

<b>Subject:</b>	<b>Dual Diagnosis Scrutiny Review: Six Month Implementation Report</b>		
<b>Date of Meeting:</b>	<b>20 July 2010</b>		
<b>Report of:</b>	<b>The Director of Strategy and Governance</b>		
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<b>Wards Affected:</b>	All		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The scrutiny panel set up to examine issues relating to city residents with a 'dual diagnosis' (i.e. people with co-existing severe and long-lasting mental health problems *and* significant substance misuse issues) reported to the Overview & Scrutiny Commission (OSC) on 21 April 2009.
- 1.2 OSC endorsed the report and referred it to the council's executive. The report was considered at the 09 July 2009 Cabinet meeting. Cabinet endorsed all the report recommendations in principle, and passed them on to the city Working Age Mental Health (WAMH) Commissioning Strategy Group for detailed consideration. The WAMH Commissioning Strategy Group is a partnership group responsible for revising the city WAMH strategy and is therefore in a position to consider and (potentially) to implement the Dual Diagnosis report recommendations.
- 1.3 The revision of the WAMH commissioning strategy is an ongoing piece of work. However, the group has provided an interim implementation report for OSC members. This is included as **Appendix 1** to this report.

### 2. RECOMMENDATIONS:

- 2.1 That members:
  - (1) Note the contents of this report and its appendix;

- (2) Consider whether to request a further implementation update in six months' time.

### **3. BACKGROUND INFORMATION**

- 3.1 The term 'Dual Diagnosis' is typically used to refer to people who have a co-existing severe and long-lasting mental health problem coupled with significant substance misuse issues. For many, but not all, people with a dual diagnosis, this is likely to mean a diagnosis of schizophrenia/bi-polar disorder *plus* an addiction to opiates *plus* problematic use of a wide range of other drugs *and* alcohol.
- 3.2 People with a dual diagnosis are likely to be amongst the most vulnerable people in the local community. They are also likely to be amongst the most challenging. Many people with a dual diagnosis may well be homeless/rough sleepers. They are also very likely to be in regular contact with the justice system and to have physical health problems.
- 3.3 Treatment/support for both aspects of a dual diagnosis is typically complicated by the co-morbidity – e.g. abstinence programmes for substance misuse typically require a good deal of self awareness and self-discipline from users, but these are qualities which are often impaired by severe mental illness. This means that effective services for people with a dual diagnosis have to be designed with the condition in mind, and may have to be very specialised.
- 3.4 The Scrutiny panel made a series of recommendations – to the council's Housing Strategy department, to NHS Brighton & Hove, to the Sussex Partnership NHS Foundation Trust and to other partners. Since all these partners are members of the working group revising the city Working Age Mental Health Commissioning Strategy (which includes most commissioning for dual diagnosis services), Cabinet decided to refer the Scrutiny report to this group. Once the city WAMH commissioning strategy has been revised, the results (including progress in implementing the dual diagnosis report recommendations) will be reported back to Cabinet. An interim report on implementation of the dual diagnosis report recommendations is included as **Appendix 1** to this report.

### **4. CONSULTATION**

- 4.1 This report has been compiled following informal consultation with the Working Age Mental Health Strategic Commissioning Group.

## **5. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

5.1 None to this report for information.

### Legal Implications:

5.2

### Equalities Implications:

5.3 None to this report.

### Sustainability Implications:

5.4 None to this report.

### Crime & Disorder Implications:

5.5 None to this report.

### Risk and Opportunity Management Implications:

5.6 None to this report.

### Corporate / Citywide Implications:

5.7 None to this report.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Information provided by the Working Age Mental Health Strategic Commissioning Group

### **Documents in Members' Rooms:**

None

### **Background Documents:**

1. Scrutiny Panel report on Dual Diagnosis

## Appendix 1

No.	Recommendation	Response
1.	<b>Supported Housing</b>	
a.	Consideration should be given to the feasibility of commissioning temporary supported housing provision to be used to accommodate people with a dual diagnosis in between their discharge from residential psychiatric treatment and the allocation of appropriate longer term housing. Bed and Breakfast accommodation should only be considered as a last resort.	As part of the consultation on the Supporting People strategy the partnership is exploring the feasibility of short term dual diagnosis supported accommodation
b.	Consideration should be given to the feasibility of commissioning a residential assessment facility to be used to house people with a suspected dual diagnosis for a period long enough to ensure a thorough assessment of their mental health and other needs.	B&HCC are working with SPFT to commission new services for people with complex needs including substance misuse and mental health. It is anticipated that this will not be specifically time limited but will still work with people within a recovery model.
c.	Consideration should be given to commissioning long term supported housing for people with a dual diagnosis who refuse treatment for their condition(s).	

d.	<p>BHCC Housing Strategy and SPFT should seek to agree a protocol requiring statutory providers of mental health services to notify the council's Housing Strategy department when a client has been admitted to residential mental health care (subject to client's consent). This would enable the Housing Strategy department to assess the risk of an individual being unable to access suitable housing on their discharge from hospital and take appropriate action.</p>	<p>The Housing Options department has agreed to develop a Frequently Asked Questions designed for acute services staff to identify the correct pathways and options for individuals with housing needs who have been admitted to acute services. This will include signposting to the SPFT Placement Officer at Bartholomew House. Accommodation needs are logged on admission and passed to the Discharge Coordinator who facilitates the completion of Housing Options involvement. This protocol will be included as part of SPFT's Dual Diagnosis strategy with a tick box section in the new risk assessment documentation. The recent ImPower report (commissioned by BHCC with DoH money and significant input from SPFT) about working age mental health residential provision indicated that a housing strategy with BHCC needs to be created around these issues and the need to approach a re-ablement model for moving patients through towards independent living. This could include the needs of dual diagnosis patients. This is something the local authority / PCT/ SPT are looking at in terms of changing the focus for commissioning residential provision.</p> <p>SPFT and the Mental Health Commissioners have agreed that all admissions will have an assessment of their use of substances. This is included in the re-draft of the Dual Diagnosis Policy.</p>
e.	<p>Consideration to be given to establishing a 'dual diagnosis pathway' to ensure individuals can be appropriately housed as quickly and efficiently as possible.</p>	<p>SPFT are engaged in reviewing the Brighton and Hove mental health accommodation pathway as part of the PCT Transforming Mental Health Services strategy review workstreams.</p> <p>Consideration is being given to the provision for a dual diagnosis pathway similar to the banded support available for other mental health service users: this would involve tiered support from floating support, medium and</p>

		<p>higher level provision in the city.</p> <p>SPFT and Brighton Housing Trust (BHT) are working together to build a full spectrum of services which includes Dual Diagnosis.</p> <p>A Dual Diagnosis pathway will be included in SPFT's final Dual Diagnosis strategy document.</p>
f.	The West Pier project represents an effective model for supported housing suitable for (some people) with a dual diagnosis. Serious consideration should be given to providing more such facilities in the city.	This will be considered as part of the review of Supporting People services in the city. This review began in April and will conclude in July with new or remodelled services being commissioned from April 2011.
<b>2.</b>	<b>Women's Services</b>	
a.	Any future needs assessments must address the important issue of the potential under-representation of women, and must introduce measures to ameliorate this problem.	A working group has been set up with the Women's Network, Independent Provider, PCT, and Supporting People. This group is looking at gaps in provision and potential equality impacts.
b.	Local solutions will be found to ensure that an appropriate range of services are available.	
<b>3.</b>	<b>Children and Young People</b>	
a.	The integrated services for dual diagnosis offered by the CYPT are studied by agencies responsible for co-working to provide adult dual diagnosis	The Commissioning Team within the CYPT and SPFT are working together with the young people's substance misuse treatment team to ensure a streamlined and effective dual diagnosis service is provided.

	<p>services. Where agencies are unable to formally integrate, or feel there would be no value in such a move, they should set out clearly how their services are to be effectively integrated on a less formal basis.</p>	
b.	<p>Serious and immediate consideration should be given to introducing a 'transitional' service for young people with a dual diagnosis (perhaps covering ages from 14-25). If it is not possible to introduce such a service locally, then service providers must demonstrate they have made the progression from children's to adults services as smooth as possible, preserving where feasible a high degree of continuity of care.</p>	<p>A transitional team (TAPAS) have been developed and are now operational within the targeted youth support services across the city and a specialist post working with LGBT young people. This covers the age range of 14 - 25.</p>
c.	<p>Serious consideration needs to be given to the growing problem of problematic use of alcohol by children and young people (including those who have or are likely to develop a dual diagnosis). It is evident that better support and treatment services are required.</p>	<p>Various early identification methods have been put in place across the city with a clear remit for brief interventions. So now social care teams, integrated youth support services and hostels all screen young people regularly for drugs and alcohol use. A brief intervention service specifically attached to alcohol has been developed and operational working with 16 plus. A specialist alcohol post sits within RUOK? (the young people's substance misuse treatment service) and has put effective pathways in place with the Anti-social behaviour team and A &amp; E. The young peoples treatment service has a CAMH's nurse who provides a specific package of care and within SPFT the revised care planning processes clearly identify's substance and alcohol use as part of their initial assessment.</p>

d.	<p>The development of a 'pathway' to encourage A&amp;E staff to refer young people attending A&amp;E with apparent substance or alcohol problems should be welcomed. There may need to be targets for referrals to ensure the pathway is used as efficiently as possible.</p>	<p>An effective care pathway has been in place for over a year between the A and E team and RUOK?, the Young peoples substance misuse treatment service. Developments are now in place to establish a clear pathway with the ambulance service.</p>
e.	<p>Public Health education encouraging abstinence/ sensible drug and alcohol use is vital to reducing the incidence of dual diagnosis in the long term. Effective funding for this service must be put in place. Public Health education encouraging mental wellness is equally important.</p>	<p>The Public Health Team commissions a health promotion alcohol post and substance misuse post. One day a week is dedicated to young people. These posts are hosted by CRI and work alongside young people providing services to implement evidence based health promotion approach. The Healthy Schools Teams within the CYPT work across all schools to improve and develop the curriculum.</p> <p>The BHCC Corporate team are now in the process of agreeing a media and communications strategy across teenage pregnancy and substance use (legal and illegal) based within a social marketing approach.</p>
f.	<p>Dual diagnosis can have a profound and ongoing impact upon families of people with co-morbidity of mental health and substance misuse issues. It is vital that appropriate support services are available for families and that every effort is taken to identify those in need of such support. Therefore, a protocol should be developed whereby a formal assessment of the support needs of families is undertaken whenever someone is diagnosed with a dual diagnosis.</p>	<p>Work has begun on this area with the introduction of workshops as part of parenting programmes raising the awareness of mental health and substances. Schools now have counselling services available and the TAPAS teams work to support families within services at an early stage than previously available. Social care teams have clear pathways into mental health and substance misuse treatment services where a dual care plan package would be available.</p> <p>Alongside this, the CYPT are implementing across services a comprehensive assessment framework, (CAF) which again will work with young people and families at an earlier stage in meeting their joint needs.</p>

<b>4.</b>	<b>Integrated Working and Care Plans</b>	
a.	Consideration should be given to adopting an integrated approach to the assessment of people with dual diagnosis problems. Such assessments must be outcome focussed.	All individuals will have their substance use assessed at referral within the comprehensive assessment process. This is part of the formal contract between the SPFT and NHS Brighton & Hove. The Dual Diagnosis strategy being produced by SPFT includes clear reference to an integrated approach to service user assessment, care and treatment. The newly introduced HONOS assessment is an outcome-focussed tool.
b.	A single integrated care plan may not be possible nor desirable, but co-working in devising, maintaining and using care plans is essential. Whilst good working has clearly been done in this area, a care plan with clearly expressed 'move on' plans, which can be accessed by housing support services (and other providers) is a necessary next step in the integration of support services for dual diagnosis.	Service users with a dual diagnosis have care plans that reflect the complexity of their needs and will include reference to other services involved in the care with named people. This is illustrated by the type of work currently being carried out by the Transition Team with the patients currently at Davigdor Lodge.
<b>5.</b>	<b>Funding</b>	
a.	Better provision for alcohol related problems, both in terms of treatment and Public Health is a priority, and urgent consideration should be given by commissioners of health and social care of	Alcohol services have been expanded to include a brief interventions alcohol service. This is provided by the CRI (Crime Reductions Initiative) organisation at both A&E and within primary care settings and works collaboratively with the statutory alcohol service providers as well as other

	developing these services to meet local need.	health and social care agencies. Existing Supporting People funded drug services have been remodelled to give equal priority to people whose primary need is alcohol related.
b.	Commissioners must agree on a level (or levels) of care housing support appropriate for people with a dual diagnosis, and ensure there is sufficient funding available for city supported housing providers to deliver this level of care.	An outline business case is being presented to the JCB this year which includes supported housing needed for dual diagnosis (or complex needs), both short term and longer term housing options.
<b>6.</b>	<b>Treatment and Support</b>	
a.	The provision of detoxification facilities for city residents be reconsidered, with a view to providing more timely access to these services, particularly in light of growing alcohol and drug dependency problems in Brighton & Hove.	Access issues were explored in comprehensive review of Tier 4 services (in-patient detoxification and residential rehabilitation services) in Feb 2010, with an action plan forthcoming.
b.	Treatments need to be readily available at short notice, so the chance for effective intervention is not lost for clients who may not be consistently willing to present for treatment. Future needs assessments should focus on the accessibility as well as the provision of services.	Service Users are invited to describe their experience to the CQC at each monitoring visit. This is reported to the managers and the Mental Health Act Committee. Patients' rights and provision of information has been the subject of significant work in the past year and SPFT are monitoring progress against the National Patients Survey reports.
c.	SPFT examines its policies relating to detaining	

	people under a section of the Mental Health Act, in order to ensure the inevitably distressing experience of 'sectioning' people is as risk free as possible for patients (as well as families and carers), and that maximum possible therapeutic benefit is extracted from the process	
d.	Service users should be central to the development of dual diagnosis services. Commissioners should ensure that service providers take account of the views of service users when designing services and training staff, and can demonstrate how these views have been incorporated into strategies, protocols, etc.	Service users are identified members of and represented at the Brighton & Hove Dual Diagnosis Steering Group, which is chaired by the Dual Diagnosis Nurse Consultant. SPFT's dual diagnosis strategy is based on the DoH's "Developing a Capable Dual Diagnosis Strategy" which highlights the need for a service user-led outcomes framework. All Supporting People services are assessed against the Quality Assessment Framework which holds active service user involvement in strategic development as basic good practice expected from all providers.
<b>7.</b>	<b>Data Collection and Systems</b>	
a.	A new strategic needs assessment for dual diagnosis services in Brighton & Hove is undertaken as a matter of urgency.	A comprehensive strategic needs assessment of mental health was conducted in December 2007. This included specific sections on drug misuse, alcohol misuse and dual diagnosis.

