



Name of meeting	SURREY LOCAL IMPLEMENTATION TEAM (LIT)											
Date meeting held	Wednesday 8 July 2008, 10 to 12.30											
Meeting Location	Park House, Leatherhead											
Invited Members	Diane Woods	✓	Donal Hegarty	✓	Janine Sanderson (JS)	✓	Fiona Edwards	✓	Dr Jill Rasmussen (JR)	✓	Dominick Parkinson (DP)	✓
(✓ attended A apols)	Stuart Craig	A	Michael Sellors	✓	Megan Aspel	✓	Clive Stone	✓	Anthony Byrne	✓	Tracey Hayes	✓
	Diane Luck	✓	Dr Attard (MA)	✓	Dr Malcolm Hawthorne	✓	Don Illman	✓	David Rye	✓	Maya Twardzichi for J.Alner (MT)	✓
	Andy Edeleanu	✓	Mike Wilson	A	Anne Heath (AH)	A						

AGENDA ITEM	ACTIONS & NOTE OF DISCUSSIONS	WHO and When
1. Apologies	Mike Wilson Anne Heath Jo Alner	
2. Minutes and Matters Arising	<ul style="list-style-type: none"> Page 1 – Amendment to Name of attendee Page 8, Point 5 – Guildford and Waverley noted that it has transpired that people are unaware of how to access the Matrix advocacy service in this area. Commissioners to respond to this and request clear information on how to access these services. 	DH & JS
3. National Service Framework Action Plan Lead Responsibility and timeframe (noting that the leads take responsibility but might not necessarily be undertaking all the actions) <ul style="list-style-type: none"> Role of Primary Care in Mental Health – JS/JR 	Key issues identified but action plan requiring populating by next LIT meeting The following issues were outlined during discussion: <ul style="list-style-type: none"> Lack of clarity on the interface between primary and secondary care, particularly the thresholds, which resulted in some referrals to CMHTs being referred back to primary care e.g. GPs. 	

- The need to engage GPs in any discussions on potential policy changes, such as clarity on whether blood tests were undertaken before referrals to CMHTs to avoid service users being referred backwards and forwards.
- It was agreed that there were differences in the approach to physical health checks across the patch e.g. some CMHT's doing physical health check- some done in primary care. QOF determined checks are not the only physical health check being done- what is important is that it is undertaken. The check needs to be holistic and take into account all elements of their life and wellbeing. Guidance is that physical healthcare should be done in primary care with flexibilities to meet the person's needs.
- There was debate as to whether physical health checks were being offered to all?
- With the delivery of physical health checks in any event, there appeared to be little consideration for patient choice or practicality of access and some service users who were unwell, might not be able to benefit from advice being given to them, e.g. in relation to dietary advice or cessation of smoking.
- The importance of having key workers or care co-ordinators following up on service users' health checks was stressed, noting, however, that 50% of people on anti-psychotics were not on enhanced CPAs and might not have key workers.
- Gap with people not on CPA- this will be their responsibility? No care co-ordinator to follow this up. Explore health trainers roles for this group of people (not on CPA but still meet requirement for PHC)- MT to look into this. Smoking obesity etc should be their key groups- big overlap with mental health clients and morbidity.
- Managing risk in the community needs to be addressed- multi agency responsibility. Need complete oversight over all elements of service delivery- across whole system. The primary secondary interface (the biggest interface) is where the majority of this risk hits.

ACTION: Establish scope of event (workshop/information sharing) and key aims, messages. This covers a huge area of work so the need for a plan with a structured approach was acknowledged. Steering group to include: PCT Public health, JS, JR and Malcolm Hawthorne to nominate a representative from SABPFT.

MH

<ul style="list-style-type: none"> • Quality Monitoring Group CRHT and crisis helpline – MS/Helen Wood/JS 	<p>Representatives to develop a clear action plan to determine the approach to this service user and carer led monitoring of the Home treatment teams and crisis helpline.</p>	
<ul style="list-style-type: none"> • Vocational Strategy/work services activity – JS & DP 	<p>Proposed that a Surrey-wide work services commissioning board was to be implemented to performance manage all the contracts in relation to this. Currently in two parts, (i) service user and carer representation and (ii) including provider representation. Dominick Parkinson proposed as second nominated lead for this.</p>	
<ul style="list-style-type: none"> • BME data presentation to the LIT – Jo Young/JS 	<p>Noted that Primary Care did not collect BME data in any level of detail to inform commissioning. Ethnicity was collected, but only for newly registered patients and then only reported as a % not split by ethnic group. Agreed that this matter would be raised with the PCT Equality and Diversity Lead.</p> <p>BME data for community services was being identified by SABPFT and would be reported back on when available.</p>	<p>JS</p>
<ul style="list-style-type: none"> • Employment of Service Users – mindful employers scheme – Public Health 	<p>Leads identified to construct Action Plan : Joe Alner (Public Health); Dominic Parkinson; Anne Heath (Anne to be informed as she was not at this meeting). PCT public health had previously been implementing an action plan to look at the development of Mindful Employers schemes (Emma Daniels) and MT agreed to explore the outcome of this work.</p>	<p>MT</p>
<ul style="list-style-type: none"> • Service user and Carer involvement – JS/MS/DH 	<p>Action plan to be identified around the implementation of social marketing techniques to address some new ways to engage the views and opinions of service users. It was notes that MS was already progressing this.</p>	
<ul style="list-style-type: none"> • Mental Health and Learning Disability Services – MA 	<p>MA agreed to contact Sue Bunyan to facilitate a handover on this area of work (which she'd led for a number of years) prior to her retirement. MA clarified that a progress had been made on this target over the past years however there were some areas remaining to populate this action plan</p>	<p>MA</p>
<ul style="list-style-type: none"> • Personality Disorder Strategy – DW/Jo Young 	<p>Diane Woods to progress with Jo Young (SABPFT)</p>	
<ul style="list-style-type: none"> • Recovery Model – DH/MS 	<p>This model was directed towards outcomes and how they were defined and measured- to include an element of awareness raising and education around the 'recovery approach and model'. Dr Malcolm Hawthorne to be included as a Lead. Donal Hegarty to lead on this</p>	

<p>4. Policy and Performance:</p> <ul style="list-style-type: none"> ▪ Mental Health – Payment by Results 	<p>Paper on cluster formations and letter from DH announcing this new approach circulated.</p> <p>Noted that the aim of this NHS plan was to establish a price for procedures which would be recognised nationally. The manner in which this would be implemented in mental health was the subject of considerable debate and had resulted in a 'Cluster' model approach being proposed. However, the implication and influence of this on the commissioning of services was still not fully understood. The opinion was expressed that this would have some benefits in the objectivity it would bring about however a potential risk was that it could also impose a huge bureaucratic burden on staff and potentially distort care pathways.</p> <p>It was noted that this proposal had been seen as a priority for CSIP money and the SE Coast SHA area were launching a pilot (with West Sussex as lead commissioner) to explore this. Although implementation was some years away, there would be implications from a commissioning perspective, including on Direct Payments. It was also noted that there was very little relating to social care in the plan which was flagged as a potential issue.</p>	
<p>5. Local Stakeholder Group Reports</p> <ul style="list-style-type: none"> ▪ Guildford and Waverley 	<p>A report was circulated with a summary of the issues to be raised at the LIT from the stakeholder groups. It was confirmed that these issues should be agreed at the end of each stakeholder group and included in the minutes so that this can start to drive the agenda for the LIT.</p> <ul style="list-style-type: none"> • Marketing the group to increase attendance was still an issue and it was clarified that the stakeholder group marketing leaflet was now available which should support this. Community Development Workers (CDW's) had been invited to attend the meeting but had mistakenly gone to the wrong venue. • Serious concerns were reported by CS in relation to the long term future and viability of Oakleaf Enterprise which would have an impact on the Guildford and Waverley locality. There was no shortage of service users attending and new referrals (including an increase from the Woking locality) but it was reported that a shortage of funding had now become critical and that Oakleaf would not be operational within a 2 year timescale; this was the first time that commissioners had been made aware of the urgency of this situation. It was agreed that this was a commissioning issue that should be addressed outside of this forum. • The difficulties that this organisation was experiencing were acknowledged in terms of the uncertain future of the existing service users currently attending. It 	

	<p>voluntary sector organisations and other interested parties.</p> <ul style="list-style-type: none"> • The lack of on-going community support for people entering the criminal justice system. Agreed that the functioning of the Criminal Justice system across Surrey would be placed as an item for a future agenda. • After discussion, it was also agreed that and Acute Liaison and Direct Payments should also be placed as items for a future agenda. 	
<p>6. LIT Business Items-</p> <p>Update Reports</p> <ul style="list-style-type: none"> • Improving Access to Psychological Therapies (IAPT) • Carers Review – DH • Community Service Review – DH 	<ul style="list-style-type: none"> • NHS Surrey EMT (Executive Management Team) & SDPAC (Service Development and procurement approval committee) have approved the commencement of the project for Surrey. • Recruitment of trainees for the new service has commenced and selection in progress. This process has been run ahead of the main procurement to ensure that trainees are in place and existing providers have helpfully agreed to support these new trainee placements prior to contracting of new services, which they will be part of. • The current procurement plan has new IAPT services to be operational from January 2010. It was acknowledged that this would be a phased implementation due to the size of development. <p>Three meetings had been held which had examined responsibility for carers' services. The issues had included care pathways for carers, the use of carers' assessments, gathering information and the deployment of carer support workers within services. Three workshops were due to be held in September and thereafter a report would be written. To be presented back to the November 09 LIT.</p> <p>A number of meetings had been held examining and mapping current services available noting, however, that Project 18 in its own right was being examined at the end of July. Thereafter, the Review would move on to the broader strategic issues around community services in general, a process which would take some time. It had been established as part of the investigations that some services were not receiving commissioned funding. Decisions would also be made with regard to the future of current service users utilising the services. Concerns expressed earlier by the Guildford and Waverley Stakeholders Group with regard to the future of Oakleaf would be addressed as part of the Review, noting, however, that the current financial difficulties, which had been outlined, should be addressed at a commissioning</p>	

<ul style="list-style-type: none"> • 2009 mental health service mapping reports • Adults with autistic spectrum conditions consultation • Financial Overview – to be tabled <p>Items for Action/Decision Future agenda items and calendar work plan</p>	<p>operational level. Report back would be given at the next LIT meeting.</p> <p>Noted that following the collection of information on commissioned services, as part of this years NSF self assessment this resource was now publicly available as the link had been included on the electronic. The information was a snap shot of the services as they stood on the 31 March 2009 however provided a good level of information and could be a valuable resource.</p> <p>Document made available, noting that this was being circulated to raise awareness of the consultation process to encourage interested parties to be part of. Concern was expressed that within the Autistic Spectrum Disorder those with IQs of over 75 had no commissioned service which was an identified gap. People with diagnosis such as Asperger Syndrome (high functioning autism) who might otherwise have been diagnosed differently (Bi-polar, PD) now needed to be enabled to access support which was limited across Surrey. The national picture was showing as very patchy and relied on whether there were interested professionals in the area. In Surrey there was also a difference in localities where some teams were better served than others.</p> <p>The current financial position was outlined, noting the significant and non negotiable financial recovery target against the mental health and learning disability budget. The schemes identified to deliver this target were outlined and it was clarified that schemes to deliver the shortfall were still being identified from areas such a extra contractual placements, and there was currently no plans to close any services.</p> <p>Agreed that a response questioning the rationale behind the financial recovery target and how this stood against the criteria of quality and risk profiling with mental Health and learning disability. Donal Hegarty to draft response.</p> <p>Time constraints prevented discussion on this item.</p>	
<p>Future Meeting Dates : 9 September 2009 – Park House, Leatherhead 11 November 2009 – Leatherhead Theatre 13 January 2010 – Park House, Leatherhead 10 March 2010 – Pascal Place, Leatherhead (Crick & Watson Room) 19 May 2010 – Park House, Leatherhead 14 July 2010 – Park House, Leatherhead 8 September 2010 – Park House, Leatherhead 10 November 2010 – Park House, Leatherhead</p>		

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