

interface

linking mental health and wellbeing in Surrey

Interface 04

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.

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Donal Hegarty	Policy & Commissioning Manager, SCC	- joint chair
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	
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Stuart Craig	North West Surrey Stakeholder Group chair	
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Anne Heath	Surrey Community Health Service (PCMH)	
Don Illman	East/Mid Surrey Stakeholder Group chair	
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Dr Jill Rasmussen	GP & PEC lead for MH/LD	
David Rye	Voluntary Sector representative, MIND	
Michael Sellors	Independent service user involvement co-ordinator	
Clive Stone	Guildford & Waverley Stakeholder Group, chair	
Maya Twardzicki	Public Health Lead (Mental Health)	
Mike Wilson	Carer representative	
Geoff Upfold	Surrey Heath stakeholder group member	

The National Service Framework (NSF) for mental health's 10 year programme is in its last year. Year on year, local implementation teams (LITs) across the country have assessed how services meet the standards recommended by the NSF. Despite changes affecting LIT configurations across the county Surrey has incrementally moved from amber to green in most of the self-assessment targets (see table on page 4).

An Action Plan for 2009, the last year of the NSF, is underway with the next round of self assessment due. Stakeholder groups play a major part in gathering the local 'score' of red, amber or green for the NSF targets, feeding in the local results to be amalgamated and agreed by the Surrey LIT prior to submission.

The work doesn't end with the NSF. New directions and horizons emerging from national and local reviews and planning are already building on the work of the NSF.

With the key driver being Quality for patient care, defined in 'High Quality for All' (see page 4) as safety, effectiveness and the patient experience, innovative ways are needed, particularly in the current economic climate, to create better but affordable services. Addressing this, Surrey PCT's Strategic Commissioning Plan outlines a case for strengthening its mental health joint commissioning arrangements with Surrey County Council and developing mental health services in a primary care context.

The LIT's role overseeing and making recommendations about plans and developments is crucial. It is a forceful group with commissioners, statutory and voluntary providers, service users and carers whose main aim is to ensure equitable, high quality mental health services are delivered, coordinated and developed throughout Surrey.

Why not get involved!

The stakeholder groups are the vital conduit between the LIT and the local people who are interested in and care about mental health services in their area. Find out more about getting involved – as a service user, carer, provider or other interested party – and contact the stakeholder group in your area for more information.

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Suicide in Surrey – reducing risk

Emma Daniells, public health lead (offender health and suicide prevention) Surrey PCT, outlined the recent Surrey Suicide Audit to the LIT in January '09. The audit showed Surrey's position within the country, and was undertaken to identify people at high risk of attempted or actual suicide. Goals have been drawn up to reduce the risk of suicide in the key high risk groups. Those include; people with mental ill health, people who self harm, young men and certain occupational groups. Within the last category, the audit showed managerial and professional roles alongside semi-routine and routine occupations such as shop assistant or cleaner being at high risk.

Once the statistics are known, strategies for reducing risk and promoting mental wellbeing can be developed. Looking at underlying causes and life events can improve support and early intervention where it is known someone is vulnerable to suicidal thoughts or actually taking their own life. Overall, promoting wellbeing within the wider population can lead to people seeking help before it is too late.

Various points were raised: more people likely to have suicidal thoughts in the current economic climate; older people, often isolated in their homes may need specialist support such as counselling and the impact of suicide on family and friends can never be underestimated and needs to be addressed.

A Surrey wide suicide prevention strategy is underway.

Headlines from the Surrey LIT meeting in January 2009

World class mental health services with equity and access for all demand a stringent programme of assessing needs and providing the right treatment and care for every individual. The Surrey LIT has sets itself the task of raising quality and standards in mental health through consultation, feedback, development and implementation

Advocacy for all a step closer

Advocacy is a key need for many people with mental ill health. There are three areas where it can help: 1) the formal IMCA (Independent Mental Capacity Advocates) who safeguard the rights of people who may lack capacity and/or have no-one to speak for them which is in place; 2) advocacy relating to the new Mental Health Act (MHA) and 3) 'citizens' advocacy, where people can be helped with the issues that affect them day to day.

A focus group is now looking at ways of developing advocacy, specifically around 2 and 3, that will cover the whole county, drawing on the existing facilities in east and mid Surrey. Funding is available

initially for a service around the MHA and the aim is to have something commissioned by April '09.

Crisis Line set to go live

With some final points to be agreed, the Crisis Line for north Hampshire and west of Surrey is on track to launch in April. Recruiting is already underway and training for the telephone support being developed along best practice lines.

It was important to 'market' the service, with suicide prevention being highlighted and care was needed to ensure the right people were targeted whilst not excluding others. Assessing training and the interface with service users/clients would be undertaken regularly through audit.

Supported employment tender to create equity across Surrey

A vital help to recovery, supported employment for people with mental ill health is well established in the east of Surrey. To benefit the whole county, Surrey PCT put out to tender for a service in west Surrey. The process is underway with the aim of seeing the beginnings of the service commence in April.

Stakeholder group updates

Some groups had not met prior to the January LIT but as each group develops, valuable input to the main LIT is on the increase.

Guildford & Waverley (G&W) reported that discussions had centred on the Crisis Line. More service user representation was still being sought.

Surrey Heath & North East Hampshire (SH&NEH) were due to meet in the next two weeks and had nothing therefore to report

Mid & East Surrey (M&ES) also had their meeting scheduled the next day and it was hoped two more service users would be attending.

North West Surrey (NWS) main points of discussion were the Crisis Line and respite beds. Clarification was given by Donal Hegarty around progress of three respite beds planned for the area.

The following table shows the progress of Surrey LIT's self assessment on its priority NSF targets.

SURREY LIT Mental Health NSF – Red Amber Green (RAG) assessment				
	Targets	Surrey position 06/07	Surrey Position 07/08	08/09 Q2 position
1	Primary/secondary interface	AMBER	RED	AMBER
2	Crisis Resolution	GREEN	GREEN	GREEN
3	Early Intervention in Psychosis	RED	RED	GREEN
4	Assertive Outreach	n/a 06/07	RED	GREEN
5	Acute inpatient care	n/a 06/07	AMBER	GREEN
6a	Older people mental health (MH) - strategy	n/a 06/07	AMBER	AMBER
6b	Older people MH - commissioning	n/a 06/07	GREEN	GREEN
6c	Older people MH – service delivery	n/a 06/07	AMBER	AMBER
7	Recovery	n/a 06/07	GREEN	GREEN
8	Social inclusion	n/a 06/07	AMBER	AMBER
9	MH – people with LD	AMBER	RED	AMBER
10	Vocational support	GREEN	AMBER	AMBER
11a	Delivering race equality (DRE) – BME services	AMBER	AMBER	AMBER
11b	Implementing DRE in MH care policy	AMBER	AMBER	AMBER
11c	BME community development workers	RED	RED	GREEN
12	Governance	GREEN	RED	GREEN
13	Service user involvement	AMBER	AMBER	AMBER
14	Carer involvement	GREEN	GREEN	GREEN
15	Commissioning from Third Sector	GREEN	GREEN	GREEN
16	Employment of service users	AMBER	GREEN	GREEN
17a	Suicide prevention – PCT	AMBER	AMBER	GREEN
17b	Suicide prevention – providers	AMBER	AMBER	GREEN
18	Advocacy	RED	RED	RED
19	MH promotion – strategy and implementation	GREEN	GREEN	GREEN
20	Personality disorder services	AMBER	AMBER	AMBER
21	MH Act – Section 135/136 places of safety	GREEN	GREEN	GREEN
22	Mental Capacity Act	n/a 06/07	AMBER	GREEN
23	MH Act 2007	n/a 06/07	AMBER	GREEN
24	Improving access to psychological therapies	AMBER	AMBER	GREEN
25	Dual Diagnosis	n/a 06/07	GREEN	GREEN

Note:	Forecast: Q1 08/09 four reds converted to green – remaining two to go to amber in Q4 08/09 Three ambers converted to green Q1 08/09 – further six to green in Q4 08/09
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Information bulletins and links –

High Quality Care for All

High Quality Care for All, a department of health (DH) operating framework is the third stage of NHS reform that began with the NHS Plan in 2000, followed by the recent Lord Darzi 2nd Stage NHS Review.

The over-arching message is ‘to make quality the organising principle of the NHS’. Quality spans three areas: safety, effectiveness and the patient experience. Equally important is to focus on preventing illness and helping people to stay healthy.

With specific regard to mental health, it states that in addition to the Improving Access to Psychological Therapies programme being rolled out across PCTs, ‘there are opportunities to review equitable access to and experience of services’. Services should be as close to home as possible and it is also important to care for the physical health of people with severe mental illness.

To find out about how the patient experiences services in connection with quality of care, delivery of personalised care, and whether they are treated with compassion, dignity and respect, there will be monitoring surveys patients will be asked to complete, called PROMs – patient reported outcome measures. Other methods for feedback will also be explored at a local level.

The operating framework states its commitment to the quality agenda throughout the document, stating at one point that ‘Patient experience is the final arbiter of success’.

Find out more at www.dh.gov.uk and go to publications for High Quality Care for All, published in December ‘08.

If you have missed any of the previous issues of Interface (1/2/3) please contact Janine Sanderson at Surrey PCT or Megan Aspel at Let’s Link – megan.aspel@sky.com . 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
SHA –	Strategic Health Authority
IMCA -	Independent Mental Capacity Advocates
LAA –	Local Area Agreement
LSP –	Local Strategic Partnership
QOF –	Quality Outcomes Framework
PIG -	Policy Implementation Guidelines
PEC -	Professional Executive Committee
PROMs -	Patient reported outcome measures
MH –	mental health
MHA -	Mental Health Act
LD –	learning disabilities
NICE -	National Institute for Clinical Excellence
RETHINK -	national mental health charity



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