

# DUAL DIAGNOSIS NETWORK

## CITY OF LEEDS

### TERMS OF REFERENCE

#### 1. Description

The Leeds DD Network is a multi-agency group of practitioners from organisations that come into contact with people who have co-existing mental health & substance use difficulties.

This network has been developed in accordance with the Department of Health's 'mainstreaming' agenda and best practice guidelines<sup>1</sup>.

#### 2. Aims

- ▶ To implement a comprehensive model of service delivery tailored to local needs and making best use of existing resources, in accordance with Department of Health good practice guidelines.
- ▶ To support in the development of a comprehensive *involvement* agenda; ensuring that service users and carers are able to contribute to and influence Dual Diagnosis policy.
- ▶ To encourage multi-agency collaboration and appropriate information sharing across all sectors which come into contact with this client group.
- ▶ To ensure that appropriate training, guidance and support is offered to practitioners, in order to offer high-quality and consistent support for service users.
- ▶ To ensure all individuals coming under the remit of a dual diagnosis receive a service fit for their multiple needs, irrespective of where and how they present.
- ▶ To harness and to develop good practice in synch with developments in research, policy, commissioning and diversity.

#### 3. Role of Lead Practitioners associated to the Network

##### Principles & Values

- ▶ Valuing the opinions and the own perceived needs of service users and carers; giving their views a central place in the co-ordination of care.
- ▶ Positive approach to change and to developing own practice.
- ▶ Commitment to supporting people with highly complex needs.
- ▶ Collaborative, flexible and pro-active approach to treatment.
- ▶ Non-judgmental, yet risk-aware outlook in the face of distressing behaviour patterns.
- ▶ Drive to motivate and encourage positive change, resilience and coping.
- ▶ Respect for diversity and engagement with service users' wider support networks, families and communities.

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<sup>1</sup> Follow the link for full policy & guidelines:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009058)

## Pragmatic Aspects of Role

- ▶ To offer enhanced assessment for people presenting with concurrent mental health & substance use issues. This may, where appropriate, entail joint-assessment alongside colleagues from own and other agencies.
- ▶ To offer appropriate treatment to people presenting dual diagnosis, in accordance with local best practice guidelines and as agreed within own line-manager.
- ▶ To offer consultation & support for other colleagues who are working with people with a dual diagnosis.
- ▶ To ensure that information, developments and best practice guidelines on Dual Diagnosis are disseminated within own team / organisation.
- ▶ To continually develop own knowledge & practice around Dual Diagnosis through: keeping up with developments in the field, attending practice development meetings and appropriate training events.
- ▶ To contribute to the improvement of city-wide care provision by co-operating with local developments in Dual Diagnosis policy, as agreed with Managers and Commissioners.

### 4. Time commitments

- ▶ Lead Dual Diagnosis Practitioners will be able to access enhanced training appropriate to their learning needs and work setting. When offered a place, practitioners will be expected to comply with the requirements of the course in relation to: attending training sessions and completing course work where required. The length and frequency of training sessions will vary according to the setting in which practitioners work (e.g. community, in-patient care). These arrangements will be agreed with managers and advertised with reasonable anticipation.
- ▶ Practitioners will be required to attend face-to-face practice development meetings. The aim of these meetings will be to enable peer support, to harness collaboration across sectors, to embed training into practice and to hold case discussions with the view of sharing best practice<sup>2</sup>. These meetings will be held once a month, lasting half a day, for an initial 6 months, at which point the frequency will be reviewed.
- ▶ Practitioners are encouraged to regularly check up-dates on the electronic bulletin and to contribute to the development of the initiative through the on-line forum. Practitioners are also encouraged to use the on-line facilities to share best practice with colleagues outside of formal meeting events.

### 5. Partnership

The following services are currently contributing to the development of the Dual Diagnosis Network.

Leeds Addiction Unit  
Community Mental Health Teams  
Continuing Treatment & Recovery  
Aspire – Early Intervention in Psychosis  
Touchstone  
St. Anne's Community Services  
ADS

DISC – Drug Interventions Programme  
Assertive Outreach  
NFA Health Team  
Community Links  
Leeds MIND  
Community Drug Treatment Services  
BARCA

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<sup>2</sup> A detailed sharing of information policy will be available in a separate protocol.