Appendix 3F

Dual Diagnosis Scrutiny Panel

1. Note of meeting between Cllr David Watkins (DW) and Joy Hollister, Director of Adult Social Care and Housing (JH). 04 August 2008

1.1 Some Scrutiny Panel members were unable to make this meeting date. JH indicated that she was happy to answer any further questions that members unable to attend this meeting might have.

1.2 DW expressed his concern that NHS health and Local Authority (LA) social care services did not always work effectively together (in regard to Dual Diagnosis issues).

1.3 JH responded that the core issue was effective co-ordination of care. Agencies had to be aware of the general scope of the Dual Diagnosis problem; but also, much more precisely, of the type and degree of services which needed to be commissioned (services including supported housing, "talking" therapies, suicide prevention, professional carers).

1.4 Officers from Sussex Partnership Trust (SPT) Community Mental Health Team (CMHT) have lead responsibility for people with a Dual Diagnosis. JH wondered if there may be scope for SPT to work more effectively in terms of making timely and accurate assessments of clients' needs and then "micro-commissioning" the appropriate services.

1.5 JH noted that the micro-commissioning process is likely to gain in importance as the Self-Directed Care initiative means that individuals have more say in determining how their care and treatment is delivered.

1.6 JH wondered if there was merit in moving to an integrated assessment team, allowing all agencies to contribute in accordance with their expertise. Brighton & Hove City Teaching Primary Care Trust (PCT) is lead commissioner of adult mental health services for B&H, and it will ultimately be up to the PCT to decide whether SPT's CMHT should continue to manage the Dual Diagnosis assessment process in the long term.

1.7 DW noted that he thought there was a particular gap in terms of city services addressing alcohol-related issues. JH agreed, further commenting that good services required workers with a holistic approach/knowledge (i.e. workers who were capable of recognising/assessing clinical problems, but who also had a good knowledge of Benefits systems, support networks etc.)

1.8 DW mentioned problems with Dual Diagnosis clients accessing GP services and acute hospital services (e.g. A&E). JH responded that the PCT was responsible for commissioning city primary and secondary healthcare services, and therefore could be in a position to incentivise providers to deal appropriately with Dual Diagnosis clients (via specific performance targets etc.)

1.9 JH advised that the Scrutiny Panel, in their report, could consider "commissioning" BHCC Adult Social Care and the PCT to come up with a new Dual Diagnosis commissioning plan embodying the Panel's recommendations.

1.10 JH welcomed the idea that the Panel should seek to get partner agreement on the Panel's recommendations, noting that a Concordat of local partners would be very helpful in terms of forwarding the Dual Diagnosis agenda.

1.11 JH advised that pharmacists could be a key resource in helping people with a Dual Diagnosis, as pharmacists frequently established good relationships with people on methadone prescriptions etc. and were well placed to observe deterioration in people's conditions. Pharmacists may also be more readily trusted by people with a Dual Diagnosis than NHS or LA officers as they are widely perceived to be independent of the statutory agencies. More generally, JH advised that the Panel should consider the key role to be played by 3rd sector organisations in providing Dual Diagnosis services, as these organisations often have particular expertise in areas of Dual Diagnosis and are trusted by clients in ways which representatives of the statutory agencies may never be.

1.12 JH noted that one useful way of ensuring that all the agencies who could help with a Dual Diagnosis case were informed of an individual's needs was to devise systems which encouraged assessors to refer to the appropriate support organisations (e.g. as part of an IT system for GPs which would automatically prompt referral along a particular care/support pathway once a co-morbidity of substance and mental health problems had been identified).

1.13 JH also recommended that the Panel might want to speak with the police and probation services, as both had key inputs into the issue of Dual Diagnosis.