

Putting NICE guidance into practice

**Resource impact report:
Coexisting severe mental illness and
substance misuse: community health and
social care services (NG58)**

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Summary

This report looks at the resource impact of implementing NICE's guideline on [coexisting severe mental illness and substance misuse: community health and social care services](#) in England.

We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Implementing the guideline may result in additional costs being incurred due to an increase in:

- the number of people with coexisting severe mental illness and substance misuse being referred to secondary care mental health services
- the number of care coordinators needed
- the number of needs assessments for carers
- the resources needed for multi-agency and multidisciplinary case review meetings
- the resources needed to contact people who have not attended appointments and the resources needed to continue to treat these people.

Implementing the guideline may result in the following benefits and savings:

- a reduction in the resources needed to treat people in crisis
- a reduction in inpatient bed days in mental health services for people in crisis.

Table 1 shows an illustration of the potential resource impact for a population of 100,000 based on expert opinion and indicative values.

Table 1 An illustration of the potential resource impact for a population of 100,000 based on expert opinion and indicative values

Area of Recommendation	Resource impact per 100,000 population £
Costs	
Referral to secondary care mental health services Number receiving treatment for mental health condition	4,985
Assessment of carers' needs Number of carers accepting a needs assessment	397
Services for carers following assessment	-
Care coordinators and continuity of care Number of care co-ordinators required	33,080
Multi-agency and multi-disciplinary case review meetings Costs of reviewing cases	196
Maintaining contact with people who have coexisting severe mental illness and substance misuse Number of people who are contacted	98
Number of people who re-enter services	1,824
Savings	
Crisis care intervention costs	-8,505
Inpatient treatment costs	-56,362
Potential resource impact	-24,286

Community mental health services in England are commissioned by clinical commissioning groups. Drug and alcohol services are commissioned by local authorities.

Providers are NHS hospital trusts, community mental health trusts and non-statutory / voluntary sector organisations.

Introduction

- 1.1 The guideline offers best practice advice on [coexisting severe mental illness and substance misuse: community health and social care services](#).
- 1.2 This report discusses the resource impact of implementing our guideline on coexisting severe mental illness and substance misuse: community health and social care services in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the resource impact template to reflect local practice and estimate the impact of implementing the guideline.
- 1.4 Community mental health services in England are commissioned by clinical commissioning groups. Drug and alcohol services are commissioned by local authorities.
- 1.5 Providers are NHS hospital trusts, community mental health trusts and non-statutory / voluntary sector organisations.

2 Background

- 2.1 The groups covered in this guideline are young people (aged 14–25) and adults who have been diagnosed as having a severe mental illness, misuse substances and live in the community.
- 2.2 In this guideline, severe mental illness includes a clinical diagnosis of:
 - schizophrenia, schizotypal and delusional disorders, or
 - bipolar affective disorder, or

- severe depressive episode(s) with or without psychotic episodes.
- 2.3 Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicines, in a way that causes mental or physical damage.
- 2.4 Adults and young people who have coexisting severe mental illness and substance misuse have some of the worst health, wellbeing and social outcomes ([Relationship between dual diagnosis: substance misuse and dealing with mental health issues](#), Social Care Institute for Excellence).
- 2.5 It is not clear how many people in the UK are in this group. Estimating prevalence is difficult partly because some people in this group do not use services or get relevant care.
- 2.6 The prevalence of substance misuse among people diagnosed with a psychotic disorder is estimated at 24% to 44% ([costing statement for psychosis with substance misuse in over 14s: assessment and management](#), NICE). A midpoint of 34% is assumed. The prevalence of psychotic disorder among all adults in the UK is around 5 cases per 1,000 people. Together this gives a prevalence of 0.17%.
- 2.7 Applying this to the population aged 14 years and over in England gives an estimate of around 77,000 people who have coexisting severe mental illness and substance misuse (0.17%). This is used as a proxy for the number of adults and young people who have coexisting severe mental illness and substance misuse.
- 2.8 Different models of service exist to meet the needs of people in this group. Services may be:
- serial (people use 1 service at a time depending on their needs)

- parallel (people attend both mental health and substance misuse services during the same time period)
- integrated (1 team addresses both people's substance misuse and their mental health needs at the same time, in the same setting).
- Collaborative (services to meet their health and social care needs), such as:
 - Integrated approaches involving statutory, community and voluntary sector mental health and substance misuse services, with agreed local pathways to meet wider social care needs.
 - Mental health services leading on, and helping with, access to other health and social care services. This includes primary healthcare, housing and employment as well as substance misuse services.

3 Assumptions made

3.1 The resource impact template makes the following assumptions:

- prevalence of psychotic disorder is a proxy for severe mental illness and among adults is 0.5%
- prevalence of substance misuse in people diagnosed with a psychotic disorder is 34%
- prevalence figures apply to people aged 14 to 17 years.

4 Recommendations with potential resource impact

Potential areas for additional costs

Referral to secondary care mental health services (recommendation 1.2.1)

Background

4.1 People who misuse substances and who also have a mental illness may be excluded from secondary care mental health services. Often their wider needs are not assessed and they are not offered a care plan.

Assumptions made

4.2 It is assumed that around 300,000 people in England are currently being treated in substance misuse settings, of which 20% (60,000) are assumed to have a severe mental illness. It is assumed that around 50% (30,000) of this group are currently being treated for both their substance misuse and mental health needs.

4.3 Areas that have a higher proportion of people with severe mental illness who also have a substance misuse problem may experience a resource impact in terms of number of people requiring treatment.

4.4 People from other settings may also currently be excluded from services. These can be included in the local resource impact template.

Resource impact

4.5 The cost of an intervention for each person with coexisting severe mental illness and substance misuse is estimated at £226 for a 6-month treatment. This cost includes face-to-face individual sessions and individual phone sessions (see the guideline's [economic analysis](#)).

Care coordinators and continuity of care (recommendations 1.2.2 and 1.2.3)

Background

- 4.6 It is important for continuity of care that a key contact is assigned to the person, and that this contact encourages people to keep in touch with services.
- 4.7 A care coordinator from community mental health services should be assigned to the person once they are referred to secondary care mental health services. This person should take the key role in developing and reviewing the care plan and organising the delivery of services, with the support of a wider team.

Assumptions made

- 4.8 It is assumed that 77,000 people in England with coexisting severe mental illness and substance misuse are allocated a care coordinator. It is estimated that a care coordinator typically has a caseload of 30 people.
- 4.9 A care coordinator may be an NHS agenda for change band 5 or 6 employee. They may be a social worker, mental health nurse or a member of a community mental health team for adults. They could be a local authority employee on the National Joint Council (NJC) 28-41 payscale.
- 4.10 The average cost of a care coordinator is estimated at around £35,038 a year, including oncosts of 24%.

Costs

- 4.11 An estimated 2,600 care coordinators may be needed in England. The resource impact can be estimated locally by amending the variables in the template to suit local circumstances.

Assessments of carers' needs (recommendation 1.2.8)

Background

- 4.12 Carers of people with a coexisting severe mental illness and substance misuse are entitled to an assessment of their needs ([Care Act 2014](#)). This is particularly important if the carer is a child.

Assumptions made

- 4.13 It is assumed that around 77,000 people in England have coexisting severe mental illness and substance misuse and an estimated 50% have a carer.
- 4.14 An estimated 50% of carers currently accept an assessment of their needs. It is assumed that a carer's assessment would take around 75 minutes and would probably be carried out by a care coordinator who is a member of the community mental health team. Expert opinion estimates that 90% of carers accept services following an assessment of their needs.
- 4.15 If a higher proportion of carers accept the offer to have their needs assessed, this will have a resource impact.

Costs

- 4.16 The cost of 60 minutes of a team member's time is estimated at £22.41, so a 75-minute assessment would cost around £28.

Multi-agency and multidisciplinary case review meetings (recommendation 1.3.9)

Background

- 4.17 Multi-agency and multidisciplinary case review meetings should be held annually. They should involve practitioners from a range of disciplines including secondary care mental health, substance misuse, primary care, emergency care (if applicable), voluntary sector, housing, and adult and young people's social care.

Assumptions made

- 4.18 It is assumed that every person has their care discussed in a multi-agency and multidisciplinary care review meeting once a year.
- 4.19 It is assumed that around 90% of case reviews are currently attended by all the range of practitioners involved. A case review meeting is assumed to take around 45 minutes.
- 4.20 Localities where less than 100% of care review meetings are attended by all practitioners may experience a resource impact in terms of practitioners having to attend more case reviews.

Costs

- 4.21 The cost of 1 hour of a team member's time is estimated at £37, so the cost of one extra practitioner attending an extra 45-minute case review meeting is around £28. Where more practitioners need to attend meetings, amend the cost in the local resource impact assessment template to reflect the number of extra practitioners who need to attend.

Maintaining contact between services and people with coexisting severe mental illness and substance misuse (recommendation 1.6.5)

Background

- 4.22 People with coexisting severe mental illness and substance misuse may find it hard to start or maintain contact with services. Non-attendance can often lead to discharge. It is important to maintain contact and reach out to people to help them remain engaged with services.

Assumptions made

- 4.23 It is assumed that follow-up actions for people who do not attend an appointment include: phoning them, contacting the person's care coordinator or other practitioners involved in their care, or visiting them at home.

- 4.24 It is assumed that telephone contact may be attempted first, and that 3 calls may be made. It is estimated that a telephone contact takes 10 minutes. Following this, a home visit may be made by two practitioners. This may take around 1 hour.
- 4.25 It is expert opinion that 30% of people do not attend their appointments, and an estimated 90% of this group are actively followed up. Expert opinion is that 90% of those followed up will resume their treatment.
- 4.26 Following up on more missed appointments will have a resource impact for providers (from telephone calls and home visits). Where more people resume their treatment there will be a resource impact of more services being provided.

Costs

- 4.27 The cost of 1 hour of two team members' time is around £74. The weighted cost of follow-up in the resource impact template is estimated at around £23. These costs can be adjusted in the template.
- 4.28 It is estimated that 100% of people who are followed up may re-enter services. For each person, the cost of treatment is estimated at £226.

Potential areas for savings

Crisis care costs and inpatient treatment costs

Background

- 4.29 The guideline recommends closer partnership working between specialist services, health, social care and other support services and commissioners. This includes collaboration to provide a range of flexible services. Joint strategic working arrangements, and joint referral and care pathways, should be in place.

- 4.30 If organisations work together more closely to plan and deliver services, this may help reduce the number of people needing crisis care. Closer partnership working may also help reduce the number of people needing admission to inpatient mental health services.

Assumptions made

- 4.31 The cost of one intervention from a crisis resolution team for adults with mental health problems is estimated at £189. It is assumed that three contacts are made on three consecutive days. The cost of a crisis intervention is around £1,700. This is very variable and is dependent on the needs of the person.
- 4.32 The [health economics](#) evidence review estimates that the average inpatient stay for these patients is 37.08 days. As the cost per bed day is estimated at £152, the overall stay in hospital could cost around £5,600.

Savings

- 4.33 The resource impact template can be used to estimate the number and cost of crisis interventions and number and cost of inpatient attendances avoided. Local savings can be estimated by amending the variables in the template to suit local circumstances.

5 Implications for commissioners

- 5.1 A summary of the potential resource impact of implementing the recommendations in England is seen in appendix 1. The table shows the recommendations that can be estimated using expert opinion. For recommendations where data are not available, the resource impact has been estimated using indicative values. Commissioners should enter their own data in the costing template to model the resource impact for their local circumstances.

- 5.2 Coexisting severe mental illness and substance misuse falls under NHS programme budgeting category 05A - substance misuse, 05C - psychotic disorders and 05X - other mental health disorders.
- 5.3 Different organisations may need to take different approaches to implementing this guideline. A whole systems approach to commissioning of care is needed. This is required across a range of different services and sectors. Collaboration and flexible working across services is needed.

About this resource impact report

This resource impact report accompanies the NICE guideline on [coexisting severe mental illness and substance misuse: community health and social care services](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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Appendix 1 Summary of potential resource impact per 100,00 population

Recommendation	Current Activity	Futute activity	Change £	Basis of change
Resource impact using expert opinion				
Recommendation 1.2.1 Referral to secondary care mental health services Number receiving treatment for mental health condition	55	77	4,985	Expert opinion estimate of activity change
Recommendation 1.2.8 Assessment of carers' needs Number of carers accepting a needs assessment	35	50	397	Expert opinion estimate of activity change
Services for carers following assessment	32	45	-	Expert opinion estimate of activity change. Local assessment of cost required
Potential resource impact for recommendations based on expert opinion			5,382	
Resource impact modelled using indicative values				
Recommendations 1.2.2 and 1.2.3 Care coordinators and continuity of care Number of care co-ordinators required	5	6	33,080	Reduction of caseload by 5 to 25 cases per co-ordinator
Recommendation 1.3.9 Multi-agency and multi-disciplinary case review meetings Costs of reviewing cases	127	135	196	Increase of 5% to 95% of meetings that are fully attended by all range of disciplines
Recommendation 1.6.5 Maintaining contact with people who have coexisting severe mental illness and substance misuse Number of people who are contacted	38	42	98	Increase of 10% from assumed 90% to 100% of people who are contacted
Number of people who re-enter services	34	42	1,824	Increase of 10% from assumed 90% to 100% of people who are contacted
Crisis care intervention costs	20	15	-8,505	Indicative estimate
Inpatient treatment costs	100	90	-56,362	Indicative estimate
Potential resource impact for a population of 100,000			-24,286	