



YOUNG PEOPLE'S IMPLEMENTATION GROUP

Held: Thursday 9th July 2009 at 2.00 p.m.

Phoenix House Conference Room

Minutes

Present:			Apologies:
Richard Price (<i>Chair</i>)	(RP)	Norfolk Constabulary	Derek Hewis
Katie Hammett	(KH)	Norfolk DAAT	Lynn Rutherford
Graeme Stewart	(GS)	The Matthew Project	Tony Oram
Judy Garrett	(JG)	Connexions	Carol Manning
Alison Coleby	(AC)	Norfolk YOT	Guest:
Neil Howard	(NH)	NHS Gt Yarmouth & Waveney	Lauren Downes
Barry Gibson	(BG)	Children's Services	
Gerard D'Arcy	(GD)	NTA	
James Fullam	(JF)	Norfolk DAAT	
Veronica Nelhams (<i>Mins</i>)	(VN)	Norfolk DAAT	

Item	Subject
1.	<p>Welcome and Apologies</p> <p>In Tony Oram's absence RP acted as Chair and welcomed everyone to the meeting. Apologies were as shown above.</p>
2.	<p>Acceptance of minutes from previous meeting of the Young People's Implementation Group held on 11th June 2009 (including any confirmation of any part of the minutes exempt under the Fol Act) and matters arising</p> <p>The Minutes of 11th June 2009 were accepted as a true and accurate record of the meeting.</p> <p>KH said that Mike Fawcett, the new Head of Partnerships, had approached her to request that N-DAP support a proposal to take the Drinkaware DVD resource into schools via the safer schools partnership. KH had taken this request to the YPJCG who had felt that they were unable to support the resource being taken into schools via any means. They also expressed concern about the process by which the resource had been developed; crossover between this and the N-DAP sponsored resource 'Not that I remember' and fit with the PSHE curriculum.</p> <p>The group had commented and KH had fed back that the resource had excellent production values and that it was felt it could have value in non-school settings. Mike Fawcett, BG and RP will be meeting to discuss this further.</p> <p>KH said that she had made several unsuccessful attempts to contact Lyn Blizzard to get more information on the planned social norms pilot. NH suggested that KH try Allison Chaplin as she is the Sexual Health lead at NHS Gt Yarmouth & Waveney.</p>

	<p>Action: KH to contact Alison Chaplin to try and obtain more information about the planned social norms pilot.</p> <p>KH advised that she had presented the draft Transition and Communications strategies to the YPJCG. The Commissioners were happy with the amendments agreed at YPIG and requested in addition that the timetable for TUPE transfer of staff together with detail around the timing of any recruitment of staff be added to the final transition document. The group understood that TUPE of staff from the current services may mean that recruitment is not necessary but felt that the document should state this and the timetable that would be followed were it required explicitly. GS had made these amendments and the document has been circulated and is free to be shared with stakeholders.</p> <p>KH said that she had still not received any feedback on the resubmission of the Young People's Specialist Substance Misuse Treatment Plan 0910. GD said that a sign-off letter had been prepared and was awaiting signature.</p> <p>All other actions had been completed.</p>
3.	<p>CAF</p> <p>Lauren Downes and GS had met on the morning of 9th July to discuss the list of questions about the CAF process that YPIG had previously prepared and submitted.</p> <p>Lauren gave answers to each question and it was agreed that she would write these up and forward to KH for circulation</p> <p>KH thanked LD on behalf of the group for attending the meeting and for clarifying the points raised.</p> <p>Action: LD to write up answers to the questions and to forward to KH for circulation.</p>
4.	<p>SID</p> <p>KH presented a set of revised SID documents noting that these had been rushed through the graphics process to get to the meeting and that there had been insufficient time for thorough proof reading. KH highlighted some points that needed addressing:-</p> <ul style="list-style-type: none"> ➤ 3rd question had not been changed to 'who do you talk to about drugs and alcohol? ➤ Capitalisation of the S in 'Sid' and not the remainder had not been standardised through the documents. <p>KH also said that she had worked with CM and AC to develop the case studies. CM had since suggested that a parental sm one be added. KH would do this.</p> <p>Overall the group were happy with the new Sid pack and that it met their requirements. BG suggested that the folder be in a different colour to emphasise that it was a new version. GS agreed to review in detail and send any amendments to KH by 17/07/09.</p> <p>LD confirmed that the referral need not necessarily be sent by recorded delivery but that it could be sent by:-</p> <ul style="list-style-type: none"> ➤ Ordinary post as long as the envelope was marked Confidential – Addressee Only; ➤ Secure email; ➤ Fax as long as the sender ensures the receiver is standing next to the fax. <p>Lauren said that she would like to incorporate the Sid tool into the CAF training pack rather than to give it out as a separate laminate</p> <p>JD said that she would like to include the Sid tool in the pack of Connexions processes to ensure it was embedded.</p> <p>It was agreed that a PDF of the final document would be sent to LD and JD.</p> <p>The group agreed with the suggestion that a new pack should be sent to all departments and that laminated copies of the Sid Tool should be available from the DAAT and letters sent to alert staff to the changes.</p> <p>KH said that the YP drug and alcohol training would also be adapted to include these</p>

	<p>changes and the new packs with laminates would be issued to each delegate.</p> <p>LD suggested that service managers ensure that the Service Directory is up to date with the yp drug and alcohol services and changed when the integrated service comes into force.</p> <p>KH requested a copy of the list of the Integration Managers.</p> <p>Action: KH to add parental substance misuse case study/ies GS to review in detail and send any amendments to KH by 17/07/09 KH to finalise SID documents with Becki Ballard KH to supply LD and JG with pdf of final Sid tool. Service managers to ensure that information on drugs and alcohol services in the Service Directory are kept up-to-date. LD to supply list of Integration Managers to KH</p>
5.	<p>LSCB Protocol 10</p> <p>KH gave some background on the LSCB Protocol 10 which is around the principle of working together to provide services for children, young people and parents where substance misuse is a potential or actual concern.</p> <p>KH presented a draft revision of the Protocol to the group which addressed the changes in the service structure and care pathways including SID and CAF. GD had given some feedback on the original protocol much of which had been incorporated into the revision</p> <p>GD had also suggested a process map. KH had attempted to do this but hadn't found that that it was possible to do so in a clear and helpful way. BG noted that he had also found it impossible.</p> <p>Lauren suggested that the Fraser and Gillick guidelines should be included. KH to include.</p> <p>The Protocol would now been taken to TIG and both JCGs before being presented to the LSCB Executive Board for sign-off. The protocol would then be made available via the N-DAP and LSCB websites and all commissioned services would be required to follow it.</p> <p>KH suggested that the Hidden Harm Forum could be a vehicle for launching the protocol and it was agreed that a date in November would be arranged. Details of the new service could be included in the programme and BG also said that parenting schemes could be a topic.</p> <p>Action: KH to include Fraser and Gillick guidelines in Protocol KH to arrange for a Hidden Harm Event to be organised in November.</p>
6.	<p>Young People's Integrated Substance Misuse Service</p> <p>GS updated the group on the arrangements for the new service as under:-</p> <ul style="list-style-type: none"> ➤ TUPE discussions were on-going; ➤ Premises had been sourced in the west of the county at Providence House; ➤ A meeting would be taking place with CAMHS/Children's Services in the following week about premises in Gt Yarmouth; ➤ An SLA with TADS was being put in place; ➤ An SLA with the YOT was being put in place; ➤ A first draft of forms had been completed; ➤ Service contact details are being finalised; ➤ Moving back into OPEN next week; ➤ Continuing to consult with young people about service name; ➤ Writing to schools, agencies and parents and carers about new service. <p>RP said that the flyer announcing the new integrated service had been reviewed by the Information Group and the group had made a few minor corrections which he had emailed</p>

	<p>to GS.</p> <p>RN said that a copy of the flyer could be included in the mail out for the Newsletter in August if they wished.</p>
<p>7.</p>	<p>Transition to Adult Substance Misuse Services</p> <p>KH said that she was sorry that the Transition Day had not taken place but she understood that Anne-Louise Schofield was trying to re-arrange.</p> <p>KH noted that services could report any instances of the protocol not working to her and that these would be followed up. She also noted that any instances of an adult substance misuse service to which care can appropriately be referred not being found for a young person whose specialist substance misuse needs continue past her 18th birthday should be recorded and reported to the N-DAP Young People's Joint Commissioning Group on a quarterly basis.</p> <p>Action: GS and CM to liaise with JF around recording and reporting of instances of an adult substance misuse service to which care can appropriately be referred not being found for a young person whose specialist substance misuse needs continue past her 18th birthday.</p>
<p>8.</p>	<p>Audit of NDTMS Data around LAC</p> <p>KH said that needs assessment tells us that children who are looked after or who have ever been looked after are particularly vulnerable to substance misuse. NDTMS data shows a low number of referrals from services for LAC and there is a worry that these numbers are inconsistent with the high number of LAC in Norfolk and with the numbers whom the OC2 (CareFirst dataset) data show as having a substance misuse problem. Of those triaged in 07/08, 3 young people were recorded as having been referred from services for LAC whereas the OC2 data identified 32 with SM problems.</p> <p>KH said that this may be a recording error. Impact tell us that that's the case. It may also be that the young people concerned have low level substance misuse needs that are being appropriately dealt with by non substance misuse professionals (perhaps with consultancy and support from substance misuse services) but that a better picture was required.</p> <p>Impact are starting to address recording of substance misuse referrals. T2 have been asked to do the same and consideration should be given to this issue when setting up recording systems for the new service.</p> <p>JF had carried out an audit of NDTMS data around LAC and presented his findings to the group. Figures showed that out of the 903 records of individuals in young peoples' agencies 814 had no status recorded.</p> <p>JF also said that MUSE and the NTA are now putting increasing emphasis on recording this information as part of the safeguarding agenda.</p> <p>JF said he would be happy to work with agencies to bring this information up to the required standard.</p> <p>KH said that the next stage was for the screening, assessment and referral practices for LAC to be investigated and for plans to be developed to improve these. LAC will this year have a named health worker to do an annual face to face health assessment so this may be an opportunity to ensure that substance misuse is addressed systematically as part of the assessment and that referral routes are clear.</p> <p>JF and KH were going to attend the Being Healthy Outcome Group where this will be an agenda item and the group will help take it forward.</p>
<p>9.</p>	<p>Performance Information Report 08/09 Q4 and PANDA</p> <p>JF said that the target for planned discharges was being met this year but was increasing to 70% next year.</p> <p>JF showed the group the Young People's Performance Analysis (YP PANDA) which summarises what is on the Green Report.</p>

	<p>JF told the group that completion of treatment exit TOP forms is now exceeding the target of 80%, and we are on course to reach the 80% threshold for treatment start and review forms very soon if the current upward trend continues.</p> <p>It was noted that there is an issue with the percentage of clients who are answering '0' to all crime questions on the TOP form, with the Norfolk average being 69% (ideally this percentage should be as close to 0% as possible). JF referred to the figure for the YOT being 100%. However, there are confidentiality issues in particular to how the YOT operates that make the completion of this field problematic, namely that any answer supplied to a YOT worker (however general or non-specific that answer happens to be) may have to be shared with other members of YOT staff and could potentially jeopardise license conditions. KH had raised this issue at a regional level and was awaiting feedback.</p> <p>Action: KH to report back re. Feedback from the regional NTA on issue of completion of criminal justice fields on TOP forms.</p>
10.	<p>Partnership Progress Report 09/10 Q1</p> <p>KH suggested that as YPIG were responsible for developing and implementing the Young People's Specialist Substance Misuse Treatment Plan, they should also be responsible for monitoring progress against the objectives contained within it. All agreed.</p> <p>The group agreed a RAG rating for each objective. KH to add text around and to present to YPJCG for approval.</p> <p>Action: KH to add text to the Partnership Progress Report 0910 Q1 and to present to the YPJCG for approval.</p>
11.	<p>Young People's Specialist Substance Misuse Treatment Planning 10/11</p> <p>GD said that the NTA were looking for the 2010/11 Treatment Plan to be produced by November of this year. KH requested that the following dates be confirmed as soon as possible:</p> <ul style="list-style-type: none"> ➤ Date of meeting to review draft plan ➤ Date by which formal feedback letter would be received
12.	<p>Talk About You</p> <p>Carry forward to next meeting</p>
13.	<p>Hear by Right</p> <p>Carry forward to next meeting</p>
14.	<p>Any Other Business</p> <p>RP suggested that future meetings be started at 1.30 and finish at 4.00 p.m. This suggestion to be included on the next agenda for discussion.</p>
10.	<p>Date, time and venue of next meeting</p> <p>3rd September 2009 at 2.00 p.m. in Phoenix House Conference Room</p>

Copies of Minutes and papers can be obtained from:-

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