

**CABINET**

Agenda Item 48

Brighton & Hove City Council

**Subject: Dual Diagnosis – Response to Scrutiny Review**

**Date of Meeting: 9 July 2009**

**Report of: Director of Adult Social Care & Housing**

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**Key Decision: No**

**Wards Affected: All**

**FOR GENERAL RELEASE**

**1. SUMMARY AND POLICY CONTEXT:**

- 1.1 This report outlines the initial response from service commissioners from Brighton and Hove Teaching Primary care Trust and Brighton & Hove City council Adult Social Care and Housing to the scrutiny review on dual diagnosis (of mental health and substance misuse problems).
- 1.2 The scrutiny review defined 'dual diagnosis' as individuals diagnosed with both severe mental illness and substance use disorders. However, it is a definition that is not fully recognised by all practitioners in the field and represents an emergent area requiring further intervention and support.
- 1.3 The review was instigated by Councillor Georgia Wrighton. The Scrutiny Panel comprised Councillors David Watkins (Chairman) Pat Hawkes, Keith Taylor and Jan Young (who resigned shortly into the review due to a new appointment). The Panel met five times.
- 1.4 Evidence was sought from and provided by clinicians and managers from Sussex Partnership Foundation NHS Trust, officers of NHS Brighton & Hove, officers of Brighton & Hove City Council, officers of the Children & Young People's Trust; representatives of the main supported housing providers in the city; representatives of the non-statutory services operating in the fields of mental health and substance misuse; and the families and carers of people with a dual diagnosis.
- 1.5 The Panel made twenty three recommendations. These were offered under separate themes namely; 'Supported Housing', 'Women' Services', 'Children and Young People', 'Integrated Working and Care Plans', 'Funding', 'Treatment and Support' and 'Data Collection and Systems'.
- 1.6 The outcome of the scrutiny review will be used to inform the 'Working Age Mental Health Commissioning Strategy'. The strategy is being developed by a working group consisting of Brighton & Hove Teaching Primary Care Trust, Sussex Partnership Foundation Trust, Brighton & Hove City Council Adult Social

Care & Housing, MIND, service users, carers and GPs. In recognition of its significance dual diagnosis will be a central theme for the new strategy and the group has made a commitment to consider the recommendations of the scrutiny review during the development of the strategy. The strategy is due to be completed early in the New Year.

## **2. RECOMMENDATIONS:**

- 2.1 That Cabinet confirms, in principle, support for the review's recommendations as detailed in appendix 1.
- 2.2 That Cabinet endorses the consideration of all the recommendations by the Working Age Mental Health Commissioning Strategy Working Group.
- 2.3 That Cabinet request that the Working Age Mental Health Commissioning Strategy be presented to a future Cabinet meeting and made available to the members of the Scrutiny Review.

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

- 3.1 The integration of mental health and substance misuse services has been a longstanding matter of concern locally and nationally. The Reducing Inequality Review (2007) identified that over 52% of all people in receipt of Incapacity Benefit in the city receive it as a result of poor mental health, a significantly higher proportion than the South East (41%), England (42%) and other small cities (41%). Furthermore, the City contains an area with the highest level of mental health needs in England. This has significant impact on the health and wellbeing of individuals and communities as well as the overall economic health of the city.
- 3.2 The scrutiny review proposed a number of recommendations to address the challenges of dual diagnosis. Of the twenty three recommendations, four in particular are of specific significance to the city council. These are as follows:
- 3.3 Recommendation (1C – Supported Housing): 'Consideration should be given to commissioning long term supported housing for people with a dual diagnosis who refuse treatment for their condition(s).'
- 3.3.1 Practitioners in both housing and treatment services recognise that successful treatment of dual diagnosis requires stable housing and that stable housing requires successful treatment. However, provision of supported housing for those not in treatment presents an unsustainable cost for both housing and health services. Therefore an alternative for consideration is the provision of long term supported housing as an incentive for those individuals to engage and maintain their treatment. This will be considered as part of the commissioning strategy.
- 3.4 Recommendation (3C – Children and Young People): 'Serious consideration needs to be given to the growing problem of problematic use of alcohol by children and young people (including those who currently have

or are likely to develop a dual diagnosis). It is evident that better support and treatment services are required.'

- 3.4.1 This issue is detailed in and concurs broadly with the recommendations from the 'Children and Young Peoples Overview and Scrutiny ad hoc panel on Alcohol and Young People' (May 2009). The implications of this report are due to be circulated imminently; there will be benefit from the perspectives of both pieces of work.
- 3.5 Recommendation (6B – Treatment and Support): 'Treatments commissioned for people with a dual diagnosis need to be readily available at short notice, so that the chance for effective intervention is not lost with clients who may not be consistently willing to present for treatment. Any future city Strategic Needs Assessment for dual diagnosis should focus on the accessibility as well as the provision of services.'
- 3.5.1 The accessibility of services will be a key part of the Working Age Mental Health Commissioning Strategy. Commissioners will work over the summer to give further consideration to the timeliness of intervention.
- 3.6 Recommendation (5A– Funding): 'Better provision for alcohol related problems, both in terms of treatment and Public Health, is a priority and urgent consideration should be given by the commissioners of health and social care to developing these services so that they meet local need.'
- 3.6.1 There is a recognised link between mental well-being and alcohol use. The Annual Report of the Director of Public Health concurs that provision for the better management of alcohol in the city is a key factor in improving the overall health of the city and specifically for those with mental health issues. Better integration of services (both existing and future) is also considered important by the Sussex Partnership Foundation Trust.

#### **4. CONSULTATION**

- 4.1 The working age mental health commissioning strategy working group includes practitioners, service users and carers, all of whom will be involved in considering the recommendations of the scrutiny review and their use in the strategy.

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

##### Financial Implications:

- 5.1 There are no immediate financial implications arising from this report. The impact of the recommendations and development of mental health or housing services will be financially modelled as part of developing the commissioning strategy and subsequent input into future Health and Council budget strategies for consideration.'

*Finance Officer Consulted: Anne Silley*

*Date: 29/06/09*

Legal Implications:

- 5.2 At its meeting on 21 April 2009, the Overview & Scrutiny Commission resolved that the Dual Diagnosis Scrutiny Report be endorsed and that its recommendations be referred to Cabinet. The Council's constitution requires Cabinet to consider the report within 6 weeks of it being submitted to the Chief Executive, or at its next scheduled meeting, whichever is the later.

*Lawyer Consulted:*

*Liz Woodley*

*Date: 29/06/09*

Equalities Implications:

- 5.3 As part of the scrutiny review consideration was given to the needs of older and young people with dual diagnosis as well as its prevalence in ethnic minority communities. This information will be helpful in informing the commissioning strategy. Moreover, the strategy will be equality impact assessed.

Sustainability Implications:

- 5.4 Better use and co-ordination of existing resources will deliver a more cost-effective and sustainable service. In addition, support for individuals with dual diagnosis to engage in community and working life will help contribute to the sustainability of the local economy and local communities.

Crime & Disorder Implications:

- 5.5 Improving the quality and co-ordination of treatment for offenders with a dual diagnosis is anticipated to result in increasing the stability of their lifestyles and consequentially a reduction in the likelihood of re-offending.

Risk & Opportunity Management Implications:

- 5.6 As an emergent area it is widely acknowledged that services for individuals with dual diagnosis require review and improvement. The council has a duty of care to vulnerable individuals. The outcome of the scrutiny review presents a prime opportunity to inform the current work on the new commissioning strategy. Moreover, as noted earlier in this report the Reducing Inequality Review (2007) identified over 50% of incapacity benefits claimants claimed on the basis of mental health issues. Therefore there is a substantial risk, if this area of work is not prioritised, to the long-term economic welfare of a large proportion of the working age population.

Corporate / Citywide Implications:

- 5.7 As noted in the scrutiny review and this report dual diagnosis is a complicated disorder and requires a multi-faceted response involving a range of partners. Thus the scrutiny review recommendations have and will be considered by the multi-agency working group.

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

- 6.1 An alternative option is to not accept the recommendations of the scrutiny review. However the detailed work and considered opinions of the experts in the field who contributed to the review are held to be accurate and valuable and thus should be considered as part of the development of the new commissioning strategy.

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

- 7.1 Cabinet is required to provide a response to scrutiny reviews. Having considered the review and its recommendations Cabinet is keen to ensure that the work of the scrutiny panel and those that gave evidence is made best use of.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Scrutiny review recommendations and relevant lead organisation
2. Scrutiny Report on Dual Diagnosis (on mental health and substance misuse problems)

### **Documents in Members' Rooms**

None

### **Background Documents**

None