



Norfolk Drug & Alcohol Action Team
 Phoenix House
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N:DAP Treatment Implementation Group

Held: 10am – 12noon
 Thursday, 4th December 2008
 Phoenix House, Norwich

Minutes

Present:		
Tony Oram (Chair)	Strategy Manager	(TO)
Mark Adeney	Manager, CADS King's Lynn	(MA)
Julian Bryant	Director, Matthew Project	(JB)
Roz Brooks	Service Manager, TADS	(RB)
James Fullam	Research & Information Officer, DAAT	(JF)
Neil Howard	Head of Service (Sexual Health Promotion) (NHS GYW/NHS Norfolk)	(NH)
Dan Mobbs	NORCAS	(DM)
Tracey Scarff	Research & Information Officer	(TS)
Michael Pocklington	NORCAS	(MP)
Steph Ross-Wagenknecht (Mins)	Finance & Administration Manager	(SRW)
Jacqui Westrop	Manager, DIP	(JW)
Apologies:		
Allan Cooper	TADS	(AC)
Andrew Barwick	Manager, Arrest Referral, Matthew Project	(AB)
Kevin Hanner	Operations Manager, City Reach	(KH)
Debbie Chedgely	Project Manager, Matrix	(DCh)
David Cooper	Alcohol Strategy Officer, DAAT	(DC)
Maggie Williams	Chief Executive, NORCAS	(MW)
Carol Bowen	Contracts Officer, DAAT	(CB)

Item	Subject
1.	Declarations of interest There were none.
2.	Apologies for absence As above.
3.	Acceptance of minutes of the meeting held on 6 th November 2008 (including confirmation of any part of the minutes exempt under the FoI Act)

4.	<p>Matters arising from minutes of the meeting held on 6th November 2008. RB has contacted the manager at the ARC and TADS will be working with them in the new year.</p> <p>Performance meetings – all sessions booked and comparator information will shared among agencies as agreed, based on NDTMS “Q” numbers. TS and JF are developing ‘ragging’ reports that should be ready the end of next week. They will email out to agencies along with tables and graphs.</p> <p>RB reported that the TADS ‘away day’ had been very good and that it would be useful to find out what commissioners want from a transitional care team (young people to adult system referrals). TO discussed the NTA Drug Systems pilot offer being considered and the possibility of writing the expression of interest for a ‘pilot’ focused on class B/C users and transitional services within this.</p> <p>Action: Group agreed to a sub group of TIG and JCG to discuss transitional care. TO to email the paperwork for the Drug Systems Pilot to group.</p>
5.	<p>Regional Data Sharing Agreement – JF (Paper 5) Irene Cameron of the RDHIU has requested that everyone signs the document by 16th December. JF explained that it is not asking for any more data than is already provided and is, therefore, not a problem to agencies. RB requested that it be sent electronically to her as she would need to forward it to her Caldicott adviser. NH said he would need to find the appropriate signatory in his organisation.</p>
6.	<p>TOPS Transfer of Care Coordination form – TS (Paper 6) TS explained that the main problem for getting TOPS filled out was around the transfer of care. TS and JF have devised a form to help this and presented this to the group. There was a lengthy discussion, which identified that the problem also was around the decision on who completes the TOPS depending on various scenarios. It was agreed that some work around the process, form, scenarios and a collective understanding of the terminology should be conducted, led by TS and JF. When completed this should be used as a ‘refresh’ at a meeting of both operational staff and administrators.</p> <p>Action: Agreed to scrap 2nd January meeting but meet for a TOPS refresh on 9th January 2009 – Research and Information officers to arrange.</p>
7.	<p>NTA Letter – 6 month review – TO Letter has not been circulated as there were a few items which need clarification with Alison Keating. Overall AK had said we were doing well in Norfolk but a few concerns around the numbers in effective treatment as the target is not being met and planned discharges. Feedback on the p.m. session is going straight to prison governors. RB reported that she was having some difficulty with data re. harm reduction and that a letter from TO will be going to her chief exec. to that effect. DM reported that they had looked at how they interpreted data and NORCAS had been able to make improvements in figures without necessarily making more work. MA said that they had discussed these issues at their recent away day. NH – now reporting quarterly on NEX / Supervised Consumption and although not performance related this could be in the future.</p>
8.	<p>Current Service Performance – JF A lot of the service performance was discussed in the previous item. JF reported that in the latest NDTMS figures, which are 12 weeks old, showed a figure below base line year at 1888 (base line is 1907). Also the effective nos. in treatment are 76%, down from 78% in baseline year. It was difficult to ascertain what this was due to. The group discussed having targets in contracts rather than posts, the latter was felt to be unhelpful and less flexible.</p>

9.	Standing items:
i.	IDTS Wayland LIG are to have a treatment planning day on 5 th January 2009. HMP Norwich are coming along but are at a different stage. Eileen Barnes, Deputy Regional Manager will be joining the LIG at its planning day of 5 th Jan 2009.
ii.	Treatment Plan The Part 1 document has been modified in light of the treatment day. Gap analysis is now sorted and all goes to the AJCG on Monday for them to work in and submission date is 16 th January. A draft of Part 3 / planning grids to be submitted on 20 th March and the new JCG will be picking this work up.
iii.	Healthcare Commission Improvement Review Still embargoed. CMcW has put together a plan and written into the commissioning intentions around Tier 4.
10.	<p>Agency/Individual Updates</p> <p>CADS – MA reported that the away day had been useful. The PCT had an about face with regards to the future of CADS and it is now part of core business. Sexual Health Promotion – NH is trying to get all 100-hr pharmacies on board. There is a list of the group of these pharmacies on the sexual health website. NHS Norfolk have produced a sexual health commissioning strategy.</p> <p>TADS – are working on the new alcohol pilot with the Norfolk & Norwich University Hospital. This will involve more assertive in reach. RB questioned whether there was a ‘fallout’ for the partnership regarding the case of baby ‘P’.</p> <p>Action: It was agreed to put an agenda item for the next TIG to discuss child protection with regard to adult services, training, CRB and other checks.</p> <p>The Matthew Project – JB said there had been over 200 at the memorial service and Harold Bodmer had attended.</p>
11.	Future Role of TIG TO asked the group how they felt TIG should function in future. After a brief discussion it was agreed that a pattern of two regular TIGs followed by a day long ‘workshop style’ session every third meeting (i.e. once per quarter) was preferred. The day-long session would have a regular TIG meeting components followed by a working lunch and ‘workshop’ session going into the PM to take a close look at key operational/strategic issues.
12.	<p>Any Other Business</p> <p>SRW was now the INTRAN Champion for the drug & alcohol services and would be visiting agencies to promote INTRAN.</p> <p>RB asked how Service Governance would work. TO – there will be individual leads in provider agencies, the Harm Reduction Governance Group will have a role and will report to TIG.</p>
13.	Date, time and venue of next meeting:
	(9 th January for TOPS day) Regular meeting Thursday, 29 th January 2009 10am-12 midday Phoenix House
Send confirmation of attending/apologies to:	Karen Lester – PA to Strategy Manager Norfolk Drug & Alcohol Action Team Phoenix House White Lodge Business Estate Hall Road Norwich NR4 6DG Tel: 01603 677577 – Karen.lester@norfolk.gov.uk

