

DUAL DIAGNOSIS ACTION PLAN 2017/18

RECOMMENDATION	ACTION(S) TO BE TAKEN	LEAD RESPONSIBILITY	TARGET DATE FOR COMPLETION
<p>Recommendation 1: That key commissioners and specialist providers develop a client-focussed, responsive, and comprehensive dual diagnosis pathway, supporting integrated and co-ordinated working, and with clear points of access and referral mechanisms within a set timescale. We would wish to see this pathway in place within twelve months of this report's publication. We further recommend that this is developed in cooperation with all relevant partners.</p>	Commissioners to redevelop the pathway and develop some best practice guidance for practitioners.	SM Team/CCG	March 2017
	RDASH to agree the pathway	CCG/RDASH	March 2017
	CCG to secure provider commitment to clarify roles and agree pathways/assessment processes	CCG/RDASH	March 2017
<p>Recommendation 2: The panel recommends that a single training needs assessment be carried out across all relevant providers across North Lincolnshire and a plan developed to ensure consistent, joined up training on issues such as psychological interventions, triage and assessment, diversion, and referral to other appropriate services. The role of the Training Plan would be to support the practical application of the proposed pathway (see Recommendation 1 above).</p>	Complete mapping of workforce training needs via lead roles.	RDASH /CGL	May 2017
	Lead role to be identified for RDASH.	RDASH/CGL	May 2017
<p>Recommendation 3: The panel recommends that an appropriate senior officer from within the Public Health Hub be identified as a key strategic lead to oversee the co-ordination, effectiveness and timeliness of services for those with complex, co-existing mental health and substance misuse issues.</p>	Complete work on a specific health needs assessment for substance misusers' with mental health problems.	NLC	April 2017

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<p>Recommendation 4: The panel recommends that appropriate mental health and substance misuse staff be identified as Dual Diagnosis Leads in each service, championing closer working between services and more holistic working.</p>	Meeting arranged with primary care GPs.	RDASH/CGL	March 2017
	Lead roles to be identified by substance misuse service (CGL)	CGL (Completed)	December 2016
	Lead roles to be identified by RDASH	RDASH	March 2017
	Providers to confirm model for MH led care.	RDASH/CGL	March 2017
	Providers to confirm model for substance misuse led – assessment and ongoing joint case management.	RDASH/CGL	March 2017
	To research substance misuse led Dual Diagnosis service in Dudley to map best practice and return to North Lincs with recommendations.		
<p>Recommendation 5: The panel recommends that commissioners from North Lincolnshire Council and North Lincolnshire Clinical Commissioning Group, via the Health and Wellbeing Board, explore opportunities to move towards an increasingly co-ordinated recovery focussed model over the next commissioning cycle.</p>	Shared key performance indicators for dual diagnosis across CCG and NLC to be implemented from April 2017.	SM Team/CCG	March 2017
	To align case management and jointly case manage complex high risk cases. To be monitored with provider contract management meetings.	SM Team	April 2017
	CCG and LA to agree wording within the substance misuse contracts to ensure consistent delivery.	SM Team/CCG	April 2017
<p>Recommendation 6: The panel recommends that, in order to counter concerns about a lack of a ‘common language’ between services, mental health and substance misuse providers utilise and adopt the Suite of Documents, as agreed and adopted by North Lincolnshire’s Health and Wellbeing Board in December 2014.</p>	To complete the development of a common understanding.	RDASH/CGL/CCG/SM Team	April 2017
	To further consider the difficulty with the joint assessment process created as some people are using substances at a functioning level.	RDASH/CGL/CCG/SM Team	April 2017
	To complete the common joint assessment framework for Dual Diagnosis.	RDASH/CGL/CCG/SM Team	April 2017