

interface

Linking mental health & well-being in Surrey

Issue 11

Interface is the official news brief for Surrey's Local Implementation Team (LIT). The LIT, together with four Stakeholder groups representing local views and issues across the county, is a review and decision-making body for mental health services in Surrey. Interface is published to share information amongst a wider network and headline important developments in mental health services in Surrey.

The LIT, with a membership of patients/service users, carers, providers and commissioners aims to bring the very best mental health treatment and care to the people of Surrey.

Find out more at

www.surreylit.org.uk



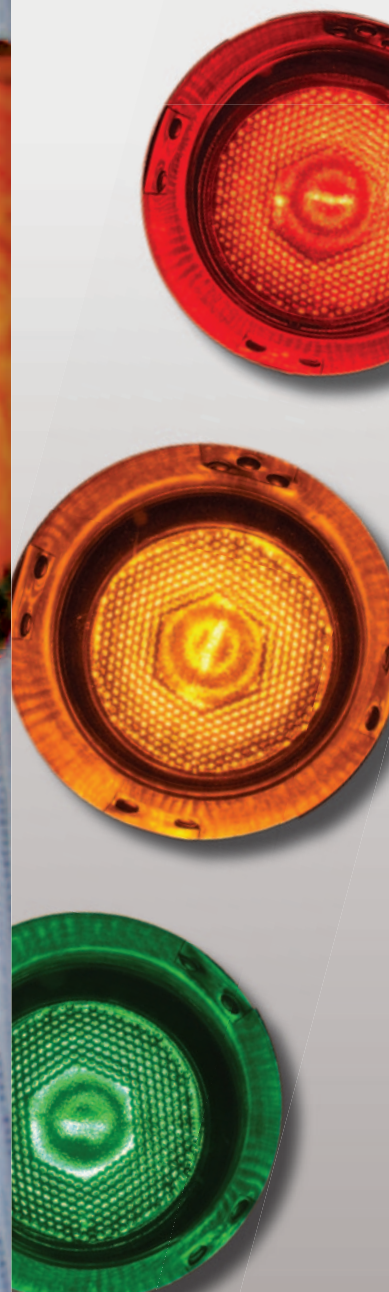
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Interface



Mental health – something to QUIPP about

Quality, Innovation, Productivity, Prevention (QUIPP) is a national driver to ensure quality is at the heart of NHS service delivery. Its key objectives are to improve quality and productivity; engage, inspire and empower staff; create a legacy of change leader and quality culture. Principles underlying the QUIPP programme are: effective management (clinicians and other key stakeholders) through a philosophy of co-production; ability to challenge established thinking/current practice; applying national and international best practice; sharing knowledge and learning; ensuring clear, honest communications; focusing on benefits measurement; applying robust programme management and assurance arrangements.

QUIPP has become a priority for PCTs and SHAs in determining future planning/development of service provision. The fundamental beliefs are that quality and productivity can go hand-in-hand and the patient experience improved, all whilst costs are reduced.

There are currently three national Quipp work streams relating to mental health:

- Interface with mental health and physical health
- Acute care pathway
- Specialist placements, out of area treatments (this works stream has made most progress)

Amongst the key priorities for a QUIPP approach are a patient led NHS, better health outcomes, less political interference to pave way for greater local autonomy, focus on reforming longer term care through prevention, personalisation and partnership delivery and improved public health. Surrey feels in a good position to deliver on the priorities, particularly with its commitment to a strong public health drive, not always the case nationally or organisationally.

To generate discussions and actions around mental health and QUIPP, setting up multi stakeholder workshops is being explored.

NHS Transformation – financial cuts can't compromise patient care

NHS Transformation is about how services are developed and delivered without risk to patient care and standards of practice, in a tough financial climate.

The NHS Surrey Transformation Board brings together chief executives from commissioner and provider trusts, SCC representatives, Local Executive Committee (LEC) chairs and GPs (service user and carer input to come). The Board aims to:

- Work collectively to address the challenges faced locally. How? By aspiring to deliver appropriate high quality clinical services within increasingly tight financial allocation
- Focus on identifying and delivering genuinely transformational changes which will reduce the costs of the health system as a whole. How? By decreasing demand and supply and developing different pathways of care across organisations
- Focus on reducing commissioning costs and improving financial/clinical sustainability. How? By limiting outflows of Surrey patients to high cost providers elsewhere and increasing number of patients from neighbouring catchments

The LIT is keen that the work being done in mental health is understood within the Transformation plans. One way to ensure this would be for the LIT to become a steering group feeding in to the Transformation Board, driving the mental health works stream and leading on QUIPP. This would address the future of the LIT forum and give it a clear focus.

Membership of the Surrey LIT

Diane Woods.....	Associate Director MH/LD, NHS Surrey	} 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)	
Joanne Alner.....	Public Health representative	
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	

Tracey Hayes.....	Member North West Surrey Stakeholder group
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
David Rye.....	Voluntary Sector representative, MIND
Clive Stone.....	Guildford & Waverley Stakeholder Group, chair

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

Headlines from the Surrey LIT meeting in May 2010

Surrey Out of Hours Crisis Line consultation

Service users will lead on monitoring the out of hours crisis line. A questionnaire is being prepared to find out from people who have used the crisis line what the quality of response was like. Together, the national charity is involved in the project and it is anticipated that this work will inform the development of a Service User Involvement Strategy for Surrey commissioners.

It is important to link carers into the process as they are a significant user of the service. The consultation will be publicised in a number of ways to reach as many people as possible.

Primary / secondary care Interface

Bringing mental health care into mainstream health centres is a clear way to ensure people are offered choice. This was one suggestion to help improve the primary / secondary care interface for people with mental ill health. Stigma should be reduced as a result and local accessibility enhanced. Challenges to this are the complexities around pathways, mental health awareness raising and ensuring appropriate referral procedures.

Another significant challenge is that the required levels of cost improvement savings means that providers such as SaBPFT will be focused on continuing to deliver a safe service and this may make areas such as primary / secondary care interface harder to prioritise.

A number of groups addressing issues that will impact on improving the primary / secondary care interface are being formed.

Stakeholder reports

Guildford and Waverley: there will be a meeting with the Guildford Mental Health consortium to propose that they become the 'local voice' for this area as the G & W Stakeholder group is to cease. This approach was supported as there is at present a duplication of attendees and topics covered in both of these forums.

Surrey Heath & Northwest Hampshire: the formation of a new independent user and carer group is taking place, to promote involvement in the development of mental health services. Called the Surrey Heath and NE Hants user and carer group it is hoped there will be a new stimulus and focus on users and carers. The Stakeholder group raised the need to identify appropriate outcome measures to assess such services as Assertive Outreach, Early Intervention, Crisis response and so on.

Mid & East Surrey: the group discussed the need to improve GP training in relation to mental health and learning disabilities. The question was raised about what development and support do GPs need to be able to make an early identification. The longer term solution is that mental health is now part of GP / junior doctor training which will lead to a new generation of clinicians with a better awareness.

North West Surrey: clarification was sought around the future of the Community Development Worker (CDW) roles. It was clarified that the CDW roles, in line with the national agenda, were commissioned to implement a defined strategic approach to determine the needs of the BME communities and provide them with a voice to ensure that culturally appropriate mental health services were commissioned. In this final year of their contract there will be a clear strategy and recommendations for commissioners produced about how best to engage with and ensure that appropriate mental health services are commissioned for these communities in the future. Another clarification sought was around implementation of increased Acute Psychiatric Liaison Services in Ashford and St Peters. This was now being driven forward by Lucy O'Meara, seconded by SABPFT, along with commissioners to drive the agenda ahead and further develop business case proposals with the acute providers.

Women's mental health and wellbeing

Work around the women's mental health strategy for Surrey has increased awareness of the life events that impact on a woman's mental health and wellbeing.

A Surrey women's mental health forum has brought a wide range of organisations and individuals together which provide different services and support. These include domestic abuse services, Surrey Police, supported employment services, community support and so on. Together they form a collective 'voice' for gender equality in mental health and allied services.

The key aims of the women's mental health strategy are to:

1. raise awareness of issues relating to women's mental health amongst staff in all services (statutory and voluntary sectors), service users, carers and the public;
2. increase understanding of national requirements and good practice guidance in relation to provision for women with mental health problems;
3. identify and share the types of provision and support that women value and/or would like to see;
4. achieve agreement by all partners to key statements and principles, formalised in a Surrey Charter for Women's Mental Health;
5. lay the foundations for action plans to be developed by partner organisations;
6. influence the effective deployment of resources;
7. achieve consistency of service provision, quality and leadership;
8. identify the implications for partner organisations, generally and in relation to specific services/provision

To find out more about the forum and strategy, please contact Megan Aspel at megan.aspel@sky.com

glossary

COUIN	Commissioning for quality and innovation
CQC	Care Quality Commission
CRHT	Crisis Resolution and Home Treatment
DH	Department of Health
DP	Direct Payments
HoNOS	Health of the Nation Outcome Scales
IMHA	Independent Mental Health Advocates
IAPT	Improved Access to Psychological Therapies
LIT	Local Implementation Team
LAA	Local Area Agreement
LD	Learning disabilities
LEC	Local Executive Committee
LSP	Local Strategic Partnership
MH	Mental health
MHA	Mental Health Act
NHS Surrey	Surrey Primary Care commissioning trust
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
PBC	Practice Based Commissioning
PbR	Payment by Results
PIG	Policy Implementation Guidelines
PEC	Professional Executive Committee
PROMs	Patient reported outcome measures
P/CMHT	Primary / Community Mental Health Team
PB	Programme Budgeting
PbC	Practice based commissioning
QUIPP	Quality Innovation Productivity Prevention
COF	Quality Outcomes Framework
SDS	Self Directed Support
SHA	Strategic Health Authority
SHO	Senior House Officer
SaBPFT	Surrey & Borders Partnership NHS Foundation Trust
SCC	Surrey County Council
WCC	World Class Commissioning



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