

<b>Subject:</b>	<b>Dual Diagnosis</b>		
<b>Date of Meeting:</b>	<b>23 July 2013</b>		
<b>Report of:</b>	<b>Monitoring Officer</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Kath Vlcek</b>	<b>Tel:</b> 29-0450
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<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 The purpose of this paper is to update the HWOSC on progress and future plans to improve local services and response to those with a dual diagnosis.

**2. RECOMMENDATIONS:**

- 2.1 The HWOSC is asked to note progress so far and the proposal to develop a more integrated model of care for Dual Diagnosis.

**3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

- 3.1 The term Dual Diagnosis describes the co-existence of mental health problems and problematic use of substances including drug and alcohol. However it is recognised that “dual diagnosis” is not a diagnosis in itself and the term “complex needs” may be a more appropriate term to use.
- 3.2 In 2012 a Joint Strategic Needs Assessment for Dual Diagnosis was completed and it highlighted the fact that: “Services for mental health and substance misuse in Brighton and Hove operate entirely separately, and the impact is felt across the system” (JSNA 2012). This separation of services can result in people being excluded from services, being bounced between services as individuals’ needs fail to meet existing service thresholds or falling through the net of care.
- 3.3 A Multiagency Dual Diagnosis Steering Group was established to strengthen the collaborative response to Dual Diagnosis and to take forward the recommendations of the Joint Strategic Needs Assessment report.
- 3.4 More details of the steering group’s work can be found in **Appendix 1**.

**4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 Engagement and consultation on the re-commissioning of substance misuse services will commence in summer 2013.

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

### Financial Implications:

5.1 None to this cover report for information.

### Legal Implications:

5.2 None to this cover report for information.

### Equalities Implications:

5.3 None to this cover report for information.

### Sustainability Implications:

5.4 None to this cover report for information.

### Crime & Disorder Implications:

5.5 None to this cover report for information.

### Risk and Opportunity Management Implications:

5.6 None to this cover report for information.

### Public Health Implications:

5.7 Brighton and Hove Clinical Commissioning Group and Brighton and Hove City Council have identified improving the dual diagnosis care pathway as a key strategic priority for 2013-14. A lack of integrated service provision can result in high use of inappropriate services and poorer health outcomes including high levels of self-harm and suicide.

### Corporate / Citywide Implications:

5.8 Reducing health inequalities and long standing public health issues is a key aim of the corporate priority to reduce inequalities.

## **6. EVALUATION OF ANY ALTERNATIVE OPTION(S)**

6.1 None

## **7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 To keep HWOSC members updated with progress made by the Steering Group.

## **SUPPORTING DOCUMENTATION**

**Appendices:**

1. Report from CCG
- 2.

**Documents in Members' Rooms**

1. None
- 2.

