



**MINUTES OF MEETING**  
**Joint Commissioning Group**  
**Date: 25/2/2011**  
**Princess House**

<b>Attendees</b>	
<b>Name</b>	<b>Name</b>
Rick Palmer (RP) – DST (Chair)	Mike Harris (MH) – Avon & Somerset Constabulary
Pete Anderson (PA) - DST	Mike Hook (MHo) – Avon & Somerset Probation Trust (for Marilyn Harrison)
Sue Bandcroft (SB) - DST	Kevin Lock (KL) – BCC Finance
Fran Bellamy (FB) - UFO	Mark McNally (MM) – DST (Agenda Item 6)
Richard Chidwick (RC) – NTA	Tony Meecham – HMP Bristol
Barbara Coleman (BC) – NHS Bristol	Ann Wardle (AW) – Health & Social Care – Supporting People
Lyn Evans (LE) – BCC Finance	Wendy Shearman (WS)-DST (minute-taker)
Sid Guiver (SG) - UFO	
<b>Apologies</b>	
Marilyn Harrison (MH) – Avon & Somerset Probation Trust	Catherine Wevill (CW) – Health & Social Care
Kath Williams (KW) - DST	
<b>Minutes and Matters arising from last meeting</b>	
The minutes of the meeting held 28 January 2011 were agreed as an accurate record.	
<b>Review of action points</b>	
<ol style="list-style-type: none"> <li>1) Planned Exits Action Plan is an item on today's agenda</li> <li>2) Completed</li> <li>3) Waiting Times small sub-group – a discussion has taken place and it is an item on today's agenda</li> <li>4) Waiting Times Improvement Plan for the Criminal Justice block is an item on today's agenda</li> <li>5) Calendar of Actions is an item on today's agenda</li> <li>6) Calendar of Actions – DRRs: an item under AOB on today's agenda</li> <li>7) Calendar of Actions – Blood Borne Virus Testing: short report March JCG</li> <li><b>8) Performance Management Framework: to assess Score Card and include aggregated information:</b>  <b>Action 1 B/F March JCG</b></li> <li>9) Actions 9, 10 and 11 Placements Budget are all the same issue.</li> <li>11) Public Health trainee to carry out research 2012/13 on successful outcomes:  Discharged - BC has discussed with trainee lead who would be very interested in undertaking this piece of work.  <b>Action 2: SB to obtain timeframe and put into Work Plan</b></li> <li>12) UFO – possibility of an Annual Report:  <b>Action 3: B/F May JCG</b></li> </ol>	

13)Safeguarding Plan – formation of a new group, lead officer PA: in development, PA linking up with Angela Clarke and Ian McDowall.

**Action 4: PA to bring outline to March JCG**

Agenda Items		
Item No	Agenda Item:	Details
3a)	Budget Update (KL)	No variations from last period, only change in forecasting will be on Placements budget. SB expecting to break even on DIP and Pooled Treatment budget.
4.	Setting the 2011/12 Budgets (SB)	<p>[SB tabled 2 papers i) 2011/12 Budget Proposals ii) Annex DST Proposed Budget 2011/12]</p> <ul style="list-style-type: none"> <li>• Whilst DST waiting for confirmation of PCTs funding in writing, we are working on the assumption of –1.5% for the NHS element.</li> <li>• Net effect: DIP budget - reduction Pooled budget - reduction Core Treatment budget – increase Overall the budget is nearly £93K more this year Non-recurring pot as at 31/3/11 estimated at £1.3M</li> <li>• Although the total budget is the same it may be spent differently as there is a need to restructure systems</li> <li>• Members discussed the proposal: a report on non-recurring funding and proposed spend will be on the May agenda</li> </ul> <p><b>Action 5: SB/CL to bring a report to May JCG</b></p> <p><b>Agreed budget</b></p>
3b)	Successful Completions (formerly Planned Exits) (PA)	<p><b>TOP Action Plan</b></p> <p>The Treatment Outcomes Profile (TOP) is the measuring tool for tracking progress during a client's treatment journey. TOPs are completed at the start, 3-6 monthly review, and at exit from the treatment system. Completion of TOPs forms is a priority for improvement.</p> <p>PA gave a presentation stating the TOP compliance targets for January and February and setting targets for 1/6/11:</p> <ul style="list-style-type: none"> <li>• 90% for Start and Exit TOP</li> <li>• 80% for review TOP</li> </ul> <p>This will trigger access to NTA reports that demonstrate the effectiveness of treatment available.</p> <ul style="list-style-type: none"> <li>• RC flagged up the continued poor figures of BDPs reviews. WS to arrange 3-way meeting between Safer Bristol, NTA and BDP</li> </ul> <p><b>Action 6</b></p> <ul style="list-style-type: none"> <li>• BC liaising with GP surgeries in April, the majority will be referrals through BDP. Completing TOPs when clients are only seen by GPs for prescribing is a problem that impacts</li> </ul>

		<p>on BDPs performance.</p> <p><b>Key Messages: March 2011 Planned Exits Meeting</b> [paper tabled]:</p> <ul style="list-style-type: none"> <li>• this paper tracks Bristol's percentage of successful exits against the expected performance and compares Bristol with regional and national performance</li> <li>• RC confirmed the key measure is the number of individuals leaving the system, not just % of successful completions</li> </ul> <p><u>Agency targets:</u> DST have considered 3 options and agreed on scenario 3 'deciding where exits are expected'</p> <ul style="list-style-type: none"> <li>• RC confirmed funding formula for next year will be calculated on end September data, and will contain an element linked to successful completions</li> <li>• SB believes increased target for BDP from 13 to 24 is deliverable</li> <li>• SB will take proposals to next week's working group meeting to discuss and agree</li> </ul> <p>JCG agreed with option 3 ie setting individual agency targets, and proposed that each agency should have three targets</p> <ol style="list-style-type: none"> <li>a) a minimum</li> <li>b) a stretch</li> <li>c) an ambition</li> </ol> <p>There was further discussion about how this would be accepted by agencies especially if linked to funding. BC raised concerns that had been expressed by the shared care monitoring group that just concentrating on getting people out of the system could put lives at risk and that Bristol has been shown to have effective treatment services that have reduced drug-related deaths and the incidence of BBVs. This was acknowledged, however it was agreed we still need to increase the numbers of people successfully completing treatment and achieving drug-free recovery.</p>
3c)	Waiting Times (PA)	<p>PA outlined the Waiting Times Action Plan [paper previously circulated with the agenda]</p> <p>There are waiting lists that exceed the current three-week target for clients referred to structured day care. This is impacting on performance and therefore we need to agree how waits can be minimised. Criteria will be set with agencies including prioritising criminal justice clients. There is much work to be undertaken with all agencies.</p>
3d)	Calendar of Actions (SB)	<ul style="list-style-type: none"> <li>• On target</li> <li>• The information will be presented differently next year</li> </ul>
3e)	NTA Q3 Performance	<p>Q3 Performance Report was discussed. Risk area is Section 7.2.2 (Percentage of new presentations YTD who accepted</p>

	Report (SB/RC)	offer commencing HBV vaccinations) RED 49% (-0.1): Recording will be looked at, target will be around 100%. <b>Action 7: SB to discuss with KW who will undertake this piece of work. B/F May JCG</b> <b>Action 8: SB to bring a discussion paper and Improvement Plan regarding dry blood spot testing to June JCG</b>
5.	Needs Assessment/ Treatment Plan Update (SB)	Treatment Plan submission due 28/2/11, Needs Assessment is complete. Strategic Summary complete and Financial Summary being drafted, Grids – Planning Framework - drafted.  <b>Action 9: PA/SB to circulate Treatment Plan Strategic Report and Executive Summary, together with the draft Planning Grids, with these minutes.</b>  All sections will go to NTA next week for comment. It will then go for sign off by 1/4/11 to MH (Probation), Prison Governor and PCT (Deborah Evans). Final document to then be uploaded onto BCC website.
6.	Relapse Prevention Services – Proposal (SB/MM)	MM outlined the Relapse Prevention Services Proposal previously circulated with the agenda.  <b>JCG discussed the report and agreed:</b> <b>1) Re-classifying relapse prevention services from Tier 3 to Tier 2</b> <b>Action 10: PM</b>  <b>2) To continue funding the relapse prevention services for a further 6 months, with external support services expected to provide elements of relapse prevention from this point on. It was agreed additional work needed to minimise any risk and impact on service users.</b> <b>Action 11: decision deferred to March JCG. MM to commence discussions with providers and the principle it will change, including feedback from UFO. MM to bring discussion paper on 2<sup>nd</sup> option to March JCG.</b>
7.	New Team Structure update (PA)	There have been changes in the management structure within Safer Bristol as a service area, of which DST is one of five areas under PAs remit. New Team name is Substance Misuse Team.  <ul style="list-style-type: none"> <li>• SB appointed as Substance Misuse manager to lead young people and adult work</li> <li>• The former Partnership (Bristol, Glos, BANES) Workforce Development Project has closed down, work in Bristol will be taken forward in the new team</li> </ul> PA consulting with current staff next week in order to deliver: <ul style="list-style-type: none"> <li>• commissioning/development officers to take up young people's and adult agenda</li> <li>• SMART agenda</li> </ul>

		<ul style="list-style-type: none"> <li>• practice governance</li> <li>• Workforce/Equalities</li> <li>• work with PCT on young people and recovery agenda</li> <li>• Recovery champions</li> <li>• looking at strengthening harm reduction</li> <li>• expect new structure to be in by end April</li> </ul> <p>PA will work through this structure with SB, and BC on the alcohol agenda so that it operates within JCG and further work is needed to agree future arrangements.</p>
8.	29 <sup>th</sup> April JCG date	<b>Agreed: April JCG cancelled due to additional Bank Holiday.</b> Any urgent items arising in the meantime to be channelled through the Chair.
9.	Update from Strategic Partners	<p>MHo: Funding/staffing unchanged and hoping to increase the numbers of clients worked with.</p> <p>BC -changes in health:</p> <p>a) Transitional Board meeting has taken place, BCC represented by Alison Comley, Annie Hudson, Peter Holt, Pete Robinson/Denise Hunt, Di Robinson, Liz McDowall, Cathy Eastwood. TofR and project briefing produced.  <b>Action 12: BC to circulate</b></p> <p>b) ongoing discussions re cuts and funding. Hopefully will secure additional funds for some alcohol work.  <b>Action 13: BC/SB to discuss finance</b></p> <p>RC: a) Public Health structure unclear. NTA pick up responsibilities for alcohol from April.  b) GOSW – functions is closing down</p> <p>TM: a) Needs Assessment for prisons has been completed and feeding into joint needs assessment  b) Structured Day Programme – if there are bids to be made, the prison will be ready to bid too  c) Neil Evans visiting HMP Bristol - support from partners for the prison has been phenomenal – to discuss pilot, drug-free wings etc. Trying to get Bristol registered as a pilot and can then hope to influence change  d) have a small relapse prevention team and have started introducing some initiatives  e) this month hoping Bristol will open doors to UFO visits again, once secure clearance undertaken</p> <p>MH: a) long-awaited integration of CJIT into IMPACT is moving in the right direction, hope it will have staff and new model operating April  b) budget for testing on arrest expecting a 10% cut. Detention drug testing officers have reduced from 15 to 9. Bristol BCU have always picked up extra cost but they will not be able to do this now.</p> <p>AW: a) predicted cuts for 2012/13 for Supporting People</p>

		Funding c10% b) government are not going to monitor KPIs any more so country-wide data will no longer be collated by central government. Bristol will be setting our own targets in consultation with providers.
10.	AOB - DRR Targets (SB)	SB tabled Briefing Paper: Update on DRR targets  <b>Agreed to support the following proposals:</b> <ul style="list-style-type: none"> <li>• Instruct SDC providers to prioritise DRR clients for starting services where there are waits</li> <li>• DMT to liaise with CJIT and CARATS to increase identification of suitable candidates for DRR</li> <li>• Encourage POs to consider referral for community care assessment for residential placement</li> <li>• Refer clients to Serenity House for structured day care if they require 12 step approach</li> </ul>

Summary of Action Points		
Action Point	By Whom	By when
<b>Action 1: Performance Management Framework: assess Scorecard and include aggregated information</b>	KW	March JCG
<b>Action 2: Public Health trainee: obtain timeframe and put into Work Plan</b>	SB	ASAP
<b>Action 3: UFO: discuss the possibility of an Annual Report</b>		Next meeting
<b>Action 4: Outline of Safeguarding Plan</b>	PA	March JCG
<b>Action 5: Report on non-recurring funding and proposed spend</b>	SB/CL	May JCG
<b>Action 6: TOP performance BDP, arrange 3-way meeting Safer Bristol/NTA/BDP</b>	WS	ASAP
<b>Action 7: Discuss who will undertake recording of % new presentations YTD who accepted offer commencing HBV vaccinations</b>	SB/KW	May JCG
<b>Action 8: Discussion paper and Improvement Plan re dry blood spot testing</b>	SB	June JCG
<b>Action 9: Circulate Treatment Plan Strategic Report and Executive Summary, together with draft Planning Grids</b>	PA/SB	ASAP
<b>Action 10: Re-classify Relapse Prevention Services from Tier 3 to Tier 2</b>	PM	
<b>Action 11: Discussion paper on Relapse Prevention Services proposal – Option 2</b>	MM	March JCG
<b>Action 12: Circulate Transitional Board ToFR and project briefing</b>	BC	Next meeting
<b>Action 13: Discussion re Finance</b>	SB/BC	Next meeting
Next Meeting		
Date	Time	Location
Friday 25th March 2011	9.30am – 12.00pm	Safer Bristol, Princess House