

OVERVIEW AND SCRUTINY COMMISSION

Agenda Item 110

Brighton & Hove City Council

Subject: Dual Diagnosis Scrutiny Review
Date of Meeting: 21 April 2009
Report of: The Acting Director of Strategy and Governance
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Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 This report and its appendices detail the findings of the Scrutiny Panel established to examine the issue of 'Dual Diagnosis'.
- 1.2 The Scrutiny Panel's report and its appendices are re-printed as **appendix 1** to this report.

2. RECOMMENDATIONS:

- 2.1 That members:
 - (1) Endorse the Dual Diagnosis report;
 - (2) Agree to refer the report recommendations to Cabinet and to the appropriate partner organisations;

3. BACKGROUND INFORMATION

- 3.1 The review into Dual Diagnosis (of mental health and substance misuse issues) was instigated in 2008 by Councillor Georgia Wrighton.
- 3.2 The suggested terms of reference were to: *"investigate and suggest improvements to the provision of health, housing and support services for those in the community, who because of an actual or perceived co-*

existing substance misuse and mental health problem, fail to receive adequate medical and social care.”

- 3.3 At its January 2008 meeting, the Overview & Scrutiny Organisation Committee (OSOC) endorsed Councillor Wrighton’s scrutiny request and established a Scrutiny Panel. As the panel was initiated by OSOC, it must report back to the Overview & Scrutiny Commission (OSC) rather than to a Scrutiny committee with a more directly housing or health-related remit. However, having considered the Dual Diagnosis report, OSC members may choose to refer any future monitoring of the implementation of report recommendations to another Overview & Scrutiny committee.
- 3.4 This has been a lengthy review, in part because the evidence gathering process took a good deal of time; in part also because officers supporting the panel were obliged to prioritise more immediately pressing work during the period of the launch and establishment of the new council’s Scrutiny system.
- 3.5 Dual Diagnosis services are provided by a partnership of several organisations, most notably the local authority working in close conjunction with the local Primary Care Trust (NHS Brighton & Hove) and the local NHS mental health trust (Sussex Partnership NHS Foundation Trust). Given the importance of these organisations to delivering Dual Diagnosis services, the Scrutiny Panel Chairman, Councillor David Watkins, chose to share a draft of the report with them on an informal basis. Both trusts have responded by welcoming the report in principle. It is, of course, the prerogative of OSC members to determine whether the report should be formally referred to these or other organisations for their consideration.
- 3.6 Drafts of the Dual Diagnosis report have also been discussed with senior officers from Adult Social Care and Housing and the Children and Young People’s Trust, as well as with some of the witnesses who gave evidence to the panel.

4. FURTHER INFORMATION

- 4.1 ‘Dual Diagnosis’ is the term commonly employed to describe co-existing mental health and substance misuse problems. Dual Diagnosis is not a precise term, and within the broad set of people with some co-morbidity of substance misuse and mental health problems, there are several subsets of people with much more serious/complex co-morbidities.
- 4.2 There are particular problems associated with a relatively small group of people who have severe and enduring mental health problems (typically bi-polar disorders or schizophrenia) combined with heavy use of opiates

(and probably a range of other substances/alcohol). People in this group are also very likely to be homeless or rough sleepers, to live very chaotic lifestyles and to be in regular contact with the police and NHS services.

- 4.3 Estimates of the extent of Dual Diagnosis problems in the city will vary according to how broadly Dual Diagnosis is defined. However, the Panel heard evidence to the effect that there were approximately 200 people in the city with a co-morbidity as defined in 4.3 (above), and perhaps 2000 people with some combination of severe mental health and severe substance misuse issues.
- 4.4 The social impact of Dual Diagnosis can be much greater than this prevalence suggests, as sufferers can be both the most vulnerable *and* the most disruptive people in the community, posing considerable problems for services such as the police, housing and healthcare.
- 4.5 The Scrutiny Panel chose to pay particular attention to the issues of supported housing; of the impact of Dual Diagnosis on women, children and families; to funding for services; to the type and availability of treatment and support; and to data collection. Inevitably, this focus meant that important areas such as the links between Dual Diagnosis and the criminal justice system were relatively un-developed.
- 4.6 The Dual Diagnosis report and its appendices (including the original scrutiny request, a list of witnesses, minutes of the evidence-gathering sessions, a digest of recommendations, a list of background papers/sources, and written submissions of evidence) are re-printed as **appendix 1** to this report.

5. CONSULTATION

- 5.1 No formal consultation was undertaken in preparing this report, although council officers, NHS officers and some of the witnesses who gave evidence to the panel were asked for their comments on drafts of the report, and these comments have been used to inform the final draft version.

6. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 6.1 OSC's decisions in relation to this report (i.e. whether to endorse the Scrutiny Panel report and refer its recommendations to the council's Executive for consideration) have no direct financial implications.

However, members should bear in mind that the implementation of some of the Scrutiny Panel's recommendations might have significant financial implications for the council, and that any Executive decision in relation to these matters will need to be made with reference to these costs.

Legal Implications:

- 6.2 In accordance with Part 6.1, section 15, of the Council's constitution, if the Commission agrees the recommendations of the Scrutiny Panel, it is required to prepare a formal report and submit it to the Chief Executive for consideration by Cabinet or the relevant Cabinet Member. Only if one or more recommendations require a departure from or a change to the agreed budget and policy framework would the report need to be considered by Full Council.

If the Commission cannot agree on one single final report, up to one minority report may be prepared and submitted, alongside the majority report, for consideration by the Cabinet or Cabinet Member.

Lawyer consulted: Oliver Dixon

Date: 30 March 2009

Equalities Implications:

- 6.3 Dual Diagnosis is not restricted to a particular social or ethnic group, although any community which experiences more than average levels of severe mental illness and/or substance misuse is liable to be disproportionately affected by Dual Diagnosis – this most obviously correlates with deprived communities, but there may also be particular issues for certain minority ethnic communities .
- 6.4 It seems unlikely that women suffer disproportionately from Dual Diagnosis, but it may be the case that their problems tend to be particularly severe (particularly as they may not present for treatment at an early stage, and are very likely to have underlying histories of abuse which may complicate treatment/support). Services need to recognise and address this issue when designing their services.

Sustainability Implications:

- 6.5 None identified.

Crime & Disorder Implications:

- 6.6 People with a Dual Diagnosis are very likely to be involved in crime and anti-social behaviour . Effective treatment/support for Dual Diagnosis should attempt to address this pattern of behaviour.

Risk and Opportunity Management Implications:

- 6.7 Although the number of people in Brighton & Hove with a Dual Diagnosis is probably quite low, their potential to impact upon the city is very high, particularly in terms of the cost pressures on services for the homeless/rough sleepers. Effective management of Dual Diagnosis should seek to recognise and mitigate this risk by providing appropriate support services (e.g. to maintain people in their tenancies where possible).

Corporate / Citywide Implications:

- 6.8 People with a Dual Diagnosis are very likely to be amongst the most deprived in the city and very unlikely to be in employment or training. Improving services for this group therefore accords with the corporate priority to “Reduce inequality by increasing opportunity”.
- 6.9 Dual Diagnosis is strongly associated with a range of criminal and anti-social behaviour (notably acquisitive crime, drug dealing, problems associated with sex work, problems associated with rough sleeping, public disorder). Improving services for this group therefore accords with the corporate priority “Fair enforcement of the law”.

SUPPORTING DOCUMENTATION

Appendices:

1. Dual Diagnosis Panel report and appendices

Documents in Members’ Rooms:

None

Background Documents:

1. None (other than those listed in the Dual Diagnosis Panel report itself)

