



<b>Name of meeting</b>	<b>SURREY LOCAL IMPLEMENTATION TEAM (LIT)</b>											
<b>Date meeting held</b>	Wednesday 12 <sup>th</sup> November 2008 10 to 12.30											
<b>Meeting Location</b>	Park House, Leatherhead											
<b>Invited Members</b>	Diane Woods	√	Donal Hegarty (Chair)	√	Janine Sanderson	√	Jo Young (on behalf of Fiona Edwards)	√	Dr Jill Rasmussen	√	Anna Raleigh	√
(√ attended A apols)	Stuart Craig	A	Don Illman	√	Megan Aspel	√	Clive Stone	√	Anthony Byrne	√	Mike Wilson	√
	Diane Luck	A	Dr Attard	√	Dr Malcolm Hawthorne	√	Andy Edeleanu	√	David Rye	√	Michael Sellors	A
	Dominic Parkinson	√	Geoff Upfold	A	Sandra Roach	√	Anne Heath	A	Anthony Kenny	√	Tracey Hayes	√
	Don Illman	√	Debi Davis	√	Chris Jones (Observing)	√						

<b>AGENDA ITEM</b>	<b>ACTIONS &amp; NOTE OF DISCSSIONS</b>	<b>WHO and When</b>
<b>1. Apologies/Welcome and Introductions</b>	<ul style="list-style-type: none"> <li>Members were welcomed and introductions made.</li> </ul>	
<b>2. Minutes and Matters Arising</b>	<p>Minutes of the meeting of 10.9.08 were confirmed subject to the following response to comments arising from Item 3 – Presentation:</p> <ul style="list-style-type: none"> <li><b>The difference between the UK sjuicide figures for males and the Surrey figures and their correlation to mood disorders'</b> A correlation had not been sought between any one disorder and suicide figures and male and female tended to be separated mainly owing to the difference in life expectancy.</li> <li><b>Data indicated the highest psychiatric admission diagnosis as psychoactive drugs; did this figure include alcohol and other</b></li> </ul>	

	<p><b>facdtors.</b></p> <p>Drugs and alcohol had been taken as a group in relation to GPs as against national data. A document outlining prescribing care data in comparison with the South East coast as a whole was distributed.</p> <ul style="list-style-type: none"> <li>• <b>Clarification around whether the in-patient data included acute as well as mental health admissions was requested by MH.</b>        Confirmed that the in-patient data had included acute as well as MH Admissions.</li> </ul>	
<p><b>3. Presentation:</b></p> <ul style="list-style-type: none"> <li>▪ Darzi Review – Dr Malcolm Hawthorne</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report back on progress with the Darzi Review was given by Dr Hawthorne. Mental Health Pathway had been identified as one of the 8 pathways determined for the Darzi agenda to ensure by 2018 this country had world class services for all. Arising from questions, the following information was established:</li> <li>• Query around the future of CSIP (Care services improvement partnership) Nationally all CSIP's will be disbanded- this is in line with a shift around how useful these services have become as their focus had become very targeted Funding from this disbanding is being split to PCT and local government. It was agreed that we needed to ensure we get any benefits from this change. DW to clarify if this money will be ring-fenced for MH/PLD.</li> <li>• PCT's strategic work is linking in with 'Darzi' and World Class Commissioning (WCC) cycle and this is impacting on PCT structures- for example how public health is working as a much stronger matrix link so directly working in partnership with public health in areas such as needs assessment.</li> <li>• Incorporating mental health and mental well being into the public health work programmes was important to ensure mental health was taken forward.</li> <li>• Felt that we need to focus in perinatal mental health (as outlined by Darzi) and how this links into strategic commissioning planning.</li> <li>• DW felt disappointment with Darzi not having a more performance management led perspective.</li> <li>• There is a joint Surrey County Council (SCC) and PCT strategy on health and wellbeing- looking at a broader agenda. This is being taken</li> </ul>	<p><b>Diane Woods</b></p>

	<p>forward through the LSP's (Local Strategic Partnership) who have produced Community strategies- some have identified mental health (i.e. carers, employment).</p> <ul style="list-style-type: none"> <li>• Questions were asked as to what provisions were planned for mild and moderate mental health patients – a wider range of services should be commissioned for this category to avoid the slide into acute services. In this respect the importance of a holistic approach to the mind and body was stressed together with the need to address the whole family and not just the patient when it came to life style changes. (also to be addressed by IAPT agenda)</li> <li>• It was commented that education was needed with Dr's to look at prescribing and alternatives (such as exercise) due to the long term impact of medication. JR responded to this comment outlining that she felt most people with serious mental illness (SMI) benefit from medication combined with other therapies and it is really important to manage this to ensure best results. When looking at physical wellbeing the whole family, wider network, needs to be tackled – not just the individual.</li> <li>• Need to ensure that initiatives across all stakeholders are linked up in a more coherent way and schemes are appropriately commissioned and financed. (E.g. Woking MIND running healthy living programme which may double up with PCT initiatives- ensure good communication.)</li> </ul>	
<p><b>4. Policy and Performance:</b></p> <ul style="list-style-type: none"> <li>▪ Healthcare Commission Ratings</li> </ul>	<ul style="list-style-type: none"> <li>• PCT and SABPFT Healthcare Commission ratings have now been released and LIT was updated:           <ul style="list-style-type: none"> <li>○ Surrey PCT: <b>Fair</b> (Financial) <b>Fair</b> (Quality) improved from Weak/Weak last year.</li> <li>○ Surrey and Borders Partnership NHS Trust: <b>Good</b> (Management of Financial Resources) <b>Excellent</b> (Management of Clinical Resources) improved from Fair/Fair last year</li> <li>○ Surrey County Council – remained as Adequate/Adequate.</li> </ul> </li> <li>• Agreed that round up reports would be circulated.</li> <li>• DR felt it would be helpful to have a discussion around the future</li> </ul>	<p>○</p>



	<p>consistent across country. Mental health and community services have been more complex and a national tariff has not yet come out. Some work has been done around care pathways.</p> <ul style="list-style-type: none"> <li>• Model Contract for MH is due to come out at the same time as the operating framework. A draft has been reviewed but there is concern that it was initially still very acute focussed- this has been reviewed and hopefully amended. Some parts of the contract will be very specific to the LIT as it has a clear focus on driving up quality and LIT needs to be aware of these mechanisms that are available in commissioning. This will be used for contracts across all sectors.</li> <li>• PCT has used ‘developed’ contracts in a number of ways (e.g. East Employment Service). The focus is to ensure that you clearly outline what you contract with the development of clear service specifications describing this- stakeholder involvement is essential in this to ensure a more outcome focused manner.</li> <li>• Establish LIT role in process for signing off and establishing service specifications. Put on a future agenda to plan out how this can be done.</li> <li>• A contradiction between Darzi and Prof Wilson reports was raised by AK. AR explained that some small wards have MH needs higher than national average but overall it’s lower in Surrey. Darzi review has not looked at local areas and more at whole systems approach to improve pathways.</li> </ul>	<p><b>Future Agenda</b></p>
<p><b>5. Local Stakeholder Group Reports</b></p> <ul style="list-style-type: none"> <li>▪ Guildford and Waverley</li> </ul>	<ul style="list-style-type: none"> <li>• The last meeting had been very poorly attended with no statutory representation, a concern which had been addressed and it was hoped there would be proper representation for the next meeting.</li> <li>• A query had been raised for clarity on where Guildford and Waverley</li> </ul>	

<ul style="list-style-type: none"><li>▪ Surrey Heath and North East Hampshire</li></ul>	<p>fitted in the ratings tables since the amalgamation. It was agreed that local stakeholder groups could still do the NSF self assessment in their localities (will then be aggregated up to Surrey wide report). CS to be sent template for self assessment to evaluate local ratings.</p> <ul style="list-style-type: none"><li>• Strengths to looking at Surrey picture but still important to consider the local priorities and also to consider the equity questions.</li><li>• Noted that Stephanie Cotgrove had been approached to address the group and discuss the in-patient services consultation which she had agreed to.</li><li>• Welbeing centre report from SABPFT has now been received (following concern raised at last LIT). This had indicated the Personality Disorder Service and the Psychosis service were developing well but that the Outreach on Anxiety and Depression had not yet been achieved. Don't have any benchmark figures of previous outcome measures to make sense of the activity that has been provided. Not running at full capacity yet, so unsure if 100k taken from 'Surrey side' has had an impact.</li><li>• Our Future/Your Say- Scrutiny committee meetings (Surrey and Hampshire) are going ahead and AB has prepared a report (attached to minutes)</li><li>• The Group were opposed to the closure of Wingfield Ward and had made it clear that it wanted a number of small units rather than a few big units, noting, however, that although the document was supposedly a consultation document, the decision to have 3 centres appeared to have already been made. This apparent lack of consultation on this issue had been greeted with dissatisfaction by both service users and carers. The exercise of choice on the part of service users would be severely curtailed with the closure of Wingfield and transport problems were also anticipated.</li><li>• Concern around lack of involvement of users and carers from the area in the consultation process and the groups that have been held to plan this- felt excluded and felt unable to present their case. How does this consultation respond to the choice and personalisation agenda when reducing to 3 inpatient facilities? Concern around the significant travel distance any new unit would be for people from Surrey Heath.</li></ul>	<p><b>JS</b></p>
---	---	------------------

<ul style="list-style-type: none"><li>▪ Mid and East Surrey</li></ul>	<ul style="list-style-type: none"><li>• SABPFT has meeting lined up with Hants CC and Hants PCT. JY stressed that they do appreciate that meeting needs of Hants/Surrey Heath population is really challenging and AB articulation of views is helpful but JY stressed that they do want to hear these views.</li><li>• The strength of feeling on the part of this Group was acknowledged and it was agreed that dialogue would be ongoing.</li></ul> <p>The last meeting had not been well attended but discussion had taken place on the following points:</p> <ul style="list-style-type: none"><li>• Advocacy – The unequal availability of advocacy across the county was acknowledged at today’s meeting but it was noted that it was hoped by 1 April 2009 to have something in place to address this. This was to be addressed in a co-design event (as part of the wider strategy) and will link to ensure good invitation.</li><li>• The new processes around the CPA were discussed and how a Statement of Care would help service users move on. It was noted that the service users on the Steering Group discussing this issue had resigned as they felt they were not being listened to. It was felt that service users under a statement of care might not receive the same amount of attention they were currently receiving if they were only registered with a Consultant Psychiatrist, particularly in terms of referrals to enable move on. In response to these concerns, it was acknowledged that more work was being put into the implementation of the new CPA, including on this particular issue and more engagement with the CMHTs had been recommended. Agreed that the progress of this process would be monitored over the next 6 months and reports would be provided</li><li>• Langley Green-. Section 136 and protocol development was an outstanding issue and update will be available from next week. Sussex Partnership NHS Foundation Trust have reported confident that they would be able to secure agreement and PCT commissioners clarified that this agreement was needed before any transfer took place. If this has been achieved an agreed timeframe was for transition to be end Jan 09. It was also acknowledged that the delay in the transfer had created a regrettable degree of uncertainty for those involved.</li></ul>	<p><b>Donal Hegarty</b></p>
---	---	-----------------------------

<ul style="list-style-type: none"> <li>▪ North West Surrey</li> </ul>	<ul style="list-style-type: none"> <li>• The meeting had been poorly attended with one Consultant Psychiatrist, 3 service users and one person from the voluntary sector. Still no elect chair or representative</li> <li>• Concern had been expressed over the increase in the population of Surrey with the inevitable increase in elderly people requiring care local to their families. It was reported that this was being picked up in the strategic work taking place around older people's services.</li> <li>• The lack of rehab beds to enable people to move out of acute care was discussed. DH updated on the work going on in SABPFT around rehabilitation beds. Respite/Crisis beds being commissioned in Green Lane (NW Surrey 3 beds expectation that they will be ready for next April 09). Felt it would be helpful to do presentation around this at future meeting.</li> <li>• Delayed Discharges: PCT does monitor with SABPFT around delayed discharges- this target is currently being met so not a significant level of concern on in-patient units.</li> <li>• It was agreed that CMHT's need support to ensure information and processes are in place and communicated to support the new CPA requirements. Felt that the current level of knowledge is low as they have not yet been trained yet and a large training programme is being rolled out. MH accepted point around advance communication of changes that will impact of people's care.</li> </ul>	<p><b>Donal Hegarty</b></p>
<p><b>6. LIT Business Items- Update Reports</b></p> <ul style="list-style-type: none"> <li>• Improving Access to Psychological Therapies (IAPT)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Statement of readiness has been put forward to SHA and CSIP (Care Services Improvement Partnership)- this will be considered by the end Nov 08 and a programme will then be put in place to determine allocation of money across the next 2 years. PCT have also included IAPT as a key commissioning initiative and are committing additional funds to support this service development across next 2/3 years allowing the implementation of fully IAPT compliant primary mental health and psychological therapies services across Surrey.</li> </ul>	



<ul style="list-style-type: none"> <li>• Early Intervention in Psychosis – SABPFT to report progress</li> <li>• Supported Employment Progress Update</li> <li>• Strategic Review Workshop – Older Adults Mental Health Update</li>   <li>• Women’s Mental Health Strategy and Launch of Forum</li>   <li>• NICE Guidance – ADHD</li> </ul> <p><b>Items for Action/Decision</b></p> <ul style="list-style-type: none"> <li>• Action Plan Exception Report</li>   <li>• Review of LIT Work plan/Calendar</li> </ul>	<ul style="list-style-type: none"> <li>▪ Noted that exception reports required addressing. Service operating fully and meeting recovery trajectory.</li>   <li>• Tender documents had now been received and interviewing of organisations was due to commence in the next two weeks following the short listing panel.</li>   <li>• A steering board had been formed and joint workshops (in 3 localities) undertaken with Surrey County Council. The level of input had been encouraging and work was ongoing to process this significant level of comments that had come out of the workshops. Psychological therapies- target elements around employment so is this appropriate for older adults. No upper age limit in these services. Will be feeding outcomes around this as well as younger adult back to the LIT. Timescale to complete strategy by Dec 08 to be take to board in Jan 09 (this may slip by a month)</li>   <li>▪ Strategy has been circulated. Surrey wide women’s forum has now been started and will hopefully increase. Will evolve to look at equalities generally and encompass more than just women’s mental health.</li>   <li>▪ Document distributed.</li>   <li>▪ Alert LIT of publication and request that a report comes back to the LIT to outline any implications of service developments this may influence.</li> </ul>	
---	--	--

	<p>PCT to provide a report on impact/ main recommendation and discussion of any potential plans</p> <ul style="list-style-type: none"><li>▪ 27<sup>th</sup> Nov- 1<sup>st</sup> Surrey Suicide Prevention Strategy Group Meeting and will be presenting outcomes and can be brought to a future LIT meeting.</li></ul> <p>Woking MH Fair- HG Wells Suite.</p>	

<b>Completed by</b>	
---------------------	--