



Name of meeting	SURREY LOCAL IMPLEMENTATION TEAM (LIT)											
Date meeting held	Wednesday 20 th May 2009, 10.00 to 12.30											
Meeting Location	HIS, Leatherhead											
Invited Members	Diane Woods	√	Donal Hegarty (Chair)	√	Janine Sanderson	√	Fiona Edwards	√	Dr Jill Rasmussen	A	Jo Alner (Public Health Consultant, Surrey PCT)	A
(√ attended A apols)	Stuart Craig	√	Don Illman	√	Megan Aspel	√	Christine Openshaw in place of Clive Stone	√	Anthony Byrne	√	Mike Wilson	
	Diane Luck		Dr Attard	A	Dr Malcolm Hawthorne	√	Andy Edeleanu	√	David Rye	√	Michael Sellors	√
	Dominic Parkinson	√	Geoff Upfold		Lisa James in place of Sandra Roach (SHA)	√	Anne Heath	√	Anthony Kenny in place of Tracey Hayes	√	Maya Twardzichi	√

AGENDA ITEM	ACTIONS & NOTE OF DISCUSSIONS	WHO and When
1. Apologies	Apologies were made as set out above.	
2. Minutes and Matters Arising	<p>Minutes were agreed as a true and accurate record.</p> <p>Matter arising:- Donal Hegarty advised the group that following the General Stakeholder Discussion around Project 18 at the previous meeting (see page 4 of notes dated 11 March 2009), a Review Of Community Services Group has been organised to look at 'community services' inclusive of consideration of alternatives to Project 18 which is due for closure in March 2010. DH also advised that there are service users on the panel of this group.</p>	

3. Presentation:

- National Service Framework Self Assessment 2008/09

Janine Sanderson advised the group that the purpose of today's meeting was to agree the ratings on an aggregated Surrey wide basis for the 2008-09 NSF Self Assessment targets. This was tackled in 2 stages initially validating and agreeing the consensus outcomes from the local stakeholder groups to this years self assessment criteria and secondly for the LIT to agree any indicators of which a consensus had not be reached across the local stakeholder groups.

JS presented a table detailing the following indicators which were agreed by all the stakeholder groups:-

Primary-secondary interface: Agreed amber.

- An interesting point that came out of the local stakeholder groups around this indicator was the need to look at primary care reporting in the future. Although QOF registers indicate annual physical health checks are being offered, not all service users agree this is the case.

ACTION – Establish a meeting / sharing event considering the role of primary care in mental health.

Early Intervention in Psychosis: Agreed green

Assertive Outreach: Agreed green

Acute In-Patient Care: Agreed green

- All groups agreed there are action plans in place.

Social Inclusion: Agreed amber.


- The groups questioned if the commissioning documents were actually in place and advised that they would like to see more work around this indicator.

Implementing DRE in MH Care Policy: Agreed green.

BME Community Development Workers: Agreed green.

Governance: Agreed green

Commissioning for Third Sector: Agreed green.

	<p>Suicide Prevention – PCT: Agreed green.</p> <p>Suicide Prevention – Providers: Agreed green</p> <p>Advocacy: Agreed red.</p> <ul style="list-style-type: none"> Although this was agreed as Red, the North West Stakeholder group did feel that advocacy was good in their area. There was some discussion about if it was fair to have the result of this indicator as red however it relates to last years performance (08/09). <p>MH Act Section 135/136 places of safety: Agreed green</p> <p>Mental Capacity Act: Agreed green</p> <p>MH Act 2007: Agreed green</p> <p>Improving access to Psychological therapies: Agreed green</p> <p>Two new indicators as follows:-</p> <p>Prison Mental Health: Agreed green</p> <p>Abuse Question in assessment documentation: Agreed green</p> <p>It was agreed that this was good progress from last year and it was felt that processes/services are now in place and therefore the new focus should be on quality.</p> <p><i>**For full details of the evidence required to meet the specified criteria please see attached table below:-</i></p>  <p>Y:\ESPCT Work\ Mental Health\Meetin</p>	
<p>4. Policy and Performance:</p>	<p>There were some indicators on which the local stakeholder groups could not reach a consensus. For each of these indicators the LIT has an action plan template showing the criteria, proposed score, and any relevant evidence to help inform decision making.</p>	

<p>▪ Crisis Resolution & Home Treatment</p> <p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-15deg);">Draft</p> <p>▪ Vocational Support</p>	<p>This was due to lots of discussion around these particular indicators. These indicators were individually discussed by the LIT with the following outcomes:-</p> <p>Agreed green. This indicator sparked lively debate amongst the stakeholder groups with all expressing concern about people accessing the out of hour's crisis service. The groups advised the following when trying to access the crisis service: -</p> <ul style="list-style-type: none"> • Guildford and Waverley – Clive Stone had received no response and when left a message was not called back until the next day. • East and Mid – a number of members of this panel had direct experience of not being able to access the CRHT through the East crisis line and were having to go to A&E. The panel agreed that going to A&E was not suitable but did not mean the criteria had not been met. • North West – both TH and SC tried to access the service by telephone but could not get through. • Surrey Heath feedback – There was evidence of issues with people not being able to access the CRHT but further details were not known so no solid evidence of problems. <p>Helen Wood (SABPFT) also tested the CRHT at different intervals on different days and got through on all occasions.</p> <p>The LIT agreed that the structure for this indicator was in place and that this indicator should therefore be green. The groups agreed that the focus now needed to be on monitoring the quality of the service. It was discussed that service users and carers should be involved in the monitoring process.</p> <p>ACTION – Arrange a service users/carers led monitoring of access to the CRHT teams out of hours and the new crisis helpline. To be undertaken in partnership and with the support of SABPFT and Mick Sellors (SU Involvement Lead).</p> <p>Agreed amber. This was amber across all of the stakeholder groups apart from East and Mid who advised green. The other stakeholder groups felt amber was a fair rating due to the 'Employment Advisor' tender in West Surrey having only just been completed. The issue raised around this service is that of visibility; the service is only known to a few and needs to be wider spread.</p> <p>ACTION – The LIT to look at development of a vocational strategy to ensure a visible and equitable service. Need to ensure there is a network and support communication between the various groups to achieve results.</p> <p>ACTION – Organise workshop on vocational services- to be picked up through the</p>	<p>PCT/SABPFT / MS</p> <p>LIT</p> <p>JS</p>
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<ul style="list-style-type: none"> ▪ Delivering Race Equality – BME people’s services ▪ Employment of Service Users ▪ Recovery 	<p>existing ‘work services’ structures.</p> <p>ACTION – Schedule into LIT agenda in 6 / 7 months time to look at the activity.</p> <p>Agreed amber. The members of the stakeholder panels felt they did not have the knowledge in this area to make a decision about this indicator. The group discussed that this information is captured by the Trust in accordance with guidance from the Race Relations Act but there seems to be a gap with the recording in Primary Care. FE confirmed that BME data was available for community services. The issues was raised that although all the data is gathered at the Trust it needed to be reviewed by the LIT.</p> <p>ACTION – To ensure this data is validated through the LIT and feed back to the CDW’s.</p> <p>Agreed green. There were mixed results to this indicator from the stakeholder panels, two felt that this was good whilst two did not.</p> <ul style="list-style-type: none"> ▪ East and Mid – although there are some good quality schemes locally it was felt that there was still work needed to ensure an ‘adequate coverage’. It was agreed that it was difficult to define adequate and there were mixed views as to green/amber scoring. ▪ North West – Felt only a small number of schemes available – back to definition of adequate? <p>Evidence was provided demonstrating a significant number of organisations that provided employment opportunities for SU’s- it was also agreed that this list wasn’t exhaustive. The issue is that procedures across all the organisations need to be consistent.</p> <p>ACTION – To advise all sectors (health and social care) to sign up to the mindful employees scheme and to look at a broader range of service users. Need to agree process to take forward.</p> <p>Agreed amber. All stakeholder groups agreed amber for this indicator however there was some feeling that this had been achieved as planned but the crucial element was that service users and carers didn’t feel that they were receiving recovery bases services. The issues that came up was that there is not a monitoring system in place to evidence how principles are translated as making a difference in people’s lives.</p> <p>ACTION – to set up outcome monitoring through the local stakeholder groups reporting</p>	<p>JS</p> <p>SABPFT/PC T</p> <p>?</p> <p>LIT stakeholder groups</p>
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<ul style="list-style-type: none"> ▪ Service User Involvement ▪ Carer Involvement ▪ Mental Health Needs of Older People ▪ Mental Health of People with Learning Disabilities 	<p>to the main LIT regularly.</p> <p>Agreed amber. All stakeholder groups agreed amber besides Guildford and Waverley who scored green. There are challenges around ensuring that a good range of people who user services are engaged. Not all people will be interested in this strategic focus and there is a need to ensure their views are captured on topics of interest and or experience in new ways. Although the local stakeholder groups have been set up, membership in some is not full. There is need to look at other ways to get information to the people rather than just setting up a meeting. ACTION – Look into social marketing (e.g. websites, questionnaires etc).</p> <p>ACTION - Stakeholder groups to nominate a lead to canvas the views of service users and encourage more involvement.</p> <p>Agreed amber. Concerns around this indicator are similar to the concerns around Service User Involvement. ACTION – Explore the possibility of carers big involved in the service user led monitoring of services.</p> <p>There are three elements to this indicator.</p> <ul style="list-style-type: none"> ▪ 15a strategy – Agreed red. There was a consensus across the stakeholder groups that this indicator should be red due to the historical issues around strategy being an underdeveloped area that needs a focused joint approach from Health and Social Care. The groups felt that the KW document, although a valuable stepping stone, could not be seen as a complete strategy. ▪ 15b commissioning – Agreed green. Commissioning arrangements are in place from Health and Social Care. ▪ 15c service delivery – Agreed amber. OPMH service are provided but implementation plan will follow strategy and ensure services meet Everybody's Business. <p>Agreed green. The stakeholder groups could not reach a consensus for this indicator as they felt they did not have the knowledge to answer this at a local level. Feedback from Dr Attard has indicated green with some areas of development needed. Needs</p>	<p>PCT</p> <p>LIT stakeholder groups</p>
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<ul style="list-style-type: none">▪ Mental Health Promotion – Strategy and Implementation ▪ Personality Disorder Services ▪ Dual Diagnosis Commissioning of Mental Health strategy	<p>further checking and quality of this service with a range of stakeholders appropriate to the target. Issues raised have been around communication and also access to assertive outreach teams for people with severe learning disabilities/autism and mental health problems.</p> <p>ACTION – Set up adequate monitoring framework</p> <p>Agreed green. The North West stakeholder group felt they could not give a green rating as they didn't have evidence that working arrangements had been made between the older people's LIT's and CAMHS Partnerships. However following the local meetings, confirmation was received to clarify that:-</p> <ul style="list-style-type: none">▪ The MH promotion strategy has been presented to an older adult LIT and strong links have been made into the mental health promotion element of the development of the Older Adults Mental Health Strategy. (It was noted that the Older adult mental health agenda was now being tackled in generic older people's LIT's rather than Standard 7 groups)▪ The Mental Health Promotion strategy has been linked to the CAMHS needs assessment. <p>There is a now a comprehensive action plan around MH Promotion.</p> <p>Agreed amber. Significant concerns and worrying specific examples were raised by the East and Mid stakeholder group around this criteria. There was a sense that there is no clear strategy here and although there are pockets of very good service in some areas there is not a comprehensive approach. People are interested in getting this service properly up and running and the feeling is a strategy is needed on a wider scale.</p> <p>ACTION – Refresh the PD strategy on a wider scale to re-visit areas previously identified for development. Establish process.</p> <p>Agreed amber. Stakeholder groups felt that although there was a strategy in place, it is not adequately meeting needs.</p> <p>Agreed amber. All agreed that there had been definite improvements in this area there was still a need for adequate monitoring and that the mental health protocols need updating.</p>	
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<ul style="list-style-type: none"> ▪ North West Surrey • General Stakeholder Discussion 	<p>The last meeting of this group was focused on the National Service Framework. They were pleased to see that Direct Payments workshops had been organised at various voluntary provider sites however would like to see more organised for the general population. They expressed concern about older adults and how they are linked in and would like the LIT to look at this. DW explained that there were not specific LIT's for Older Adults Mental Health as the NSF for Older Adults had just included an element on mental health (standard 7). There was now an Older Adults Mental Health Steering Group. The main topic for the next meeting is to discuss how to get greater service user input to the group.</p> <p>On the topic of the economic downturn (as raised by Anthony Byrne) DW advised that NHS Surrey as a whole, has a significant cost savings targeting programme in place this financial year. The forecast is that there will be pressure over the next couple of years and the amounts of money coming through from government won't be the same as previously seen. There has also been some additional investment in the form of new government money going into IAPT. This will be focused to support areas around vocation and employment as the government addressing the challenges of the 'credit crunch'.</p>	
<p>6. LIT Business Items- Update Reports</p> <ul style="list-style-type: none"> • Improving Access to Psychological Therapies (IAPT) – role of the LIT and update 	<p>IAPT presentation distributed to the group providing an update on this work stream and contact details for interested parties. It was confirmed that NHS Surrey Executive Management Board have approved commencement of the project and PBC (Practice Based Commissioning) leads have been engaged. The query for the LIT is what the LITs role in decision making and development of the programme will be. It was confirmed that the new NHS Surrey Programme Board (involved in decision making e.g. service specifications) is linked together with LIT in the governance structure and will provide highlight reports to the LIT. Due to issues around commercial sensitivity and procurement rules the LIT could not be a decision making forum for this piece of work.</p>	

<ul style="list-style-type: none">• NICE Schizophrenia Guidance Update• New Crisis Helpline Leaflet and poster• Update on Review of Carers Services in Adult Mental Health• Update on Review of Community Services West Surrey	<p>Document distributed to the group for information. Discussion followed that there is further emphasis required on annual health checks. AE advised that CQC is going to have far more standards of compliance around schizophrenia guidance in the future.</p> <p>The group discussed the new poster and decided that links should be made with the Police and the acute units to market the poster. The group AGREED that the poster needed to be amended to include text and email details.</p> <p>DH advised that a group had been set up to review carers services across the County as there has been concern expressed about the quality of services and also to confirm that services are actually available for carers. The group will work in a select committee style focussing on person centred evidence of quality of services and knowledge of services. The group will focus on evidence based information. The group will work on this for the next three months and will prepare a report for the scrutiny bodies and hopefully enhance the profile of services we give. DH further confirmed that this responsibility lay with Surrey County Council and there is no delegated responsibility (Section 75 Agreement) in place with Surrey and Borders Partnership NHS Foundation Trust. As there is no formal agreement in place, SABPFT are not legally mandated to carry out these responsibilities on behalf of the County Council. This group will address these issues and develop a framework for a pathway for carers that all services would subscribe to.</p> <p>DH advised that this group was organised to look at the services in the voluntary sector that support the statutory service in the areas of vocation, training and employment. This group will also look at Project 18 and the concern about what alternative services are available in West Surrey. The group will be discussing the landscape of current services, mapping out which ones we currently have, and looking at the equity of services as they stand compared with the population need. The group will focus on promoting social inclusion and employment for people including those with higher needs to look at how best to support them in their own right. The next meeting to take place on 25 June and will include three providers to look at where they fit in and plan for the future.</p>	
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<ul style="list-style-type: none">• Items for Action/Decision• Sign off TOR for Suicide Prevention Group	<p>This document was circulated at the last meeting and again with this agenda for the LIT members to review and advise any changes today.</p> <p>The group agreed and signed off the Terms of Reference dependent on the following amendments being made:</p> <ul style="list-style-type: none">• Ensure the level of representation was specified so that decisions could be made.• Add Universities to the stakeholder members to help capture that vulnerable age group 18-25.• Section '8 Frequency of Meetings' should be separated out by each sub group (i.e. a new bullet point for each group).• Although agreed as an essential element concerns were raised around the remit of the A & E sub group- how broad was it, who did it capture, did it just cover mental health? Needs to be more specific about who is reached e.g. EDT.	
<ul style="list-style-type: none">• AOB	No other business	

Completed by	Rebecca Crumpton
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