



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

Held: 10am – 12noon
 Thursday, 29th January 2009
 Phoenix House, Norwich

Minutes

Present:		
Andrew Barwick	Manager, Arrest Referral, Matthew Project	(AB)
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)
Anne-Louise Schofield (Chair)	Joint Commissioning Officer, DAAT	(AS)
Karen Lester (Mins)	PA to Strategy Manager, DAAT	(KL)
Maggie Williams	Chief Executive, NORCAS	(MW)
Apologies:		
Tony Oram	Strategy Manager, DAAT	(TO)
Mark Adeney	Manager, CADS King's Lynn	(MA)
Carol Bowen	Contracts Officer, DAAT	(CB)
Julian Bryant	Director, Matthew Project	(JB)
Debbie Chedgy	Project Manager, Matrix	(DCh)
Allan Cooper	TADS	(AC)
Kevin Hanner	Operations Manager, City Reach	(KH)
Dan Mobbs	NORCAS	(DM)
Michael Pocklington	NORCAS	(MP)
Tracey Scarff	Research & Information Officer	(TS)
Jacqui Westrop	Manager, DIP	(JW)

Item	Subject
1.	Declarations of interest. There were none.
2.	Apologies for absence. As above.
3.	Acceptance of minutes of the meeting held on 4 th December 2008 (including confirmation of any part of the minutes exempt under the Fol Act). NH asked for one change to be made on Agency/individual updates to read 100-hr pharmacies. There is a list of the group of these pharmacies on the sexual health website.

<p>4.</p>	<p>Matters arising from minutes of the meeting held on 4th December 2008.</p> <p>RB discussed transitional care for people age 18 plus and that Katie Hammett (DAAT) should be involved. The group decided a meeting was needed and this area could be covered at the next all day TIG on the 26/03.</p> <p>JF confirmed he had now had most signatures for the Regional Data Sharing Agreement, NH said he would discuss with Alison Chaplin the appropriate signatory for his organisation.. MW said she would check to ensure this has been done within her organisation also.</p>
<p>5.</p>	<p>Treatment Plan update and progress on Grid 3</p> <p>AS reported that parts 1&2 and the financial review has been submitted to the NTA for comment, which should be finalised for 03/09. AS said the NTA meeting is next Monday 02/02/09, for feedback and revision.</p> <p>AS said she is now looking to negotiate partnership priority areas, which are access to services, e.g., which the partnership is expected to develop targets against and can be used in the first year as a benchmark.</p> <p>AS asked the group to look at the whiteboard whilst also referring to the document in the meeting pack, and discussed with the group of which areas should be put forward to the NTA this year.</p> <p>MW pointed out that we should be cautious not to do an excessive amount in the first year when we have nothing to compare it with, and when less funding has been allocated. RB asked if we could maintain DIP at current levels when the funding has been reduced. RB and MW agreed the no.1 priority was to improve successful treatment exits to all clients. RB said she would like clarification on the definition of parents; would this be children living with them or away from home. It was agreed that this definition would be locally defined.</p> <p>AS suggested we should concentrate on improving outcomes, around 3-4 items including; parents, criminal justice, under 25s and effective engagement of new clients. AS will take this to the NTA meeting on Monday and feedback to TIG.</p> <p>AS said she is working on part 3 and her actions, to take forward and streamline the action plans across N-DAP rather than a separate plan for each group. These include IDTS x 2, ATR, YPT and alcohol.</p> <p>Action: AS to take feedback on priorities to NTA meeting and feedback outcomes at next TIG meeting.</p>

6.

NDTMS & TOPS

JF gave an update and said the carepathway protocol should be in place and used by 01/03. RB reported on a rush of TOPS duplicates and that service users need to be clear on who does them.

AB reported that a form is already being used and the process is in the early stages. It appears that exit TOP forms are now largely being completed only where appropriate.

MW said this should be agreed in the treatment process of IDTS and TOPS, to ensure all managers are working together. There is an easy user reference guide on the protocol being written as part of the care co-ordination process. MW has seen improved performance.

JF gave an update from the regional data analysis forum and presented the latest performance data – our DAAT is doing relatively well in most areas.

MW asked if the younger persons data has been recorded more accurately. JF confirmed Tracey Scarff is working on this.

JF went through the NDTMS.net website with group, highlighting how useful it was for monitoring agency performance. The site is publically accessible.

JF highlighted the fact that all NDTMS fields are compulsory; there are particular issues with incomplete postcodes. These are to be left blank if a user is homeless.

Irene Cameron is to do training on 11/03, for data set F, venue tbc.

AS discussed the funding decreases for us, which is 122k for our budget. AS said she cannot yet confirm the final figures.

JF gave an overview of Instant Atlas on screen and informed the group of this useful and informative on-line tool. This had NDTMS figures of people in treatment including age range and able to compare statistics from other NDTMS fields. JF asked the group if there were any other comparisons they would need to use from this site.

Action: All to refer back to James with suggestions for NDTMS fields to be added to Instant Atlas.

NH said he would like to see on how it compares with other criteria, i.e., under 25s.

RB asked when we would see the TOPS results. ML suggested we see the agencies together as one agency could affect the whole partnership. AS asked is all the providers are be happy to do this. RB said it would be ideal to send out in February for the pilot in March. JF encouraged the group to use the NDTMS site on a monthly basis.

Action: AS and JF to produce a balance score card for agencies across the board at the next meeting, on all agendas (A & YPJCG?)

7.	<p>Employment Treatment</p> <p>AS distributed the 'Planning, commissioning and delivering the training and employment pathway for problem drug users,' document. As part of the national drug strategy, there is huge emphasis on improving job opportunities and training for drug users and their employment pathway. MW discussed the implications to the users on benefits etc; so all implications should be made clear.</p> <p>AS said the recruitment for co-ordinators was taking place. There will be one person appointed to co-ordinate this for Norfolk. Mike Hutchinson is currently making the appropriate links.</p> <p>AB said there will be issues with employers who may not want to take on these problems with employees. MW said the emphasis should be on training individuals and would like a fuller briefing on this in a future TIG meeting. RB agreed. AS will put on agenda once timescale is agreed. RB also pointed out that CRB checks would not always be granted due offending past. AS said we should focus in the first instance on what needs to be done this year.</p> <p>Action: AS to put full briefing time on agenda for planning, commissioning and delivering training and employment pathway for problem drug users.</p>
8.	<p>Vulnerability and security of staff – TO</p> <p>MW said this should be an on-going agenda item for each TIG meeting. The group agreed it should read 'risk management issues'. The group discussed managing behaviour cross-agency and information sharing. MW said she would like one more meeting so she can complete her action items. RB discussed levels of training, which seem to be standard for DAT and commissionable agencies.</p>
9.	<p>Standing items:</p>
i.	<p>IDTS - plans for Wayland and Norwich have been submitted to the NTA. Local management groups are finalising the finer details. RB said she would like to see them.</p> <p>Action: AS to send out plans</p>
ii.	<p>Treatment Plan - Meeting arranged for next Monday with NTA, for feedback.</p>
iii.	<p>Healthcare Commission Improvement Review - embargo has been lifted. The results will be released today and AS said she has a press release ready, if needed. AS said we have done well as a partnership an improvement plan covering areas where we have scores 2 or below will be developed., AS said she will speak to the Adult JCG meeting next week for finalisation of the treatment plan.</p> <p>Action: AS to find out if we will have an NCC/NTA Improvement Review this year .</p>

10.

Any other business

Agency updates – NH discussed extra training courses currently being run. Will send out further details. NH discussed progress made against the Chlamydia screening target. Young people age 15-24yrs are the main target for screening. As an incentive, agencies will be paid £2 per screen. Discussions will be needed in the future regarding the footfall of this client group and their pathways within treatment services.

RB said the transfer of NR5 is to go ahead, which includes Wensum Valley.

AB discussed PIC's police information centres due in 2010. When contracts are signed there will be a 62 week build period. New PIC's will be situated in Wymondham, Aylsham, Gorleston, Kings Lynn, Bury St Edmunds and Ipswich. Issues include facilitating the delivery of the Enhanced Arrest Referral Scheme within the new estates, deliver to 30 cell PIC's – Wymondham and issues around delivery in 'cross border PIC's'..

MW gave an update on Norcas and in the short term the Board has been reviewing values, strategic goals, finance, funding and the market. There is full focus on provider competencies and skills of frontline workers. MW announced that the NVQ system would be replaced by QCF, which will have training modules for substance misuse workers. This should be in place by 2011.

Action: MW to discuss new QCF training modules with Mike Hutchinson.

RB asked about unit cost work. AS confirmed this was presented to the JCM's at the regional NTA meeting two weeks ago and information has just arrived. This will be tabled at another meeting.

Action: AS to put unit cost work on next agenda.

AS outlined that information regarding Naloxone pilots has been received, further information will be sent to TIG.

Action: AS to email Naloxone pilot information.

MW discussed SLAs and asked if a date has been set for tendering. AS confirmed it has been approved for 2012 and that this year all will be re-issued as far as she is aware.

Action: AS to update group on SLAs at next meeting. AS to meet with TO to discuss contract reviews.

AS suggested that the all day meeting on 26/03 will include child protection. RB suggested that Jane Black is invited to attend to discuss Norfolk NHS and children's services. MW suggested a discussion on legislation for vulnerable people, which would include child protection. RB said maybe we should focus on child protection at the next meeting.

Action: The Group to send AS ideas for all day meeting.

MW sent her apologies in advance for the next meeting on 05/03, and will send a replacement.

13.	Date, time and venue of next meeting:	
	Regular meeting: Thursday, 5 th March 2009 10am-12 midday Phoenix House All day meeting: Thursday 26 th March 2009 10-(what time to end?) 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	