

OVERVIEW AND SCRUTINY COMMISSION

Agenda Item 46

Brighton & Hove City Council

Subject: Dual Diagnosis Scrutiny Review
Date of Meeting: 1 November 2011
Report of: Strategic Director Resources
Contact Officer: Name: Giles Rossington Tel: 29-1038
E-mail: Giles.rossington@brighton-hove.gov.uk
Wards Affected: All

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 A scrutiny panel was 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) this panel reported to the Health Overview & Scrutiny Commission (HOSC) on 21 April 2009.

1.2 Endorsed by HOSC the report was referred to the council's executive and considered at the 09 July 2009 Cabinet meeting. Cabinet endorsed all the report recommendations in principle, and referred to the city Working Age Mental Health (WAMH) Commissioning Strategy Group for detailed consideration. An interim implementation report was presented to the HOSC Scrutiny Review 20th July 2010.

1.3 A joint strategy for mental health, Transforming Mental Health Services 2010-2013, has been developed which supports a Dual Diagnosis care pathway review and recommends development of a specific Dual Diagnosis action plan to take forward.

1.4 Sussex Partnership Foundation Trust developed a Trust wide Dual Diagnosis strategy, launched autumn 2011. This is a five year plan with a principle aim of ensuring that Mental Health services assume primary responsibility for those with serious mental health issues and substance misuse needs. This strategy and associated action plan outlines how the Trust will work to improve support and further integrate care for people with a Dual Diagnosis.

1.5 The recent development of Clinical Commissioning, along with the appointment of a Substance Misuse Commissioner Post within Public Health, presents further opportunity to strengthen the whole system and partnership-wide approach to Dual Diagnosis. Development of a city wide, multi-agency action plan under the Transforming Community Mental Health services

strategy is currently under review. An update on progress to date is included in **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 twelve 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. The reports recommendations were initially considered by the city Working Age Mental Health Commissioning Strategy working group, and subsequently the Transforming Mental Health Strategy Board as a city wide strategy was developed.

4. CONSULTATION

4.1 This report has been compiled following request for information from agencies and partners.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report

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. Dual Diagnosis Progress Report against HOSC Recommendations 2010
2. Sussex Partnership Foundation Trust Strategy for Dual Diagnosis 2011-2016

Appendix 1

No.	Recommendation	Response
1.	Supported Housing	
a.	<p>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.</p>	<p>A Mental Health Accommodation Review Group (under the Transforming Mental Health Strategy work streams) is reviewing the Brighton and Hove Mental Health Accommodation pathway. The aim of which is to develop a holistic accommodation pathway, and an accommodation based solution for those with complex needs (including dual diagnosis) in the city. This will include consideration of the need for transitional/short term and longer term supported housing</p> <p>The Sussex Partnership Foundation Trust (SPFT) has secured SHA funding to take this work forward. A Development and Reviewing officer has been appointed to lead a 12 month project which will include a review of the barriers to move on for clients with complex needs (dual diagnosis) and to build a proposal for a tiered system of accommodation support.</p> <p>The project will undertake a review and reassessment of those people in out of area residential placements, and those who are delayed in acute in-patient services. The project will aim to increase providers understanding of the accommodation and support peoples needs of people with complex (dual diagnosis) needs, and to improve access to appropriate</p>

		<p>accommodation and support</p> <p>Supporting People will be joint funding the proposal for supported living services for people with complex needs to ensure that the focus is on promoting and maintaining independence</p> <p>The Brighton and Hove HOSC are receiving regular updates on the project</p>
b.	<p>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.</p>	<p>The principal aim of Sussex Partnership Foundation Trusts' Dual Diagnosis strategy is to ensure that Mental Health services assume primary responsibility for those with a Dual Diagnosis, therefore the Dual Diagnosis focus is on ensuring effective joint working and care pathways.</p> <p>The Mill View detoxification service is located alongside the mainstream mental health service. The appointment of a Dual Diagnosis, Nurse Consultant will facilitate specialist and expert advice on Dual Diagnosis to SPFT staff and improve the responsiveness and appropriateness of assessment and treatment services in relation to Dual Diagnosis.</p> <p>A drug and alcohol assessment is included within acute mental health and risk assessment document. Within the Trusts Dual Diagnosis action plan a programme of staff training on dual diagnosis is planned to increase awareness and understanding, and to improve assessment and treatment delivery.</p>

c.	Consideration should be given to commissioning long term supported housing for people with a dual diagnosis who refuse treatment for their condition(s).	Consideration of the long term supported housing needs will be included within the Mental Health Accommodation Review as described above (1a)
d.	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>To ensure housing needs are considered from the point of admission a Frequently Asked Questions was designed for acute services staff to help identify the correct pathways and options for individuals, this includes signposting to the SPFT Placement Officer at Bartholomew House</p> <p>The referral pathway from the acute mental health service to the Mental Health Placement officer is well established and following a recent review further improvements to the process have been implemented. Accommodation needs are logged on admission and passed to the Discharge Coordinator who facilitates the completion of Housing Options involvement. The service is well received and Dual Diagnosis is included within this pathway.</p> <p>The acute housing pathway for Dual Diagnosis will be further considered within the work of the Mental Health Accommodation Review Group.</p>

		A recent review of residential provision (Hanover House and Rutland Gardens) has resulted in a strengthened re-enablement model of care and improved move on outcomes for these services.
e.	Consideration to be given to establishing a 'dual diagnosis pathway' to ensure individuals can be appropriately housed as quickly and efficiently as possible.	The Dual Diagnosis pathway will be considered within the Tiered support proposal (Ref 1.a)Ref section 1.a
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.	St Thomas Fund, run by the Crime Reduction Initiative, provides residential rehabilitation and treatment for people with dual diagnosis Further need for Dual Diagnosis supported housing will be considered within the Tiered support proposal (Ref 1.a)
2.	Women's Services	
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 needs assessment of women's issues will be included within the public health review of the MH /Dual Diagnosis JSNA review. Timescale to be confirmed
b.	Local solutions will be found to ensure that an appropriate range of services are 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 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.	The Commissioning Team within the Children Services 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. There is a move to more effective screening and recording of young people's substance misuse across community (tier 2) and clinical (tier 3) CAMHS. There is mental health representation within the RUOK? substance misuse service and the youth offending service promoting early identification of need. Staff within clinical CAMHS have been trained by RUOK in the identification of substance misuse issues.
b.	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.	There is a transitional protocol in place within SPFT across child and adolescent (CAMHS) services and adult services. There is also a specific young people's service (14-25 years) with Teen to Adult Personal Advisors (TAPA) employed to work within the targeted youth support services across the city including a specialist post working with LGBT young people. The team supports young people who find it hard to access with CAMHS or adult services and can bridge the gap alongside them. A priority area identified as part of the Intelligent Commissioning pilot for alcohol is the development of a transitional service from RUOK?, for substance misuse up to the age of 25. Plans are in place this year to action this priority.
c.	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.	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 & 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 identifies substance and alcohol use as part of their initial assessment.
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 the pathway is used as efficiently as possible.	An effective care pathway is well established between the A& E team and RUOK?, the Young peoples substance misuse treatment service. More recently a pathway has been established between the ambulance service and RUOK?
e.	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>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.</p> <p>The Healthy Schools Teams within the CYPT work across all schools to improve and develop the curriculum and thus raise young people's awareness and knowledge</p> <p>.</p>
f.	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	The Common Assessment Framework (CAF) model seeks to ensure the needs of all members of a family are identified and a care plan developed Work has begun in this area with the introduction of workshops as part of parenting programmes raising the awareness of mental health and

	<p>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>substances. Most schools have counselling services available and CAMHS has family support workers within the community. Transition to Adult Personal Advisor (TAPA) workers intervene with both young people and their families. 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>Family CAF, Family Intervention Project and Functional Family therapy could be utilised to support families where the young person's dual diagnosis is having a significant impact on the family.</p> <p>Where a parent/carer has a dual diagnosis, adult services are encouraged to initiate a Family CAF and services are commissioned e.g. Oasis to support children and young people who are impacted upon by the needs of their parents.</p>
4.	Integrated Working and Care Plans	
a.	<p>Consideration should be given to adopting an integrated approach to the assessment of people with dual diagnosis problems. Such assessments must be outcome focussed.</p>	<p>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 includes clear reference to an integrated approach to service user assessment, care and treatment. The introduction of Health of the Nation Outcome Scores (HONOS) within assessment ensures an outcome-focussed approach.</p>

		Regular auditing of community and in patient teams assessments will ensure that drug and alcohol issues are discussed in line with Trust policy and the SPFT contract with the PCT.
b.	<p>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.</p>	<p>Service users with a dual diagnosis have care plans that reflect the complexity of their needs and include reference to other services involved in the care with named people.</p> <p>Dual Diagnosis Champions Networks, involving key partners and stakeholders, are to be established in each locality. They aim to develop robust, sustainable relationships across care groups, and so strengthen a partnership approach to dual diagnosis.</p> <p>A review of the Primary and Secondary Care Map of Medicine referral pathways for dual diagnosis was commenced in Jan 2011. Dual Diagnosis will be integrated within the key Mental Health care pathways so ensuring partners have easy access to dual diagnosis information and referral pathway information and how substance misuse issues can be assessed and managed within each care pathway.</p> <p>SPFT service redesign programme "Under One Roof" will also further integrate service provision and reduce the amount of internal referrals between services</p>
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 commissioners of health and social care of developing these services to meet local need.	<p>Existing Supporting People funded drug services have been remodelled to give equal priority to people whose primary need is alcohol related and Supporting People remain committed to ensuring that its detox and recovery services are accessible to people with dual diagnosis –</p> <p>Alcohol services have been expanded to include a brief interventions alcohol service. This is provided by the Crime Reductions Initiative (CRI) organisation at both A&E and within primary care settings and works collaboratively with the statutory alcohol service providers as well as other health and social care agencies.</p>
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.	Commissioning plan will be agreed as part of the work outlined above ref 1a
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.	Access issues were explored in a comprehensive review of Tier 4 services (in-patient detoxification and residential rehabilitation services) in Feb 2010. A key outcome of the review was maximising the detox beds at Mill View for Brighton & Hove drug and alcohol clients. Brighton & Hove has 5 beds at any one time and are now consistently achieving full

		<p>occupancy of these beds for Brighton & Hove clients.</p> <p>The brief intervention services at A&E for alcohol provided by Sussex Partnership NHS Foundation Trust are well established and provides brief assessment, advice and information. Year on year the performance of the service has improved and the service is on target to achieve full performance this year. Key to the success of this service is the joint partnership working between the Community Alcohol Team and the A&E staff.</p>
--	--	--

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.	The review considered wait times, particularly for alcohol clients. The waits are now reduced to within National Treatment Agency parameters and the numbers waiting has also reduced. There is now a weekly meeting with key people in the system to ensure that waits are minimised for alcohol clients.
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	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.
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	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

	<p>training staff, and can demonstrate how these views have been incorporated into strategies, protocols, etc.</p>	<p>highlights the need for a service user-led outcomes framework.</p> <p>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.</p> <p>Ongoing service user consultation is conducted via quarterly live open forums, commissioned by the PCT and run by MIND. Forums offer open dialogue with commissioners re: peoples' experience of using services. These are user led, a broad range of mental health issues are discussed, and can include issues concerning dual diagnosis.</p>
7.	Data Collection and Systems	
a.	<p>A new strategic needs assessment for dual diagnosis services in Brighton & Hove is undertaken as a matter of urgency.</p>	<p>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.</p> <p>A needs assessment of drug and alcohol misuse and dual diagnosis will be taken forward within the review of the Mental Health JSNA. Timescale to be confirmed</p>

