



NORFOLK DRUG INTERVENTIONS PROGRAMME
MINUTES OF STRATEGIC GROUP MEETING
HELD ON 19th FEBRUARY 2009 AT PHOENIX HOUSE

1. Present

Anne Louise Schofield (Adult Joint Commissioning Officer N-DAP)
Andrew Barwick (Criminal Justice Manager Matthew Project)
Tony Oram (Strategy Manager N-DAP and Meeting Chair)
Daniel Harry (Partnership Liaison N-DAP)
Jacqueline Westrop (DIP Manager and minute taker)
Richard Price (on behalf of Norfolk Constabulary)
Stuart Macdonald (Assistant Chief Officer National Probation Service Norfolk Area)

2. Apologies

Colin Pearce (Norfolk Constabulary)
Nicola Myhill (DIP administrator)

3. Minutes of the meeting on

Page one. Noted as accurate

Matters arising; DIP manager had no feedback from the Adult Joint Commissioning Group on the issue of conditional cautions. Anne Louise checked the minutes of the relevant meeting, and it was concluded that the money for the scheme should come from the DIP budget, that is from the programmes current resources, the Pooled Treatment Budget was unlikely to be able to fund this initiative. Central issue is when does the current scheme (run organised and underwritten by the Matthew Project) become a "DIP" activity, the matter was not resolved today, but as it is an activity required under the DIP budget, a decision on this matter needs to be made

Page two Noted as accurate

Matters arising. Both IDTS and employment workshop had been run,

Page three Noted as accurate

Classification: Open

Matters arising Service users, involvement of service users in the programme was minimal, and there was room for developing this aspect of the programme's delivery

ACTION Issue to be discussed between TO/AB and suggest a way forward on this issue

3. Data management issues

Item was introduced by TO. N-DAP are focusing on performance management and working with each of the partners to improve this. It was noted that the EAR team record NTDMS data and at a recent performance review it was found that, because EAR report under the CJIT code a separate performance metric for the EAR could not be teased out. Therefore the proposition was that the spare EAR Q code be reactivated and that these two elements of the DIP programme be reported on separately.

The Board were reminded of an AJCG decision on the matter, when it was decided by the AJCG that the current practice of reporting both teams less than one code was confirmed

However it was pointed out by TO that the issue was one of performance, which was separating out the Q codes seemed to be the logical option and asked whether or not there was the capacity to do this? The general answer to this is yes, we can extract information separately but that this would need to be built with the N-DAP information staff, particularly as the NTDMS data had to be separated out and the KPI data maintained as this needed to be measured

ACTION Tracey to work with the DIP administrator on this issue, uploads to continue as currently undertaken

Emergent performance issues following this discussion;

- The fall off in numbers coming into treatment has been investigated by AB and it was confirmed that there is a 11% drop in the numbers coming into custody, and there may be a latent effect of conditional cautioning beginning to affect the numbers coming into custody
- Treatment start dates; recording this has been subject to confusion and differing advice which is problematic because performance can be affected if we get the information wrong
- There then followed a general discussion around the issue of retention in treatment and DIP clinical generally
- Whilst there was a rise in the retention figures, it was not sufficient to be "good performance" issue was also being clouded by the NTA determination to bring in all IDTS cases into programme.
- This then raises the issues not only of programme and data management issues and who is paying for what, i.e. should we stop paying for DIP clinical at the five week point, if scripting is the only issue? Lots of unresolved issues about the move away from the programme that has been delivered to this point, crucial issue to emerge was that there had been little or no discussion on this issue with the commissioners or N-DAP and that the NTA seemed to be riding rough shod over process, and what did this mean for patient choice?
- Who was responsible for care while in DIP clinical what was the function of CJIT/EAR in this process at what point do the teams step in step out – generally

Classification: Open

CJIT hold the care plan and discharge it, and pick up those that fall out of treatment but retention and "pick up" mean active programmes of work what does this mean? CJIT provide fast track processes and support the process of custody to community, deal with front end intervention and suitability

- Treatment outcomes and how this data is entered are changing will it effect performance information?

4. IDTS update

The issue of IDTS is currently contentious, as the demands on the CJIT team appear to be contradictory and outside the commissioning process and some of the issues are not currently being communicated to the N-DAP the current issues of concern/debate/unresolved etc appear to be as follows.

- Issue of how to link custody and community programmes together
- Conflict between programme and CARAT criteria
- Number of IDTS cases are not CJIT cases, as the current criteria stands,
- Not clear how many will be eligible, a diagnostic re IDTS/CJIT is needed to establish how many are eligible and what are the consequences for the programme – experience elsewhere tends to suggest that the numbers in the CJIT will increase significantly
- In reach is assessment and diverting and drafting care plans pre release in order to ensure speedily continuity of care and while currently the bulk of the cases are coming from Norwich we have a small but significant number coming out of Wayland

5. Halo update

A brief discussion was had about HALO, its usefulness as a tool to record programme activity. Ultimately it was meant to be a system that accurately and speedily collect NTDMS data, but the issue around case recording and planning was secondary it was proving not to be the best tool to do this job, it was unclear how much longer we had to maintain this system

ACTION Contract to be reviewed, a copy of this is it is thought, with the ACO, and Stuart was asked to review this and report back to the next meeting

6. Priority and Prolific Offenders

JW advised the board that there was an issue emerging on this one, which needed to be addressed by the board, and this was around the parameters of the work the CJIT staff do within the scheme. The team is managing those cases, which met the CJIT criteria, but there are a number of other cases where substance-misusing individuals are coming onto scheme and CJIT workers are being asked to work with them. This therefore is an identified gap in service that needs to be addressed

ACTION RP to discuss with Andy Gallant and ask him to prepare a paper for the Board, on this issue and any possible solutions

7. Communication Strategy

There is a general N-DAP communication strategy, which gives clear messages about what N-DAP is trying to achieve; does the N-DIP need a separate one or part of this policy?

Board discussed generally what type of communication was needed i.e. internal to the partnership, external and that this communication should be proactive. Board discussed who the audience was, i.e. the partnership the community the regional agenda etc.

The message of the DIP should be a simple one, but at the same time needs to be clear about whom the message of DIP is communicated to what the messages are and there is some debate as to how it should be done. Most notably how do we communicate with the programme stakeholders?

ACTION

- To develop survey monkey and place on web site (JW)
- To take the matter to the information group for discussion and action planning (RP)

8. Diversity

There are qualitative issues around data collection, but there is also work going on within the N-DAP to look at this issue so not necessarily an issue for DIP to take forward until this work had been done.

9. Governance

The Board had a number of items that needed to be addressed and in consequence would need strengthening to deal with the upcoming issues JW suggested that it needed staff from the prison, cdrp team and ppo team to be invited and attend regularly to look at the partnership issues that it faced, and that GO-EAST should be encouraged.

ACTION

TO write to Peter Burnham about CDRP representation,

10. A.O.B.

- AB updated the Board on the PIC developments, this will have an impact on the EAR team, AB to keep Board updated with developments

11. Date and time of next meeting

April 22nd 10.00 a.m