	Agenda Item: 11
Report to:	**Birmingham Health and Wellbeing Board**
Date:	**27th March 2025**
TITLE:	**Dual Diagnosis JSNA Deep Dive**
Organisation	**Birmingham City Council**
Presenting Officer	**Amy Coombs (Programme Officer – Evidence Team, Public Health)**

Report Type:	Information, Approval and Discussion

1. Purpose:
1.1. To present the board with the completed Joint Strategic Needs Assessment (JSNA) Dual Diagnosis Deep Dive Report. This is the fourth in a series of deep dive reports, that provide deeper insight into inequalities in Birmingham.

2. Implications (tick all that apply):		
Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	✓
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	✓
	Theme 3: Active at Every Age and Ability	✓
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	✓
	Getting the Best Start in Life	✓
	Living, Working and Learning Well	✓
	Ageing and Dying Well	✓
Joint Strategic Needs Assessment		✓

3. Commissioner's Review:
Commissioners have no observations on relation to this report

4. Recommendation

4.1. It is recommended that the Health and Wellbeing Board support the implementation of the report's recommendations and provide approval for the Dual Diagnosis Deep Dive to be published.

5. Report Body

5.1. **Context**

This is the fourth JSNA Deep Dive report. It is presented for comment and for approval to publish.

The Health and Wellbeing Board is a partnership and does not have a budget as such. A Deep Dive is a detailed health needs assessment which forms part of the suite of intelligence resources which make up the Joint Strategic Needs Assessment (JSNA).

The Dual Diagnosis Deep Dive makes recommendations, born from the data evidenced in the Deep Dive and formulated with the partners. The recommendations, whilst supported by Health and Wellbeing Board require additional decision making from any partner including Birmingham City Council. This includes the development of costed business cases which would be taken through appropriate governance.

Any financial implications that may be derived from this report are for awareness only. The noting of the report does not mean the implications are accepted or funded as to do so would require specific reporting to the relevant funding body.

The report focuses on citizens living with dual diagnosis (co-occurring mental health and substance misuse conditions) in Birmingham.

There is currently no accurate prevalence data for dual diagnosis. However, according to the National Drug Treatment Monitoring System (NDTMS), there were 8,831 citizens in substance misuse treatment in Birmingham, 67.6% of whom had a mental health need. However, this doesn't account for unmet need in the wider community, which we have estimated at 19,495 citizens, equating to 2.6% of Birmingham's working age adults. Citizens living with dual diagnosis endure significant health and wellbeing inequalities throughout the life course. Life expectancy is significantly reduced by 15-20 years, and the risk of co-morbidities such as cancer, and respiratory, cardiovascular and liver disease is significantly increased. Citizens living with dual diagnosis also endure other inequalities, including housing, education, employment and stigma.

The Birmingham Joint Health and Wellbeing Strategy (2022-30) aims to create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be healthy and happy.[1] The Strategy also recognises that significant health inequalities affect citizens living with mental health issues and is committed to 'closing the gap'. Birmingham's Triple Zero Strategy (2022)

[1] Birmingham City Council. Creating a Bolder, Healthier City (2022 to 2030). Accessed October 2023.

sets out the city's aspirational targets of having zero deaths due to drug or alcohol addiction, zero overdoses due to drug or alcohol addiction, and for every citizen to be able to receive support when this is needed (i.e. zero people unable to receive the support for their addiction when they need it).[2]

The Public Health Evidence Team reviewed the available evidence (e.g. strategies, data, epidemiological research and service provision) and also commissioned qualitative research to capture seldom heard voices of lived experience from targeted research demographics. These included:

- Citizen's identifying as LGBTQ+ living with dual diagnosis.
- Migrants living with dual diagnosis.
- Citizens undergoing substance misuse treatment, without a mental health diagnosis.
- Parents living with dual diagnosis.
- Citizens living with dual diagnosis, who have endured homelessness.
- Parents living with dual diagnosis, who were receiving support from the Family, Drug and Alcohol Court (FDAC) service.
- Change Grow Live staff.
- Family, Drug and Alcohol Court (FDAC) staff.

The views of Birmingham's citizens helped to inform the key findings of the deep dive report, which are summarised in the five key findings below.

4.2 Key Findings

Recommendations are detailed in Chapter 6 of the deep dive report. Recommendations have been developed together with, and are owned by, stakeholders from across the system.

Key Finding 1
There is demand for system leadership, partnership working and co-ordination of key services for citizens living with dual diagnosis.

Key Finding 2
There is currently insufficient data to allow a full understanding of dual diagnosis prevalence in Birmingham and the associated health and wellbeing needs.

Key Finding 3
There are opportunities to further understand training needs and embed specific dual diagnosis training opportunities.

Key Finding 4
There are opportunities to improve holistic and person-centred support for citizens living with dual diagnosis.

Key Finding 5
There is a need for more research to take place to build the evidence base around health inequalities for citizens living with dual diagnosis.

[2] Birmingham City Council. Triple Zero City Strategy. Accessed July 2022.

This deep dive is being used to inform the Birmingham Dual Diagnosis Steering Group and the development and implementation of Birmingham's Dual Diagnosis Joint Working Protocol between Change Grow Live (CGL), Birmingham and Solihull Mental Health Trust (BSMHFT), and Forward Thinking Birmingham (FTB). It is also being used to inform the service specifications of Birmingham's substance misuse services.

4.3 Next Steps / Delivery

This document will be published on the Birmingham Council website and disseminated widely amongst stakeholders. An Easy Read version and an infographic will be published alongside the report.

Board members are asked to review the recommendations and stakeholder ownership and support implementation, which are detailed in Chapter 6 of the deep dive report.

6. Compliance Issues
6.1. HWBB Forum Responsibility and Board Update
The development of the JSNA, both core and deep dives, is managed by the JSNA steering group.
6.2. Management Responsibility
Luke Heslop, Service Lead for Evidence.
6.3. Finance Implications
The report provides an evidence base around dual diagnosis in Birmingham and does not have direct financial implications. However, it makes a series of recommendations which are intended to reduce inequalities and improve outcomes for people living with dual diagnosis. There is a lack of available health economics data relating to dual diagnosis in Birmingham, partly due to mental health and substance misuse treatment services being funded separately and manged by different entities (i.e., local authorities commission substance misuse treatment, whilst integrated care boards (ICBs) commission mental health services). However, as outlined in the Return on Investment section of the report there is evidence to suggest that interventions to address substance use and support good mental health are cost effective, providing a positive return on investment. However, there is a lack of evidence on dual diagnosis specifically and in relation to local authorities. This deep dive includes recommendations for local research to evaluate the cost-effectiveness of current engagement, treatment and recovery models for citizens living with dual diagnosis.
6.4. Legal Implications
This report is part of the Public Health Team's statutory duty to provide specialist public health advice and support to the NHS under the Health and Social Care Act 2012 and the local authority's statutory duty, through the Health and Wellbeing Board, to produce the Joint Strategic Needs Assessment. There are no legal implications arising from this report.
6.5. Equalities Implications (Public Sector Equality Duty)

This report is part of the Public Health Team's statutory duty to reduce in equalities, by providing specialist public health advice and support to the NHS under the Health and Social Care Act 2012 and the local authority's statutory duty, through the Health and Wellbeing Board, to produce the Joint Strategic Needs Assessment.

7. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
That the recommendations are not implemented.	Low	Medium	The team has carried out substantial engagement with stakeholders to assign ownership of the recommendations.
That the evidence is not applicable.	Low	Low	Local evidence was obtained and analysed, lived experience data was captured and the team worked closely with stakeholders.
That there is no improvement in outcomes (relating to inequalities) for citizens living with dual diagnosis.	Low	Medium	The report's recommendations work across the whole system to influence positive action, including the enhancement of substance misuse service specifications and further development of the Birmingham Dual Diagnosis Joint Working Protocol.

Appendices

Appendix 1 – Dual Diagnosis Deep Dive report.

Background Papers

Deep dives | Birmingham City Council

The following people have been involved in the preparation of this board paper:
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