SOMERSET DUAL DIAGNOSIS

OPERATIONAL WORKING GUIDE

OCTOBER 2011

This document is intended to be used with the Somerset Dual Diagnosis protocol. This document will be subject to regular scrutiny with a formal review undertaken every 12 months.

1. Joint Care Plans and Information Sharing

For joint working to be effective there must be an agreed process for referrals and care planning between the organisations and an effective information sharing protocol in place.

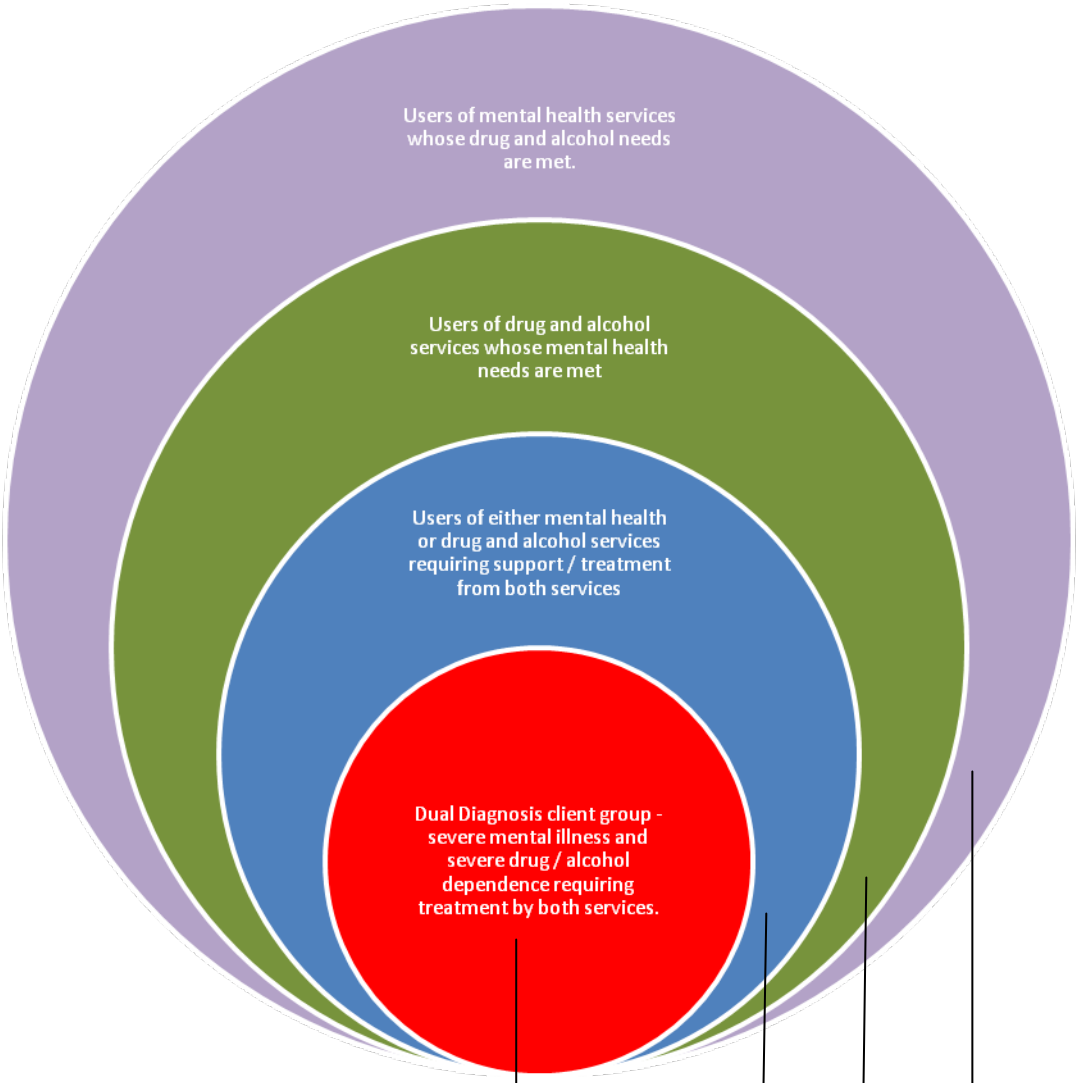
- **Joint Care Plans:**
  - As a minimum, the providers should have a joint care plan for clients that present as 'high risk' in the mental health field and 'category 1' for substance misuse (high risk clients may be accepted into the primary care mental health provider).
  - The joint care plan will be owned by the mental health provider, but both providers will have an up to date copy.
  - Each joint care plan will be clearly annotated as dual diagnosis on RiO.
  - Joint Care Plans can be agreed between professionals in the 2 organisations without meeting face-to-face.
  - The Joint Care Plan will clearly identify areas of work and which named clinician within each provider is responsible for each area.
  - During 2011/12 **fifteen** high risk dual diagnosis cases should be formally operated in this manner, in subsequent years it is the expectation that this figure will increase and be monitored by the Commissioner via CQUIN targets.
  - Together the providers will identify **5** clients that they feel carry the most significant risk. In these instances multi-agency, face-to-face meetings will be required to agree the Joint Care Plan. The providers should have at least one other relevant agency at this meeting and responsibilities should be ascribed to this agency. For example this meeting may include social services, police, housing association etc.

- **Information Sharing:**
  - The substance misuse provider will send the mental health provider a list of their active clients on the last working day of each month

- The mental health providers will check the list against their records and electronically tag each clients that match and have not already been annotated as having a substance misuse issue
- The mental health provider should respond to the substance misuse provider, within 10 working days annotating the list with clients who are known to their service
- The substance misuse provider will annotate client records with a ‘flag’ for mental health issues
- The mental health provider should issue an agreed Information Sharing Protocol in order that this system operates within legal data sharing guidelines
- It is envisaged that a random CQUIN target will be in place to ensure this process takes place during 2012/13

2. Joint Working

Figure 1: Client Group Served and Care Co-ordination



Care Co-ordination by:

Somerset Partnership

Turning Point or Somerset Partnership

Turning Point

Somerset Partnership

- **Care Co-ordination**

o In cases of those users meeting the criteria for priority access for both mental health and substance misuse services, the lead for co-ordination of care should be the mental health services.

o In those cases where the criteria for priority access to one service is met, or where the client presents to one service and not the other, but requires support or treatment from both, the care co-ordination should be lead by the agency which the client has presented to.

o In these cases, multi-disciplinary meetings will assist the planning and delivery of treatment. These should be co-ordinated by the lead agency and attended wherever possible by staff from the other agency.

o In those cases where the criteria for priority access to treatment is not met, the agency working with the client should be able to access advice to support their treatment from either the other agency or the Dual Diagnosis specialist Psychiatrist service commissioned from Somerset Partnership.

- **Dispute Resolution**

o In cases where a dispute arises regarding the need for treatment from one or other agencies, this should be resolved through discussion between the agencies. In the first instance this discussion could be held between practitioners, with escalation to Managers if the issue is unresolved. An assessment by the Dual Diagnosis Specialist Psychiatrist may assist in this resolution.

o The client's choices and interests should be preserved in any discussion about treatment needs. Agencies should ensure that such discussions are prioritised and do not result in any undue delay in the care plan or treatment of the client.

o Wherever possible decisions should be made using clinical evidence and taking into account best practice and other relevant guidance.

- **Out of Area Placement and Residential Rehabilitation**

o Where clients require out of area placement or residential rehabilitation and meet the criteria for the most severe group noted above ("red" group in Figure 1), this process should be lead by Somerset Partnership through their out of area placements panel.

o Where clients are being treated by one agency and require the support of the other, without meeting the criteria for those most in need ("blue" group in Figure 1), and require out of area placement or residential rehabilitation, this process should be lead by the placements panel for whichever agency is leading their care. This panel should request attendance at meeting by a representative of the other panel to aid joint working and ongoing care

planning. This attendance does not represent an agreement to jointly fund any external placement.

- As with dispute resolution above, should there be disagreement between the two panels regarding the treatment programme advised, this should be resolved initially between representatives of the panels. If this is unsuccessful, the Chairs of the two panels should agree a resolution.
- Each agency will include within its panel mechanisms a protocol for considering funding contributions to joint treatment plans. Where it is not possible to meet an individual's needs from its core services, joint funding should be considered and a clear decision communicated to the partner agency.
- In all cases each agency will ensure that patients with an assessed need have that need met, whether by a joint funding arrangement through a third party provider or by direct service provision.