

Health and Wellbeing Overview Scrutiny Committee

Dual Diagnosis Update

23rd July 2013

1. Purpose of the paper

The purpose of this paper is to update the HWOSC on both current progress and future plans to improve local services and response to those with a Dual Diagnosis.

2. Background

- 2.1 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.
- 2.2 Mental health and substance misuse problems frequently coincide and the relationship is complex. Substance misuse is usual rather than exceptional for people with serious mental illness but co-morbidity can occur at any level of severity and is not just confined to those with serious mental illness.
- 2.3 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.
- 2.4 National guidance and best practice is that “mainstreaming” is the key means of delivering care for people with **serious mental illness** and this means that overall care should be provided by mental health services, supported by substance misuse colleagues.
- 2.5 Conversely best practice is that the care of people with substance misuse problems with **mild to moderate mental health conditions** such as anxiety and depression be managed by substance misuse services and supported by mental health services.
- 2.6 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.

- 2.7 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.

3. Summary of current progress

- 3.1 A Multiagency Dual Diagnosis Steering Group has been established to strengthen the collaborative response to Dual Diagnosis and to take forward the recommendations of the Joint Strategic Needs Assessment report.
- 3.2 The steering group has wide representation across the statutory and voluntary sector and includes: mental health, substance misuse, housing, criminal justice services (police and probation), primary care and wellbeing representation.
- 3.3 The Steering Group has developed a Multiagency Action Plan to take forward the recommendations of the Joint Strategic Needs Assessment report. Key developments to date are:

3.3.1 Definition of dual diagnosis

The steering group has adopted a broad definition of Dual Diagnosis, in line with the Joint Strategic Needs Assessment recommendation, so as to address the spectrum of Dual Diagnosis needs from those with mild to moderate mental health needs with problematic substance misuse to those with serious mental illness and problematic substance misuse. This is to ensure that people are not excluded from support, and that services work collaboratively to ensure an effective, appropriate and timely response to Dual Diagnosis.

3.3.2 Improved identification of Dual Diagnosis needs

The Multiagency Steering Group has developed a Universal Screening Tool to assist frontline staff, across agencies, to screen for Dual Diagnosis and to inform the assessment process. The tool is supported by a directory of support services to assist care navigation and signposting.

This Universal Screening tool will be piloted from July to September 2013. Frontline staff will receive joint training from the specialist Mental Health and Substance Misuse services on Dual Diagnosis and use of the screening tool. The tool will be evaluated in October 2013, it is hoped that it can then be rolled out for wider use from October 2013.

3.3.3 Assessment and management of Dual Diagnosis

Sussex Partnership Mental Health Trust, have in line with national guidance and best practice assumed lead responsibility for people with serious mental illness and a substance misuse problem. This principle is the foundation of the Sussex Partnership Foundation Trust Dual Diagnosis strategy which was launched in 2011.

Significant work has been done to support the development of shared assessment and care planning across mental health and substance misuse services.

A jointly developed shared care plan with commissioners and service users is currently being piloted by Sussex Partnership Foundation Trust across mental health and substance misuse services. This tool will be fully evaluated in September 2013.

3.3.4 Accommodation with Support

3.3.4.1 The need for more accommodation with support for those with complex needs, including Dual Diagnosis, was highlighted in both the Multi-agency Review of Mental Health Accommodation with Support 11/12 and the Dual Diagnosis Joint Strategic Needs Assessment 2012.

3.3.4.2 The findings of the Multi-agency review of Mental Health Accommodation with Support 11/12 resulted in a number of actions in relation to Dual Diagnosis including: a review of the West Pier hostel and a joint procurement for additional units of mental health accommodation with support.

3.3.4.3 On-going investment was secured for the West Pier which enabled the service to redesign and provide additional capacity for people with mental health, including Dual Diagnosis. The West Pier now has a total of 25 beds for mental health including dual diagnosis.

3.3.4.4. A recent joint procurement for Mental Health Accommodation with Support has resulted in the commissioning of an increased number of units for mental health, and a strengthened focus on those with complex needs including Dual Diagnosis.

The procurement covered four tiers of accommodation support:

- Accommodation with Support for High Support Needs
- Accommodation with Support for Medium Support Needs
- Floating Accommodation Support (within peoples own homes) and
- Tenancy Support services

The procurement has resulted in the successful commissioning of 120 units of support, of which a hundred are new and additional capacity for the city. The new services will start from February 2014 and will be monitored to ensure that services and accommodation pathways are flexible and appropriate to those with complex needs including Dual Diagnosis.

4. Future integrated care model for Dual Diagnosis

- 4.1 Whilst efforts so far have gone some way to strengthen partnership and joint working across mental health and substance misuse services a more integrated approach for those with a **serious mental illness** and problematic substance use is still required.
- 4.2 The Local Authority and the Clinical Commissioning Group have begun to scope how mental health and substance misuse services could be better aligned or integrated. Work has begun by mapping current services and the interfaces and overlaps between these services. This will help identify the substance misuse resource that could be integrated into mental health services.
- 4.3 The outcome of this work will be fully considered within the current re-commissioning plans for substance misuse services, led by the Local Authority and Public Health.
- 4.4 Engagement and consultation on the re-commissioning of substance misuse services will commence this summer, with a procurement process initiated in January 2014 for start of new services from April 2015.
- 4.5 For those with more **mild to moderate mental health issues** with substance misuse issues, work will continue via the Multiagency Steering Group to ensure that treatment and interventions are accessible and effective, and that care is streamlined and joined up where appropriate.

5. Summary and recommendation

The Multiagency Steering Group will continue to oversee and monitor progress against the Dual Diagnosis Multiagency Action Plan and promote a whole system collaborative response to Dual Diagnosis.

6. Recommendation

The HWOSC is asked to note progress so far and the proposal to develop a more integrated model of care for Dual Diagnosis. It is recommended that a further update is presented to the HWOSC in June 2014.