



Treatment Implementation Group

Held: Thursday 23rd April 2009
Phoenix House

Minutes

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| Present: | | |
| Anne-Louise Schofield (Chair) | Adult Joint Commissioning Officer, DAAT | (ALS) |
| Tony Oram | Strategy Manager, DAAT | (TO) |
| Julian Bryant | Director, The Matthew Project | (JB) |
| Mark Adeney | Service Manager Primary Care, CADS | (MA) |
| Dawn Head | Deputy Clinical Manager, CADS | (DH) |
| Debbie Chedghey | Project Manager, Matrix | (DCh) |
| Andrew Barwick | Manager, Arrest Referral, Matthew Project | (AB) |
| Jacqui Westrop | Manager, DIP | (JW) |
| Andrew Cleveland (in place of MW) | NORCAS | |
| Steph Ross-Wagenknecht (mins) | Finance & Administration Manager | (SRW) |
| Graeme Stewart (guest for this meeting) | The Matthew Project | (GS) |
| Apologies: | | |
| Allan Cooper | TADS | (AC) |
| Maggie Williams | Chief Executive, NORCAS | (MW) |
| 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 |
| 3. | <p>The minutes from previous meeting held on 26th March 2009 were accepted after the following changes were noted.</p> <ul style="list-style-type: none"> ➤ Item 2 RC changed to RB ➤ Item 4 Sue Jenks should be Sue Jewkes ➤ Item 6 Para. 3, last sentence. This is now removed as MA and group were unsure what SOUPA was. ➤ Item 6 last para. AB suggested a clearer statement, "The DIP are intending to carry out a survey using 'Survey Monkey' and are hoping to develop a service user group for this project. |

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| <p>4.</p> | <p>Matters arising from the minutes of the previous meeting</p> <p>Item 2 ALS has not heard back from Alison Chaplin regarding appropriate signatory for data sharing agreement but will chase. ALS does have a commissioner at this meeting in TO but still needs to ascertain representation from the PCTs. ALS said that Jocelyn Pike would be attending but not on a regular basis, probably twice a year.</p> <p>Item 4 ALS still to send out Comprehensive Area Assessment document to group</p> |
| <p>5.</p> | <p>Agency Data Report – PANDA (Standing item)</p> <p>There is no update and, therefore, will bring to next meeting. JF reported that he was making slight changes; numbers will be added under the %s. He is still developing TOP and YP's PANDA.</p> <p>MA said that following receiving quarter 3 data the service has decided to employ some administration time (1/2 day a week) dedicated to 'cleaning' the data. TO pointed out that if missing modalities turned out to be a data recording issue we could improve our data quickly. Missing modalities have a correlation to % in effective treatment. JF said that it could be done for present clients and this would affect % PDUs in past quarters.</p> <p>The group discussed the need to get to the point where their own agency data management systems matched with NDTMS. There is a need to understand how changes within services affect the data.</p> <p>JF reported no new information regarding TOPs except Treatment start has reached compliance; Review and Discharges are increasing but have not, as yet, reached compliance.</p> <p><u>Performance / contract reviews</u> ALS said that as performance reviews are now happening she saw no need to go through performance at the contract reviews unless there are specific issues relating to the management of these.</p> |
| <p>6.</p> | <p>Actions from the HR Strategy</p> <p>ALS circulated a paper with two items that she had identified from the HR strategy. ALS explained that all that was needed was to capture what is happening in agencies as evidence. She invited the group to discuss what happens in agencies, how it is working, any gaps or issues arising and actions to take forward.</p> <p><u>2.6 Ensure referral pathways to dental care are in place</u></p> <p>MA said that there is no referral as it is taken through the general public a self-referral system. DH said that anyone starting a methadone script would be given advice around dental issues. They would be signposted as to where dental treatment could be found but not referred as such. JB said if the Matthew Project had identified a need it would be put in the client's care plan and reviewed. DC said that the Matrix did put this on care plans and made their 'phones available for clients to make an appointment. JW stated that the standard for the DIP would be to point them towards an access unit. However, if someone were in custody they would receive the prison dental service. The slot with the dentist would be of 1 hour duration instead of 20 mins, which acknowledges that the clients often have wider dental issues.</p> <p>Action: ALS to capture the discussion of what the current picture is for services in Norfolk and bring back to the next meeting.</p> <p><u>2.9 Ensure service users are made aware of dangers to children of take home medication, need for safe storage, child proof caps and lockable safes and containers.</u></p> <p>MA said that this was a much bigger issue and that at CADS they have discussed it a lot</p> |

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| | <p>and still do not have a consistent approach to clients with children in the household. There were questions such as should the house be visited when the children are there or not. He felt that workers might not even be capturing whether children are in the household or not. MA pointed out that it was also a big resource issue. ALS suggested that workers could establish whether the children have a CAF. She suggested that on the TIGs safeguarding day CAFs are discussed and look at how ASSD are linked in. ALS asked that the figures be looked at during the next extended TIG.</p> <p>ALS asked whether standard advice was given out and by whom. MA said the pharmacies gave advice. DC has got a leaflet that was handed out to service users. Group suggested it should not be parent specific and could be inclusive of advice around needles. TO proposed that this issue could go forward to the N-DAP Information Group. SRW reported that the Info. Group had met yesterday. They had gone through all the N-DAP strategies and this was exactly the kind of work the group would take up.</p> <p>Action: ALS to capture what was discussed today and take forward the work through the Information Group.</p> | | | | | | |
| 7. | <p>Transition Protocol</p> <p>Since the long debate at the last TIG ALS has spoken to Katie Hammett, sent an email regarding expectations, timescales on how the transition would work and asked for feedback. Version 2 of the protocol was distributed and the group discussed it at length. The group agreed that the transitional workers should be at 'contract' level and this would be circa 8 in the county. The group agreed that training should be instigated as soon as the named workers were identified and this would start the process of building relationships between the workers. The CAF would be fully embedded in the new services but there have been several discussions about needing to be able to work with those who refuse the CAF.</p> <p>Actions: ALS to facilitate a one-day workshop in early July to include practical items as well as the training.</p> <p>The group thought the protocol was very clear. There was a lengthy discussion on the six-month period allowed for transition. Protocol to be reviewed and this will be looked at then.</p> <p>Action: ALS to add a review date and the author of the protocol.</p> <p>Date required for named transition workers to be no later than 1st July but the following were given for their respective agencies:</p> <table data-bbox="199 1384 906 1507"> <tr> <td>Dawn Head</td> <td>CADS Thetford and Kings Lynn</td> </tr> <tr> <td>Debbie Chedgy</td> <td>Matrix</td> </tr> <tr> <td>Jonathan Nash</td> <td>DIP</td> </tr> </table> | Dawn Head | CADS Thetford and Kings Lynn | Debbie Chedgy | Matrix | Jonathan Nash | DIP |
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| 8. | <p>Risk Management Issues (standing item)</p> <p>ALS reported that there would now be a service/clinical governance group, which she will convene. A champion has been identified who is Linda Hillman from NHS Norfolk Public Health.</p> <p>TO reported that the COG have agreed to set-up a sub group to drill deep into risk issues. He explained the difficulties around what was set up at present. The group have various risk registers and were willing to share them.</p> <p>Action: SRW to gather any information around the agencies risk registers to enable this to inform the work to be undertaken by the sub-group.</p> | | | | | | |
| 9. | <p>Any Other Business</p> <p><u>Agency up-date</u></p> <p>NORCAS – they have secured 4 year's funding for over 50's work Norfolk wide.</p> <p>Research work around Older People is due to be ready in May.</p> | | | | | | |

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| | <p>Matthew Project – JB presented the new DVD, which was developed by young people for young people around alcohol. He invited the group to a screening at the Garage today at 4.30 p.m.</p> <p>Young Person’s Substance Misuse Service has been awarded to the Matthew Project. JB said that they had found the tendering process thorough and professional. He said it had been an excellent job and the feedback had also been very thorough.</p> <p>Matrix – DCh has had a meeting with the GU clinic to discuss her being trained in conducting HIV rapid testing. She reported that the meeting had been very positive and that they had suggested there may be more tests i.e. syphilis that could be done.</p> <p>DCh said she was disappointed that only two people had turned up for her service user group but was assured that this was not unusual. The Matrix will try this again and will be putting in a bid to get some more money.</p> <p>DAAT – TO has been asked by the NTA to produce the employment pathways by next Monday to include the information sharing protocol. He has agreed to this but due to the work already underway with Rob Hetherington, Job Centre Plus and Mike Hutchinson he has stated that this will not be a signed protocol. He asked the group if they approved and they did.</p> <p>ALS reported that from the extended TIG a paper has gone to the JCG regarding the SPOC and how we intend to proceed.</p> |
| <p>10.</p> | <p>Date, time and venue of next meeting: 21st May, 10 – Midday at Phoenix House</p> |

Copies of Minutes and papers can be obtained from:

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