SURREY COUNTY COUNCIL

CABINET

DATE: **27 NOVEMBER 2012**

REPORT OF: **MR MICHAEL GOSLING, CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH**

LEAD OFFICER: **SARAH MITCHELL, STRATEGIC DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

SUBJECT: **PUBLIC VALUE REVIEW OF ADULT MENTAL HEALTH SERVICES**

SUMMARY OF ISSUE:

This Public Value Review (PVR) has provided an excellent opportunity to focus on improving adult mental health services in Surrey. The 'bottom-up', co-design approach taken has enabled us to work with a range of partners to develop recommendations that promote positive mental health, encourage innovation and make ideas a reality to improve the mental health of Surrey citizens. The recommendations are concerned with reaching out to more people, promoting joined up services and local accountability. The opportunities and challenges of implementing the PVR recommendations will be taken forward in partnership, with the co-design values embedded in the implementation process.

The Cabinet is asked to endorse the co-produced recommendations from the adult mental health services PVR and agree that the implementation plan starts immediately.

RECOMMENDATIONS:

It is recommended that the Cabinet endorses the recommendations set out below and in detail in paragraphs 16 -58 of this report and agree that implementation should start immediately. The recommendations from the PVR are as follows:

Recommendation 1: Establish a clear commissioning framework for mental health services, to ensure clear and measurable outcomes and expectations for providers of adult mental health services across Surrey.

Recommendation 2: Drive forward a strategic shift to early intervention and prevention, by investing more resources into the voluntary sector, to ensure equity across Surrey, to keep people well in their communities.

Recommendation 3: Embed personalisation in all adult mental health services in Surrey to create independence, not dependence, and promote choice and control for individuals.

Recommendation 4: Improve knowledge and awareness of mental health across the county, and address stigma and discrimination, to make sure mental health is everyone's business. This will be done in partnership with Public Health, partners and the communications team.
Recommendation 5: A focus on improving the mental health and well-being of

Surrey County Council's workforce.

Recommendation 6: Ensure high quality services, by making sure people who use services and carers are involved in developing and delivering the services across all the districts and boroughs in Surrey and ensuring services reflect the outcomes of this PVR.

Recommendation 7: 'Think family' when working with people with mental health needs and include mental health indicators as part of Surrey's Family Support Programme.

Recommendation 8: Value and support carers, by building on the delivery of successful carers support in the mental health field across all districts and boroughs in Surrey.

Recommendation 9: Improve the pathway through mental health services to make sure people don't fall between the gaps in services. This will be achieved with our partners as a 'whole systems' local approach to mental health and emotional well-being.

Recommendation 10: Explore how we deliver social care outcomes and innovations in Adult Social Care mental health services across Surrey.

Recommendation 11: Provide support for people across Surrey with mental health and other needs by making links with other specialist areas of work such as learning disability services and substance misuse services.

Recommendation 12: Improve housing options and support to maintain tenancies by working in partnership with districts and boroughs, NHS Surrey/Clinical Commissioning Groups and housing providers, to enable people to find and maintain appropriate housing.

Recommendation 13: A focus on young people and transition, by working as one team to scope the needs of young people in Surrey who do not meet the criteria for young people's or adult services, yet need support.

Recommendation 14: Promote access to information, support inclusion and reduce inequalities by implementing the PVR communication strategy and measuring all providers on equalities outcomes.

REASON FOR RECOMMENDATIONS:

Over the past 10 months this PVR has identified the need for a strategic shift in the way that services for adults with mental health needs are commissioned and delivered in Surrey. The recommendations outlined in the main body of this report have been developed with a broad range of stakeholders and partners; implementing them will deliver Surrey's ambition of moving towards early intervention and prevention, personalised services and improved outcomes for people with mental health needs and their family/carers.


DETAILS:

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1. Mental health is defined as a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can

work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

2. Mental health is everyone's business: we all have mental health, just as we have physical health, that can fluctuate at different points in our lives. Lifestyle factors, the communities in which we live, the local economy and the environment all impact on an individual's mental health. In Surrey, it is projected that 111,169 people (16.1% of Surrey adult population) of 18-64 year olds have a 'common' mental health problem, such as anxiety or depression; 57,765 people (8.4%) have a psychotic disorder, personality disorder or 2 or more mental health needs.

3. The recommendations outlined in this PVR have been developed from ongoing dialogue and feedback received from a wide range of stakeholders (over 850 people) with an interest in mental health including people who use services, carers and people who deliver services. Good communication has been vital in our PVR and this will continue in the implementation phase. We started with a 'blank page' approach to adult mental health services, using the joint strategic needs assessment (JSNA), focusing on outcomes for people, innovative approaches and value for money. ***The recommendations have been developed from an analysis of what people told us: our recommendations are co-produced.***

4. On 14 July 2009 as part of its consideration of the paper Leading the Way: changing the way we do business, the Cabinet agreed to undertake a three year programme of Public Value Reviews (PVRs) with the aim to look at all services/functions provided by the Council. The outcomes are expected to be services that place the Council in the top quartile of local authorities for performance and the lowest quartile for unit costs thus providing *improved outcomes and value for money for the residents of Surrey*.

5. Public Value Reviews follow a standard methodology:

    * *challenging* why, how and by whom a function/service is provided;
    * *comparing* performance with others in the quest to be world class;
    * *consulting* widely including with residents and specifically vulnerable groups and communities and with staff;
    * *collaborating* with partners and/or contractors; and
    * *testing the market* to see if the function/service could be delivered more efficiently, effectively or economically.

6. This PVR began in February 2012, sponsored by Sarah Mitchell, Strategic Director for Adult Social Care and led by Donal Hegarty, Senior Commissioning Manager. The PVR has been co-produced with people who use services, carers and other stakeholders and has had a focus on innovation. The work has been driven by the multi-agency Mental Health PVR Project Team and has been overseen throughout by a Member Reference Group of County Councillors: Margaret Hicks, Linda Kemeny (March-June 2012), Yvonna Lay (July 2012-November 2012) and Caroline Nichols.

7. The PVR has examined the full range of services for working age adults with mental health problems. This PVR is not reviewing mental health services for children and adolescents, older adults and people with dementia or people with substance misuse problems; there are strategies in place for each of

these groups. However, it has been vital to identify the interface and linkages across the age ranges and related services as part of this PVR. This is illustrated below.

Adult mental health services are the focus of this PVR
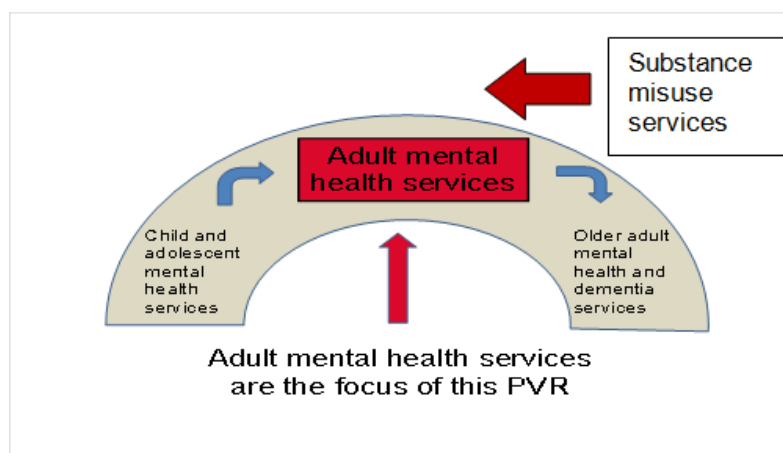
8. Adult Social Care currently spends £15,297,700 on adult mental health services. Of this investment, 80% is spent on people who have severe and/or enduring mental health problems. This can include people with a psychotic disorder, a personality disorder and people with severe and enduring depression. Adult Social Care delivers services through an integrated team with Surrey and Borders Partnership NHS Foundation Trust; these are called secondary mental health services.

9. The remaining 20% of the budget spent in adult mental health services is spent on Supporting People housing-related support, grants to the voluntary sector and support for carers of people with mental health problems. Investment in adult mental health services constitutes 6% of the adult social care budget, compared to 6.5% of comparator Local Authorities.

10. The Adult Social Care mental health budget is illustrated in the table below.

Types of service	Adult Social Care Mental Health budget 2012/13 £	% of budget
Integrated secondary mental health services	6,200,000	40.5
Nursing care	502,000	3.3
Residential care	2,257,000	14.8
Supported living	2,376,000	15.5
Direct payments	273,000	1.8
Respite, transport and day care	71,000	0.5
Community care	142,700	0.9
Community services via grants and contracts with the voluntary sector	901,100	5.9
Supporting People housing related support	2,300,000	15
Advocacy	140,100	0.9
Carers of people with mental health problems	134,800	0.9
Total	**15,297,700***	**100**

*Of this total £6,662,900 is the Mental Health policy line (excluding substance misuse, which is outside the scope of this review). Elements of the Assessment and Care Management and Supporting People policy lines that relate to Mental Health have been included in the total budget figure used for the review.

11. The service quality and performance measures (where available) for adult mental health illustrate that current services operate efficiently: nursing care gross and net cost per resident week lower than comparator average; residential care gross and net cost per resident week lower than comparator average; home care gross and net cost per hour lower than comparator average and direct payments cost per head of population lower than comparator average. Our detailed research and engagement has pinpointed the aspects we now need to do to meet future challenges and further improve performance, quality and value. There is further key evidence presented with each individual recommendation and the consistent theme is the need for a strategic shift to early intervention and prevention, to enable people to stay well and independent in their community. This is further expanded on in the implementation plan in Annex 1.

12. In order to demonstrate improved performance, quality and value for money of the Council's investment, we need to establish commissioned services which are linked to defined social care outcomes and which can be measured by a clear performance framework. These commissioned services need to get the balance right supporting those with diagnosed mental health problems as well as promoting the mental health of all citizens in Surrey.

13. This PVR has identified a need to re-focus adult mental health services, connecting and driving forward work across directorates and setting a strategic direction for future development. The evidence indicates the need for a strategic shift in the way that services for adults aged 18-64 years are commissioned and delivered in Surrey. Current services and budgets are focused on people who have severe and enduring mental health needs; evidence suggests that a strategic shift towards early intervention and prevention will improve outcomes for more people and provide better value for money. This is consistent with the recently published Health and Social Care Act which places a duty on Local Authorities to incorporate preventative practice and early intervention into care commissioning and planning. We anticipate the strategic shift will deliver a reduced referral rate to secondary mental health services allowing us to identify service efficiencies in future years.

14. The review has incorporated external independent challenge from Richard Barritt, Chief Executive of Solent Mind, advising on best practice and providing an independent challenge to the emerging findings and conclusions. Richard's view is as follows: 'The vision for modern mental health social care services which is set out in the PVR, as well faithfully reflecting opinions from the wide consultation that has been carried out, is also in line with national policy. The Department of Health's "No Health without Mental Health" describes modern, holistic, preventative, recovery-oriented services which connect people up with their communities and address health inequalities. The wide consultation- 850 people had actively contributed even before the conference in July- and the preparatory work so far will provide credibility for the difficult decisions to come'. Please see Annex 2 for more details.

15. The recommendations which we are making as a result of our extensive co-design are outlined below, underpinned by other sources of evidence and outcomes sought. We have worked with our communications team to establish a co-ordinated strategy (please see Annex 5) to ensure that we deliver positive messages about the Council's support for adult mental health services, highlighting innovations in practice, partnership working,

commitment to personalisation and outcomes that deliver value for money. The recommendations are explained in more detail below

16.   **Recommendation 1**: Establish a clear commissioning framework for mental health services, to ensure clear and measurable outcomes and expectations for providers of adult mental health services across Surrey.

> *'(We need) services that demonstrate outcomes'.*
>
> Voluntary sector provider, Runnymede

17.   In order to demonstrate value for money and clarity of the Council's investment in adult mental health services, we recommend the establishment of clearly defined investment and social care outcomes in all of the services commissioned and provided by Adult Social Care. This will define our partnership arrangements with Surrey and Borders Partnership NHS Foundation Trust in delivering an integrated secondary mental health service and our partnerships with the voluntary sector to deliver universal services to people with a self defined mental health need.

18.   We would expect to have a clear commissioning arrangement with Surrey and Borders Partnership NHS Foundation Trust in place as soon as possible, establishing a performance framework which we can monitor and is underpinned by the section 75 agreement. We would similarly expect clear arrangements with voluntary sector organisations delivering universal services to keep people well and connect people to their local communities.

Key supporting evidence and findings

i.   The findings of the co-design clearly identify that services should focus on recovery and demonstrate positive outcomes for people.
ii.   Currently we do not have formal commissioning arrangements with our partners and providers, so cannot measure if we are delivering effective social care, achieving value for money and enabling people to recover and achieve outcomes that are desirable to the individual.
iii. There are nationally adopted outcomes tools such as the Recovery Star, which enable people to identify and work towards their goals and outcomes.
iv.   By having formal commissioning arrangements with partners and providers, we can be clear about standards and expectations for our investment and monitor services on their achievement of social care outcomes.

19.   **Recommendation 2:** Drive forward a strategic shift to early intervention and prevention, by investing more resources into the voluntary sector, to ensure equity across Surrey, to keep people well in their communities.

> *'When you think about mental health services, you think about secondary mental health services, but it's the social interaction that keeps you well'.* Service user, Leatherhead

20. We have a responsibility to support the well-being and the mental health of the 1.2million citizens of Surrey. This Public Value Review has shown that we do not offer a universal service to the citizens we serve and if we want to promote personalisation, community and individual resilience, we need to shift our focus and resources to promote early intervention and universal access to services. We are recommending investing more in the voluntary sector to keep people well in their own communities and to decrease the dependency on statutory mental health services. This is an approach that the 6 Clinical Commissioning Groups in Surrey have endorsed and we have agreed a joint investment.

21. We believe that by promoting universal prevention at the borough and district level we can focus on positive mental health, keeping people well, tackling social isolation, contribute to the reduction of suicide and deliver more access to employment opportunities. The requirements of universal 'community connections' services will be outcome focused and we would expect that the delivery of these local service will reduce numbers of people in secondary mental health services allowing us to identify efficiencies in other parts of the mental health system over the next three years.

Key supporting evidence and findings

i. A consistent view from stakeholders was the importance of enabling people to stay well in their community. The provision of local voluntary sector 'community connections' organisations was recognised as a key way for people to make and maintain social networks, reduce isolation and access mainstream community activities, which kept people well.

ii. Budgeted spend with the Voluntary Sector for 2012/13 represents just under 9% of the gross Mental Health budget (excluding Supporting People). In 2013/14 we would look to increase this proportion to support the strategic shift to early intervention and prevention to keep people well in their communities.

iii. National evidence shows more than 50% of people with mental health problems have poor social contact compared with six per cent of the general population.

iv. There is a growing evidence base that early intervention and prevention improves health, improves life chances and is value for money.

22. **Recommendation 3**: Embed personalisation in all adult mental health services in Surrey to create independence, not dependence, and promote choice and control for individuals.

> *'Personalisation could be good, in theory it's a jolly good idea'.*
> Voluntary sector provider, Woking

23. Adult Social Care is totally committed to the agenda of personalisation and sees this as the way to empower people who use services and their carers to take control over choices in their lives that keep them well. Consistent with the national outcome of ensuring more people will have better mental health, we want personalised services to be the way that all mental health services work. By April 2013 all individuals, including carers, currently in receipt of

social care funding will be reviewed and supported to shift to self-directed support if appropriate.

24. Self-directed support has been rolled out in secondary mental health services. For example, the Enabling Independence Service was established following a review of our Support Time Recovery workers, to support access to personal budgets and more choice for individuals who use the service. The service has been successful in promoting the use of ordinary community services (e.g. leisure and adult education) which allows individuals to become more independent of statutory mental health services. Now this way of working is being established for people who use secondary mental health services, it needs to be rolled out to other people with mental health problems who do not access secondary mental health services. Current services need to be examined in order to create greater capacity and access to a larger group of people then currently exists.

Key supporting evidence and findings

i. Personalisation, with more focus on prevention came out of our feedback analysis as an approach that should be embraced, although people did have concerns about the implementation of personalisation. Self-directed support was viewed as a positive move for social care in mental health services.

ii. At 1/4/12, 37 people out of 344 in community mental health and substance misuse services were in receipt of self-directed support (11%). January 2012 snapshot: 148 people were receiving a direct payment.

iii. It is a national and Surrey County Council Adult Social Care strategic priority to embed personalisation across all service areas. This will enable people to have more choice and control through self-directed support, promote social capital, improve access to universal services and shift the focus towards early intervention and prevention.

25. **Recommendation 4**: Improve knowledge and awareness of mental health across the county, and address stigma and discrimination, to make sure mental health is everyone's business. This will be done in partnership with Public Health, partners and the communications team.

> *'I'm normal and contribute a lot to society'.*
> Service user, Leatherhead

26. We want to embed the concept of positive mental health in all considerations of systems change and new health and social care strategies. There is no health without mental health which we want to promote in public health campaigns targeted at the general public as well as other care groups and professionals. We want to use the opportunity to work with local, regional and national media to challenge discrimination and negative press coverage. We believe that through the Health and Well-being Board we can promote positive mental health which will support strategies that build community resilience and local partnerships which are sustainable.

Key supporting evidence and findings

    i.   The feedback from stakeholders recognised that knowledge, behaviour and stigma surrounding mental health problems are areas for development; services don't always recognise mental health needs or how to interact with individuals experiencing mental distress.

    ii.   National stigma and discrimination studies indicate nearly nine out of 10 people (87%) with mental health problems have been affected by stigma and discrimination.

    iii.   Unemployment rates are high among people with mental ill-health and debt significantly affects mental health. Unemployment may contribute to poorer mental health and good employment can protect mental health.

    iv.   By improving knowledge and awareness, we will reduce people's experiences of stigma and improving the mental health of more people.

27.   **Recommendation 5**: A focus on improving the mental health and well-being of Surrey County Council's workforce.

> *'We have good systems in place to support the mental health of our workforce, we need to promote the uptake of these'.* Officer, Surrey County Council

28.   Promoting a workplace that supports physical and mental well-being improves productivity. It is therefore important that employers play their part in supporting people with mental health needs to retain their jobs, an in enabling them to return to work as soon as they can if there is a period of absence.

29.   Well-informed management in respect of employees' mental and physical health can produce real benefits: reduced sickness absence, better staff engagement, improved productivity and reduced staff turnover. Making small workplace adjustments, such as providing more support through a buddy, can enable an employee to continue doing their job.

Key supporting evidence and findings

    i.   Feedback from Surrey County Council staff and members indicated that supporting the mental health and well-being of staff is a priority.

    ii.   Surrey County Council data indicates that stress is becoming a more common reason for absence from work. There is national evidence of the impact of workplace well-being programmes: for every £1 spent, £10 is saved.

    iii.   The Department of Health has launched a 'mental health adjustments pledge', which employers are encouraged to sign up to the benefits of providing a working environment that supports well-being.

    iv.   By implementing a programme to support workforce mental health, we will improve the mental health of more people, support people with mental health problems to return to work and reduce absenteeism through stress.

30.   **Recommendation 6**: Ensure high quality services, by making sure people who use services and carers are involved in developing and delivering the

services across all the districts and boroughs in Surrey and ensuring services reflect the outcomes of this PVR.

> *'We need an established way to involve service users and carers; nothing about us without us'.* Service user, Guildford

31. We have well established stakeholder groups for adult mental health services in Surrey but we do not have an executive group similar to the dementia partnership board that supports co-design and delivery of services, ensuring the people who use our services are central to the decision making process. We want to see a whole systems approach to the design and delivery of adult mental health services and a local system of accountability across agencies for delivering collective outcomes for the local population they serve.

Key supporting evidence and findings

   i. The approach a good quality service must take was clearly stated in our co-design. To be acceptable to people using the service, services must: embrace personalisation by increasing choice and control, building social capital, focusing on early intervention and prevention and promoting universal services; have a person-centred, holistic approach focused on recovery; have strong user input into the service or be user led; address attitudes/stigma; work in partnership with other organisations; be accessible and demonstrate outcomes.
   ii. The recovery model is a well-established way of working that enables people to look at different aspects of their life and how they can work towards recovery. Peer led support has been advocated, locally and nationally, as an area for development.
   iii. There is national and local data on physical health of people with mental health problems. Many people who have a long-term physical condition also have a mental health need; this may affect the outcome of the long-term condition and the person's quality of life. Those with a long-term condition are two to three times more likely to have a mental health need, particularly depression or anxiety.
   iv. By ensuring high quality services through robust performance monitoring of services, we will improve the experiences people have of care and support and enable more people to recover.

32. **Recommendation 7**: 'Think family' when working with people with mental health needs and include mental health indicators as part of Surrey's Family Support Programme.

> *'Keeping parents well in the community equals keeping children and young people well in the community'.* Youth Support Service, North West Surrey

33. The emergence of working with families as a whole unit rather than individuals with different needs has opened up the opportunity to look at how we use resources between agencies and care groups as well as describing and focusing on collective outcomes that will support vulnerable families as well as working with them to become active citizens in the communities they

live. Mental health will be at the forefront of cementing these new relationships within the council to work as one team as well as promoting sustainable partnerships with other agencies, districts and boroughs and community leaders. We will have involvement in the Waverley project and the subsequent Surrey roll out of the Family Support Programme.

Key supporting evidence and findings

i. A clear message from the co-design was that services cannot just support a person in isolation from the context in which they live: the support must also take into account the carers and families of people using a service.

ii. There is a national programme of work to deliver joined up approaches to 'troubled families' which is being implemented locally in the Family Support Programme.

iii. The implementation framework for No Health without Mental Health (2012) provides a steer for a whole family way of working: the analysis of local feedback data supports this approach.

iv. By having a 'think family' approach, more people will have a positive experience of care and support.

34. **Recommendation 8**: Value and support carers, by building on the delivery of successful carers support in the mental health field across all districts and boroughs in Surrey.

'Carers liaison workers are currently only in secondary care. When a user doesn't get a service, where does this leave the carer? They are still doing the same job, if not more'. Carer, Surrey Heath

35. Carers play an invaluable role in supporting people with mental health problems and we need to support them. Young carers who care for parents who have mental health problems also need to be better identified and supported to help protect them from situations requiring them to undertake inappropriate care. Feedback from carers indicates that there is a need for a greater emphasis on prevention and better support for carers looking after people with mental health needs who are supported in primary care.

36. We will be seeking to work with the Carers Commissioning Group and carers organisations to ensure a joined up approach to broadening the availability of service for carers, training and support. An increased focus on whole family working approach should be further developed in order to improve support for young carers and partnership working with specialist young carers services.

Key supporting evidence and findings

i. The Carers' Liaison Workers in secondary mental health services have been successful in increasing the take up of carers' assessments and improving support for carers. This approach of having a specialist carers post in each team has been so successful that it is being rolled out in the rest of Adult Social Care's assessment teams. However, the Carers' Liaison Workers role currently restricts the scope of the work to carers of people who are in receipt of secondary mental health services. Specialist support for carers of

people with mental health needs was seen as a valued approach, and the feedback highlights there is a need to broaden the scope of current approaches so that more carers can benefit from this source of expertise and support.

    ii.   It is estimated that there are 106,710 carers in Surrey; the proportion of these who are carers of people with mental health needs is currently unknown.

   iii.   During the year there were 464 carers of people with mental health problems who had received a carers assessment or review leading to a carers service.

   iv.   The carers health survey (2011) indicates carers need support to improve and maintain their own health and well-being, including emotional support and services that enable carers to have a life outside of caring.

    v.   By valuing and supporting carers, carers will be enabled to lead a life outside caring

37. **Recommendation 9**: Improve the pathway through mental health services to make sure people don't fall between the gaps in services. This will be achieved with our partners as a 'whole systems' local approach to mental health and emotional well-being.

> *'There are revolving doors through the system. Need to have closer working between statutory and voluntary sectors'.* Voluntary sector provider, Merstham

38. Throughout this PVR people who use mental health service have told us of their experiences of falling between services and being left without support because they did not fit the eligibility criteria of individual agencies. Across the whole system one of our biggest challenges is to create and sustain care pathways into mental health services that respect the needs of individuals and allows them to have a 'passport' to a range of services and agencies without having to subject themselves to a multitude of different assessments to have their needs and outcomes met.

39. With the focus on the population needs of the 11 districts and boroughs with services designed around these local communities we want to support the establishment of local interagency partnership groups who would monitor the collective outcome of services to meet the assessed population needs of that community. The voluntary sector needs to be recognised as valued partners in the delivery of local services and be included in a whole systems approach to local care services.

40. With Clinical Commissioning Groups taking over the commissioning of health services from April 2013, a directory of local services needs to be readily available in GP surgeries and libraries. Local voluntary sector organisations can become hubs for local information as well as venues of self-support and drop-ins. The critical message of this recommendation is that people who use mental health services need joined up services and a clear pathway through mental health services.

Key supporting evidence and findings

    i.   Pathways between services emerged as a strong theme from our co-design. People involved in the needs analysis expressed that links between Health, Social Care and local voluntary sector organisations were fragmented, and people could fall between gaps in services. People have told us they want self-referral, one point of access, effective handover between services and a map of the pathway through services.

    ii.   There is not currently a whole systems approach to mental health in the districts and boroughs of Surrey. The national policy direction is to embed mental health in all aspects of local care provision; 'no health without mental health'.

    iii.   A whole systems approach to mentally healthy communities will improve mental health and reduce stigma and discrimination.

41.   **Recommendation 10**: Explore how we deliver social care outcomes and innovations in Adult Social Care mental health services across Surrey.

> *'If they (people with mental health problems) don't know what social care is, how can they ask for it?'* Service user, Guildford

42.   We value the partnership relationships that have been built up over the years with Surrey and Borders Partnership NHS Foundation Trust and the voluntary sector, recognising that these relationships have delivered high quality mental health services. The commissioning of these services have been largely dictated by central government through the National Service Framework for mental health (1999-2009) but as the landscape of health commissioning shifts to general practitioners and we have moved beyond the National Service Framework, we believe it is timely to look at our partnership arrangements to see how the role of social care can maximise its contribution to delivering top quality mental health services to the citizens of Surrey.

43.   Personalisation will determine how services are configured in the future but the immediate challenge is to see how partnership working can extend services beyond secondary mental health services. We are seeking permission to review our partnership arrangements over a six month period in conjunction with staff, partners people who use our services and carers.

Key supporting evidence and findings

    i.   There were clear messages about community mental health recovery services (CMHRSs) from our co-design. CMHRSs are integrated teams of Surrey County Council Adult Social Care staff and Surrey and Borders Partnership NHS Foundation Trust staff, delivering services to people with severe or enduring mental health problems to help them to recover. These are known as secondary mental health services. A theme arose from our feedback that people were not aware of the specific input or impact of social care delivered within secondary mental health services. People told us CMHRSs could improve their communication with people using services, carers and other mental health services: people felt they had not been well informed about changes in thresholds to access CMHRs.

ii.   The numbers of referrals to community mental health recovery services (CMHRSs) has decreased by 21% across the county when comparing 2010 to 2011: the threshold for receiving a service has been increased. Feedback from co-design indicates that access to secondary mental health services means that health consideration is primary and social care is a secondary consideration. There were concerns expressed for the impact on staff with increasing work demands due the redesign of CMHRSs where there were losses of health staff.

iii.   There is no clear framework of social care outcomes expected to be delivered within secondary mental health services or in commissioned services in the voluntary sector.

44.   **Recommendation 11**: Provide support for people across Surrey with mental health and other needs by making links with other specialist areas of work such as learning disability services and substance misuse services.

> *'People with a dual diagnosis fall between substance misuse and mental health services'.* Carer, Weybridge

45.   There are a range of services which are closely related to mental health services. These include: substance misuse, military veterans, domestic abuse and autism, all of which require the input of skilled staff who are multi skilled in supporting people with a dual diagnosis.

46.   The challenges attached to working with people with dual diagnosis are getting agencies to work in partnership and determine protocols that will inform best practice.

Key supporting evidence and findings

i.   In our co-design, support for people for people who had needs that extended beyond purely mental health services was highlighted as an area for development. This included:

a) People with substance misuse problems
b) People with a learning disability and/or autism
c) Military personnel and veterans
d) People who had experienced domestic abuse
e) People with long term health conditions

ii.   Local Surrey data indicate the total population aged 18-64 predicted to have alcohol dependence in 2012 is 21,671 people. Local estimates (in 2008/09) of people aged 18-64 who are opiate and/or crack cocaine users is 3,495 people.

iii.   Approximately 6% of Surrey's 16-64 residents are veterans or current army personnel. Veterans' mental health problems may be made worse or caused by post-service factors.

iv.   Studies suggest that 65% of people on the autism spectrum have a mental health need.

v.   Various studies have reported a link between mental health and domestic abuse. Many women and children living with, or fleeing domestic abuse will have some form of mental health need. Abuse can contribute to and exacerbate these issues as well as cause them.

> vi. People with long term health conditions are two to three times more likely to have a mental health need.
>
> vii. By addressing this theme, we anticipate that mainstream mental health services will be more accessible to people with other needs.

47. **Recommendation 12**: Improve housing options and support to maintain tenancies by working in partnership with districts and boroughs, NHS Surrey/Clinical Commissioning Groups and housing providers, to enable people to find and maintain appropriate housing.

'Housing is also a key issue. Safe housing, which is not on huge council estates, would be a wonderful help for vulnerable individuals'. Carer, Dorking

48. This PVR has recognised the opportunities to review the preventative accommodation services commissioned through the Supporting People programme with accommodation services commissioned through adult mental health services to create new services that combine prevention with support.

49. We believe that by working in partnership with the districts and boroughs we can improve access to local accommodation for vulnerable people with mental health problems, promote better co-ordinated directory of vacancies and develop provider forums which will inform future accommodation needs requirements.

Key supporting evidence and findings

> i. Our analysis of feedback illustrates that people felt there was not enough appropriate housing available or the support to maintain people in their accommodation. Staff report that obtaining suitable accommodation for clients is a constant challenge and recognised the value of working closely with housing staff and would like to have stronger relationships with specific officers. A range of housing providers were also involved and their main concern was that the community teams appeared to be under tremendous pressure and were unable to give the level of support that they believed their clients required.
>
> ii. The data illustrates inequity of supported living resources across districts and boroughs of Surrey.
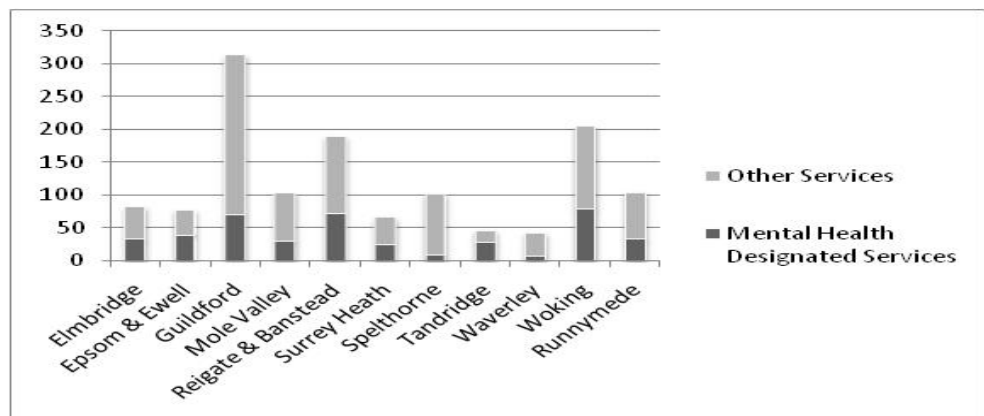
iii.   Surrey performs well with regards to people with mental health needs in residential or nursing care. The January 2012 snapshot of people with mental health problems (18-64years) funded by Surrey County Council in residential and nursing care is shown below.

Service	Active User numbers
General Nursing	9
Nursing Dementia	2
Residential	42
Residential Dementia	2

iv.   Addressing housing and support needs will enable people to live more independently in the community.

50.   **Recommendation 13**: A focus on young people and transition, by working as one team to scope the needs of young people in Surrey who do not meet the criteria for young people's or adult services, yet need support.

'There does not seem to be enough suitable accommodation'. Mental health stakeholder group member, East and Mid Surrey

51.   There are a group of young people with emotional and behavioural difficulties who do not meet the eligibility criteria of adult mental health services but may become connected with these services in later years.

52.   Working with children and young people's services, in particular the Youth Support Service, as one team we are scoping this group of young people and intend to look at commissioning an accommodation based project that could support these young people into adulthood without becoming dependent on the adult mental health services.

Key supporting evidence and findings

i.   Local feedback suggests there is a gap in services for young people with emotional and behavioural difficulties reaching 18 who do not meet adult mental health criteria but may access services through other systems at a later date.

ii.   Needs analysis and commissioning for children's emotional health and well-being services is currently being undertaken in Surrey.

iii. The Transition Board has identified a cohort of vulnerable young people who do not meet eligibility for young people's or adult services and are currently gathering evidence.

iv.   The rapid improvement for young people event illustrated there was insufficient supported accommodation for 16/17 year olds and an over reliance on B&Bs. It was established that the range of provision needed to increase to include:
    a. 8 emergency beds (up to 72 hours) - 2 in each of the 4 Children's Service areas
    b. 12 assessment beds (up to 3 months) - 3 in each area

  c. 12 Supported Lodgings beds - across the county

  d. 16 additional longer term non-specialist beds (up to 2 years) - across the county

  e. A specialist contracted provision for very high need young people such as drug rehabilitation and remand alternatives.

 v. Working with colleagues to improve services for young people will enable young people with mental health needs to secure appropriate accommodation and support for their mental health.

53. **Recommendation 14**: Promote access to information, support inclusion and reduce inequalities by implementing the PVR communication strategy and measuring all providers on equalities outcomes.

> *'I don't know what the services are'.* Service user, Godalming

54. Mental health services need to position themselves where information on a range of the ways to stay mentally well is available to the general public. We want to promote a range of different formats about local services available and how they can be accessed. We are producing local profiles of services in the 11 districts and boroughs and use the citizen hubs as local information points. Additionally the Surrey Information Point will increasingly become a single access point for a range of information.

55. We will monitor services on equality outcomes ensuring that all people with mental health problems have equality of access to services. We will be supporting services to reach out to those people who do not engage with services and ensure that they have strategies of working with communities who traditionally find it hard to access services, such as the gypsy and traveller community.

Key supporting evidence and findings

 i. People expressed the view that there was a lack of easily accessible information about mental health services in the local area, and that current mental health services may not be accessible to all groups.

 ii. There is a social gradient of health, meaning the higher a person's social position, the better his or her health is. The social gradient is particularly pronounced for people with severe mental illness or common mental health problems. Specific access/inequalities issues include:

  a. People with a learning disability are more likely to have a mental health problem

  b. People who are Deaf and use British Sign Language are more likely to have a mental health problem

  c. People with mental health problems have poorer physical health

  d. Ethnic minority groups report higher scores of psychological distress, compared to the white population

 iii. The national reform of welfare benefits has meant that people who claim benefits are being re-assessed for their eligibility for welfare benefits; national and local evidence indicates this may have a

negative influence on health. Studies also show that the majority of new disability claims are on the basis of mental health.

iv.   By improving information, advice and equality of access to services, more people will be able to access the support they require to improve their mental health.

56.   The detailed implementation plan for these recommendations can be found in Annex 1. The Mental Health Public Value Review has highlighted a number of issues in respect of the design and investment in adult mental health services. They include a historic inequity in grants to the voluntary sector which have no association with population need and extraordinary deprivation factors.

57.   The PVR is recommending a strategic shift to early intervention and prevention. Our method of delivering this (which has been recommended by our co-design methodology) is to invest in community connections services in the voluntary and community sector, to enable people to stay well in their local communities. To enable this shift £570,000 per year for 3 years has been identified from within the Adult Social Care budget.

58.   The PVR cost/saving summary is presented below. There are no financial efficiencies as a result of the PVR. The PVR is recommending an increased investment in mental health services and the table overleaf shows the cost of the recommendation.

Mental Health PVR cost/saving summary

		2013/14 £'000	2014/15 £'000	2015/16 £'000	2017/18 £'000	Total £'000
PVR recommendation	**Description of cost (-)/ saving**					
1. Establish a clear commissioning framework for mental health services	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
2. Drive forward a strategic shift to early intervention and prevention	This is a new cost to commission one 'community connections' service for each district and borough to provide local universal services for people with a self-defined mental health need (including carers)	-570	-570	-570	0	-1,710
3. Embed personalisation in adult mental health services	To be delivered within existing resources. Supports delivery of existing MTFP efficiencies.	0	0	0	0	0
4. Improve knowledge and awareness of mental health, and address stigma and discrimination	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
5. Workforce mental health	To be delivered within existing resources. There is no saving associated with this recommendation	0	0	0	0	0
6. Ensure high quality services	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
7. 'Think family' when working with people with mental health needs	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
8. Value and support carers	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
9. Improve the pathway through mental health services	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
10. Explore how we deliver social care outcomes and innovations in delivering Adult Social Care mental health services.	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
11. Provide support for people with mental health and other needs	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
12. Improve housing options and support to maintain tenancies	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
13. A focus on young people and transition,	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
14. Promote access to information, support inclusion and reduce inequalities	To be delivered within existing resources. There is no saving associated with this recommendation.	0	0	0	0	0
	Total PVR cost (-)	-570	-570	-570	0	-1,710

CONSULTATION:

59. The Public Value Review of Adult Mental Health Services has had a co-design methodology. We engaged with a wide range of individuals and groups at all stages to develop the recommendations. We initially sought views about what worked well and what was missing from adult mental health services. The emerging themes were taken back to stakeholders to check we had heard properly and get new ideas about how we could deliver some of the themes. These themes were turned into recommendations, and people again had the opportunity to comment on the recommendations that had arisen from the co-design. The final findings for the co-design are illustrated in Annex 3. In total we have engaged with over 850 different people.

60. A different range of methods were employed to engage with people, appropriate to their needs. We conducted 1:1 interviews in person and over the telephone, held focus groups, attended mental health stakeholder groups and carers' groups, attended team meetings, visited voluntary sector providers to speak to the providers and users of their services, held

discussions with GPs, hosted a 'celebrating innovation' conference and email communication and feedback from the wider stakeholder group.

RISK MANAGEMENT AND IMPLICATIONS:

61. The key risks identified during the course of this PVR are summarised below; the risk register will continue to be monitored as part of the implementation plan.

Risk	Mitigating action (s)	Risk level
Establishing universal 'community connections' services in each of the districts and boroughs, based on population need: there is currently inequitable distribution of funding and some areas will receive more and there may potentially be areas that receive less funding.	Develop business case for increased funding. Secured funding from NHS Surrey to have jointly commissioned local universal services.	Medium
Lack of provider interest in developing new community connections services in areas currently under-served.	Work with procurement to stimulate market. Hold a provider event. Clear communications about expectations and deliverables of new services.	Low
Managing potential transition of community connections providers and minimising distress and disruption to service users	Include clear transition expectations in bidding document. Clear communication strategy with service users and providers.	Medium
Keeping online accommodation directory up to date	Establish a process with a named lead. Communications with providers regarding new development and expectations.	Low
Awareness of changes and outcomes of PVR	Develop with partners a communications strategy.	Low
Challenge of buy in to whole systems working, both internally and externally	Proactive dialogue and working arrangements with colleagues.	Medium

Financial and Value for Money Implications

62. The PVR recommendations support a strategic shift in services to early intervention and prevention. This will be achieved by re-directing existing budgets and Whole Systems funding towards these priority areas.

Section 151 Officer Commentary

63. Corporate Finance officers have been closely involved in the PVR and its linkage to the Medium Term Financial Plan, and confirm that all material, financial and business issues and risks have been considered and addressed.

Legal Implications – Monitoring Officer

64. Under section 149 of the Equality Act 2010, in making this decision the Cabinet must comply with the public sector equality duty, which requires it to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. As the recommendations concern mental health services, the most relevant protected characteristic will be disability. The equalities impact assessment attached at Annex 4 sets out the impact of the recommendations on each of the protected groups. A range of positive impacts has been identified for all groups, but members will note the potential for a negative impact for people with a disability who currently use services, and the proposed mitigating actions which will be put in place.

65. As decisions are made about more detailed changes to service provision, there will be a need to consider further specific consultation and further equalities impact assessments on the changes which will also take into account any impact on existing service users. There may also be other legal challenges that arise,for example, from providers when reviewing contract terms, from family/carers/users who may be resistant to change and from staff who will be considering the implications of the proposed changes on their individual employment terms.

Equalities and Diversity

66. An equalities impact assessment has been completed with a sub-group of the Mental Health PVR Project Team and has been agreed with the Departmental Equalities Group. Please see Annex 4 for full EIA; the summary of key impacts and actions is below.

Information and engagement underpinning equalities analysis

67. In line with the engagement plan provided in the PVR terms of reference document, engagement has taken place throughout the PVR with a range of stakeholders. This has included one-to-one and group discussions with commissioners, providers (statutory, voluntary and private sector), carers and people who use services; surveys; and, consultation on key documents.

68. Other data sources have included national and local survey and census data; data from RIO and AIS databases; data from other Surrey County Council, NHS Surrey, and Surrey and Borders Partnership NHS Foundation Trust reports and records; academic research; and, reports from charities, think tanks and government.

Key impacts (positive and/or negative) on people with protected characteristics

69. The recommendations are likely to have a range of positive impacts for people with protected characteristics.

- Continuing implementation of personalisation in mental health should enable people with protected characteristics to access services that are considered acceptable/ sensitive to their needs.
- Increasing the number of accessible community connections services should mean that people with protected characteristics can access services that are considered acceptable/ sensitive to their needs, within their local area.
- Enabling self-referral to universal services, peer support and self-management courses should mean that people with protected characteristics have more control over what support they access and how.
- A strategic shift to prevention and early intervention (including awareness raising and stigma reducing campaigns) should mean that people with protected characteristics experience better mental health.
- Partnership and whole systems working should mean that people with protected characteristics (particularly disabled people, young people and older adults) experience a joined up care and support pathway and smooth transitions between services.

70. Potential negative impact

- Redistribution of funding to commission community connections services according to population size could result in negative impact for people who currently use community connections services in some areas.

Changes made to the proposal as a result of the EIA

71. No changes have been made to the recommendations as a result of the EIA.

Key mitigating actions planned to address any outstanding negative impacts

72. The potential negative impact described above will depend on the level of funding secured to commission these services. Several key actions will be taken to mitigate any potential negative impact:

- Develop business case for increased funding.
- Engagement with NHS Surrey and Clinical Commissioning Groups to secure funding to have jointly commissioned local universal services.
- The grant bidding document for community connections services will state the need for a 3 month handover period for individuals and groups to the new provider and bidders will be prompted to consider how they will manage this transition.

- A separate Equality Impact Assessment will be undertaken for changes to community connections services.

Potential negative impacts that cannot be mitigated

73. N/A

Corporate Parenting/Looked After Children implications

74. There are a small number of young people coming through Transition that are looked after. For this group, Surrey County Council have a corporate parenting responsibility. As part of the implementation plan for recommendation 12, young people and transition, scoping work is recommended to identify the young people concerned who may need a greater level of support that the Leaving Care legislation.

Safeguarding responsibilities for vulnerable children and adults implications

75. All organisations providing support for adults with mental health needs must adhere to Surrey Safeguarding Adults multi-agency procedures. This is monitored through contractual arrangements.

Public Health implications

76. The strategic shift towards early intervention and prevention, the focus on reducing stigma and discrimination and improving the pathway through mental health services we anticpate will have a positive impact on the mental health of Surrey citizens. This will me monitored through outcome measurements of commissioned services.

WHAT HAPPENS NEXT:

77. Please see implementation plan in Annex 1 for full details of implementation of the recommendations. The proposed recommendations will become part of the new commissioning strategy for adults with mental health needs 2013-2017.

78. The proposed recommendations will form part of the Adult Social Care Implementation Programme. Delivery of the recommendations will be tracked by the Adult Social Care Implementation Board and progress will be reported quarterly to: Adult Leadership Team; PVR Steering Board and local mental health partnership groups. As appropriate to individual recommendations, we will seek scrutiny from the Health Scrutiny Committee and Children and Families Select Committee.

79. The recommendations and outcomes of the adult mental health services Public Value Review will be communicated as set out in the communication strategy in Annex 5.

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Consulted:
Internal:
PVR Steering Board
Cabinet Member for Health and Social Care
Member Reference Group
Adult Social Care Select Committee
Sarah Mitchell, Strategic Director for Adult Social Care and Health
Adult Leadership Team
Adult Social Care Staff

Public Health
Procurement
Children, Schools and Families Services

External:
Mental health stakeholder groups
Surrey and Borders Partnership NHS Foundation Trust
Surrey and Borders Partnership NHS Foundation Trust area Focus Groups
NHS Surrey
Clinical Commissioning Groups mental health leads
People who use services and carers
District and Boroughs
Partner organisations from the voluntary sector

Annexes:
Annex 1: Implementation plan
Annex 2: Report from external challenge
Annex 3: Co-design findings
Annex 4: Equality Impact Assessment
Annex 5: Communication strategy

Sources/background papers:
Sources of information informing this Cabinet report and annexes within:

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