



Treatment Implementation Group

Held: Thursday 21st May 2009
Phoenix House

Minutes

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| Present: | | |
| Tony Oram (Chair) | Strategy Manager, DAAT | (TO) |
| Julian Bryant | Director, The Matthew Project | (JB) |
| Mark Adeney | Service Manager Primary Care, CADS | (MA) |
| James Fullam | Research & Information Officer, DAAT | (JF) |
| Steph Ross-Wagenknecht (mins) | Finance & Administration Manager, DAAT | (SRW) |
| Maggie Williams | Chief Executive, NORCAS | (MW) |
| Roz Brooks | TADS, Service Manager | (RB) |
| Hayley Pinto (Guest) | | (HP) |
| Anne-Louise Schofield | Adult Joint Commissioning Officer, DAAT | (ALS) |
| Apologies: | | |
| Andrew Barwick | Manager, Arrest Referral, Matthew Project | (AB) |
| Jacqui Westrop | Manager, DIP | (JW) |
| Debbie Chedghey | Project Manager, Matrix | (DCh) |
| Neil Howard | Head of Service (Sexual Health Promotion) (NHS GYW/NHS Norfolk) | (NH) |
| Karen Lester | PA to Strategy Manager, DAAT | (KL) |

| Item | Subject |
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| 1. | Declaration of Interest None |
| 2. | Apologies for absence and introductions as above. |
| 4. | <p>Summit Trial Presentation – presented by Hayley Pinto</p> <p>The summit trial looks at Methadone vs Subutex. Hayley went through the presentation and took questions as they arose. There is a large amount of qualitative work and HP is meeting with a person from Cambridge who will be working on this part of the research. Particular points which arose from the research are as follows:</p> <ul style="list-style-type: none"> ➤ BBV – 10% know they are +ve. However, this is worrying as services know the % to be more like 30-40. ➤ Childhood experience – 62% had parents who had an alcohol problem. A significant factor in leading to substance misuse. ➤ Retention in services – HP said that she had been shocked as it showed that Subutex was not that good. Results had been significantly worse than that shown in the Cochrane review. |

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| | <ul style="list-style-type: none"> ➤ Illicit opiate use – Subutex comes out better with ‘retained’ subjects. ➤ IV use was disappointing. Of those in treatment at the end of 6 months 1 in 5 are still sharing needles. ➤ Side effects – more with methadone. <p>JB – asked if the doses were different depending on who was prescribing. HP said there were differences whether they were doctor led or nurse led. MA reported that there was a problem of snorting subutex in prisons.</p> <p>Action: Group would like a copy of the presentation to be sent to them. Presentation has been put onto the shared drive at the DAAT. Also an event to be arranged for HP to present to service users - HP to arrange with ALS.</p> |
| 3. | <p>Acceptance of the minutes from the previous meeting held on 23rd April 2009 (including confirmation of any part of the minutes exempt under the FoI Act), including matters arising.</p> <p>Page 2, item 5. MA said he was thinking of using admin time and asked RB whether she had dedicated staff time? RB has 1.0 for TOPS and they have a ‘blitz’ for data cleansing. Page 3. MW reported that 70% of admin time was on data. Transition Protocol – MW and RB are still to name worker. Agencies risk registers – SRW still to chase. Page 4. DCh is on training today. TO reported that he has convinced the NTA regarding the employment process. Pam Lachlin, new drugs worker in post in Jobcentre Plus from 11th may 2009. TO outlined the process as being:</p> <ul style="list-style-type: none"> ➤ Protocol ➤ Pathway ➤ SPOC ➤ How SPOC works with the pathway. <p>Action: Dental care – ALS to bring item to next meeting.</p> |
| 5. | <p>Domestic Violence / National Drugs week - Daniel Harry DH gave an update. New appointed lead officer is Sue Lambert and she is going to do an action plan. DH was invited to first meeting, Julian Blazeby is chair. He is a link for now but need to tease out where the DAAT need to be involved. Will be meeting with Sue L next week. RB has been to a conference recently and in other areas the DV sits with hate crime and it works well. National drugs week - DH asked that agencies let him know if they are doing anything.</p> |
| 6. | <p>ITEP – ALS Would like to know if this is something we would like to pilot in an agency. JB said that Mark Ash was very keen and would be piloting over the next six months to one year. RB remarked that it would be another tool in the toolbox. MW said they have been looking at it. ALS will talk to CJIT and see if anyone there wants to do ITEP. ALS requested that agencies let her know if staff members are interested.</p> <p>Action: All agencies to send ALS details of staff who wish to implement ITEP. ALS to investigate joint training opportunities.</p> |
| 7. | <p>Partnership and Agency performance – JF Reported good news, areas that had been focussing on were now having an effect. Have exceeded the PDU in effective treatment target and now need to retain this for the next three months. All drugs is only at 75% so this needs to increase. RB asked whether there was any funding to do a ‘blitz’ on the data but there is none. JF – more good news is the Hep test rising is a data issue. Group discussed the figures in region; different targets in different areas. JF reported that Norfolk are giving accurate figures and there will be some changes re. referrals into prisons. ALS – we are asking the NTA how long is ‘drug free’ as this is not covered at the moment. Alcohol will be factored in from next month.</p> <p>Review TOPS are well above regional average. Twelve week window may go. RB reported that they had found it useful not to link it to the careplan review. Discharge TOPS near to</p> |

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| | 80%. |
| 8. | Tier 2 Modality Review Plan – ALS A paper was distributed to the group. JB asked whether Tier 2 would be re-commissioned or decommissioned in the light of the whole scale re-commissioning. ALS could not say at this stage. |
| 9. | Plans for Safeguarding TIG - proposed day outline ALS outlined her thoughts for the day, got the views of the group and will now send out an agenda. The YPIG have been invited and it will be held on 18th June 2009. Agreed Jane Black to present on serious cases, Protocol 10 and implementation. |
| 10. | Development of Service Governance Group Request from ALS for agencies to send ideas on who should attend this new meeting. |
| 11. | <p>Standing items:-</p> <ul style="list-style-type: none"> • Alcohol Pilots This item to wait until further meeting • Risk Management Issues covered in matters arising • Agency Updates <p>RB reported that there was a lot of activity regarding DIP referrals. She asked whether agencies were expected to prioritise these people if they are not DIP eligible, would the agencies get prescribing costs for the 12 weeks? Also having more and more prison releases on Friday and that they are thinking of opening on Saturday. This would mean enhanced payments to staff and needs to be funded. RB would be happy to do this countywide. ALS said that this would be discussed at the DIP Strategy Board. Action: Put onto agenda for the DIP Strategy Board.</p> |
| 12. | <p>Any Other Business</p> <ul style="list-style-type: none"> • Suicide Prevention Workshop – ALS Paper has been sent round to group for information. <p>ALS said that someone from Al-anon would like to to a TIG meeting – all agreed for this to take place. Also looking at coroners' protocol as not everyone has signed up to it. RB said that she would have to go to Paul Baldiz the Trust's Caldicott lead. ALS thinks this can be simplified and has been in contact with the coroner regarding it.</p> <p>RB reported that they had won an award on relapse prevention. Action: SRW to email RB for a few lines on the award, which could be used for the next newsletter.</p> |
| 13. | Date, time and venue of next meeting: 18th June 10 – 12 noon at Phoenix House |

Copies of Minutes and papers can be obtained from:

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