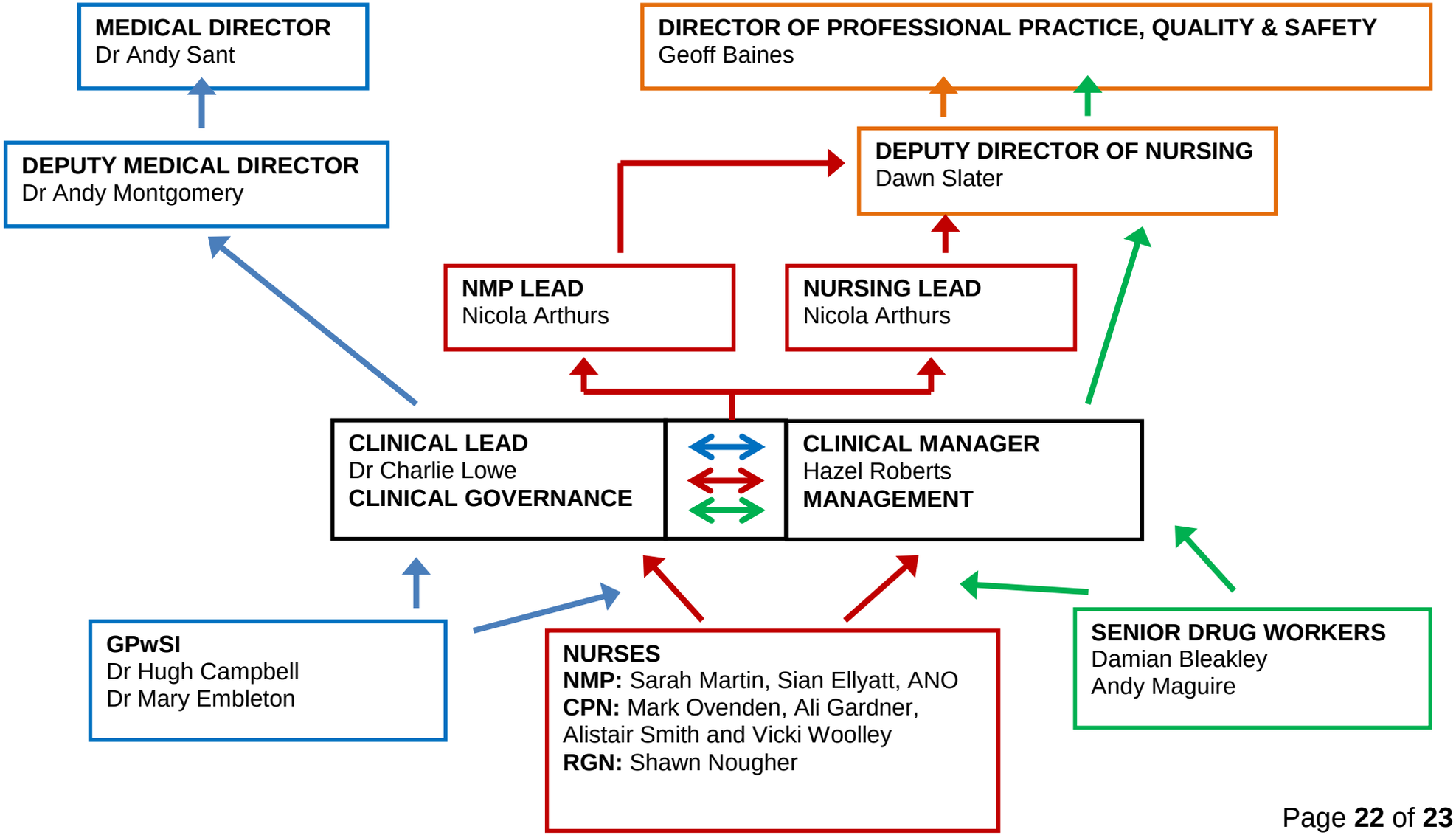
has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 21st April 2015

Appendix A.

Management & Clinical Leadership Accountability Structure: LSW staff working with Harbour
Draft created by Dr Charlie Lowe and Hazel Roberts 08.07.14



Appendix B.

Confidential

HARBOUR ACCOUNTABILITIES STRUCTURE