

Brighton and Hove
Clinical Commissioning Group

Private and Confidential
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28 September 2017

Dear Ms Hamilton-Deeley

The late Thomas Wall

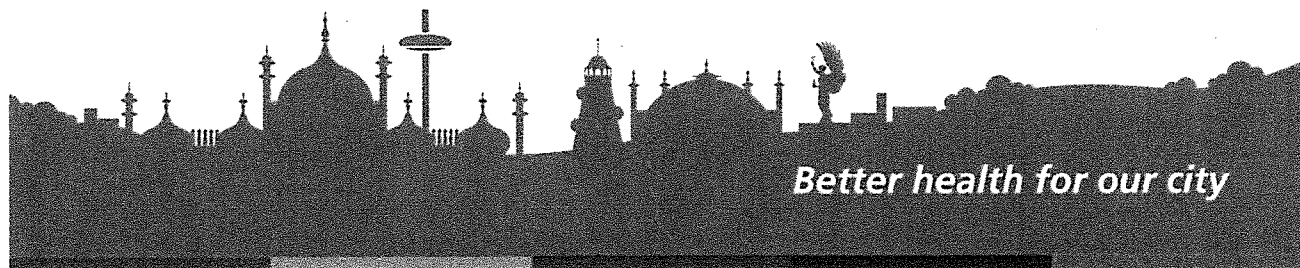
Thank you for your recent Regulation 28 Report arising out of the sad death of the above.

As a CCG we are very keen to reflect on the services we commission with a view to making improvements and avoiding future patient harm. Brighton & Hove City Council's Public Health department is the responsible commissioner for the adult and substance misuse in-patient detoxification beds. [REDACTED] Interim Director of Public Health has therefore provided a reply although he and his team were not named in the report.

A Joint Strategic Needs Assessment for Dual Diagnosis was completed in 2012 and made a number of recommendations for improving service response to those with a Dual Diagnosis including greater recognition, identification and recording of Dual Diagnosis (DD) to understand the prevalence and need within the city and to ensure improved response to DD and the delivery of strengthened integrated care and service delivery across agencies.

A multi-agency Steering Group with representation from service users, housing and hostel providers, commissioners and providers of primary and secondary care mental health and alcohol and substance misuse services has been meeting since the Joint Strategic Needs Assessment publication to take forward these recommendations.

Progress has been made in a number of areas including the implementation of a Dual Diagnosis integrated model through the re-procurement of substance misuse services. 3.5 whole-time equivalent DD workers are now co-located with mental health services to increase joint working, engagement with support, and ensure smooth transition. Clinicians within substance misuse services can now access Sussex Partnership electronic patient records and vice versa. There are now agreed pathways between the services with regular meetings where complex cases are discussed to ensure that people receive appropriate support and care and do not fall between the gaps.



Agreed referral and care pathway protocols are now in place for those with dual needs including increased awareness and training and increased access to primary care mental health support for those with dual needs which are no longer an automatic exclusion. The new service specification for primary mental health services supports a more proactive approach.

Provision of accommodation with support has been increased for those with high support needs, including those with DD and the inclusion of DD in medium support housing. The Fulfilling Lives project run by Brighton Housing Trust is focussed on patients with multiple and complex needs

There has been a successful Department for Communities and Local Government bid for Rough Sleepers, which will enable an additional Homeless DD worker to be located within the Mental Health Homeless team.

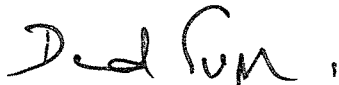
Current Measures

There has been an increase in the number of people in contact with both secondary Mental Health and Substance Misuse services measured using the Public Health England fingertips tool. Service user feedback is regularly reviewed with the most recent Service User report being produced in May 2017. Drug Related Death audits are being undertaken – examination of cases to review if people still falling through gaps in services. The next meeting of the Dual Diagnosis Steering Group will review the latest Public Health England guidance for better care of people with co-occurring mental health and alcohol and drug use conditions and the local Service User report.

Despite the above I am aware the service needs ongoing review and development. Our mental health commissioning team are aware of this case and I will ensure that your [and the CCGs] concerns are fed back and discussed at the next Dual Diagnosis Steering Group meeting and will also ensure the CCG has direct discussions with the provider.

I hope this is helpful and please do not hesitate to contact me if any further information is of help.

Yours sincerely




CCG Clinical Chair
NHS Brighton & Hove Clinical Commissioning Group