

**July 2014 –  
June 2017**

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## **Emotional Wellbeing and Mental Health: Everybody's Business**





## **Health and Wellbeing Surrey**

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This document is the joint commissioning strategy between the six Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council (SCC) for Emotional Wellbeing and Adult Mental Health sponsored by the Surrey Health and Wellbeing Board and covers the geographical area of Surrey and North East Hampshire.

The Surrey Health and Wellbeing Board membership is made up of the following representative organisations: County councillors, Surrey County Council Directors of Adult and Childrens Social Care, Public Health, Borough and District Councils, Healthwatch and the 6 National Health Service Clinical Commissioning Groups of East Surrey; Surrey Heath; North West Surrey; Surrey Downs; Guildford and Waverley and North East Hampshire and Farnham who are the lead Clinical Commissioning Group for mental health commissioning.

### **Acknowledgements**

We would like to thank all the people who use services their families and carers who provided insight into their experiences of trying to seek help for mental health and emotional difficulties in Surrey and North East Hampshire and to those practitioners, managers and commissioners who contributed to the development of this strategy. We would also like to thank the steering group members who set aside time for this strategy, particularly those who peer reviewed this document.





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# Foreword

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**One in four people, at some point in their lives, will experience a mental health problem. That does not just affect the individual involved, but also impacts on carers, families and our communities.**

When the Surrey Health & Wellbeing Board was established we selected our priorities based on what we could do better together that would benefit all. What this means is that no matter in which field or area we work, be it health, social care, education, housing, the economy, or elsewhere, our actions should be intertwined.

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. That is why this Board has made improving emotional wellbeing and mental health a priority in our strategy to benefit the people and communities of Surrey and North East Hampshire.

This strategy sends a clear message that the delivery of the improvements we want to see can only be achieved by concerted effort and commitment

on behalf of all Health and Wellbeing Board organisations and our partners. This may be by improving mental health awareness in the workplace, recognising the impact of stable accommodation or acknowledging the importance of sports and culture to our individual and collective emotional wellbeing and mental health.

## Our vision

**Mental Health is as important as physical health.**

**In Surrey and North East Hampshire we will transform lives by making mental health everybody's business with parity of esteem to physical health. We will work together to build a place where people feel proud and safe to live and where all people with mental health problems, their families and carers needs and basic rights are met, recognised and respected.**





This is why, on behalf of the Health and Wellbeing Board, we are pleased to offer our support and commitment to this strategy.

We will place it at the heart of commissioning and provider development and expect all of those who work with us to do likewise.

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# Executive summary

**This strategy sets out a new vision for the future of emotional well-being and adult mental health in Surrey and North East Hampshire. Based on five priority areas, it outlines the goals and actions we have set with our stakeholders for transformation.**

Our vision is that mental health and wellbeing should be as important as physical health and to achieve this transformation everybody needs to make mental health their business.

Our five priorities are:

1. Good mental health holds the key to a better quality of life. We need to promote positive mental health, prevent mental ill health and intervene early when people become unwell.
2. Mental health is everybody's business. It affects every individual and impacts greatly on our society. It can only be improved if there is collective responsibility, a scaling up of integration and assertive action taken at all levels across agencies and organisations.
3. Building a strong partnership between commissioners, people who use services, carers and their families encouraging an equal role in shaping the support available.

4. Service users, carers and families should get as much support to prevent and deal with a crisis from a mental health problem as they expect to receive from physical healthcare.
5. People are entitled to receive recovery focused support that offers hope, fulfillment of potential and to live their lives on their own terms.

Aligned to these priorities we have developed goals and actions to deliver our vision.



*The Creativity Tree of peoples hopes and aspirations*

*4<sup>th</sup> December 2013 Exchange Café event - Art Matters*





# The priorities & actions: an overview

**Our basis of transformation is to bring together health, local government, social care and the community to make changes and collectively identify solutions for mental wellbeing. This will foster local leadership, entrepreneurship and partnerships; demonstrating replicable quality and impact in a way that is cost effective and delivers sustainable change.**

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Priority 1: Prevention, promotion & early intervention	Priority 2: Working better together
<p><b>In year 1 (2014 - 2015):</b></p> <ul style="list-style-type: none"> <li>• Expand roll out of “Time to Change”</li> <li>• Promote the relationship, welfare benefits and debt advice services</li> <li>• Healthy lifestyle campaigns targeted to service users, carers &amp; providers</li> <li>• Annual health checks completed</li> <li>• Agree a suicide prevention plan</li> <li>• Increase self help and management</li> <li>• Run event to influence use of green space to promote wellbeing</li> <li>• Include domestic abuse training in prevention plans</li> </ul> <p><b>In years 2 and 3 (2015 – 2017):</b></p> <ul style="list-style-type: none"> <li>• Monitoring of health risk factors</li> <li>• Target and promote self help in higher incidence areas</li> <li>• Information and support for carers to promote a life outside of caring</li> <li>• Deliver resilience programmes</li> <li>• Develop referral support to GPs</li> <li>• Develop a specialist perinatal mental health service</li> <li>• Awareness raising of the link between long term conditions and depression</li> <li>• Implement Five Ways to Well-being</li> <li>• Local public services &amp; employers to attain ‘workplace wellbeing charter’</li> <li>• Psychological support is commissioned as required within physical health pathways</li> <li>• Access standards for mental health are met</li> </ul>	<p><b>In year 1 (2014 – 2015):</b></p> <ul style="list-style-type: none"> <li>• Transition protocols developed</li> <li>• Ensure parity of esteem for carers implementing the carers pathway and ‘Triangle of Care’</li> <li>• Develop a mental health provider forum</li> <li>• Improved pathways by closer working between CCG’s and NHS England</li> <li>• Move away from exclusion criteria’s</li> <li>• Secondary mental health have and work to physical health protocols</li> </ul> <p><b>In years 2 and 3 (2015 – 2017):</b></p> <ul style="list-style-type: none"> <li>• Ensure mental health is articulated in strategic and commissioning plans of local public sector organisations</li> <li>• Develop joint commissioning for voluntary sector and Section 117</li> <li>• Mental health data on performance and investment will be transparent to ensure parity with physical health</li> <li>• Service pathway information is accessible and shared</li> <li>• Partner agencies will jointly plan to meet the needs of those with mental health problems in integrated services</li> <li>• The wider workforce will be trained on mental health and suicide awareness</li> <li>• Care pathways will be reviewed to ensure seamless across services and physical health has included wellbeing</li> <li>• Education delivered to GPs on common mental health problems</li> </ul>



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## Priority 3: Partnerships with service users, carers and families

### In year 1 (2014 - 2015):

- The independent service user and carer group and local stakeholder forums will be formalised within the Mental Health governance structure
- All service users will be involved in their care planning
- Carers wellbeing will be recognised and addressed with increased number of carers offered a carers assessment and are entered onto GP carers register
- Services will ensure that carers and service users can gain access to a whole family assessment
- Carers can access their own assessment within a primary care, generic or mental health setting
- Service user and carer feedback and involvement in delivering services is mandated
- Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility

### In years 2 and 3 (2015 – 2017):

- Service user and carer training delivered to strengthen their role in commissioning of mental health services
- Carers involvement in commissioning is supported adequately to represent mental health issues
- Accessible information will be made available to service users and carers to make informed decisions on their care
- Widen approaches for service user and carers involvement e.g. service user led website, carers on-line forums





## Priority 4: Effective crisis care

### In year 1 (2014 - 2015):

- Surrey Mental Health Crisis Concordat and action plan signed by all agencies
- Review the level of beds and crisis service through simulation modelling
- Establish local solutions and partnerships to better meet the mental health crisis needs of communities
- Establish co-location, information sharing and integration opportunities for mental health within the public access services (111/999) as a first step to the 24/7 single point of access
- Support for carers and families are planned for in the design of the safe havens/crisis cafes

### In years 2 and 3 (2015 – 2017):

- Establish a 24 hour universal single point of access for mental health crisis and develop an integrated crisis response pathway
- Enhanced 24/7 Home Treatment Teams
- Voluntary Sector Led Local Crisis Services and peer support increased
- Agreed protocols and standards between emergency services for crisis care have been implemented
- All people in specialist mental health will have a crisis contingency plan
- Ensure psychiatric liaison services are sustainable through the Better Care Fund work
- Information sharing of crisis contingency plans across emergency services has been implemented

## Priority 5: Making recovery real

### In year 1 (2014 - 2015):

- Comprehensive care plans developed with the individual will be the norm
- The opportunities offered by new technology in relation to mental health will be explored
- Development of volunteer and peer support schemes

### In years 2 and 3 (2015 – 2017):

- Integration of community mental health and voluntary sector services into primary health care hubs
- Shared care and enhanced service schemes to be developed between primary and secondary care
- Reduction of locked rehabilitation
- Develop integrated programmes between mental health services and housing agencies to provide assistance and ensure enough accommodation
- Protocols to reduce evictions agreed between Borough Housing Departments and Health & Social Care Services
- Better understanding locally for GPs of range and criteria for accessing accommodation
- Establish apprenticeship schemes for people with mental health problems and creating access to existing schemes in Surrey County Council
- Extend the existing 6 months NEETS Scheme to include people with mental health problems with applications
- Promote the benefit of employing people with mental health problems through work with Job Centre Plus
- Review the impact of Surrey mental health employment support approaches
- Hours that services are accessible meet the needs of the people accessing them and have alignment with primary care
- Awareness raising training will be given to secondary care mental health services on autism





# 1. Introduction

**One in four people will experience mental health problems at some point in their lives.**

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Positive mental health and emotional well-being describes how we think, feel and relate to ourselves and others and how we interpret the world around us. Having good mental health helps our capacity to manage, communicate, and form and sustain relationships and cope with change and major life events.

Surrey and North East Hampshire has a population of approximately 1.4 million people. We are fortunate to have, in the main, low levels of deprivation and generally good mental health compared to many parts of the country. However the impact and wide reaching effects that peoples' emotional wellbeing and mental health has on their life, and their carers and families, places a significant importance to getting it right for people and avoiding and reducing the burden to all individuals and services. There is significant work to be done to reduce inequalities, stigma and discrimination around mental health and to ensure that our citizens, communities, businesses and public services all have a greater awareness and role to take to make a positive difference over the life of this strategy.

***Mental ill health is the single largest cause of disability in the UK***

## Scope of this strategy

Our aspiration is that mental health is everybody's business and that a stand alone strategy for mental health will not be required in the future as all public services will have mental health embedded in their strategic plans. This document contains our strategy for mental health promotion and the commissioning of mental health services for adults of working age, working within a whole family context. It will reference but will not be covering, children's, substance misuse, learning disabilities, domestic abuse, autism, older adult mental health and dementia which currently have their own strategies.





## 2. Commissioning context

**Commissioning is a step-by-step process that helps choose priorities using the resources available for improving outcomes for people.**

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### What evidence base have we used to develop the strategy?

We have based this strategy on a number of sources of evidence:

- We looked at national information such as the implementation plan for 'No health without mental health', 'Closing the gap' and The Care Act (2014)
- The refresh of the joint strategic needs assessment mental health chapter
- An independent organisation looked at how we did in comparison to other areas
- CCG's and Surrey County Council have undertaken co-design and consultation with people who use the services, carers, main providers and wider stakeholders.

Surrey County Council gathered feedback from over 800 people on the adult mental health services Public Value Review. Over 100 people from across Surrey and NE Hampshire came and gave their views on local services at an Exchange Café in December 2013 and 116 responses were received on the draft strategy consultation

### What are the outcomes we are commissioning for?

The key outcomes of our mental health strategy are:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health and fewer people with physical health conditions will develop mental ill health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will suffer stigma and discrimination



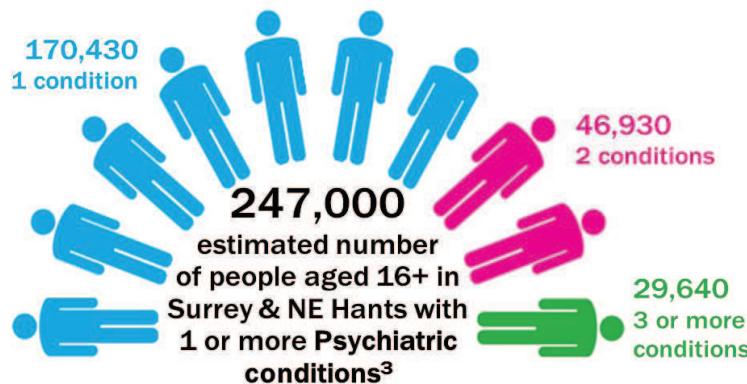
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## What is the level of our need?

Surrey and NE Hampshire is statistically better than England in terms of many of the wider determinants and risk factors for mental health such as deprivation, working age adult unemployment, homelessness and limiting long term illness. Surrey and NE Hampshire also has lower rates of violent crime and domestic abuse than England.

These lower risk factors very likely contribute to the relatively low mental health needs and suicide rates overall in Surrey and NE Hampshire compared to England.



However there are variances across our geography that mean a number of our boroughs have pockets of higher needs for mental health: Surrey has a higher than national average of Incapacity Benefit Claimants claiming for mental health reasons (46% vs 42%).

Most people are likely to be affected by or have caring responsibilities at some stage in their lives. Supporting carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities are priorities. Carers save the nation an estimated £119 billion a year and an estimated £1.595 billion a year in our county alone (Valuing Carers 2011 Leeds University & Carers UK). In Surrey there are an estimated 106,700 carers of all ages - young carers supporting their parents and siblings through to older couples providing mutual support to one another.

Over the next five years we will see a small growth in numbers of adults in our area. The largest area of growth will be in people aged 50 years and over, in whom levels of long term conditions, depression and anxiety are higher. There will also be larger numbers of people from black and minority ethnic groups.

Taking this information into consideration there is still a high number of people that



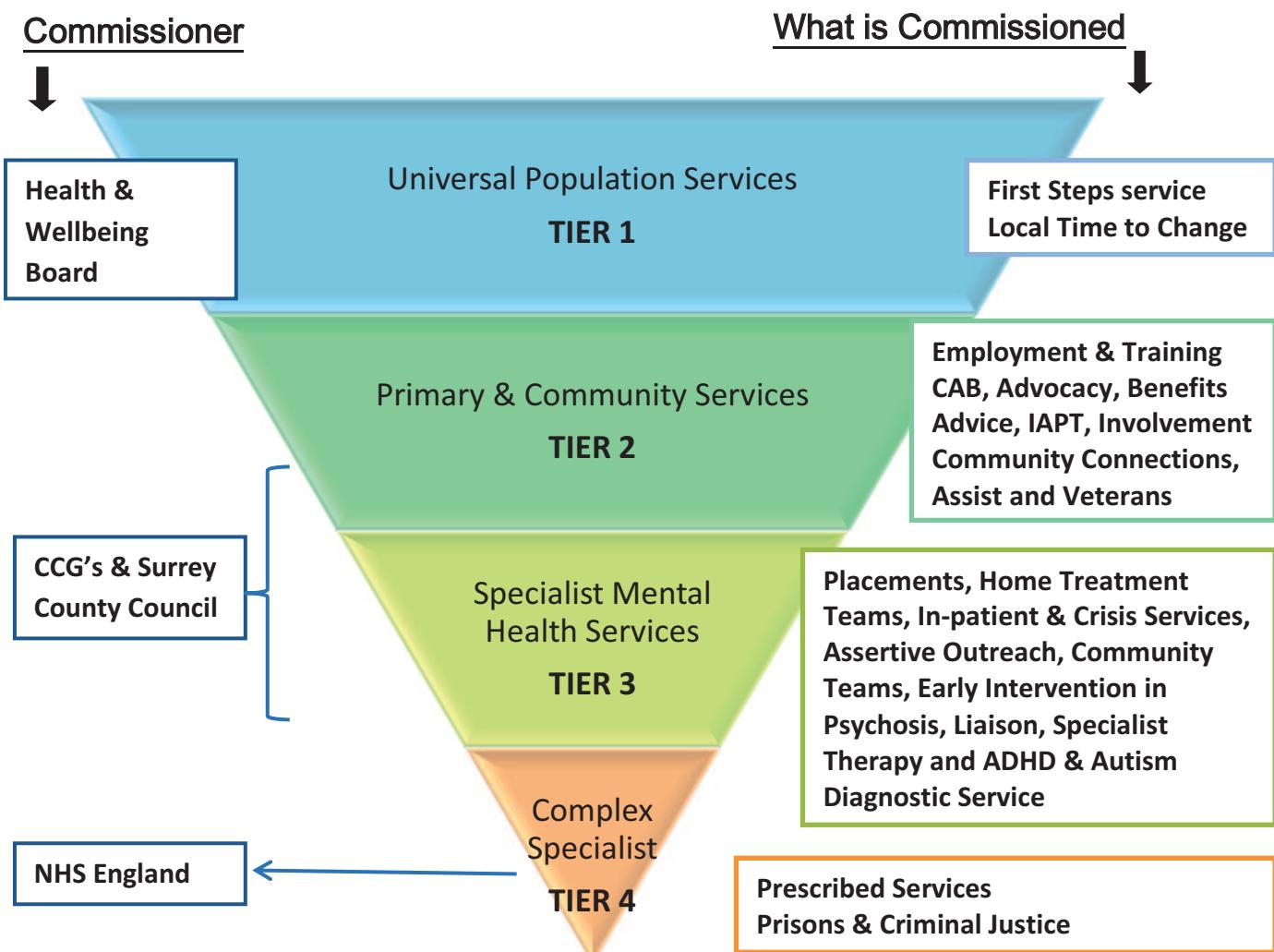


are affected by mental health conditions and there is more that can be done on prevention. It is known that the inequalities and the health gap that people with a mental health condition suffer is three times higher than people with a physical condition experience, therefore making mental health a priority area to address.

### How do we do in comparison to other areas?

There are a good range of services commissioned by health and social care for people with mental health problems from the NHS and third sectors in Surrey and North East Hampshire, but we are possibly not making the most of them.

The diagram below shows the main categories of services commissioned for mental health however there are universal services as well as borough and district services that all play a role for people with mental health issues, their families and carers.





The independent analysis highlighted the difficulties and constraints there are in available benchmarking indicators for mental health and also in bringing together Surrey and NE Hampshire data. The work gave a picture that: we had average performance with just below average spend; we had some indicators for us to look further at to see if we may have capacity to increase access to community services (both within the mental health trust and the voluntary sector current resource), and to reduce access to in-patient services. People's experiences of mental health services are still too inconsistent and speedy access to effective care is still vitally important. Services need to be accessible and responsive to people who have a mental health need, regardless of any other condition or protected characteristic they may have.

A common theme across all of the work was that we could get better outcomes for people and value for money if the services had more awareness of each other and worked together more.

### **What do we need to do differently?**

There needs to be more integrated working across providers and better use of resources - not necessarily new resources but a re-prioritisation. This will include better mental health awareness training across the general workforce for frontline workers and use of public health and communications budgets to tackle stigma and discrimination and increase promotion, prevention and early intervention.

The agenda of working more closely together is reinforced and supported by the Care Act 2014 which also requires local authorities to work collaboratively and co-operate with other public authorities, including the duty to promote integration with the NHS and other services. The Care Act 2014 also puts carers on an equal footing with people who use services, and the local authority has a single duty to assess people, including carers, who may need services. This is supported by the [Triangle of Care](#) and the [NHS commitment to carers](#) which Surrey and NE Hants has committed to apply the principles of.





We have Community Connections services across Surrey and Hampshire has Wellbeing Centres, delivered by a network of voluntary sector providers, supporting people in the community to access services that support their independence, recovery and wellbeing. In addition to this Surrey has an established delivery of employment support for people with mental health issues helping people to return to employment and retain their employment.

Along with the areas mentioned above there is the economic position of forecasts of future costs of mental illness doubling in real terms over the next 18 years and the current challenging economic environment, where the entire health and social care economy is required to ensure that more services can be delivered for less. Alongside this is the parity of esteem agenda and ensuring that mental health is treated in a fair way financially which has not been the case previously and is now a national requirement. The impact of this will be to work with providers to find 4% efficiency each year over the next 5 years whilst also having a clearer understanding of how money is invested and spent to enable the growth expected to be met and the access standards for mental health described in [Achieving Better Access to Mental Health Services by 2020](#) to be achieved in a safe, high quality environment.

The desirable changes are to:

- Increase awareness of mental health and wellbeing across all sectors and their general workforce, to increase capability and capacity, promote mental wellbeing and prevent mental ill-health and reduce stigma and inequalities
- Increase prevention and early intervention
- Have a fair investment profile ensuring mental health receives parity of esteem
- Increase the strength of the service user and carer voice in the commissioning of mental health and a commitment to use the [carers care pathway](#)
- Stronger use of the voluntary sector to support increased social capital (family, friends and community support) and crisis services
- An embedding of the recovery model with more local specialised skills and range of accommodation options
- Providers working successfully together across physical health and mental health, and primary and secondary care boundaries





- Promoting personalisation and developing the use of social capital in local communities
- Supporting carers to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities
- Increase areas that will benefit from an integrated approach and joint commissioning such as Section 117, the integration of mental health into the integrated community teams being established at a primary care level through the Better Care Fund work
- Improve transitions and joint working across our different service areas such as learning disability, autism and particularly between children and adult mental health services and mental health and substance misuse services

## Commissioning principles

We intend to commission mental health services in accordance with the needs of the population as articulated in our Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. Key outcomes from this joint commissioning strategy include the overriding intention for continuous improvement in the quality of services to be provided whilst achieving financial balance within a challenging economic climate. This will be achieved by utilising evidence based approaches and working collaboratively with service users, carers, providers and commissioners on joint commissioning to maximise quality and efficiency and minimise risks to service users and carers. We will:

- Continually improve service quality and outcomes
- Use evidence based practice to effect change
- Have sustained clinical, practitioner, service user, carer and provider engagement and collaboration to redesign and implement pathway / service redesign





- Ensure service user and carer engagement and involvement in the review, design, development and implementation of commissioning functions
- Further develop outcome based services, service specifications, quality markers, and contracts that can be effectively managed and monitored
- Work in partnership with providers, recognising that by joint working and collaboration with partners, all stakeholders will benefit from the alignment of aims and objectives that will benefit the entire local health and social care system
- Consistently use the National Institute for Health and Care Excellence (NICE) and Commissioning Outcomes Frameworks to ensure principles of quality based commissioning approach
- Ensure effective use of resources and achievement of value for money in commissioning decisions
- Ensure local commissioners coordinate and plan some activities together with county wide commissioners and NHS England, to help develop a consistent approach to and pathway through the mental health and emotional well-being services, providing greater continuity in and out of specialist settings to help people in their recovery as well as providing access to specialist consultation on mental health





### 3. You said: we will do

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#### Improving the way our services work together and prioritise prevention and early intervention in delivering services for emotional wellbeing and mental health.

A series of consultation activity and engagement events have taken place between July 2013 and September 2014, with wide ranging participation to develop and shape this strategy. Co-production is therefore at the heart of our approach as people who use services, their families and carers are experts in their own lives. People must be partners in decisions about their care and we must capture that experience and expertise in the way we commission our services.

People told us that they wanted the strategy to have a focused approach that would deliver. They wanted the culture to change from one of inflexibility, where people need to fit into lots of different systems, to one where the services work together and wrap in an integrated way around the individual, their family and carers, with more attention and priority being given to preventing illness and promoting wellbeing for individuals, their families, carers and communities.

It is their voices and experiences that have shaped our views on mental health services and have set the priorities in the following chapters of this strategy and given us new ideas about how we can continue to improve those services for the future.





## 4. Priority 1: Promotion, prevention, & early intervention

Good mental health holds the key to a better quality of life. We need to promote positive mental health for all, prevent mental ill health and intervene early when people become unwell.

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**Outcomes to achieve by 2020:** More people will have good mental health, Better physical health, Fewer people will suffer avoidable harm and Fewer people experience stigma & discrimination

- Population wide physical and mental wellbeing is improved; people live longer; in better health and as independently as possible for as long as possible
- People and communities have a better understanding & recognition of mental health problems and mental illness and are supported to develop resilience and coping skills
- People are better prepared to seek help for themselves and to support others to prevent or intervene early in the onset or recurrence of mental illness

### How we will deliver our priority - actions:

#### In year 1 (2014 – 2015):

- Expand the roll out of "Time to Change" across Surrey & NE Hants
- Promote and signpost to the relationship, benefit and debt advice services available
- Healthy lifestyle campaigns targeted to service users, carers & mental health organisations on the benefits to mental health of not smoking, physical activity, healthy eating & safer drinking
- Primary/secondary care to provide/act on annual health checks for people with mental illness
- Agree a multi-agency suicide prevention plan in year 1 to be delivered in years 2-3
- Increase provision of self-help emotion gyms
- Run a multi-agency event to influence provision & use of green space to promote well-being
- Public health to ensure inclusion of domestic abuse training within their prevention plans

#### In years 2 and 3 (2015 – 2017):

- Primary care & mental health services to enquire, monitor & address peoples' health risk factors, provide brief information/advice & refer to relevant services
- Target and promote self-help in areas with higher incidence/risks of mental health problems
- Access to information and support services for carers and families to promote their wellbeing and enable carers to have a life outside of caring in line with Surrey carers strategy
- Develop community, carers, family, self, school and workplace resilience programmes
- Develop a specialist perinatal service to support work of main stream services
- Develop Referral Support to GPs
- Implement Five ways to wellbeing campaign and target to service users, carers & providers
- Increase awareness of healthcare staff of the negative impact of long-term conditions on mental health, identifying depression and signposting to self help resources and services
- Physical health commissioners to ensure that emotional wellbeing is taken into account and psychological support is commissioned as required within physical health pathways
- Helping employers achieve the 'workplace wellbeing charter' specifically targeting Surrey public services
- Access standards for mental health are planned for and requirements in these years met





## What do we mean by mental health promotion, prevention and early intervention?

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**Mental Health Promotion:** Mental health promotion aims to impact on the areas of our life that contribute to positive mental health, known as determinants of mental health (represented in the figure below).



*Dahlgren and Whitehead's model of the social determinants of health (photograph and production of Sand Mandala: Art Matters a local Community Connections provider)*

**Prevention:** aims at reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness and also decreasing the impact of illness in the affected person, their families, and society.

**Early intervention:** Early intervention can prevent symptoms from getting worse, reduce suffering for individuals, carers and their families and preventing progression into secondary mental health services.





## Why is promotion, prevention and early intervention important?

Mental ill health is the largest burden of disease both globally and in the UK (WHO 2008, Whiteford et al 2010). No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact, concentrated in people of working age (Friedli 2007).

Future suffering and costs of mental disorder can be reduced by greater focus on whole-population mental health promotion, mental disorder prevention and early treatment. For every £1 spent on mental health promotion, savings include: £421 per person with depression for stigma prevention campaigns; £44 on suicide prevention through G.P training; £10 on work based mental health promotion; £5 on early diagnosis and treatment of depression at work, £4 on debt advice services (Department of Health 2011).

Promotion, prevention and early intervention are now also a legal imperative. The Care Act (2014) requires local government to provide or arrange for services to prevent, delay or reduce individuals' or carers' needs for care and support.

Addressing the determinants of mental health through mental health promotion will improve mental health and social outcomes, reduce the risk of mental health problems, reduce inequalities, build social capital, improve physical health, social functioning and quality of life and narrow the gap in health expectancy between countries and groups (WHO 1997). Prevention of mental illness can help to both reduce the personal suffering for those who experience mental illness and their families and carers, and save on the high health and social care costs of both treated and untreated mental illness.

The following table summarises the evidence based risk and protective factors for mental health. Successful prevention reduces risk factors alongside increasing protective factors. For more detail on risk factors and the evidence base for protective factors, see the Mental Health Joint Strategic Needs Assessment, [Carers and young carers chapters](#), [Domestic Abuse Strategy](#) and the supporting [Emotional Wellbeing and Mental Health Promotion Prevention Strategy Paper](#).





	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Family Factors</b>	Ante natal & post natal depression Poor infant attachment Poor parental mental health Parental substance misuse Poor parenting skills Family break up Being 'Looked After' as a child Young carers undertaking inappropriate care	Good infant attachment Warm, affectionate parenting Sense of belonging Whole family approach to assessments and young carers services
<b>Wider Determinants of Health</b>	Deprivation & relative deprivation Financial problems/debt Unemployment Poor housing and homelessness Social exclusion and isolation Living in residential care Crime and fear of crime	Economic security Employment Good quality housing Strong social networks/support Community participation /volunteering
<b>Individual Factors</b>	Caring role Poor health behaviours: Lack of exercise, poor nutrition, smoking, alcohol/drug misuse	Good health behaviours: physical activity, good nutrition, alcohol in safe limits
<b>Adverse life events/experiences</b>	Neglect Abuse & Domestic Abuse Failing at school Bullying Physical illness/chronic conditions Relationship breakdown Bereavement	School achievement Anti-bullying policies Support during transition Good physical health Confiding relationships
<b>Resilience</b>	Poor social, problem solving & coping skills, feeling helpless. Lack of help/access to develop these Low self-esteem	Good social, problem solving & coping skills, Good self-esteem, optimism Feeling in control Support for carers





Throughout the strategy, we recognise that certain groups are more at risk of developing mental health problems and the equality impact assessment demonstrates how we will address any barriers to services for people with protected characteristics.

## Making it happen - priority actions

Using what evidence shows is most effective and working with our stakeholders, the following actions have been selected as our priorities to deliver the strategy:

**Physical and Mental Health.** Given the much higher risk of physical health problems (e.g diabetes, chronic obstructive pulmonary and respiratory disease) and associated mortality among people with serious mental illness - it is important that:

- Commissioners of physical health services need to ensure that emotional wellbeing is taken into account when designing and commissioning these services and that the appropriate psychological support is commissioned as required
- Public Health also target their healthy lifestyle campaigns ( e.g. Change for Life) on the benefits to our mental health of not smoking, taking physical activity, healthy eating and responsible drinking to mental health statutory and voluntary providers and their clients
- Primary care and mental health services enquire about, monitor and address lifestyle risk factors, offer brief information/advice and refer clients to relevant services (e.g. smoking cessation, weight management, exercise referral and Community Connections wellbeing services)
- For people with serious mental illness primary and secondary care to continue providing annual health checks and ensure relevant follow up action is taken





**Stigma and discrimination** remains one of the biggest barriers to people seeking help and gaining more awareness and understanding about mental health.

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- We will continue to combat prejudice and fight discrimination about mental health by rolling out the local Time to Change campaign following the successful pilot in Redhill and Merstham. The local Time to Change campaign comprises four key elements: mental health awareness training; Mental Health Ambassador Scheme (providing social contact opportunities in the community); community development activities and performing arts approaches



**Carers.** There is strong evidence that care giving effects the mental health of care givers and distress frequently reaches clinical thresholds, twice that of non-care givers for those providing more than 20 hours per week. (Smith et al 2014). The strongest evidence of effectiveness is in relation to providing education, training and information for carers – which increase their knowledge and abilities as carers (Parker et al 2010). There is also evidence for the positive impact of: breaks for carers, help to juggle work and caring, support to address the carers own emotional wellbeing, carers support including advice and advocacy and help for families where there are children and young people in the household.

- Access to information and services for carers and families to promote wellbeing and enable carers to have a life outside of caring.

**Healthcare staff education.** As much as 80% of all mental health care takes place in G.P surgeries and hospitals and yet:- only about 24% of people with common mental health problems are receiving treatment; and diagnostic overshadowing (failure to recognise the presence of multiple disorders because one disorder is prominent) is still a major issue for people with serious mental illness, contributing to their poorer physical health and higher mortality rate.

So it is essential that staff working in these settings understand both the symptoms of mental illness to improve detection and diagnosis and the physical health needs of people with mental health problems (DoH 2014).





- Provide referral support to GPs on available services for people with mental health issues. So that people seeing their GP with mental health problems will be able to choose from a range of treatment options based on research evidence, without facing long waiting times
- Increase awareness of healthcare staff: of the negative impact of long-term conditions on mental health; identifying common mental health issues; and signposting to self help resources and services
- Patient self-management courses for long term conditions, that include mental health to be commissioned
- Support the [Surrey Domestic Abuse Strategy](#) by increasing awareness of front-line staff of the negative effect of domestic abuse on mental health. This includes the importance of routine enquiry by attending domestic abuse training and increased healthcare referrals to domestic abuse services.
- Agencies to agree a local multi-agency suicide prevention plan. The national all-age suicide prevention strategy for England, builds on the successes of the earlier strategy published in 2002. Real progress has been made in reducing the already relatively low suicide rate to record low levels (Ministerial Forward - Preventing Suicide in England. A cross government strategy to save lives 2012).. This strategy supports action by bringing together knowledge about groups at higher risk of suicide, applying evidence of effective interventions and highlighting resources available. This will support local decision-making, while recognising the autonomy of local organisations to decide what works in their area. (based on the national Suicide Prevention Strategy and the local suicide audit.)

***80% of all mental health care takes place in GP surgeries and hospitals, so it is essential staff working in these settings understand both the symptoms of mental illness and the physical health needs of people with mental health problems.***





**Workplace Wellbeing.** NICE Guidance (2009) for employers states that Implementing positive steps to improve the management of mental health in the workplace including prevention and early identification of problems (including stress management) should enable employers to save at least 30% of mental health related costs -absenteeism, presenteeism, staff turnover (Sainsbury Centre for Mental Health 2007). The guidance highlights five evidence-based recommendations to improve and protect mental health in the workplace: a strategic and coordinated approach to promoting employees' mental wellbeing; assessing opportunities for promoting employees' mental wellbeing and managing risks; flexible working; the role of line managers; supporting micro, small and medium-sized businesses.

- Helping employers across Surrey and NE Hampshire achieve the 'workplace wellbeing charter initially targeting Surrey Clinical Commissioning Group's and health providers, Surrey County Council and the 11 District and boroughs who will lead the way in becoming mentally healthy and wellbeing employers who demonstrate good practice in: promoting mental wellbeing, supporting staff who experience problems and in positively recruiting those who have or have or have had mental health problems

**Resilience** is the result of individuals being able to interact with their environments and the processes that either promote well-being or protect them against the influence of risk factors. These processes can be individual coping strategies, and/or may be helped along by supportive, environments, -families, schools, communities, workplaces and social policies that make resilience more likely to occur.

- Develop community, carers, family, self, school and workplace resilience programmes
- Implement the public mental health campaign 'Five Ways to Wellbeing':
  1. **Connect** - with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships
  2. **Be Active** - You don't have to go to the gym. Take a walk, go cycling or play a game of football. Find the activity that you enjoy, and make it a part of your life
  3. **Take Notice** - Be more aware of the present moment, including your feelings and thoughts, your body and the world around you. Some people call this awareness "mindfulness", and it can positively change the way you feel about life and how you approach challenges.





**4. Keep Learning** - Learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?

**5. Give to others** - Even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.

- Public Health to deliver a targeted multi agency event encouraging and inspiring the strategic use of green space to promote wellbeing in the community. Green spaces have a role to play in improving wellbeing and treating mental ill-health. Physical activity has been shown to improve outcomes in the treatment of mental illness and to improve wellbeing. Reviews of evidence suggest that green spaces encourage physical activity in all age groups (Faculty of Public Health in Association with Natural England - Briefing Statement ISBN 978-1-900273-37-4)
- Providers to offer routine support and signposting to the Citizens Advice Bureau (CAB) mental health projects and the benefit advisory service to assist people with managing their finances so their debt is avoided/addressed early
- Providers to promote services that offer support with relationship problems (e.g. First Steps, CAB and Relate)
- Target and promote self-help resources and support services in areas of Surrey and NE Hants with a higher prevalence of mental health risk factors, high risk groups and mental health problems. With approaches such as increased provision of emotion gyms to target a supportive self-help approach in these areas

**Early intervention** – we know that early treatment can make a big difference:

- Develop a specialist perinatal service to support work of main stream services
- Develop Referral Support to GPs
- Access standards for mental health are planned for and requirements in these years met

**Measuring progress:** The indicators on page 50 and 51 that we will be measuring to show our progress on the outcomes for promotion, prevention and early intervention are: **1, 2, 3, 5, 6, 22, 23, 25, 26 and 27.**





## 5. Priority 2: Working better together

Mental wellbeing is everybody's business. It affects every individual and impacts greatly on our society. It can only be improved if there is collective responsibility, a scaling up of integration and assertive action taken at all levels across agencies.

### Outcomes to achieve by 2020: Better physical health, fewer people will suffer avoidable harm and fewer people experience stigma & discrimination

- Mental health is everybody's business – Leaders across all public sector organisations will recognise the value of promoting good mental health and will ensure this is given equal consideration to physical health within their service planning and resourcing
- Service users & carers experience integrated pathways & transitions for their whole needs
- Service providers/commissioners work together to establish organisational arrangements that promote the most effective and efficient use of services, minimising duplication
- Staff across the wider workforce have greater understanding and are trained in mental health awareness and suicide prevention

### How we will deliver our priority – actions

#### In year 1

- Work with service users, carers and across sectors to develop protocols to support transitions
- Ensure parity of esteem for carers through this strategy advocating to the mental health system to use the triangle of care and carers pathway in line with the carers strategy
- Develop a mental health provider forum in order for connections to grow
- Improving different layers of commissioning to work better together to ensure individual rather than system driven pathways (CCG's & NHS England- Eating Disorder, Personality Disorder)
- A move away from exclusion criteria based on diagnosis to an inclusive needs led person centred approach, ensuring people with mental health problems and carers are not excluded
- Secondary mental health have and implement clear protocols on identifying and supporting physical health needs of the people that use their services

#### In years 2 and 3 (2015 – 2017):

- Make parity of esteem real by working with all public sector partners on the inclusion of mental health in their strategic plans eliminating the need of a future stand-alone mental health strategy
- Jointly commissioning the voluntary sector and develop joint commissioning for Section 117
- Quality data on service performance and investment will be transparent to ensure parity with physical health
- Develop and implement systems to ensure information about the pathways into and through care is shared across agencies, highly visible, readily accessible and is culturally relevant
- Partner agencies will be expected to jointly plan and provide integrated services and environments to meet the needs in a person centred way of those with mental health problems
- Public services commit to access education about mental health and suicide prevention for their front line workers with specialist training in self harm for A&E and ambulance staff
- Develop educational programmes for GPs to improve early detection/diagnosis of mental health
- Commissioners and providers will review care pathways with service users and carers to ensure mental health is integrated into physical health specifications and pathways are seamless





## What do we mean by working together

Mental health has for many years been considered an area that is the specialist's business rather than everybody's business. Working together in the interest of the individual, their carer and families requires an agreed set of values governing how agencies interact with the people they serve. The "parity of esteem" agenda has provided this both for mental health and carers, providing a mandate for services to ensure that mental health is given equal importance to physical health and that carers are viewed with equal importance as people who use mental health services.

In this strategy we have selected some key outcomes to achieve: we need strong leadership across our public sector organisations that support the parity of esteem agenda and recognise that good mental health holds the key to quality of life and should therefore be considered in all service planning, resourcing and training of the front-line workforce. The aspiration is to have mental health and wellbeing in all public services strategic plans eliminating the need for a stand-alone strategy for mental health and wellbeing in the future. We need services to work together, putting the service user, carers and families at the centre, to improve the experience and outcome for service users and carers when they may have multiple needs such as mental health and physical health or mental health and substance misuse, or when moving from children's services to adult services.

Working together better also means working in partnership with different services provided across the lifecourse; mental health problems can contribute to perpetuating cycles of inequality through generations. Evidence suggests that early interventions in childhood can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health. Such interventions not only benefit the individual during their childhood and into adulthood, but also improve their capacity to parent, so their children in turn have a reduced risk of mental health problems and their consequences. ([No health without mental health, 2011](#)).

Mental health services and physical health services must work in partnership to ensure that the physical health needs of people with mental illnesses are met and





similarly that the mental health needs of people with physical health conditions are met.

The commitment of staff in the NHS, Local Government and in partner agencies is essential to the transformation we wish to see. Access to high quality information on which to plan services and measure outcomes is equally crucial for commissioning agencies, partner agencies and service users and carers. This information is vital to ensure we achieve parity of esteem for mental health and best value for money given the current challenging financial climate.

## Why working together is important

In Surrey and NE Hampshire we have a good range of services but people have told us that they don't always know what is available, that the services do not always feel person centred and that the services do not always work together. We want to improve this and ensure everyone works together effectively to put the person and their carer/family at the centre to meet their needs and improve lives.

We want to reduce duplication so that more provision can be provided at the right time, in the right place, by the right person, with the right outcomes.

We need to raise awareness and understanding of what helps to maintain mental wellbeing and prevent and treat illness across agencies. Improving mental health outcomes and achieving parity of esteem for mental health requires all agencies and all sectors to work collaboratively.

## Making it happen – priority actions

### Everybody's Business – Parity of Esteem

Mental health is everybody's business – Leaders across all public sector organisations will recognise the value of promoting good mental health and will ensure this is given equal consideration to physical health within their services strategic plans, resourcing and specifications.

This strategy advocates to the system to be in line with the Surrey Carers Strategy adhering to guidance such as [The Triangle of Care](#) and supporting the application of





the [carers care pathway](#) which will be promoted across Surrey agencies in support of the Surrey Carers Strategy. Mental health services and other services which support mental well-being must be inclusive of individuals' needs and the needs and support requirements of their families and carers.

We will achieve this by:

- Promoting parity of esteem:- mental health is as important as physical health by ensuring public sector organisations articulate in their strategic and commissioning plans what they are doing in consideration of emotional wellbeing and mental health
- Promoting and supporting the parity of esteem agenda for carers, in line with The Triangle of Care and Surrey Carers care pathway and delivery of the carers strategy.
- Raise awareness with community planning partners on how the Mental Health impact of policies and decisions can be considered including the use of tools such as the Mental Wellbeing Impact Assessment Toolkit
- Reliable quality data on service performance and commissioner spend will be available and transparent ensuring parity with physical health

### **Transitions and Co-occurring conditions**

It is important to ensure integrated support, care planning and service delivery for those people experiencing mental health problems who also have other health and social problems, such as alcohol and/or drug use, learning disabilities or autistic spectrum disorders. Similar issues arise with long-term physical health conditions such as heart disease, diabetes, sensory impairments or other mental health conditions caused by neurological problems such as acquired brain injury. Meeting these complex needs will frequently require a response from more than one service area and from more than one agency, however peoples experiences are still that exclusion criterias based on diagnosis sometimes prevent them receiving the right services.





**Learning Disabilities:** People with a learning disability are at greater risk of mental health problems across all diagnostic categories. People with a learning disability who also have mental health needs should be able to access the available range of generic as well as specialised local mental health services, to address their mental health needs

**Age Boundaries:** Ensuring that there is no automatic transfer to a specialist older people's service of people with mental illnesses, such as depression or psychosis, as they age. Transfer will be based upon their clinical needs and not purely on their chronological age.

Service users and carers with co-occurring problems will experience a more integrated pathway for their whole needs. People should have integrated care across mental health and other relevant services e.g. substance misuse services and on transition between services. We will achieve this by:

- Working with service users and carers, emergency services, statutory mental health services, community and faith sector to develop protocols to guide and support transitions between services
- Partner agencies will be expected to jointly plan and provide integrated services and environments to meet the needs of those with mental health problems in a person centred approach
- Commissioners and providers will review care pathways with service users and carers to ensure they are seamless, meet the specific needs of all age groups and are integrated to more effectively meet the complex needs of people with co-occurring problems. Integrating mental health into physical health specifications
- Moving away from exclusion criteria based on diagnosis to an inclusive culture based on need led, person centred, integrated services

### Efficiency through Collaboration

Joining up Health and Social Care; work is taking place to provide integrated solutions for people through the [Better Care Fund](#). The Better Care Fund is a £13.8





billion national fund in 2015/16. It is not new money and is designed to be used locally to drive better integration between health and social care, improve people's outcomes and to increase investment in preventative services. We must ensure that resources are used in a more joined up way as this will make better use of the capacity that exists.

Voluntary, community and faith sector; this sector plays a valued and important role in the delivery of mental health services in Surrey and NE Hampshire. Statutory services will ensure they have effective partnership and commissioning arrangements with the Third Sector that recognise the value of the range of diverse, flexible and innovative delivery models that they can provide.

Service providers and commissioners working together to establish organisational arrangements that promote the most effective and efficient use of services for service users and carers, minimise duplication and streamline access.

We will achieve this by:

- Developing a mental health provider forum in order for connections to grow
- Improving and influencing different layers of commissioning to work better together to ensure individually rather than system driven pathways. (NHS England-CCG's - Eating Disorder, Personality Disorder)
- Developing and implementing systems to ensure information about the pathways into and through care is highly visible, readily accessible and culturally relevant to people from black and minority ethnic groups including gypsy and travellers and where required able to be shared across agencies
- The third sector are a major contributor in Surrey and NE Hants to mental health improvement and care. The Clinical Commissioning Group's and Surrey County Council will continue to work in collaboration with the 3rd sector. We will agree joint commissioning based outcomes which will continue to streamline funding and reporting requirements. We wish to work further with them to:
  - Encourage the development of social capital
  - Build community led approaches to mental health improvement





- Support the needs of priority and vulnerable groups through befriending, care and support services crisis support and care
- Offer resources for start-up projects to increase peer support networks across Surrey & North East Hampshire
- Create better opportunities for wider health improvement and community participation
- The Clinical Commissioning Group's and Surrey County Council will develop joint commissioning for statutory aftercare (Section 117) and work closely with the Borough and district councils to ensure accommodation solutions support a move to independence

#### **Mental health awareness within the wider workforce:**

All partner agencies should ensure there is a high level of mental health literacy, inclusive of awareness of carers and the impact of mental ill health on families, and engagement amongst their staff. This should include clinicians and practitioners working in all social care and health settings - including community, emergency departments, hospitals and residential care. Training should be extended to the wide range of professionals working with people of all ages including youth workers, the police and criminal justice staff, teachers, housing support workers and others. The development of up-to-date specialist skills in mental health by all the independent contractor professions - GPs and members of the Primary Care Team, pharmacists, opticians and dentists - is also important, as is awareness among staff such as GP receptionists. Mental health awareness and suicide prevention skills training will help achieve earlier intervention and more effective liaison with specialist mental health services. In addition, specialist training in the management of self harm is required in emergency departments, poisons units and in criminal justice service establishments. Multi-disciplinary and multi-agency training across the Statutory and Third Sectors should be a component of all joint plans.

**Primary Care:** Service users have told us their physical health needs can be neglected or even dismissed. With parity of esteem for mental health the time is right to review how any mental health Enhanced Schemes may support improvement.





The aim is to ensure the identified funding is invested to the best possible effect for people of all ages with mental health illness. We need to ensure that all those providing Primary Care mental health services are trained and supported to improve their awareness and understanding of mental health and the early identification and recognition of common mental health problems.

**Secondary Care:** For staff working in secondary care physical health services, identification and appropriate management of mental health co-morbidities are important. This must also include the care of people with depression in the general hospital setting, treating medically unexplained symptoms and managing people who self harm with empathy, undertaking careful risk assessments in Emergency Departments.

The physical health of people with mental health conditions will be improved and we will seek to ensure that the mental health needs of people with physical health problems are addressed. Staff across the wider workforce will have a greater understanding and are trained in mental health awareness and suicide prevention to recognise and respond to signs and symptoms of mental illness and the link between physical health and mental health. We will achieve this by:

- Health, Social care, Emergency, welfare and associated sectors commit to access education about mental health and suicide prevention for their front line workers
- Develop educational programmes for G.Ps to improve detection and diagnosis of common mental health in primary care
- Secondary mental health have clear protocols on identifying and supporting physical health needs of the people that use their services
- Specialist training in self harm is targeted to A&E, ambulance and criminal justice service staff

## Measuring progress

The indicators on page 50 and 51 that we will be measuring to show our progress on the outcomes for working better together are: **1, 22, 23, 25, 26 and 27**





## 6. Priority 3: Partnerships with service users, carers and families

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**Building a strong partnership between commissioners, service users, carers and families encouraging an equal role in shaping the support available**

**Outcomes to achieve by 2020: Positive experience of care and support and fewer people experience stigma & discrimination**

- Service user and carers' voices will be listened to and be on an equal level
- Service user and carer involvement in commissioning mental health services will be strengthened by creating and supporting formal arrangements
- Service users and carers will have greater choice and control over their care
- Carers are supported to have a life outside caring

### How we will deliver our priority – actions

#### In year 1 (2014 – 2015):

- The independent service user and carer group (s) and local stakeholder forums will be recognised within the mental health commissioning governance structure formally
- All service users will be involved in their care planning
- Carers' well-being will be recognised and addressed through improved identification and response to carers' needs including young carers, increasing number of carers identified, assessed and entered on register by GPs
- Services will ensure that carers and service users can gain access to a whole family assessment
- Carers can access their own assessment within a primary care, generic or mental health setting
- Service user and carer feedback and involvement in designing, delivering and developing services will be mandatory
- Improve identification of children and young people who are young carers to promote and ensure that young carers are not left with inappropriate levels of caring responsibilities

#### In years 2 and 3 (2015 – 2017):

- Training will be available to service users and carers to strengthen their role in mental health commissioning
- Representation for carers in commissioning is supported to represent mental health issues adequately
- Accessible information will be made available to service users and carers, supporting an informed decision on their care and the choices they have
- Widen approaches for service users and carers involvement e.g. service user led website and carers on-line forums





## What do we mean by partnerships with service users and carers?

Service users, carers and their families are at the heart of the commissioning cycle. People who have experience of using services as an individual or a carer are best placed to inform all aspects of commissioning, from analysing the need, planning services, influencing and being part of procurement processes and reviewing progress by providers. We will ensure that service users and carers are able to make a contribution by taking individuals time and commitment requirements into account and looking at different ways for people to become involved.

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Mental health commissioning needs to strengthen the support and role that is available to service users and carers who become involved in planning and monitoring of mental health services. This needs to include a clear structure to develop this from and a process of induction and training as well as ongoing support. Attention needs to be paid to the development needs which arise from being involved at different levels of involvement from local work to county work to regional work.

Commissioners also need to work with and ensure service users' and carers' roles are valued and that their rights are respected and are being met through provided services. A supportive open landscape needs to be nurtured to ensure that people who use services and those who care for them feel able and confident to share their views on the services they use and their experience in a way that fits with them. For some that may be attending a formal meeting, for others completing a survey, attending a drop in, or contributing by teleconferencing or on-line forums.

*"We need an established way to involve service users and carers; nothing about us without us"*

The aim is to improve capacity of service users, carers and families to take part in local and regional involvement, service improvement work, self-help support and service provision by effectively supporting involvement within our own



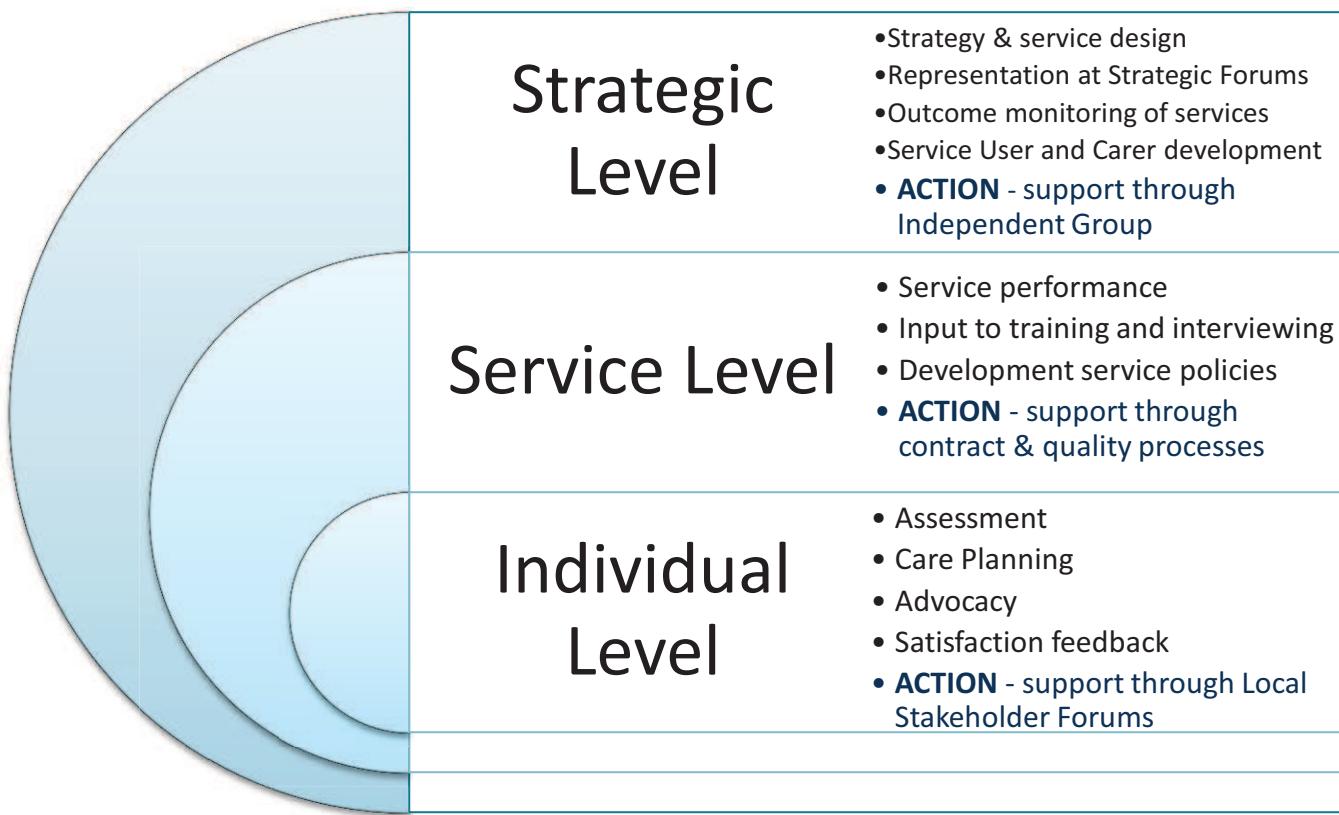


commissioning practice. It will also be achieved by local groups which will build capacity of people to get involved in the future and for their voice to be heard, equal and be acted upon.

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With the commissioning changes that have taken place there is a need to refocus the involvement of mental health with service users and carers.

In working together to identify what needed to happen it was found useful to describe the areas of involvement activity for service users, carers and families on three levels as shown by the diagram below:



## Why partnerships with service users and carers are important

People who use services, their families and carers are experts in their own lives.

People and their families and carers must be partners in decisions about their care and we must capture that expertise in the way we commission our services.





Service users and carers have told us throughout the co-production of the strategy that there must be a strong user and carer voice throughout commissioning, aligned with clear communication evidencing that this voice has been heard. Follow up after initial engagements with service user and carers is essential to maintain engagement and build the capacity and diversity of opinions, ideas and input.

It is also vital that any services commissioned have a person-centred, holistic approach within the context of the family. Acknowledging the vital and significant role that carers play in supporting the people they care for, and the potential impact for people without a carer or significant other is essential. We believe progress has been made in involving service users in all aspects of their care, whereas involving carers has historically made less progress. Through this strategy, we are advocating a whole family approach, recognising, valuing and respecting carers and ensuring parity of esteem for carers. We support the [Joint Surrey Carers Commissioning Strategy](#) which outlines how carer support services are to be developed and enhanced. This strategy supports the Surrey Carers Strategy and the new 2014 - 16 priorities of:- Identification and Recognition, - Realising and releasing potential, - A life alongside caring and - Supporting Carers to stay healthy.

We have included in the strategy specific commissioning plans for carers that are in line with these priorities.

Including carers as a partner in care, with the service user and professional is identified in the [Triangle of Care](#). Within this best practice guidance, 6 key elements are advocated:

- carers and the essential role they play are identified at first contact or as soon as possible thereafter;
- staff are 'carer aware' and trained in carer engagement strategies;
- policy and practice protocols on confidentiality and sharing information are in place;
- defined post(s) responsible for carers are in place;





- a carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway
- a range of carer support services is available.

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There are also legal drivers to ensure that carers are recognised, valued and supported. In the Care Act, carers are given the same legal rights as service users and we need to ensure this parity of esteem throughout our work. By ensuring better identification, acknowledgment and support for carers, through elements such as completion of carers registers and robust assessment and signposting - this holistic approach to supporting recovery through the totality of a person's support structure, can be better achieved. From April 2015, the law will require that when a child is identified as a young carer, the needs of everyone in the family are to be considered. Both children's and adults services are required to assess why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place.

## Making it happen – priority actions

**Service user and carer involvement in commissioning mental health services will be strengthened by creating and supporting formal arrangements.**

To achieve this the following actions will be taken forward:

- The Independent Mental Health service user and carer group and local stakeholder forums will be formally positioned in the mental health commissioning governance structure. They will drive a strategy of involvement that embeds service user and carer development & involvement across mental health commissioning with terms of reference for the working arrangements between the related groups agreed
- A training package will be developed and delivered to service users and carers to support and strengthen their role in commissioning of mental health services that will cover service re-design, influencing skills and service outcome monitoring





- Work in partnership with service users and carers on their ideas to widen involvement such as service user led website and carers on-line forums

### **Service users and carers will have greater choice and control over their care**

To achieve this the following actions will be taken forward:

- Accessible information will be made available to service users and carers supporting an informed decision on their care and the choices they have. People will be communicated with using formats and means individually appropriate
- All service users will be involved in their care planning
- Carers' well-being will be recognised and addressed through improved identification and response to carers' needs (including young carers) improvement of GP carers registers & assessment
- Services will ensure that carers and service users can gain access to a whole family assessment, or if appropriate, carers can access their own assessment within a primary care, generic or mental health setting

### **Service user and carers voices will be listened to and be on an equal level**

The views and experiences of service users and carers need to inform and influence the provision of services directly. To achieve this the following actions will be taken:

- Through commissioning arrangements, mandate service user and carer feedback and involvement in delivering and developing services
- Ensure that the representation for families and carers in commissioning is supported adequately to represent the issues around mental health problems
- Improve identification of children and young people who are young carers to promote and ensure that young carers are not left with inappropriate levels of caring responsibilities

**Measuring progress** The indicators on page 50 and 51 that we will be measuring to show our progress on the outcomes for stronger partnerships with service users their families and carers are: 8, 16, 17, 25, 26 and 27.





## 7. Priority 4: Effective crisis care

**People who use services, their carers and families should get as much support to prevent and deal with a crisis from a mental health problem as they expect to receive from physical healthcare services.**

**Outcomes to achieve by 2020:** Positive experience of care and support, Fewer people will suffer avoidable harm and Fewer people experience stigma & discrimination

- **Delivery of the mental health crisis care concordat recommendations/standards**
- **There is improved access to appropriate care, continuity of care and reduced rates of relapse and re-presentation to mental health services**
- **There is an adequate level and mix of crisis services through population based planning and service development across sectors**

### How we will deliver our priority – actions

#### In year 1 (2014 – 2015)

- All key agencies have signed up to the Surrey Mental Health Crisis Care Concordat declaration and committed to deliver an Integrated Emergency response to all people and their families in crisis because of a mental health condition ensuring they are kept safe and helped to find the support they need – whatever the circumstances and time of day or night in which they first need help – and from which ever service they turn to first.
- Review the right level of beds and crisis model for safe quality services through simulation modelling and what impact a shift of resource would create enabling a redirection of resource to fund services to provide Crisis Care
- Establish local solutions and partnerships to better meet the mental health crisis needs of communities such as safe havens/crisis cafes
- Establish co-location, information sharing and integration opportunities for mental health within the public access services (111/999) as a first step to the 24/7 single point of access
- In the re-design of the safe havens and local crisis support pathways specific support for carers and families will be planned for

#### In years 2 and 3 (2015 – 2017)

- Establish the 24 hour 7 day single point of access for mental health crisis across Surrey and NE Hampshire with a response service pathway developed
- Enhanced 24/7 Home Treatment Teams delivering a higher volume of services to people in their own homes
- Voluntary Sector led local crisis services and peer support schemes are increased
- Agreed protocols between emergency services for mental health crisis care have been implemented across Surrey and NE Hampshire
- There will be a crisis contingency plan for all people within specialist MH services that has been developed with the service user and carer
- Ensure psychiatric liaison services are sustainable through the Better Care Fund work
- Information Sharing across agencies of crisis contingency plans have been implemented





## What do we mean by effective crisis care?

A crisis by its very nature is self defined and requires responses that are best suited to individual circumstances. It is important those crises are seen in the context of an individual and their family's experience and that we have services that can respond appropriately to any given circumstance.

A mental health crisis is when a person is in an emotional state where they need urgent help. Features of these crisis situations are:

- Suicidal behaviour or intention
- Panic attack/extreme anxiety
- Psychotic episodes (loss of sense of reality, hallucinations, hearing voices)
- Other behaviour that seems out of control or irrational and that is likely to endanger oneself or others.

Through conversations with people who use services, carers and other stakeholders some consistent themes emerged that should underpin the design and operation of all crisis services. They are based on the examination of the following evidence and service design principles.

National research has shown that although public services are there when people need them, there are concerns about the way in which health services, social care services and police forces work together in response to mental health crisis.

Our benchmarking shows that in Surrey there is a comparatively high use of, and access to inpatient services with lower access and use of community mental health services, than our comparator group.

Engagement with local groups have informed us that Crisis services are not connected and there is no clear pathway. People have concerns about whether beds are available when a crisis takes place which can leave carers to cope with the crisis. Repeated crises without adequate support can result in a carer not being able to continue in their caring role. People who have used crisis services have told us that they are not joined up and are inconsistent in their response. The police have





expressed concern about how to access crisis services particularly out of hours, and the voluntary organisations report they are picking up increased numbers of people in crisis discharged from Accident & Emergency departments because they cannot access any other services.

We do not appear to have services that are (a) joined up and interconnected and (b) give a timely response to people in crisis, that will ensure their safety and promote a programme of recovery (c) give support to family and carers consistently. We need to examine the crisis care pathways to include a more prominent use of the voluntary sector in responding to 'Social Crisis' (e.g. relationship difficulties, financial worries, housing issues/homelessness and loss of employment) whilst recognising that 'Social Crisis' may precede a more severe mental health crisis and that they are not distinct from each other.

People want to see more support at home in a crisis with this support being available at night time as well as giving Carers and families dealing with a crisis a greater level of support and information.

## Why crisis care is important

People in crisis and their carers and families can be vulnerable and must be kept safe, have their needs met appropriately and be helped to achieve recovery.

People should be able to find the support they need – whatever the circumstances in which they first need help, and from whomever they turn to first. As part of this, local mental health services need to be available 24 hours a day, 7 days a week and offer a flexible inclusive culture with a no wrong door approach.

Responses to people in crisis should be the most community-based, closest to home, least restrictive option available, and should be the most appropriate to the particular needs of the individual and their family and carers. Carers need to be identified at the time of a crisis and be treated as an equal partner who has a wealth of experience about the individual they are caring for who is in crisis.





In Surrey and NE Hampshire we perform on an average basis but we want to be in the best category. We will improve our system of care and support people in a crisis because of a mental health condition, ensuring they are kept safe and helped to find the support they need – whatever the circumstances in which they first need help – and from whichever service they turn to first.

There will be a clear care pathway in place which links services seamlessly and provides the best chance of recovery or enablement. As mental health problems are often experienced in conjunction with other health, social, environmental and economic issues, services should therefore be effectively integrated.

We want equality of access to services and for interventions offered to be based on the best available evidence. Services should be delivered within the community whenever practical, allowing hospital services to be used most effectively, if required.

The shift in the balance of care for people with mental health problems from inpatient to community with emphasis on recovery, has created a clear role for crisis services in avoiding inappropriate admissions and facilitating early discharges which delivers the best outcome for service users and their carers.

As we work in a whole system crisis services cannot and should not be separated from acute inpatients and community services, but instead form a vital component of a spectrum of flexible support.

There is growing evidence that it makes sense, both for the health of the population and in terms of economics, to intervene early when people have an issue with their mental health. This reduces the chances of people going on to develop more serious and enduring mental health problems - which are worse for the individual harder and more expensive for the health and social care economy to treat.





## Making it happen – priority actions

In Surrey and NE Hampshire we will improve our whole system of care, and support people in a mental health crisis by developing a clear care pathway for crisis response and appropriate services to support people. We will have a model of crisis support (including crisis safe places), that is fit for purpose and responsive to need that can act as an alternative to admissions, A&E attendance or use of police cells.

The principles by which we will do this are:

- Service user and carer involvement – engaging service users and their carers as full partners in the planning and development of crisis services
- Collaboration – working with partners from across the different sectors to develop approaches to crisis support which work across service boundaries, including those services which provide support at the first point of contact
- Service user centred support – developing services which address crisis as an individual experience and resist applying a universal definition or approach
- Recovery focused support – ensuring that crisis responses support an individual in their overall journey of recovery
- Respecting diversity – developing services which are sensitive and responsive to the needs of individuals and which are culturally competent
- Promoting equality – ensuring that crisis response services actively seek to address the particular barriers encountered by people who experience multiple discrimination
- Community engagement – developing services which are not only community based but are also seen as valuable resources by communities





The actions we will take to deliver the outcomes for effective crisis care through this strategy are:

- All agencies will be signed up to the Crisis Care Concordat and delivery of the action plan that will give clarity to each agency's role and responsibility when a mental health crisis occurs
- A 24/7 universal single point of access for mental health crisis, led by our local mental health trust, that navigates the pathway for people and carers for crisis support. Providing a response to all people and their families in crisis because of a mental health condition ensuring they are kept safe and helped to find the support they need – whatever the circumstances and time of day or night in which they first need help – and from which ever service they turn to first.
- Review the right and safe number of in-patient beds and units required for our need and what impact a shift of resource would create, enabling a redirection of resource to fund services to provide Crisis Care
- Complementary local pathways and support developed for mental health crisis with greater use of the voluntary sector and community and business resource, that will work as part of the whole system and central crisis services seamlessly, preventing people needing higher support from central services or supporting the central service when people have accessed this
- There will be a crisis plan for all people within specialist MH services that have been developed with and driven by the service user ,carer and family needs
- Establish co-location, information sharing and integration for mental health within the public access services (111/999) as a first step to a single point of access
- Enhanced 24/7 Home Treatment Teams delivering a higher volume of services and crisis response to people in their own homes
- Voluntary Sector led local 'safe havens' and crisis amelioration services that include specific support for carers and their families in their design, to support people experiencing or wanting to avert a mental health crisis





- Agreed protocols between emergency services for mental health crisis care have been implemented across Surrey and North East Hampshire
- Ensure psychiatric liaison services are sustainable through the Better Care Fund

- **Measuring progress**

The indicators on page 50 and 51 that we will be measuring to show our progress on the outcomes for effective crisis care are: **4, 18, 21, 22, 23, 24.**





## 8. Priority 5: Making recovery real

**People are entitled to receive recovery focused support that offers hope, fulfilment of potential and to live their lives on their own terms.**

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**Outcomes to achieve by 2020:** More people will recover and have a positive experience of care and support. More people will have good mental health

- People with mental health problems have improved outcomes in relation to housing, employment, income & overall quality of life; are valued & supported by their communities
- Service delivery is organised to provide more flexible, inclusive and integrated care by providers working together to establish arrangements that promote the most effective and efficient use of services, taking a whole family approach
- Increased service user led activity and peer support for service users and carers
- Use of carers care pathway ensuring support to carers throughout an individual's recovery
- Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential

### How we will deliver our priority – actions

#### In year 1 (2014 – 2015):

- Comprehensive care plans with personal goals will be the norm and will take account of the needs of the whole family including any children or young people in the household with the option of direct payments & to be advised by people with expertise in employment/benefits/housing
- We will work with partners to explore opportunities offered by new technology for service delivery
- Development of volunteer & peer support schemes for people who use services and carers

#### In years 2 and 3 (2015 – 2017):

- General mental health and voluntary sector services will be integrated into the developing Better Care Fund primary care hubs, to facilitate wrap around services with one single point of access
- Protocols to reduce evictions agreed between Boroughs and Health & Social Care Services
- Better understanding for GPs of the range and criteria for accessing accommodation
- Establish apprenticeship schemes for people with mental health problems and create access to existing schemes in Surrey County Council
- Extend the existing 6 months NEETS Scheme to include people with mental health problems
- Promote benefit of employing people with mental health issues by working with Job Centre Plus
- Establish accommodation steering group to develop integrated programs between mental health support services and housing agencies to provide tailored assistance to people with mental health problems living in the community and ensure enough appropriate accommodation
- Shared care prescribing protocols and Enhanced Service Schemes will be developed between primary and secondary specialist care to support primary care's increased role in recovery
- Awareness raising training will be given to secondary care mental health services on autism
- Reduce the use of locked rehabilitation by improved local personality disorder pathways
- Review the impact of Surrey/NEH mental health employment support services to ensure outcomes are realised and people are able to regain or retain employment
- Hours that services are accessible should meet the needs of the people accessing them





## What do we mean by recovery

For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

Having a good quality of life means greater ability to manage your own life, stronger social relationships, a greater sense of purpose and belonging, the skills needed for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

The recovery process:

- Provides a holistic view of mental illness that focuses on the person, not just their symptoms
- Believes recovery from severe mental illness is possible
- Is a journey rather than a destination
- Does not necessarily mean getting back to where you were before
- Happens in 'fits and starts' and, like life, has many ups and downs
- Calls for optimism and commitment from all concerned
- Is profoundly influenced by people's expectations and attitudes
- Requires a well organised system of support from family, friends or professionals
- Requires services to embrace new and innovative ways of working.

There is a strong link between the recovery process and social inclusion. A key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else.

## Why recovery is important

The recovery model aims to help people with mental health problems to look beyond mere survival and existence. It encourages people to move forward, set new goals





and do things and develop relationships that give people's lives meaning. This is every individual's right.

Mental health has come a long way since the large institutions with hundreds of beds and limited activity around recovery. The community care policy made massive strides forward from this landscape and the Mental Health National Service Framework (NSF) and NHS Plan built on this further with evidence based mental health services being established across the country and recovery language becoming commonplace. In Surrey and NE Hants we have comprehensive care and services for people with serious mental illness, such as early intervention in psychosis service, employment support, community mental health recovery, and community connection services. But there is still a lot of work to be done to make recovery real for individuals and services to be more flexible and responsive to individual needs.

## Making it happen – priority actions

Recovery works best when people experiencing mental health problems can work with professionals to identify and prioritise their own personal goals for recovery rather than a system led approach. Three key tools already benefiting service users are – the Wellness Recovery Action Plan (WRAP), the Developing Recovery Enhancing Environments Measure (DREEM), and the Recovery Star – all help place service users in the driving seat of their life, asking individuals to rate their own progress toward achieving their recovery goals and the support they receive to assist them in this process. Although being applied, for example the recovery star is used by our Community Connections providers, we want to see tools of this kind being much more widely used in everyday practice across all of our mental health services.





People with mental health problems have improved outcomes in relation to housing, employment, income and overall health and are valued and supported by their communities.

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- We will maximise opportunities for social housing for people with mental health problems and work with partners to ensure enough appropriate accommodation
- Reduce the use of 'locked rehabilitation' and out of area residential care by ensuring the right services, accommodation and skills are developed and commissioned locally to meet need
- Develop integrated programs between mental health support services, housing, justice and community agencies to provide tailored assistance to people with mental illness and mental health problems living in the community at risk of homelessness and other forms of disadvantage
- Review the impact of current mental health employment support approaches in Surrey and NE Hants to ensure outcomes are realised and people are supported back to employment or to retain existing employment.

Service delivery is organised to provide more integrated, coordinated and innovative care by Service providers working together to establish organisational arrangements that promote the most effective and efficient use of services, minimise duplication and streamline access.

- General Mental Health Recovery services will be integrated into the newly developing Better Care Fund primary care integrated hubs to enhance choice and facilitate wrap around services with one single point of access to all hub services
- Shared care prescribing protocols and enhanced service schemes to be developed between primary and secondary specialist care to support primary care's increased role in supporting people in their recovery





- Hours that services are accessible should meet the needs of the people accessing them and ensure alignment with primary care.
- We will work with partners to fully explore the opportunities offered by new technology in relation to MH service delivery

### **Increased Service user led activity and peer support for service users and carers**

- Development of volunteer and peer support schemes for people who use services their families and carers

**Providers are positively managing risk, supporting people to increase their levels of hope and aspiration and enabling them to realise their full potential through recovery and enablement approaches.**

- Comprehensive care plans will be the norm for people with mental health problems with the option to consider direct payments - to, be advised by people with expertise in employment, benefits and housing - as well as treatment and care, and a focus on achieving their personal goals for recovery (WRAP)

### **Measuring progress**

The indicators on page 50 and 51 that we will be measuring to show our progress on the outcomes for making recovery real are: 1, 2, 7, 9, 10, 11, 12, 13, 14, 15, 18 and 19.





## 9. Who will help us succeed?

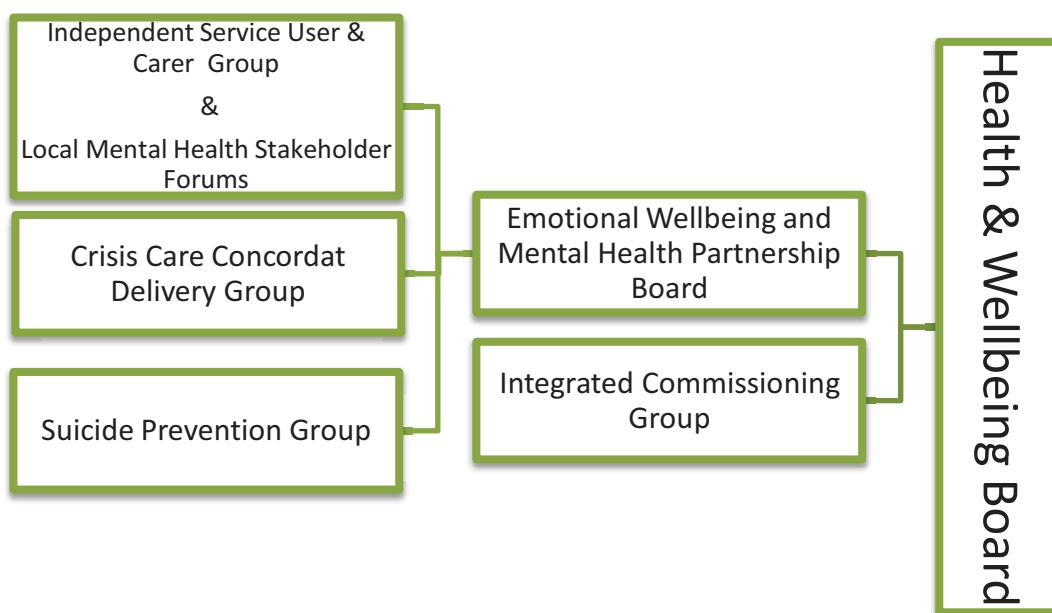
***Coming together is a beginning; keeping together is progress; working together is success.***

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Everybody will have a part to play in the success of this strategy, however there are some partners that will contribute significantly. These partners have come together to form the Emotional Wellbeing & Adult Mental Health Partnership Board and have all given their commitment to contribute to delivering this strategy successfully. The Partnership Board partners are:

Surrey and North East Hampshire & Farnham Clinical Commissioning Groups	Surrey County Council & Public Health
People who use the services and carers	Surrey and Borders Partnership Trust
Psychological Therapy Providers	Action for Carers Surrey
Surrey Coalition of Disabled People	Borough and District Councils

The Governance structure to support the delivery of the strategy is:





## 10. How we will know we are succeeding

Throughout this strategy we will measure progress in the delivery of the recommendations and actions through the Emotional Wellbeing & Adult Mental Health Partnership Board and an Operations Plan which will describe our operational targets which support the delivery of the 5 strategic priorities. We will also measure how we progress on the key outcome indicators identified for mental health.

The key outcome indicators are shown in the table below. The level of improvement that is achieved over the lifetime of this strategy will be monitored by the Surrey Health and Wellbeing Board.

Together these documents will enable us to continue to achieve, challenge and lead transformation in emotional and mental wellbeing development with people affected by mental illness and their families.

We will review this strategic framework annually to ensure it is fit for purpose in the context of an ever changing operating environment. The Emotional Wellbeing & Adult Mental Health Partnership Board will organise a yearly “Taking Stock” stakeholder event to ensure all are informed of progress and to provide an opportunity to sense check priorities within a rapidly changing context. The first “Taking Stock” event will take place in September 2015 and will be held yearly for the duration of the strategy.





<u>KEY OUTCOMES</u>	<u>MEASURE</u>
<b>More people will have better physical health</b>	<ol style="list-style-type: none"> <li>1. People with severe mental illness receive list of physical checks</li> <li>2. Excess under 75 mortality rate for people with serious mental illness</li> </ol>
<b>More people will have better mental health</b>	<ol style="list-style-type: none"> <li>3. Self-reported wellbeing</li> <li>4. Rate of access to NHS mental health services by 100,000 pop</li> <li>5. Number &amp; Ethnicity of detained patients</li> <li>6. IAPT: Access rate</li> <li>7. Access to community mental health and psychological therapy services by people from BME groups</li> <li>8. Number of community mental health clients with social care eligibility to receive social care assessment or review</li> <li>9. Access to integrated mental health teams services by Carers, by age group</li> </ol>
<b>More people will recover</b>	<ol style="list-style-type: none"> <li>10. Employment of people with mental illness</li> <li>11. People with mental illness or disability in settled accommodation</li> <li>12. Number of Adult Social Care Mental Health clients in receipt of residential/ nursing services vs community based costed services</li> <li>13. IAPT Recovery Rate</li> <li>14. Proportion of people who use social care services with control over their daily life.</li> <li>15. Community connections outcomes</li> </ol>





	16. Enabling Independence Service outcomes
<b><u>More people will have positive experience of care and support</u></b>	<p>17. Patient experience of community mental health services</p> <p>18. Overall satisfaction of people with their social care and support</p> <p>19. Proportion of people who say social care services made them feel safe &amp; secure</p> <p>20. Proportion of people feeling supported to manage their condition</p> <p>21. Identification of carers</p> <p>22. Identification of young carers</p> <p>23. Total number of carers who have had an assessment</p> <p>24. Total number of carers who have had a review</p> <p>25. Enhancing quality of life for carers measured by a health-related quality of life for carers' survey</p>
<b><u>Fewer people will suffer avoidable harm</u></b>	<p>26. Safety incidents reported.</p> <p>27. Safety incidents involving severe harm or death</p> <p>28. Hospital admissions as a result of self harm</p> <p>29. Suicide Rate</p> <p>30. Absence without leave of detained patients</p>
<b><u>Fewer people will experience stigma and discrimination</u></b>	<p>31. National Attitudes to Mental Health survey</p> <p>32. Press cuttings and broadcast media analysis of stigma</p> <p>33. National Viewpoint Survey – discrimination experienced by people with MH problems</p> <p>34. Time to Change-Surrey monitoring and evaluation data</p>



