



**LEEDS DUAL DIAGNOSIS**



**ASSERTIVE OUTREACH + CITY WIDE HARM REDUCTION TEAM**  
**JOINT WORKING PROTOCOL**

**1. BACKGROUND**

Review August 2012. This partnership started in 2008 from a pilot undertaken by staff from both AOT and City Wide Harm Reduction Services. For the first 18 months, Street Outreach was a key member of this partnership; however with changes to commissioning and staff in July 2009; Harm Reduction started delivering this work to clients identified by AOT only. Both services have independent arrangements with Homelessness services.

AOT and Harm Reduction Service recognise the value of partnership working to address the needs of clients that experience mental health and drug issues. The relevance of this work and the commitment of both organisations to facilitate and build on this work continues to be as strong today as it was at the beginning of the partnership. This protocol continues to cover service-users with mental health and drug using issues; it covers all drug use and all methods of consumption (injecting and non-injecting)

**2. PARTNER SERVICES**

This partnership is between the Assertive Outreach Team (AOT) and the City-wide Harm Reduction Service.

**Assertive Outreach Team**

St Mary's Hospital  
Greenhill Road  
Leeds LS12 3QE

- Works with people who are reluctant to accept assistance from community mental health teams.
- Encourages independence and ordinary life style in a collaborative approach following a case management model.
- Offers individualised long term care in a flexible sensitive manner.

### **City-wide Harm Reduction Service.**

BARCA-Leeds and St. Anne's Drugs Project partnership.

- Works with people affected by their own or someone else's drug use.
- Empowers people to take a more managed and controlled approach to their drug use.
- The service offers holistic support covering the health and social needs of the service users.
- Works from a variety of settings; offering a flexible confidential service providing advocacy and referrals into health and social care agencies

### **3. TARGET GROUP**

Service users might present with the following characteristics:

- A diagnosis of severe mental health illness.
- Severe and frequent relapse of mental illness.
- Drug use.
- Complex social needs and/or chaotic lifestyle.
- History of very poor engagement with services.
- Not engaged with or difficult to retain in drug services.
- Likely to be at high risk of harm from drug use.
- Homelessness or at risk of becoming homeless.

### **4. AIMS**

- To meet the needs of service users identified by AOT in need of additional harm reduction information and support.
- To deliver a collaborative outreach intervention model to meet the needs of those people who require intensive and pro-active support around mental health; drug use; housing and other related needs.
- To work towards stabilisation and entry into mainstream mental health and drug treatment services as a long term goal.
- To increase the knowledge and skills of practitioners around each other's work, by providing the opportunity of shadowing and skills sharing.

### **5. HOW IT WILL WORK**

The Harm Reduction Service will provide a practitioner with a high level of skills and competences. This practitioner will be available all day Tuesday. There will be an inbuilt degree of flexibility - should the need arise for a visit on another day, this will be agreed by the practitioners from both services. Both practitioners will also recognise that the location of joint visits (home, hospital day care settings, etc) can change.

In addition to this session, the practitioner will be available for informal discussion of service users' needs during the week. Appropriate time will be made available, with notice (2 weeks), for the practitioner to attend further service development and/or care planning meetings.

AOT will provide a practitioner with a high level of skills and competences. Co-ordination of the service user's care will rest with the AOT team under CPA framework. The AOT practitioner will inform colleagues from the Harm Reduction Service of any areas of risk that are pertinent to working with specific service users.

## **6. CONFIDENTIALITY AND INFORMATION SHARING**

The first organisation coming into contact with a particular service user who may benefit from collaborative care; will obtain verbal consent to share information and to involve the other partner services as appropriate. Wherever possible, written consent will be sought.

Practitioners will work within the confidentiality policies of their organisations; copies of the service's policies are attached. Any breach of confidentiality will be seen as a disciplinary issue.

The Harm Reduction Service will record minimum personal information for reporting purposes. The information will be gender, ethnicity, name or initial, ward of residence, date of birth and any exchange of clean injecting equipment. The Practitioner will only share anonymous information about their case-work with their team when this is in the context of a de-briefing or supervision with their line-manager or to support learning within their team.

AOT practitioners will share information re: service users with their whole team to enable different practitioners to respond to joint-outreach requirements as appropriate and according to staffing levels and capacity.

**Protocol Drafted:**

November 2008

**Amended:**

August 2012

**To be Reviewed:**

August 2013