

# interface

linking mental health and wellbeing in Surrey

## Interface 03

Interface is the official news brief for Surrey's Local Implementation Team (LIT). We'll be bringing you news, views and updates from the LIT and its four area stakeholder groups, in order to share information and headline important developments in mental health services in the county. With the role and responsibility to drive up standards and implement ways to create better, more equitable mental health services, and with a prominent membership of patients/service users, carers, providers and commissioners, Surrey LIT's aim is for nothing less than world class treatment and care for the people of Surrey.

Bringing together people from across the organisations that commission, provide, use, support or are allied to mental health services and from all around the county, the Surrey Local Implementation Team (LIT) acts as a 'pool' of information sharing that broadens knowledge on how well mental health services in the county are meeting people's needs. What is available, what is working, what gaps are there in provision and how well is Surrey doing in meeting the requirements set out in the NSF for mental health are the fundamental questions the LIT addresses. Utilising the knowledge and expertise of the main LIT members and stakeholder groups, the LIT gathers 'intelligence', assesses what progress is being made, what action is needed.

### Your LIT needs you – get involved

If the LIT is the hub, the stakeholder groups form the all important spokes. They are the 'conduit' between the LIT and the people with mental ill health who are at the heart of why services should be planned and improved. Other vital members of the stakeholder groups are carers, the voluntary sector and all organisations and individuals interested in seeing better, more efficient and equitable mental health services.

By joining a stakeholder group, service users get the chance to voice what is important to them. How are the services working for the individual? What should change, be developed? If you are in northwest Surrey can you get the same service as someone in the southeast of the county? These are the things the LIT needs to know. Hearing what people have to say can influence how mental health services are shaped and delivered to the highest possible standards.

If you are a member of staff, a carer, a service user or someone who supports mental health service users please think who might be interested in joining one of the four stakeholder groups. To find out more contact the stakeholder group nearest to you.

Guildford & Waverley, Surrey Heath and North East Hampshire; Mary Moller [marymoller@oakleaf-enterprise.org](mailto:marymoller@oakleaf-enterprise.org)  
 Mid & East Surrey and North West Surrey; Lenny; [lenny@maryfrancestrust.org.uk](mailto:lenny@maryfrancestrust.org.uk)

## Membership

Diane Woods	Associate Director MH/LD, SPCT	joint
chairs		
Donal Hegarty	Policy & Commissioning Manager, SCC	
Janine Sanderson	MH Commissioning Manager, SPCT	
Megan Aspel	Project Director, Let's Link charity/ Editor of Interface (LIT news brief)	
Dr N T Attard	Consultant Psychiatrist (LD) SaBPFT	
Anthony Byrne	Surrey Heath & NE Hants Stakeholder Group	
Stuart Craig	North West Surrey Stakeholder Group chair	
Andy Edeleanu	Specialist Therapy Director, SaBPFT	
Fiona Edwards	Chief Executive SaBPFT	
Dr Malcolm Hawthorne	Consultant Psychiatrist MH/ Medical Director SaBPFT	
Anne Heath	Surrey Community Health Service (PCMH)	
Don Illman	East/Mid Surrey Stakeholder Group chair	
Diane Luck	Carer representative, RETHINK	
Dominic Parkinson	Richmond Fellowship Trust	
Dr Jill Rasmussen	GP & PEC lead for MH/LD	
Anna Raleigh	Public Health representative	
David Rye	Voluntary Sector representative, MIND	
Michael Sellors	Independent service user involvement co-ordinator	
Clive Stone	Guildford & Waverley Stakeholder Group, chair	
Mike Wilson	Carer representative	

If the named member can not attend it is requested, where possible that a representative attends.

*Coming soon: the LIT website will be available to bring you more details, briefings, news and views.*

## No health without mental health

Within the LIT, updates and presentations are important for information gathering. At the meeting in November, Dr Malcolm Hawthorne from Surrey & Borders Partnership Trust outlined how the recommendations from the Darzi review (see interface 02) are being implemented in the south east.

Dr Hawthorne outlined mental health as being one of the 8 priority pathways identified in the Darzi Review agenda where world class services for all are expected to be achieved by 2018. The vision for the 8 pathways is set out in the South East Coast Strategic Health Authority's document 'Healthier people, excellent care' ([www.southeastcoast.nhs.uk](http://www.southeastcoast.nhs.uk)) and key recommendations for mental health include reducing inequalities and social exclusion; support at home for people in crisis; prompt access to psychological therapies; looking at the links between mental and physical wellbeing; reducing stigma and helping people to return to work.

The document states that 'There is no health without mental health' and Dr Hawthorne summed up by saying, "The NHS Review gives us a once in a lifetime opportunity to tackle mental health issues within every area of health."

For more information on the Darzi Review and the NHS Constitution visit [www.ournhs.nhs.uk](http://www.ournhs.nhs.uk)

## **Headlines from the Surrey LIT meeting in November '08**

### Ratings show progress in health commissioning and provision

Local ratings from the Healthcare Commission show Surrey PCT as 'Fair/Fair' (Financial and Quality respectively) and SABPFT as 'Good/Excellent' (management of financial resources and clinical resources respectively). Both are improved from last year. Surrey County Council which has a different ratings system remained at Adequate/Adequate. More discussion will take place around future ratings systems and it was agreed it would be useful to see the national context.

### Model contracts

Contracts are the linchpin between commissioner and provider. The commissioning cycle is to plan services, set up the contract, monitor what is happening and revise anything that needs adjusting. Set up by the department of health they work on a 'national tariff base', a pricing structure for certain procedures across the country. This works well in acute services but mental health and community services are more complex and a national tariff has yet to be determined.

Locally the model contract for mental health is due out at the same time as the operating framework. The latter gives key information to commissioners about the national priorities to be achieved. Establishing the LIT role in the process of signing off service specifications was important and should be a future agenda item.

Stakeholder group updates:

Overall there was concern about the lack of membership and poor attendance. This needed to be addressed across the county.

**Guildford & Waverley (G&W)** requested clarity about the self assessment ratings and where stakeholder groups came in. It was agreed the groups could still do the NSF self assessment in their localities. This will be aggregated up to the Surrey wide report and give strength to the Surrey picture, identifying local priorities.

**Surrey Heath & Northeast Hampshire (SH&NH)** had received the Wellbeing centre report from SABPFT. Personality disorder and psychosis services were developing well but Outreach on anxiety and depression had yet to be achieved. There was opposition to the closure of Wingfield Ward with regard to the planned acute services with the feeling that a number of small units were preferable to a few big units. It was felt, however that the decision had already been made. Concerns were around the lack of service user and carer involvement in the consultation process, transport problems, and how the new plans respond to the choice and personalisation agenda.

**Mid & East Surrey (M&ES)** were concerned that advocacy is patchy across the county. Advocacy is being considered by commissioners and there should be something in place by April '09. Statements of care in the new CPA processes raised concerns around whether people would not receive their current level of care, particularly in terms of referrals enabling them to move on. It was agreed to monitor the process over the next six months to gauge how it was working.

**North West Surrey (NWS)** raised concerns about a lack of rehab beds. However, Respite/Crisis beds are being commissioned for the North West Surrey area and should be ready April '09. Delayed

discharges were highlighted but these are monitored by the PCT and no significant level of concern exists at present. It was agreed that CMHTs need support to ensure information and processes are in place and communicated effectively to support the new CPA requirements as this is an extensive area of change that will impact on people's lives.

## InfoLink

NHS Constitution paves way for Bill for patients' rights

As words and concept, 'quality' and 'world class' are at the heart of the Darzi NHS review (see Interface issue 02). And so determined are the government to take the vision forward they are creating an NHS bill that will make it a duty to carry out the rights and responsibilities set out in the NHS Constitution for patients and staff, to measure excellence of care through annual quality accounts based on patients' experiences of the treatment and care they receive and to pave the way for patients to be given individual budgets for commissioning/buying their own health services.

More news next issue

Personalisation key to independence

'Personalisation' or individual budgets means that public services are designed and delivered in accordance with individual's identified requirements, rather than the provision of services perceived to meet those requirements. It is being hailed as the second 'de-institutionalisation', the first being to move people from large mental health institutions into the community. Whilst personalisation has been established in other disabilities such as physical, there is still much to learn about how it will work in mental health.

For more information visit [www.spn.org.uk](http://www.spn.org.uk)

If you have missed the previous two issues which describe what the Surrey LIT is and its purpose, please contact Janine Sanderson at Surrey PCT. This news brief is also available as a text only hard copy in 14pt. The Surrey LIT website will be up and running soon.

## Glossary

We will add to this list as more terms/acronyms arise

LIT – Local Implementation Team

Surrey PCT –	Surrey Primary Care Trust
SaBPFT –	Surrey & Borders Partnership NHS Foundation Trust
SCC –	Surrey County Council
NSF –	National Service Framework
DH –	Department of Health
CSIP -	Care Services Improvement Partnership
SHA –	Strategic Health Authority
LAA –	Local Area Agreement
LSP –	Local Strategic Partnership
QOF –	Quality Outcomes Framework
PIG -	Policy Implementation Guidelines
PEC -	Professional Executive Committee
MH –	mental health
LD –	learning disabilities
NICE -	National Institute for Clinical Excellence
PEC -	Professional Executive Committee
RETHINK -	national mental health charity



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