



	<p>JC gave examples of good practice from young people's services (A-DASH and CAMHS) Please see attached Appendix 1.</p> <p>The group acknowledged that the new Hertfordshire Dual Diagnosis and Complex Needs Protocol (Appendix 2) and the Joint Working Policy (copy requested) between CGL Spectrum and HPFT have the potential to become excellent examples of good practice</p> <p>Hospital Liaison (CGL Spectrum) the RAID and CAT Teams (Watford General) are working to ensure that the Dual Diagnosis and Complex Needs Protocol is delivered. A Carer gave the following example after her son was taken to A&amp;E following an overdose. The doctor from the RAID team was especially helpful in getting A&amp;E medical staff to attend to the young man whose life was at risk but who had been left in an ambulance. The Carer also spoke highly of the nurse from the CGL Spectrum Hospital Liaison Team, saying that the nurse had really understood the impact on the Carer. In addition, the Carer stated that the CAT Team were persistent in their follow up, outreaching the client to encourage and support engagement.</p> <p>Our over-riding feeling was that services need to be more pro-active in keeping clients with dual diagnosis/complex needs safe until they have that 'revelation moment' (many thanks to the service user who attended for this phrase)and our 'wish list' below details what would achieve this locally. For wider and more varied good practice please refer to the link below for the Blue Light Handbook. Some of the Blue Light Project interventions could also be applied to drug misusers</p> <p><a href="https://www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=8ec66a11-104f-4f02-aed8-892e23522c14">https://www.alcoholconcern.org.uk/Handlers/Download.ashx?IDMF=8ec66a11-104f-4f02-aed8-892e23522c14</a></p>		
4	<p><b>Our wish list</b></p> <p>Early intervention is covered by education, awareness raising and providing a fast track to treatment and support with access to 'emergency appointments' and a network of peer/sponsor support (face to face and online) An early intervention might also involve wet provision, safe injecting facilities and outreach</p> <p>Adash and CAMHS work together (appendix 1) to ensure that young people are able to access treatment and support in a way which best meets their (the young person's) needs – resources need to be made available to extend their approach to cover adult treatment and transition from young person to adult services should extend to 25 years of age based on individual need.</p> <p>Education about dual diagnosis and complex needs is needed across our communities and more specific training essential for staff in front line services, including primary care(GPs and reception staff), Accident and Emergency and in-patient care. Recognising that entry points to treatment and support aren't just via specialist services and that many clients would be most likely to visit their GP in the first instance</p>	[]	[]

	<p>Commitment is needed from across drug and alcohol services and their mental health counterparts to ensure that staff are educated about dual diagnosis/complex needs.</p> <p>Services must be flexible to meet the needs of this client group and their carers. For example, access to an 'emergency' appointment at the point of that 'revelation moment' – this is one of a few windows of opportunity where the client is motivated</p> <p>There must be follow up where someone is undergoing a medical/emergency detox. An example of good practice here is the process with Hospital Liaison at Watford General to pick up patients having an emergency detox and work with the CGL Spectrum nurses to continue the detox at home which both frees up beds and gives the patient a better chance of engaging with drug and alcohol and mental health specific treatment and support services</p> <p>There should not be a gap between completion of a planned detox and a mental health intervention (the Hertfordshire Dual Diagnosis Protocol aims to stop this happening but there has a report to the contrary) where a menu of therapies are available, including CBT, DBT and Mindfulness</p> <p>There should be consistency of care; repeated changes of workers are disruptive and anxiety provoking to this client group and can mean that they disengage from services</p> <p>Availability of different levels of supported housing for clients dependent on need</p> <p>Criminal Justice involvement where appropriate, with treatment orders being enforced</p>		
5	<p><b>Summary</b></p> <p>We acknowledge that the Hertfordshire Dual Diagnosis and Complex Needs Protocol (Appendix 2) demonstrates a commitment from CGL Spectrum and Hertfordshire Partnership University NHS Foundation Trust to work together to meet the needs of this client group and their carers, and feel that it is good practice. However, we would like to see evidence of the Protocol 'in action' and being adhered to across the county. And it would also be helpful to see a copy of the Joint Working Policy which covers clients already known to Hertfordshire Partnership University NHS Trust (SB has requested a copy of this)</p> <p>We have seen an example of the Protocol working well in West Herts/Watford General (section 3 above) and there are examples of good practice in our services for young people (appendix 1). We are also able to offer the Community Reinforcement and Family Training approach to Carers across the county via CGL Spectrum, as well as referring Carers directly to our generic Carers service (Carers In Hertfordshire) and signposting to other drug and alcohol/mental health specific support.</p>		



# Minutes

6	<b>Next steps</b> Circulate minutes to Carers and Sarah Cameron, Turning Point Report from the APPG to circulated to Carers on receipt		
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