



Meeting of the LINK Devon Alcohol Strategy Group
 Thursday 12 November 2009
 4pm - 6pm
 Sidwell's Centre Exeter

Chair: Tom Gard - UK Advocates (TG)

Present: Sue Petters - Addaction (SP)
 Simon Richmond - Individual (SR)
 Kristine Mackenzie (KM)
 Caroline Lee - Facilitator (CL)
 SV

Apologies: Sarah Richards - PORCH Project
 Cathy Hillman - Beyond the Gate
 Frances De Aguilar - Independent Addictions Therapist (FD)

Welcome and introductions

1. Welcome, Intros and Apologies		Action/Comments
	<p>1. TG opened the meeting by welcoming everyone. Apologies received from FD, CH and SR, and welcomed new members KM and SV. CL made apologies for Tim Morgan the DAAT SU and Carer coordinator. The minutes were checked over. For reference PORCH is an acronym for. Persistent Offender Resettlement through Coordinated Housing. SR is the Manager for this service.</p> <p>1.1. KM and SV introduced themselves to the group. KM works for a company called in Excess TV in Liverpool and was invited by TG to see what the group is about and get involved. SV questioned what difference the group could make to service providers. TG explained the role of the group, that it is independent of service provision and is entitled to ask concrete questions of the NHS and expect answers, before recommendations for service models can be made. SV was concerned about duplication and reinventing the wheel. A discussion followed about where a tier 4 service might be located. SP said it could be ward based. TG mentioned projects in Notts and Stevenage whereby daily intensive treatment was given. One had a crèche facility where parents could leave their children whilst having therapy. Community treatment with crèches was a model to be taken into consideration. SP said Cornwall DAAT conduct day progs, but alcohol was not high on the list for provision.</p> <p>1.2. SP has service user feedback which she can share with the group and she can also promote the LINK group through her project. She and TG could discuss who could come on to the group. Any change in</p>	<p>Best practice eggs</p> <p>User feedback and involvement opportunity</p>

<p>3. Registration</p> <p>4. Tasks and Terms of Reference</p>	<p>21st Jan at Addaction.</p> <p>2.12. SP said that there was a leaflet from Addaction encouraging attendance at the meetings, with dates. SV said that all was needed was the helpline no as meetings change. The phone service at AA was regularly updated. SV and SP discussed the helpline, SV said it was important for the people on the helpline to have regularly updated nos and information to help those who relapse. SP said she would advise staff to only hand out the helpline no, current info would be received from that no.</p> <p>2.13. KM asked SP about assessment, SP said Addaction is looking at a clinic in A and E which would impact on waiting times in another area.</p> <p>2.14. Is there any budget earmarked for rehab/tier 4 and community treatment?</p> <p>2.15. The site HUBCAPP has many examples of best practice and Addaction has best practice groups which feed into the Alcohol Treatment Forum.</p> <p>2.16. Who is on this Forum?</p> <p>2.17. SP described treatment and recovery routes through Addaction. Aftercare is an issue to be addressed. The group felt strongly there was not enough adequate aftercare. The Criminal Justice Agenda affected treatment for people who had not come into contact with the law - people who only harmed themselves and their families were not prioritised.</p> <p>2.18. How do people know of services?</p> <p>2.19. Addaction has lots of PR materials.</p> <p>2.20. How can effectiveness be measured if people don't follow up on initial treatment from A and E? LFTs are not compulsory, people are in denial about their condition and GPs differed in their responses</p> <p>2.21. Arrest referral work has informed the A and E service - the best time for an intervention is "the morning after" - people will reflect, families may be involved by then. Family groups could be a place for that person to move on to.</p> <p>2.22. Where does provision of intensive treatment take place?</p> <p>2.23. The commissioning group at NHS Devon (head Virginia Pearson) Tim Morgan can give more info on the relationships between commissioners. Language is important - "Recovery" rather than treatment.</p> <p>3. CL handed out LINK Support Needs forms for members to register training and support needs.</p> <p>4. TG and KM would revisit the minutes and draft up questions. The terms of reference still need to be agreed. CL explained once this takes place the group is then into a reporting period (3 monthly) so for now the session would be termed a "focus" session.</p>	<p>Recommendation</p> <p>Questions re assessment, A and E tier 4 budget, community treatment and recovery processes</p> <p>Criminal Justice Agenda</p> <p>TG and KM to draft up some qs for DAAT/NHS DEVON</p>
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<p>5. Tim Morgan</p> <p>6. A.O.B</p> <p>7. Date of next meeting</p>	<p>5. See apols</p> <p>6. TG has been asked to help form a charity to look at outcome studies. Did this count as a conflict? He might get information from this meeting which would unfairly benefit him. The charity is not formed yet. The group noted this but did not see a conflict until the Charity was actually in a position to begin the tendering process.</p> <p>Date and venue for next meeting:</p> <p>21 January 2010 Addaction offices The Courtyard, New North Road 4pm</p>	<p>Poss conflict of interest</p>
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