



Health and Wellbeing Board
7 December 2017

Promoting Emotional Wellbeing and Mental Health Priority

Purpose of the report: The purpose of this report is to review the final outcomes of the three year joint commissioning strategy on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.

Introduction:

1. The Board approved the emotional wellbeing and adult mental health strategy in October 2014 which was developed through extensive co-design and a successful consultation from June – September 2014.
2. The strategy had wide ranging actions to complete from 2014 – 2017 with key achievements being:
 - Ahead of the curve with new technology for mental health – on-line IAPT, e-therapy SABP, face to face on-line support for carers
 - Reduced S136 people in custody down from 19% to 0%
 - Increase in Sec 136 Health beds (+25% capacity)
 - 5 Bids successful bringing in £3.4million across Surrey agencies to improve mental health crisis and acute care
 - All 5 safe havens now open across Surrey & NE Hampshire
 - Peer support workers in place
 - New Independent service user and carer network established
 - Healios carers support pilot extended showing positive outcomes
 - Anti-stigma work of Time to Change rolled out reaching more than 1600 people through the mental health ambassadors
 - Suicide prevention plan developed
 - Domestic abuse training in CCGs prevention plans

- Crisis care concordat plan and Delivery Group active
 - Successful joint Protocols and Improved working between agencies, SABP/Police/111/Ambulance
 - Conveying of people on S136 by ambulance introduced
 - Crisis provision for children and adolescents extended HOPE commenced
 - A Universal 24/7 Single Point of Access for MH Crisis (field tests taking place)
 - Mental health staff in police call centres 7 night service
 - GP Education for MH Advanced Diploma commissioned
 - Surrey High Intensity Partnership Programme introduced and successfully supporting people with mental health needs who have intensively used emergency services
 - A Surrey wide accommodation with care and support market position statement has been developed working together with the provider market to stimulate and shape the market so it meets our future needs.
3. This report highlights the final outcomes of the strategy from June 2014 up to the end of October 2017 against the five priorities in the strategy of:
- Promotion, prevention and early intervention
 - Working better together
 - Partnerships with service users, carers and families
 - Effective crisis care
 - Making recovery real

The summary status can be seen below in illustration 1.

Illustration 1:

Vision: 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

Key:
Red = Outstanding issues – action required
Amber = On Track
Green = Achieved and Ongoing

Strategy Priority	Completion Status (Oct 2017)	
Priority 1- Prevention Promotion & Early Intervention	Green	Achieved
Priority 2 - Working Better Together	Amber	Ongoing
Priority 3 - Partnerships with service users, carers and families	Green	Achieved
Priority 4 - Effective Crisis Care	Green	Achieved
Priority 5 - Making Recovery Real	Green	Achieved

Progress on Priority 1: Promotion, Prevention and Early Intervention

4. The promotion, prevention, early intervention priority actions for year 3 have all been met giving an overall status of green (achieved). A summary of the year three actions achieved since the last report are described below and in appendix 1:

4.1 Access standards for MH are met –

- Early Intervention in Psychosis >50% treated within 2 weeks with NICE care package – standards consistently being comfortably met
- IAPT Access, Recovery and wait times – All CCGs meeting wait times and close to recovery but access is behind target and promotion of the service is taking place along with embedding in long term clinics.
- Dementia Diagnosis - All CCGs are working on meeting these targets.

- Psychiatric Liaison Core 24 service level in 50% acute hospitals – 24 hour services are in place in 3 of the 5 acute hospitals with Ashford and St Peters and Royal Surrey County Hospital going to CORE24 in April 2018 following successful bids
- Perinatal MH Community Service – East Surrey and NEHF services went live in 2017 and the Surrey clinical network has developed an integrated pathway and strategy. A wave 2 bid has been prepared for Surrey Heartlands and Surrey Heath CCGs to submit in the 2nd wave in 17/18

4.2 Awareness raising of link depression and Long Term Conditions – NEHF CCG were successful in their bid to be an Early implementer site for this within their IAPT service and their pilot has been successful in increasing access. The Surrey IAPT providers have agreed a model of expansion into the Long Term Conditions across the county and have started to implement this from September 2017.

4.3 Public services attain workplace wellbeing charter – being implemented in 1 CCG and SCC so far.

4.4 Suicide Prevention

A multi-agency suicide prevention plan is in place, achievements against the priorities within this plan include:

- *Understanding suicide and attempted suicide in Surrey.* A suicide audit of suicides taking place between 2012 and 2013 was undertaken. Sharing of local partner intelligence via to the Suicide Prevention group lead to a multi-agency group being established in 2017 in response to a number of suicides at Woking Railway station/line. Members include Woking BC, British Transport Police, Surrey and Borders Partnership, Samaritans, CCG, Safe Haven and Community Connections. Some of the key actions include community suicide prevention training, setting up a mental health champion scheme, improving awareness of local services and identifying ways to communicate information about individuals that maybe distressed.
- *Helping people to recognise and respond to suicide risk.* 250 health and social care staff between 1st April 2015- 31st March 2017 have been trained in suicide prevention.
- *Responding effectively to attempted suicide in Surrey.* All A&Es now have been provided with a directory of

- services to refer people deemed to be at risk of suicide to appropriate services (information includes community mental health services and support services).
- *Prevention of suicide among identified high risk groups.* Additional bespoke suicide prevention training sessions have been provided for agencies who have been identified to be working with those at increased risk. Three sessions were delivered in 2017 to CAB staff, Carers and Housing providers. Domestic Abuse providers have attended the ASIST training.
 - *Reduce attempted suicide amongst children and young people.* The Healthy Schools programme includes emotional wellbeing, resilience and self-harm. The programme provides Training for school nurses and wider support for professionals working in schools to identify and support children with an emotional mental health and wellbeing need is offered through Emotional Wellbeing Service, through the community health provider.
 - *Develop a post suicide intervention plan.* A small working group has been established to improve support to people bereaved by suicide. This group consists of family members, CAB, Public Health and SOBS.

Progress on Priority 2: **Working Better Together**

5. The Working Better Together priority actions for year 3 have mainly been met however the level of change required has been more than this three year strategy could achieve and is a priority area that the STPs will take forward under their mental health strategies and priorities, particularly improving physical health and integration of physical and mental health. A summary of the year three actions status are described below:

- 5.1 **Mental Health is in strategic plans of public sector organisations:** Mental Health is in all the CCGs Sustainable Transformation Plans & Surrey County Councils Plans
- 5.2 **Mental Health Performance Data and investment** will be transparent – dashboards and investment tracker for NHSE are in place and reported on by all CCGs

- 5.3 **Wider workforce training** – the acute hospital CQUIN developed for mental health awareness in general workforce is being implemented in 2 acute trusts. Psychiatric liaison in the acute hospitals, suicide prevention training, MH First Aid training and GP Advanced Diploma are all in place – the challenge is to increase the numbers of staff completing and attending these training areas
- 5.4 **Care pathways seamless across physical and mental health** – physical health policy is in place within SABP and CQUIN in MH Trusts. IAPT projects, psychiatric liaison expansion and integration work in CCGs will take this further. Further support and resource is required on supporting mental health at a primary care level for people with serious mental health and their physical health where currently very limited support is commissioned. The action of improved interfaces between physical health and mental health will be taken forward through the work of the STP mental health groups
- 5.5 **Education delivered to GPs on common mental health** – Advanced Diploma on Mental Health for GPs was commenced and was very popular. The provider for this course is no longer available and so commissioners will be recommissioning the course to ensure local delivery
- 5.6 **Joint planning of Mental Health in integrated services** – older people with mental health issues is included across all CCGs plans and the recommendation is that mental health goes further in the integration plan

Progress on Priority 3: Partnerships with service users, carers and families

6. The Partnerships with service users, carers and families priority actions for year 3 have had a little slippage but are all either on track to being achieved by the end of 17/18 giving an overall status of achieved. A summary of these year three actions are described below:
 - 6.1 **Service User and Carer Training delivered to strengthen their role:** The Independent Mental Health Service User and Carer Group have appointed a new

- coordinator and this area will be developed through this network
- 6.2 **Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility** – this has in part been met by including in the Healias pilot and picked up in the young carers strategy
- 6.3 **Accessible information to support making informed decisions on their care** - Work will be completed on this by the end of March 2018 including the new Single Point of Access information
- 6.4 **Widen approaches for involvement** – Independent Mental Health Service User and Carer group have taken this forward introducing new social media platforms to their communication and involvement.

Progress on Priority 4: Effective Crisis Care

7. The Effective Crisis Care priority actions for year 3 are all on track or are planned to have been achieved by the end of the year giving an overall status of green (achieved). A summary of these year actions are described below:
- 7.1 **Establish a 24 hour universal single point of access (SPA) for mental health crisis**: field tests have been successfully taking place to support the full implementation of the SPA due to be in place for April 2018
- 7.2 **Sustainable psychiatric liaison services** – National timeline is to achieve standard by 2020/21 in 50% of acute hospitals, Surrey are on track to meet standards by 2018/19 with 2 successful bids increasing funding to meet the CORE 24 standards in 2 of the acute hospitals
- 7.3 **Everybody has crisis contingency plans** – this is part of the SPA preparation work taking place in SABP
- 7.4 **Sustainable Safe Havens** – Work has completed on the shift of model and reinvestment sustaining the safe havens and introducing a crisis overnight support service.
- 7.5 Work is continuing to take place on the improvements of the **mental health acute in-patient environments**. During the life of this strategy the new unit at Farnham Road in Guildford has opened. Independent review of the numbers of beds required over the next 5 years across the area to avoid accessing beds out of area has

shown a higher number than originally being considered. A further two units will continue to be planned for with a refurbishment at the Abraham Cowley Unit in Chertsey and the third site to be decided with options of Epsom and Redhill being considered. There is an estimated gap in revenue for this work that will need to be considered through STPs over the next year.

Progress on Priority 5: **Making Recovery Real**

8. The Making Recovery Real priority actions for year 3 have been achieved giving an overall status of green (achieved). A summary of these year three actions are described below:
 - 8.1 Shared care and enhanced services between primary and secondary care for mental health**
agreed – ES CCG have completed preparatory work and NEHF and Surrey Heath CCG have started work on these areas. Surrey Heartlands will be taking this forward within their STP mental health work
 - 8.2 Awareness raising training to secondary care staff on autism** – this is being delivered via the AAA service within SABP
 - 8.3 Integrated accommodation programmes between Mental Health services and housing agencies** – the working group has been established and a Surrey wide market position statement has been developed. The analysis shows the current status of accommodation with care and support available for people with mental health and/or substance misuse needs and identifies gaps in the market and future requirements.
Commissioners across the health and social care system are working together with the provider market to stimulate and shape the market so it meets our future needs. The joint S117 policy and funding has been agreed across all partners and has been implemented with training in April 2017
 - 8.4 Protocols to reduce evictions for people with mental health** – Protocol has been developed and published for Surrey. Floating support services are being redesigned to improve support for people with mental health needs to maintain tenancies and prevent homelessness.

8.5 Integration MH into primary care hubs – achieved for older people MH across all areas, NEHF also doing adults

Conclusions:

9. Good progress has been made in the third year of implementing the emotional wellbeing and mental health joint commissioning strategy with particular strength on the improving partnerships with service users and carers and maintaining progress on Crisis Care.
10. Key focus over the last half of the 3rd year in the strategy has been on maintaining our reduction of the number of section 136 going into custody, establishing the Single Point of Access and sustainability of the Safe Havens.
11. Overall the strategy has delivered well against the majority of its many actions and is to be praised for the commitment that staff and service users and carers as partners have achieved together. However there is further to go in:
 - 11.1 Concluding the work on the environment improvements of mental health inpatient units
 - 11.2 Improving the physical health of people with mental health with support and resource required for primary care mental health
 - 11.3 The integration of physical health and mental health pathways
 - 11.4 Increasing awareness and capability of the wider workforce around mental health.
 - 11.5 Good progress has been made in Surrey with regards to suicide prevention. However, as highlighted in the report to the Adults and Health Select Committee, Surrey County Council and SABP will be leading the development of a multi-agency strategy to further galvanise partnership support for this agenda.
12. The ongoing work will be handed over to and taken forward by the three STPs across Surrey. We also welcome the continued support of the Health and Wellbeing Board in prioritising emotional wellbeing and mental health in their refreshed strategy.
13. This is an important lever that enables the health and social care system to achieve the aim that mental health is as important as physical health and is everybody's business. It supports the ethos that every health and social care agency has mental health in their strategies and that this remains important beyond the life of this strategy.

Recommendations:

14. The Board is asked to:

- a) Note the outcomes on the implementation of the commissioning Strategy at the end of year 3.
 - b) Ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.
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Background Paper: EWMH Joint Commissioning Strategy



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