

| | | | | | | | | | | | | |
|--------------------------|--|---|---------------|---|----------------------|---|---------------|---|-------------------|---|-------------------|---|
| Name of meeting | SURREY LOCAL IMPLEMENTATION TEAM (LIT)- NEW HORIZONS LIT WORKSHOP | | | | | | | | | | | |
| Date meeting held | Wednesday 11 th November 2009, 10 to 12.30 | | | | | | | | | | | |
| Meeting Location | Leatherhead Theatre | | | | | | | | | | | |
| Invited Members | Diane Woods | ✓ | Donal Hegarty | ✓ | Janine Sanderson | ✓ | Fiona Edwards | ✓ | Dr Jill Rasmussen | A | Jo-Anne Alner | ✓ |
| (✓ attended A apols) | Stuart Craig | ✓ | Dr Attard | A | Megan Aspel | ✓ | Clive Stone | A | Anthony Byrne | ✓ | Dominic Parkinson | ✓ |
| | Diane Luck | ✓ | Don Illman | ✓ | Dr Malcolm Hawthorne | A | Andy Edeleanu | A | David Rye | ✓ | Tracey Hayes | ✓ |
| | Anne Heath | ✓ | | | | | | | | | | |

| AGENDA ITEM | NOTE OF DISCUSSIONS |
|--|--|
| 1. Minutes and Matters Arising | The minutes of the meeting of 10 September 2009 were confirmed subject to a comment on Page 5 where it was noted that the Carers' Review would be ready for circulation by the end of November. |
| 2. Presentation and Discussion on context of health and social care strategy development. | <p>Is expected to be a challenging next few years in the public sector- the extent of how this will look will be apparent with the publication of the Operating Framework (due Nov but realistically expected Dec/Jan '10) this will give a better feel as to the future financial situation in relation to uplifts etc Focus this year has been on gaining headroom to address the financial climate. Expectation nationally is 15-20% reduction in real terms based on a 'flat line- 0% or negative growth arena- which in health has not been experienced for a number of years. Organisations are beginning to consider measures to be taken to address these future challenges. What can be done to sustain services and quality and also any potential reductions?</p> <p>Directions for savings come from PCT. Budgets are allocated by the PCT- some allocations are ring-fenced (but this is getting less and are often time limited) Surrey is often not successful in allocations due to relatively healthy population/demographic. Surrey's main issue is around financial pressure from acute and general hospitals and a high volume of primary care referrals- mental health is currently delivering value for money and not currently above average allocation. Storm event was clear on this message. MH has made significant savings and showed efficiencies so needs to be clear that this is acknowledged when further savings are asked for. Education of stakeholders to understand the MH/PLD spend/budget was to be continued as in isolation it can look like a large budget for potential savings. There has been a shift in perception and explosion of myths around these budgets. With PLD social care transfer of 60 million (200 million total budget) transferring out to commission the social care element of PLD this will help to show a truer picture on spend.</p> |

| | |
|---|---|
| | <p>Some areas to be addressed are:</p> <ul style="list-style-type: none"> • The need for a reduction in the use of acute hospitals and the redistribution of some of the investment to community services; • More efficient ways of managing the functioning of the primary and secondary interface. Question was raised as to how will this be addressed with no additional money? With introduction of IAPT services (dependent on complete funding amount as SHA money only provides 50%) rather than reducing any level of resource at CMHT level a primary care liaison function will be built to ensure that this pathway is supported. This is a demonstration of how we need to be innovative across the system to address issues. • Physical health checks- are they demonstrating value for money? Primary care has not had strong contractual arrangements to demonstrate performance management historically. It is key that a fundamental change is delivered in this new arena. Core GP training in terms of mental health is really important and does not yet appear to be at a satisfactory level. GP training has now changed and part of their rotation is a psychiatric placement and as this new generation comes through this should impact that. • The proposed establishment of a clinicians group headed up by Dr Jill Rasmussen was noted; • The need for more management of the contracts held by the PCT to ensure value for money; • The continued promotion of self directed support, working collaboratively on a local level with councils, Surrey & Borders and the voluntary sector was seen as pivotal in managing efficiency savings and would lead to mental health moving more into the mainstream and away from a silo mentality; • The importance of collaboration between health and the Social Services was stressed as no one organisation could manage the anticipated cuts backs on its own; Social Care (Surrey County Council) are in a similar position as health looking at a public sector reduction of 15-20% which equates to 45 million across the next 4 years to be saved by SCC. The public sector financial review in 2011 is where it is anticipated this will be highlighted.. Self directed support (empowering people to make more choices about how they control their life) needs to at the forefront of this approach and working more closely with partners (borough councils voluntary sector etc). Also strengthening the commissioning side of SCC (appointment of Anne Butler) commissioning decisions based on populations needs- looking at JSNA. • On the shortage of appropriate accommodation, it was noted that work was continuing with boroughs who were releasing more housing stock which was being utilised with support put in from Surrey County Council. |
| <p>3. New Horizons- Health check for Surrey.</p> | <p>A paper was circulated which extracted the main visions and principles from the New Horizons document (which all should be familiar with as a blueprint vision for the future of mental health) and started a discussion around where we currently stood in Surrey against these areas and which should come out as a priority. It was agreed to remove consideration of the RAG (red,amber,green) rating against each area (which had been a proposed approach to this health check at the last LIT) during this discussion as it was felt they could distract from the main focus of the vision. The following points made :</p> |

- Some of the good outcomes from the NSF could still be maximised, despite the introduction of the New Horizons vision.
- The importance was stressed of collective ownership being accepted by all when it came to the inevitable de-commissioning of certain services as this would minimise the risk.
- The question was mooted as to whether consideration should be given to a re-structure of community services with a clear understanding of the roles and pathway- where would CMHT's fit into this?
- The importance of public sector agreements and the role they had played in the positive outcome for employment in Surrey was acknowledged;
- The importance was stressed of allowing people to move out of their own area for either training or to receive a service to minimise potential stigma from neighbours;
- The gap between the actual experiences of clients on the ground as compared to what everybody thought was going on was outlined, particularly as this related to access to services.
- It would be important to establish what the political parties thought about the New Horizons Vision in case work was directed into an area which might not end up as part of a party agenda.

Some key priorities/critical areas identified were:

- Primary secondary care interface
- Community Services/Teams
- Older People's mental health
- Joint Commissioning
- Tertiary & Specialist

Requirement to focus on JSNA targets to focus our strategy- link with health and wellbeing groups of the Local Strategic Partnerships (LSP's). Mental health outcomes are being explored nationally and can be linked in to the development of the strategy.

AGREED to assist with promoting the New Horizons visions and informing the development of a strategy for the future commissioning of mental health services: a history of what had already been achieved during the past 10 years would be put together.

- Marketing exercise- Story event with a script to be developed illustrating what it was like then and what it is like now? Sell it to other stakeholders as a document and how they will benefit from it. Submissions would be invited from all partner agencies, noting that an understanding of the connections between partner agencies would also assist, particularly when it came to future consideration of joint commissioning;
- As the end of the NSF- collect our story to demonstrate the significant changes that have taken place.
- Managing risk- this is an area that other stakeholder will be interested in and will draw their attention.
- It was agreed the overall Goal was to get reach the mental health community and wider stakeholders including acute & primary care.

| | |
|-------------------------------------|---|
| | <ul style="list-style-type: none"> • Series of events to cover the localities- not just a Surrey wide one. • Timeframe- Feb 09- Julie Gaze and her team (SABP) to support the development of a communication plan. Bring PCT and SABP communications teams together to look at developing this. DW to contact Helena Reeves (communications PCT) and DH to identify a lead from SCC communications department. • Explore a market research approach to engage a wide range of stakeholders. • Once this report/script had been established, a number of events would be held across the county to spread discussion wider and obtain feedback, noting that existing structures could also be utilised for this process; Feedback should also be obtained at these events from areas outside of the metal health services such as hospitals and even large employers as attitudes towards staff had an impact on how quickly staff got back to work. A catch phrase 'No health without mental health' was suggested. <p>LIT Membership : The absence of any representation from the Children's Services on LIT was noted and it was agreed to consider the best way to progress the membership and future shape of the LIT at a future meeting.</p> |
| <p>4. Any Other Business</p> | <p>Toys R Us - JA requested a consensus from the LIT whether it felt that unanimous concern was expressed around Toys R Us car park in Woking being a suicide hot spot that needed a focused intervention to change the design of the building/barriers to minimise this. It was noted that a meeting had been held with Woking Borough Council and key stakeholders to discuss this and the Council required this feedback to inform their decision around addressing this with the erection of suitable barriers to remove this risk. It was unanimously agreed that Toys R Us had become an issue and that the Borough Council did have a role and responsibility to address the problem.</p> |

| NO | ACTION CAPTURED | OWNER | TIMESCALE |
|-----------|---|--------------|------------------|
| 2 | JR would like to volunteer to set up a group (with clinicians SABP and GP's) to look at the current situation and current improvements to address the primary secondary care interface. | JR | |
| 2 | Housing to be considered as a potential future agenda item. | | |
| 3 | PCT and SCC to identify communications leads to work together to develop approach to these marketing events | DW DH | |

| NO | DECISION | | |
|-----------|--|--|--|
| 4 | LIT agreed that Toys R Us car park and ensuing it was changed to avoid future suicides was supported and JA to take this back to the BC. | | |
| | | | |
| | | | |

| NEXT MEETING TITLE / NO. | TIME | DATE | VENUE | CHAIR |
|-------------------------------------|-------------|-------------|---------------------------|--------------|
| Surrey LIT | 10-12.30 | 13.01.10 | Park House Leatherhead | Diane Woods |
| | | | | |