

Appendix 5

Dual Diagnosis Scrutiny Panel: Digest of Recommendations

1 Supported Housing:

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. Housing people with a Dual Diagnosis in 'Bed & Breakfast' accommodation should only be considered as a last resort.

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.

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) Brighton & Hove City Council Housing Strategy and the Sussex Partnership Foundation Trust 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 the appropriate approval from clients). This would enable Housing Strategy to assess the risk of an individual being unable to access suitable housing on their discharge from hospital, and to take appropriate action.

e) Consideration should be given to establishing a 'Dual Diagnosis pathway' to ensure that people with a Dual Diagnosis can be appropriately housed as quickly and efficiently as possible.

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 within the city.

2 Women's Services

a) Any future Needs Assessment of city-wide Dual Diagnosis services must address the important issue of the potential under-representation of women, and must introduce measures to ameliorate this problem.

b) The problems highlighted by Brighton Women's Refuge are addressed (point 8.1(d) in the full report), with assurances that local

solutions will be found to ensure that an appropriate range of services is made available.

3 Children and Young People

a) The integrated services for Dual Diagnosis offered by the CYPT are studied by agencies responsible for co-working to provide adult Dual Diagnosis services. Where agencies are unable to formally integrate, or feel that 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.

b) Serious and immediate consideration must 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 that they have made the progression from children's to adult services as smooth as possible, preserving, wherever feasible, a high degree of continuity of care.

c) Serious consideration needs to be given to the growing problem of problematic use of alcohol by children and young people (including those who currently have or are likely to develop a Dual Diagnosis). It is evident that better support and treatment services are required.

d) The development of a 'pathway' to encourage A&E staff to refer young people attending A&E with apparent substance or alcohol problems should be welcomed. There may need to be targets for referrals to ensure that the pathway is used as efficiently as possible.

e) Public Health education encouraging abstinence/sensible drugs 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.

f) Dual Diagnosis can have a profound and ongoing impact upon the families of people with a 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.

4 Integrated Working and Care Plans

a) Consideration should be given to adopting an integrated approach to the assessment of people with Dual Diagnosis problems. Such assessments must be outcome focused. If the commissioners are unable/unwilling to move towards such a system, they should indicate why the current assessment regime is considered preferable.

b) A single integrated Care Plan may be neither possible nor desirable, but co-working in devising, maintaining and using Care Plans is essential. Whilst good work has clearly been done in this area, the development of a Care Plan, including 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.

5 Funding

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 the commissioners of health and social care to developing these services so that they meet local need.

b) The commissioners of Dual Diagnosis services must agree on a level (or levels) of care housing support appropriate for people with a Dual Diagnosis and ensure that there is sufficient funding available for city supported housing providers to deliver this level of care.

6 Treatment and Support

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.

b) Treatments commissioned for people with a Dual Diagnosis need to be readily available at short notice, so that the chance for effective intervention is not lost with clients who may not be consistently willing to present for treatment. Any future city Strategic needs Assessment for Dual Diagnosis should focus on the accessibility as well as the provision of services.

c) The Sussex Partnership Foundation Trust examines its policies relating to detaining people under a section of the Mental Health Act, in order to ensure that the inevitably distressing process of 'sectioning' is as risk free as possible (for patients and also for their families and carers), and that maximum possible therapeutic benefit is extracted from the process. (If the trust has recently undertaken such work/carries out this work on an ongoing basis, it should ensure that it has relevant information on this process available to be accessed on request by patients and their families.)

d) Service users should be central to the development of Dual Diagnosis services. When they commission services, the commissioners should ensure that potential service providers take account of the views of service users when designing services and

training staff, and should be able to demonstrate how these views have been incorporated into strategies, protocols etc.

7 Data Collection and Systems

a) A new Strategic Needs Assessment for Dual Diagnosis services in Brighton & Hove is undertaken as a matter of urgency.