



Minutes

Meeting: Family Carer Forum |
Date: Tuesday 5th September 2017 |
Present: 7 Carers attended |
In attendance: Su Bartlett, Sheena Austen |
Apologies: 5 carers gave their apologies |
Date/Venue for next meeting:
 6pm – 8.30pm Tuesday 7th November venue TBC |

ITEM		ASSIGNED TO	TARGET DATE
1	Welcome		
2	<p>Carer issues</p> <p>Carers would like information on Supported Housing - How is it defined? What can they and their Cared For expect from it (supported housing) in terms of service provided and partnership working with other agencies involved in the care of their loved ones</p> <p>Carers in Hertfordshire Mental Health Involvement colleagues are holding a Mental Health Forum on Supported Housing – SB to establish forum details and whether supported housing for substance misusers might also be covered at the Forum</p> <p>In addition to supported housing Carers would like information on what is available by way of housing and support for their loved one's should they have to ask them to leave the family home? Further calls for wet provision in the county as Carers of those who continue to use/drink find it nearly impossible to take a break</p> <p>SB to find a speaker for a future forum on homelessness/eviction and addiction</p> <p>SB to follow up with commissioners the need for wet provision</p> <p>Carers would also like to hear about Sectioning and Deprivation of Liberty as well as getting some clarity on 'capacity'</p>	<p></p> <p></p> <p></p> <p></p> <p>SB</p> <p>SB</p> <p>SB</p>	

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	<p>Early interventions for people with mental health conditions and a substance misuse problems are lacking in terms of involving and listening to Carers. In some instances Carers believe that this has led to inappropriate treatment of and for their loved ones</p> <p>Hospital inpatient stays for those with mental health conditions can be too short (with patients being discharged at the first sign of improvement) and therefore do not allow for the kind of interventions which might make long term positive differences to service user's lives, and might also mean that people are likely to represent with the same issues time and again. One Carer pointed out that during a two year hospital stay for the cared for it is only in the last 6 months that any positive change has been noticeable</p> <p>There is more joined up working between community mental health and substance misuse services but this is not consistent across the county. Carer informed the group that they had been told (at a Health Watch Herts meeting) that it would take 6 months for HPFT staff to be trained in the DD Protocol – SB to follow up at the HWH DD meeting on Thursday 7th September</p> <p>There has been a huge improvement in the crisis end of the system where there's now an understanding of the overlap of addiction and mental ill health. However, the community end is not so clued up and will expect drug/alcohol addiction to be sorted out first. SB to establish HPFT understanding and delivery of the Dual Diagnosis Protocol as it appears that it is the Trust and not CGL Spectrum who are sometimes not doing what they are supposed to for clients with a dual diagnosis.</p> <p>There was discussion around how to engage ambivalent people in treatment with the Afdash model being cited as good practice and a question as to whether this model could be adopted by adult services or whether the young</p>	<p>SB</p> <p>SB</p>	
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	<p>people's service should work with up to 25s</p> <p>Consent and confidentiality was raised as an issue and comments made as to how difficult it is for Carers where there is no consent and when consent is 'withdrawn' when the cared for moves from young people's to adult services</p> <p>A Carer expressed concern about our treatment services Psychiatrists view of addiction saying that it is not viewed as an (mental) illness and as such treatment can be ineffective</p> <p>Carers would like clarity on the Triangle of Care in terms of when their loved one is in hospital – who is the third person .i.e. the Care Coordinator or a member of the hospital staff</p>		
<p>3 </p>	<p>Phil Bryne, Manager Rapid Assessment, Interface and Discharge (RAID)</p> <p>Phil Bryne – manager of RAID teams at Lister Hospital (Stevenage) and Watford General.</p> <p>Set up 4 years ago the rapid assessment interface and discharge model was developed by a Birmingham Hospital and was adopted by Hertfordshire on seeing that it (the RAID model) meant better services generally, faster discharges from general hospitals as people had their mental health needs met, their physical health improved quicker too. The training, to improve staff's mental health awareness, part of the model works to overcome the stigma which surrounds mental health and means that general hospital staff are better equipped to support and care for patients suffering from mental ill health</p> <p>RAID training to part of mandatory training mental health module at Watford</p> <p>RAID works with people from age 16 and the hours are 8.30am – 9.30pm at the Lister and 8.30am – midnight at Watford General</p> <p>But from 5pm on both sites the team doctor is not available and so the service becomes nurse-led with a reliance on duty doctors</p> <p>From the end of the year RAID will be 24 hours in both hospitals</p>	<p> </p>	<p> </p>

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<p>RAID Teams are comprised of – consultant working age and consultant old age, current ½ psychologist (soon to be whole time) nurses, social worker, manager (covers both sites)</p> <p>RAID are commissioned to work with people aged 16 upwards, although 16/17 year olds are, in general, seen by Children’s CATT team</p> <p>RAID is not commissioned to work with D&A alone but do work with people with a dual diagnosis</p> <p>RAID are trusted assessors for CATT and can refer in without patient being assessed again by CATT. RAID also ‘gatekeeps’ beds</p> <p>Generally speaking the older patients are inpatients on the wards and working age adults present more frequently in A&E</p> <p>For older people RAID work with the Crisis Function Team – Old age CATT (for people with organic mental health problems)</p> <p>RAID works as closely as possible with CGL Spectrum whose 9am – 5pm Hospital Liaison service, comprised of a nurse and a recovery worker are based in both hospitals</p> <p>Watford General runs joint clinic with Spectrum, offering joint assessment and short term follow up. This is being developed at the Lister.</p> <p>SB to invite CGL Spectrum’s Hospital Liaison Team manager to speak at a future forum</p> <p>Carers discussed the following with PB</p> <p>Some medical staff are not sympathetic when mental health and/or drug and alcohol misuse are part of the problem for inpatients or people presenting at A&E</p> <p>Their attitude sadly reflects the attitude of the wider society. Changing attitudes (for hospital staff at least) is the purpose of the RAID training. This is a work in progress but is moving in the right direction</p> <p>Waiting times for transfer to admittance at, for</p>		
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	<p>e.g. Kingfisher Court, is an issue when person is disruptive/under the influence. Resources and logistics can make transfer difficult and waiting times lengthy. Watford General have made their mental health room a more welcoming and safer space – removed ligature points and installed a CCTV camera link to A&E nursing station</p> <p>Lister are in the process of upgrading their mental health interview room</p> <p>Carer experiences – son was supposed to go to Elephant and Castle for detox but couldn't attend as he was unwell. He was admitted to Watford General with organ failure and discharged after 4 days – Emma at Watford Spectrum asked son to tell mother to stop calling having previously said call if any issues</p> <p>PB to ask Trudy Sealy, CGL Spectrum Deputy Service Manager covering Hospital Liaison, to call carer</p> <p>Carers wanted to know what is being done to break the cycle of frequent attenders at A&E. PB advised that there is a Frequent Attenders Pathway but there is not much resource, the lead person is the RAID consultant psychologist and there are meetings, which include CGL Spectrum, to look at frequent attendees and the support available to them to support them by pulling together all agencies involved in the person's care to develop a support plan to stop them getting to crisis and needing A&E services A high proportion of people with drug and/or alcohol issues attend A&E but the team, in this instance, led by CGL Spectrum, have the least success in terms of reducing attendances</p> <p>There was discussion around Dual Diagnosis and how these vulnerable people are hard to engage in treatment. The common DD issue of using drugs and/or alcohol (sometimes on top of prescribed medication) makes it difficult for the user to engage with services and impossible for services to work with them effectively when they do engage. Carers felt that this could be addressed by services working in a more assertive way, outreaching clients and working to</p>	<p>PB</p>	
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	<p>keep them safe whilst they (the clients), hopefully, overcome their ambivalence and move to a point where they are ready for change. Afdash, the young people's service, works in this way but this intensive and assertive approach stops once the client moves to adult services. Although the joint RAID and CGL Spectrum clinics at Watford General do work with people who are ambivalent about change and there is a CGL Spectrum worker located at Kingfisher Court who does in-reach work with patients around their substance misuse. Also the Turning Point Complex Needs service works in a more assertive way with clients, helping them with the practicalities of everyday life. The local Mind and Rethink charities, as well as CGL Spectrum, offer volunteering and Peer Mentoring opportunities to encourage service users to keep busy, and build self-esteem by developing new and existing skills which will eventually help them to find paid work.</p> <p>In a conversation about stigma and attitudes (to mental health) PB mentioned that mentally unwell people are 10 times more likely to be discriminated against than people with a physical disability. Campaigns and training on mental health awareness are going some way to make a difference to stigma and negative attitudes. The Street Triage/Police Liaison is reducing the number of people arrested and the Section 136 Suite at Kingfisher Court means that for the last two years people with mental ill health who are arrested (sometimes whilst under the influence of drugs and/or alcohol) are not held in police cells. There is also a Mental Health Forensics Team which will assess people in cells and make recommendations</p>		
4	<p>A.O.B</p> <p>There was no other business</p>	[]	[]
5	<p>Date of next meeting: From 6pm – 8.30pm, Tuesday 7th November 2017, venue TBC</p>	[]	[]
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