Public Health
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Private and Confidential
Miss Veronica Hamilton-Deeley LLB
Her Majesty's Senior Coroner for the
City of Brighton
Coroner's Office
Woodvale
Lewes Road
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BN2 3QB

Date: 26th September 2017
Phone: (01273) 292115
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Dear Ms Hamilton-Deeley

Re: The late Thomas Wall Regulation 28 report

Brighton & Hove City Council was not named in the Regulation 28 report for the late Mr Wall, but as Brighton & Hove City Council's Public Health department is the responsible commissioner for the adult and substance misuse in-patient detoxification beds I have been asked to respond as well to the report. I will address each statement in turn.

No local inpatient bed detoxification service

In December 2015 Sussex Partnership NHS Foundation Trust gave notice that they would be terminating their substance misuse in-patient detoxification service from the 31st March 2016. The in-patient detoxification services at Mill View Hospital were no longer financially or clinically viable, following the withdrawal of London Boroughs from their contract with Sussex Partnership NHS Foundation Trust. There was no alternative equivalent service in Brighton and Hove. The public health department elected to work with Cranstoun, the lead provider in the Pavilions Community Substance Misuse Services partnership, and to refer patients to their inpatient detoxification unit in London. Cranstoun have been providing this service from the City Roads location in London for a significant period of time, and patients come from many areas of the country. It is important to note that the inpatient detoxification beds were not included in the re-procurement of the community drug and alcohol service.

The change to the arrangements was presented to the Health and Wellbeing Board on 15th March 2016. An update was provided to the Overview and Scrutiny Committee on the 23rd March 2016 and an update provided to the Health Overview and Scrutiny Committee on 7th December 2016.

A considerable amount of preparation work took place before the new service was

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launched. This included service user consultation on the key areas of concern, patient pathway planning and visits to the new service base. Although service users from Brighton and Hove now have to travel outside of the city to access inpatient detoxification services this is similar to what happens in other areas of the country, as local availability of this type of service is limited. The average length of stay is ten days. Contact with the outside world is usually restricted when a person is undergoing detoxification, and therefore being situated in an area that is not their home city may make detoxification more successful.

After detoxification the individual returns to Brighton and Hove, and is supported to continue their recovery by linking to the existing local recovery community.

Waiting times for inpatient detoxification

In general patients are admitted to City Roads within ten days of having their assessment by the Pavilions doctor. All referrals to City Roads are reviewed at a multidisciplinary team meeting where a pre-admission checklist is completed. This includes service preparation work to ensure that an individual understands what will be required of them once they are in residence at the unit. This preparation work aims to ensure that people are referred at a point in their recovery journey where they are most likely to be successful. The aftercare support plan for once a person has successfully completed detoxification is also developed before the individual goes to City Road. This helps to ensure that the ongoing support a person will need to continue their recovery is in place.

If following the assessment it is felt that City Road is not suitable for the client an alternative provider is offered. Since the closure of the inpatient beds in Brighton and Hove, East Sussex refer their clients to a unit in Tunbridge Wells and West Sussex use a range of providers including Cranstoun.

The number of patients with Dual Diagnosis

This is not straightforward. NICE guideline NG58 “Coexisting severe mental illness and substance misuse: community health and social care services” published in November 2016 states that “It is not clear how many people in the UK have a coexisting severe mental illness and misuse substances, partly because some people in this group do not use services or get relevant care or treatment”.

The evidence review used to prepare the NICE guidance states “Dual diagnosis refers to people with a severe mental illness (including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes) combined with misuse of substances (the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage). Recent studies have estimated prevalence rates of 20-37% in secondary mental health services and 6-15% in substance misuse settings. However, methodological challenges including differing definitions of dual diagnosis, varying timescales for assessing comorbidity,

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difficulties with diagnosis including diagnostic overshadowing, and the lack of a good theoretical model of the association between severe mental illness and substance misuse, mean that it is still unclear how many people in the UK have a severe mental illness and comorbid substance misuse problems.

To estimate the number of local people living with dual diagnosis, data for the period 01/09/2016 to 31/08/2017 from the local drug and alcohol treatment services is provided. To complicate matters further the definition used in the data set changed on 1st April 2017. Until the change the question asked was "Does the client have a Dual Diagnosis? (Is the client currently receiving care from mental health services for reasons other than substance misuse)." From 01/04/2017 the question was "Does the client have a mental health treatment need?" Using the former definition results in approximately one in five (340/1914) local service users having a dual diagnosis. With the later definition this increases to two in every five (223/540) service users having a mental health treatment need. Overall for the year 563 (23%) of the 2454 people assessed had a dual diagnosis or mental health treatment need.

Please let me know if you require any further information.

Yours sincerely

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