Appendix 3 (v)

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY PANEL ON DUAL DIAGNOSIS

11AM 25 JULY 2008

HOVE TOWN HALL

DRAFT MINUTES

Present: Councillor Watkins (Chairman); Councillor Hawkes

Witnesses: Jugal Sharma, Assistant Director of Housing, Brighton & Hove City Council

PART ONE

ACTION

33. PROCEDURAL BUSINESS

33A. Declarations of Substitutes

33.1 Substitutes are not permitted on ad-hoc Scrutiny Panels.

33B. Declarations of Interest

33.2 There were none.

33C. Exclusion of Press and Public

33.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

33.4 **RESOLVED - That the press and public be not excluded from the meeting.**

34. MINUTES

34.1 That the minutes of the meeting held on 25.04.08 be approved.

35. CHAIRMAN'S COMMUNICATIONS

35.1 The Chairman noted that he had hoped to hear evidence from the Director of Adult Social Care and Housing at this meeting, but that she had been obliged to attend another meeting at short notice. Members will meet with the Director in the near future.

36. EVIDENCE FROM WITNESSES

36.1 The witness at this session was Jugal Sharma, Assistant Director of Housing at Brighton & Hove City Council.

36.2 Mr Sharma told Panel members that early identification of people with Dual Diagnosis problems was key to delivering effective services. To this end the Council sought to ensure that Housing Officers were present at Community Mental Health Team needs assessments.

Housing Officers also worked closely with the Children and Young People's Trust (CYPT) in order to identify people with a potential Dual Diagnosis coming into the housing system. The Council was committed to keeping 16-17 year olds out of inappropriate "B&B" accommodation, and to working with the families of 13-14 year olds to try and provide effective support at an early stage.

36.3 Mr Sharma informed the Panel that Brighton & Hove had a very unusual profile in terms of people presenting as homeless. Whilst the great majority of people presenting for housing in the South East region and London Boroughs were families, in Brighton & Hove the majority of people presenting were young single men (and increasingly women), often with significant alcohol and/or drugs problems.

Effectively, if the South East region and London generally showed a 70/30 split between families and single people presenting as homeless, Brighton & Hove had a profile which was the mirror image of this, with many more single people presenting as homeless than families.

36.4 Mr Sharma also pointed out that a very high percentage of people presenting as homeless in the city could be classified as "vulnerable" people, a much higher proportion than was the regional norm or the case in most London Boroughs.

36.5 Brighton & Hove does not have a disproportionate number of young single people presenting as homeless due to family breakdown, but we do have very many people coming into the city and presenting as homeless, especially during the summer months. (By contrast, London homeless presentations tend to peak in the winter months.)

36.6 The biggest problem the city faces is providing homes with the appropriate level of support. Mr Sharma told the Panel that is was generally easier to support families than single people, particularly as single people presenting as homeless very typically had co-existing mental health and substance misuse problems/ had serious general health problems/ were receiving support from a number of agencies/ were locked in a cycle of using and remission/ were in shared accommodation etc. All these factors can considerably complicate the delivery of support services.

36.7 These particular problems with Brighton & Hove's singular client base are typically not recognised in terms of Government funding, which tends to be more generous for families than for single people.

36.8 There is also a very high incidence of people with a Learning Disability in the city, and a very significant overlap between this group and the group of people with mental health problems, with the concomitant danger of clients with this type of co-morbidity "falling in the gaps" between services.

36.9 Mr Sharma told the Panel that the budget for supporting young, single homeless people was under a great deal of pressure with year on year reductions in Supporting People funding (the main source of funding for this group).

36.10 However, Mr Sharma stressed that there was sufficient money in the system to offer appropriate support; problems were centred on how money was allocated rather than any actual inadequacy of funding.

36.11 Mr Sharma told Panel members that the Council had recently taken over several hotels which provided accommodation for young single homeless people (for instance, the West Pier Adelphi hotel).

Often, private providers running these hotels did not deliver an acceptable standard of service, despite charging large amounts of money for their supported housing. This has meant that the council can typically run better services more economically, even when the costs of purchasing properties are factored in (and leaving aside long term opportunities for the appreciation of property values).

36.12 Mr Sharma noted that a model in which the Council purchased properties around the city and then used them to offer supported housing had already been enacted in relation to services for some people with Learning Disabilities and/or physical disabilities. There was, in theory, no reason why a similar initiative should not provide high quality supported housing for clients with mental health problems, including Dual Diagnoses.

36.13 However, there are practical complications to such an initiative, including the difficulty of convincing local residents that such housing will not impact negatively upon their communities, and persuading the Council's partners that such a move presents the best opportunity to

create a high quality and affordable service.

36.14 Mr Sharma told members that a major problem in terms of providing appropriate supported housing to people with a Dual Diagnosis was a lack of co-ordination and information-sharing across the care system.

Thus, the Council's housing services might well be in a position to source suitable housing or to negotiate with current landlords to maintain existing tenancies, should they be aware that a person had been detained under a section and would likely have to spend a considerable period of time receiving acute mental health care.

However, if the Council was unaware of an individual's treatment and potential supported housing requirements until shortly before their re-integration into the community, then the provision of suitable housing was typically much more problematic.

Similarly, if the housing team was unaware that a person had been detained under a section, they could not begin to broker an agreement with that person's landlord which might maintain a tenancy until such time as the individual was capable of resuming it.

36.15 Members noted that this kind of poor co-ordination between services was not limited to the NHS: historically, different departments of the council had often struggled to communicate effectively with one another. However, the Council's working practices were much improved in this respect, and there was a clear need to spread this good practice to health partners, particularly in terms of the co-operative working pioneered by children's services (which, although far from perfect, is considerably in advance of the practice within adult services).

36.16 Councillor Hawkes stressed the importance of staff in all agencies being trained so that they had a proper understanding of how partner agencies worked (as is already the case in terms of teacher and social worker training).

36.17 Mr Sharma pointed out that a key factor in dealing successfully with Dual Diagnosis problems was to identify those in need of immediate intervention, and to ensure that they had rapid access to the most appropriate services (which for most clients would not be the most intensive services such as the West Pier Project). Effective co-operation between agencies was essential in making early identifications of the people in most need of support.

36.18 Mr Sharma discussed various approaches to substance misuse problems with Panel members. Mr Sharma noted that there were a number of differing philosophies of treatment, ranging from systems which demanded abstinence to those which assumed the long term continuation of substance use.

36.19 Whilst differing approaches can all show good results, systems which aim to manage and minimise substance and/or alcohol use may be more widely applicable than systems based on abstinence, which can sometimes impose unrealistic expectations on clients (e.g. expecting a level of abstinence which many members of the public, care staff etc. might not be willing to adopt).

36.20 Mr Sharma also noted that different models of treatment had different definitions of success. Thus, one system might see success in terms of a client achieving abstinence; whilst another system might regard success as reducing a client's substance or alcohol use to the point where they are socially functioning, whether or not this still involves quite significant drug and/or alcohol use.

36.21 In response to a question regarding the most important change required for the better functioning of citywide Dual Diagnosis services, the Panel was told that there was a need for a more accurate quantification of demand for Dual Diagnosis services than was currently available. Without a relatively accurate assessment of demand, it was difficult to plan and budget effectively for services, and impossible to deliver consistently excellent levels of care and support as and when it was needed.

36.22 The city requires an updated Dual Diagnosis Needs Assessment to provide this information (the last formal Needs Assessment was conducted in 2002). Mr Sharma indicated that he was happy to take the lead in developing this Needs Assessment, as he saw this as a matter of some urgency.

36.23 Similarly, Mr Sharma indicated that in areas where Care Packages for people with a Dual Diagnosis were inadequate or took too long to access, the Council might be in a position to take over the provision of such packages, with confidence that they could significantly improve the services available.

37. Any Other Business

37.1 There was none.

The meeting concluded at 12:30.

Signed Chairman

Dated this day of 2008