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'For the first time in my career we are truly empowering users'

EDITOR Catherine Jackson

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decentralisation of public services and the creation of a patient-led NHS', foundation trusts, while still part of the NHS and required to operate to NHS quality standards and principles, have independent legal and financial status. They derive their income from legally binding three-year contracts with PCTs and are governed not by the Department of Health but by the local communities they serve, through a public membership structure and an elected board of governors.

The aim, says the Department of Health, is 'to devolve decision-making from central government to local organisations and communities so [foundation trusts] are more responsive to the needs and wishes of their local people'. As such, they should also offer mental health service users and carers unprecedented opportunity to have a real say in the services they offer and how they are delivered. So argues Moira Fraser, head of policy at the Mental Health Foundation: 'This is a huge opportunity for service users to be involved and they should take that opportunity and insist on being involved. They must not let trusts get away with any representation that isn't completely part of the decision-making process.'

The three new mental health foundations trusts are South Essex Partnership (SEP), Oxleas in south London and South Staffordshire Healthcare (SSH). All claim

significant numbers of service users and carers both in their membership and on their governing bodies. South Staffordshire, for example, has 9200 members, of whom 13% have stated their service user or carer status, and 'more than a quarter' of its membership council (its name for its governing body) are declared service users or carers, says chief executive Mike Cooke. At Oxleas, the trust has just over 4000 members, and 12 of the 30 elected seats on its council of governors are held by service users and carers.

Patrick Geoghegan, chief executive of South Essex Partnership Trust, says a quarter of its 9000 members are

declared service users or carers, and over half (28) of the 51 seats on its board of governors are allocated to members of the public. There was, he explains, a strong opinion among the service users and carers they consulted that they didn't want seats specially designated for them. 'They said no, we are members of the community. We have a very good mix of service users, carers, representatives of the business community and members of the public, which is really excellent when you see them sitting round the table, discussing issues together – that's the way it should be.

'This is about community ownership,' Geoghegan says. 'For the first time in my career we are truly empowering users and members of the public in running the trust. That is my number one – public empowerment, public engagement.'

Mike Cooke, SSH chief executive, is possibly unique in that he is open about also being a service user. 'I've been a mental health service user for 25 years and there is nobody

# Opportunity unlimited?

Do foundation trusts offer users real power to decide how services should be run? Catherine Jackson reports

**South Staffordshire Healthcare chief executive Mike Cooke (centre back) celebrates foundation trust status with members of his team**

In May this year the first three mental health NHS trusts were granted foundation status, bringing to 40 the total number established since 2004. And the initial trickle is gathering pace. Another 13 applications are currently with Monitor, the independent regulatory body, and a further 16 are in the pipeline, five of which are mental health trusts. The Department of Health is now so keen to encourage trusts to take the plunge that it is allowing two star trusts to apply: previously only three star trusts (the star ratings are a measure of financial stability and performance on government targets) were eligible. Ultimately the explicit aim is for all NHS trusts to have foundation status.

Described on the Department of Health website as 'at the cutting edge of the government's commitment to the

more passionate about it than me. I moved into the mental health sector to try to make a difference. For me the key benefits are the freedom to improve more quickly the services and choices we offer people, more engagement of real service users and carers in defining those choices, and making sure they happen on their terms, and more quickly,' he says. 'The membership council has very particular powers to ensure we are locally accountable, that we listen to the voice of the patient, carer and public and what they are looking for.' Moreover, with service users and carers on its membership council, 'we now get real-time feedback from service users, rather than having to wait for patient surveys,' he says.

Debbie Mayes is one of the service user governors on the council of Oxleas NHS Foundation Trust. She was previously a member of its user council, and is very enthusiastic about the possibilities foundation trust status presents. 'It's important to have service users as governors because it's all about decision-making and what you put your resources into. Foundation trust status means you can offer people services that promote social inclusion, for example, instead of what's been on offer.'

She says Oxleas has made great efforts to ensure the council is fully inclusive and that people who may not feel comfortable in a formal meeting setting are helped to express their views and ask questions. 'They did some research on how to make decisions in large groups. They have obviously been thinking these things through. They give us all badges with the colour of our constituency so we can sit together and the room is arranged with tables so you can discuss things and put in questions from the whole table. That makes it much easier.'

James McAteer is head of communications and partnership at Combined Healthcare NHS Trust, in north Staffordshire. The trust was aiming to be among these first mental health foundation trusts but decided to withdraw its application when North Stoke PCT threw its previously balanced budget into deficit by top-slicing £8 million from this current financial year's allocation. Its plight illustrates one of the very strong motivating forces for trusts to seek foundation status; they are supposed to be immune from such 'raids', although a recent report from the Monitor regulatory body highlights concerns that PCTs are still clawing back funds and in some cases failing to pay up in full for contracted services. McAteer for many years organised the annual Sanity Fair service user-led mental health promotion event in Stoke-on-Trent and says he accepted the job with the trust, the main purpose of which is to promote foundation status to local people and encourage membership, because he passionately believes foundation trusts will give service users a real say in how local mental health services are run. 'Before service users were listened to, but what they said was not necessarily actioned. We have been given an opportunity and we should not miss it. I really hope it works.'

Also a keen advocate is Machita Denny, who is both a service user and a carer and has been one of six associate directors at SSH (a paid service user/carer advisory post with a seat on the trust board – the role is to be discontinued now that the trust has member governors) before it became a foundation trust. 'It gives the service user/carer more credibility and there is less chance of tokenism,' she says. She also believes local ownership of the trust will help lessen the stigma attached to mental

illness and mental health services. 'It's good to have so many local governor members as they will be reaching out to members of the local community who don't feel comfortable about a place that says mental health.'

Richard Lewis, acting director of health policy at the King's Fund, says it is still too early to tell whether foundation status will make a significant difference to services – good or bad. He agrees: 'You could argue that the governance arrangements are in fact better suited to mental health than the acute sector because of the long-term relationships people with mental health problems tend to have with services. There may well be some benefits from having these longer-term relationships with members who are patients and giving them very definite powers within the governance of the trust.' However his own research into the governance of one foundation hospital suggests the powers of member governors in the actual running of a trust are limited. 'We found a lot of good intent to involve members and governors, but not a lot of evidence that the powers of governors were that substantial or that they were very clear about their roles.'

Some commentators – mostly notable Allyson Pollock, professor of public health at University College London and a long-standing critic of the government's NHS reforms – say foundation trusts are one small part of a much bigger government strategy that will ultimately bring about 'NHS plc', as she calls it. She foresees a gradual move towards a US-style managed care model, with time-limited healthcare funded through insurance schemes. She points out that for foundation trusts to work the Department of Health has to devise a way of applying its payment by results system to mental health treatments: 'They haven't yet worked out how to price something like mental health, that is chronic, episodic and remitting.' Practice-based commissioning will be the real bridgehead, she warns; already independent corporate primary care providers are contracting directly with the NHS. 'It is catastrophic. Mental health users need a much better analysis if they are going to defend services,' she says.

But such grass-roots criticism is deafeningly absent. Where once the local community health council might have raised political objections, there are only the under-resourced and overwhelmed public and patient involvement forums (PPIFs). In South Essex the PPIF chair is a member of the trust's governing body. In South Staffordshire Stephen Moore, chair of the SSH forum, says: 'We have felt involved – perhaps more than we really wanted to be. I think it was helpful to the trust in their bid. It enabled them to tick some boxes. But we haven't spent much time thinking about foundation trust status. We are more concerned with the sharp end of service delivery, rather than organisational issues. It may be that as far as patients are concerned, things won't change very much.'

