

## **Annex 1- Select Committee Task and Finish Group Scoping Document**

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Democratic Services Officer complete the scoping template.
3. The Corporate Services Select Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

### **Review Topic:**

Mapping the Patient's Journey through Adult Mental Health Services in Surrey

### **Select Committee(s)**

Health Integration and Commissioning Select Committee

### **Relevant background**

The increase in people experiencing mental health problems represents a growing challenge for the UK. Research suggests that approximately a quarter of the population will experience a mental health condition each year. In Surrey, with a population of 1.2 million, 300,000 people, three times the number of people as live in Surrey's largest conurbation, Woking, will experience mental illness each year. Nationally, the most common types of mental health conditions experienced are generalised anxiety disorder (5.9 in 100 people), depression (3.3 in 100 people) and post-traumatic stress disorder (4.4 in 100 people). More complex mental health conditions are also prevalent such as bipolar disorder (2.0 in 100 people) and psychotic disorders (0.7 in 100 people). Mapping these statistics against Surrey's population demonstrates the size of the challenge that the county faces.

The length of time that many people are required to wait for treatment for a mental health condition suggests that services across the country are under immense strain. Indeed the Health Integration and Commissioning Select Committee has heard first-hand of the pressure on mental health services in Surrey from the county's mental health provider, Surrey and Borders Partnership NHS Foundation Trust (SaBP), who stated that their inpatient services are operating at over 100% capacity. But the impact of mental health conditions ripple across the wider public sector putting additional pressure on services that are already struggling to keep pace with demand. Ambulance trusts, acute trusts, GPs, the Police and Prison Service are all experiencing significant challenges arising from growing prevalence and awareness of mental health and the damage that it causes.

The most significant impact, however, is on those who experience mental illness, the implications of which can be severe. Research has shown that 6.7 out of every 100 people in the UK will attempt suicide in their lifetime while 7.3 out every 100 people will self-harm. Evidence also indicates that the link between mental and physical health contributes significantly to the burden of disease meaning that

people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people, one of the greatest health inequalities in England. Mental health conditions unite all areas of the population irrespective of geography, gender, race or age but there is evidence to suggest that those from poorer backgrounds are at increased risk of developing a mental health condition across their lifetime.

Through publication of its Mental Health Five Year Forward View, NHS England has committed to embedding parity of esteem between mental and physical health which it has supported with additional resource and funding to improve the accessibility and quality of mental health provision. Increased recognition of mental health and the challenges it presents is to be welcomed but there must also be recognition of a patient's journey from development and diagnosis of a mental illness to treatment for that condition which takes account of the many other services that they may come into contact with before, during and after treatment. Introducing a holistic approach to supporting people with mental health conditions and understanding how they interact with the public sector at different times is the most effective means of improving outcomes for patients and supporting them in having full and fulfilling lives.

At its meeting on 7 November 2018, the Health Integration and Commissioning Select Committee considered the outcomes of an Enter and View Report by Healthwatch Surrey on the Abraham Cowley Unit, an inpatient mental health ward operated by SaBP, which highlighted specific challenges around the delivery of inpatient mental health services in Surrey. As part of these discussions, Committee Members reflected on how national challenges relating to the treatment of mental health were manifesting themselves in Surrey and on the provision of services locally. It was recognised that more in depth consideration was required into how the public sector across Surrey supports people through mental illness to reduce demand on services and ensure the best outcomes for residents in response to the growing burden of mental illness in the County.

### **Why this is a scrutiny item**

Scrutiny can take an elevated view of mental health services and support in Surrey by considering individual experiences of those who develop a mental health condition and their interactions with different agencies as they journey through the system. Looking holistically at the many services and sectors that support recovery from a mental health condition from the standpoint of patients is a perspective that only the Select Committee can offer. Considering these many interconnecting services collectively from the patient perspective will foster improved understanding of how public sector organisations in Surrey can work together more effectively to improve outcomes for residents. Scrutiny can also support the health and social care system to identify any gaps in support as well as highlighting those interventions or services that work well.

Provision of mental health services has been identified as a key priority for residents by Healthwatch Surrey. This accords with growing recognition of the burden of mental illness in the UK and the strain that it places on individuals, families and communities. The Select Committee has a duty to listen to residents on the issues that it considers and to ensure that the provision of healthcare services in Surrey reflect the voice of residents. Given the importance of mental health to residents, the Select Committee wishes to ensure that their concerns about the quality and accessibility of mental health services are being listened to and understood in the delivery of mental health services.

Projections suggest that around a quarter of people in Surrey (300,000 residents) will experience mental illness each year. Even more alarmingly, 82,800 residents will attempt suicide in their lifetime and 87,600 will self-harm. There can be few issues that have such a significant impact on so many residents as mental health not to mention the wider affects that it has on families and communities. The Select Committee must prioritise its work towards those areas where it can have the greatest impact. By reviewing how those with mental illness are supported in Surrey the Select Committee has the potential to make recommendations on how to improve services for a significant portion of residents.

Surrey County Council has recently published its 'Community Vision for Surrey in 2030' which highlights the importance of having public sector services that support people to live full and fulfilling lives. Reducing the burden of mental illness will be a critical component of delivering against this vision given that it affects a quarter of Surrey residents each year and will require a unified approach across all organisations that deliver services across the county. Prevention and early intervention will play an important role in reducing the burden of disease arising from mental health conditions, scrutiny can support the health and social care system in Surrey to understand how it can promote emotional wellbeing among its residents,

There are a variety of strategies which govern how public sector organisations in Surrey aim to address the challenges arising from mental illness ranging from the Promoting Emotional Wellbeing and Mental Health Priority within Surrey's Joint Strategic Needs Assessment to the County's Suicide Prevention Plan. The Select Committee can utilise its unique role within the health and social care system to review the interactions and gaps between these different strategies and support services to collaborate as effectively as possible.

**What question is the task group aiming to answer?**

What is the journey through the system for adults who require support for a mental health condition in Surrey and what are their experience of using outreach, community and inpatient mental health services?

How effective are public sector organisations in Surrey at preventing the development of mental health conditions or at identifying and intervening at an early stage where prevention has not be possible to improve outcomes for residents and reduce demand on acute mental health services?

What services are those with mental health conditions most likely to come into contact with and how are these services equipped to provide effective support?

Is adult mental health treatment and support in Surrey person-centred and do patients feel involved in their care plans?

How do patients' stories align with local data and national best practice on treatment for those with different types of Mental Health conditions and what conclusions can be drawn about whether public sector organisations in Surrey support people with mental health conditions to live full and fulfilling lives in accordance with the 'Community Vision for Surrey in 2030'?

Does Surrey take an integrated approach to the treatment of mental and physical health?

What constitutes parity of esteem between the treatment of physical and mental health and has this been achieved in Surrey?

**Aim**

For Members of the Task Group to understand the patient journey through the adult mental health system in Surrey to consider how organisations across the public sector are working together to support those with mental health conditions to live full and fulfilling lives. The Task Group will focus its review on adult mental health services in Surrey while recognising that mental health problems often begin in childhood.

**Objectives**

- review the journey of adults with mental health conditions in Surrey through support services and interventions to assess how their interactions with different public sector organisations aid their recovery.
- define what constitutes parity of esteem between the treatment of physical and mental health and whether this exists in Surrey; and
- assess whether there is integration in the treatment of patients' physical and mental health.

**Scope (within / out of)**

In Scope

- adult mental health inpatient, community and outreach services in Surrey;
- GP referral process and waiting times for treatment;
- mental health crisis support;
- parity of esteem between physical and mental health;
- suicide prevention;
- Promoting Emotional Wellbeing and Mental Health Joint Health and Wellbeing Strategy Priority; and
- agencies in frequent contact with those with mental health conditions including acute trusts, ambulance trusts and the Police.

Out of Scope

- Children and Adolescent Mental Health Services (CAMHS)
- Recommissioning of the CAMHS contract

**Outcomes for Surrey / Benefits**

contribute to the reduction of health inequalities for those with severe and prolonged mental health conditions;

help to embed a patient-centred approach to mental health support in Surrey that incorporates and understands the role of the whole system;

support the health and social care system in embedding parity of esteem between mental and physical health;

create a shared understanding of patients’ journey through the mental health system in Surrey; and

reduce the stigma around mental health in Surrey and raise the profile of support services available.

take an elevated view of mental health services and support in Surrey by considering individual experiences of those who develop a mental health condition and their interactions with different agencies as they journey through the system

**Proposed work plan**

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

| <b>Timescale</b>        | <b>Task</b>  | <b>Responsible</b> |
|-------------------------|--|--------------------|
| January 2019            | Hold workshop with Task Group Members to define scope, work plan and desired outcomes.   |                    |
| January – February 2019 | Build case studies about the experience of mental health service users across outreach, community and inpatient services as well as across the different segments of the population. |                    |

|                              |   |  |
|------------------------------|---|--|
| January/<br>February<br>2019 | Meet with representatives from Surrey and Borders Partnership to understand pathways to care for those with mental health conditions. |  |
| March – May<br>2019          | Meet with agencies to compare case studies against policies and protocols of different agencies mentioned within the case studies.    |  |
| May 2019                     | Hold workshop with Task Group Members to identify areas for recommendation.   |  |
| June 2019                    | Compile report.   |  |

**Witnesses**

Mental Health Service Users (x10)

Mental Health Service Users' families

GPs

Surrey and Borders Partnership NHS Foundation Trust

Improving Access to Psychological Therapies (IAPT) Practitioners

Clinical Commissioning Groups

Mental Health Charities such as the Samaritans and MIND

**Potential Witnesses**

South East Coast Ambulance Service (SECAmb)

Surrey's acute trusts

Surrey County Council Public Health Team

Surrey Police

Health and Wellbeing Board

Voluntary Sector Organisations

Housing providers

District and Borough Councils

## Useful Documents

Mental Health Five Year Forward View

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Independent Review of the Mental Health Act

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/762206/MHA\\_reviewFINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762206/MHA_reviewFINAL.pdf)

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

### **Potential barriers to success (Risks / Dependencies)**

Lack of willingness to engage by past or present users of mental health services

Lack of willingness to engage from agencies that aren't statutorily required to provide evidence to the Committee.

Criticism arising from focusing on qualitative research based on the experience of a few service users rather than using quantitative research.

### **Equalities implications**

|                                      |   |
|--------------------------------------|---|
| <b>Task Group Members</b>            | Nick Darby<br>Fiona White<br>Bill Chapman<br>David Wright |
| <b>Co-opted Members</b>              | None  |
| <b>Spokesman for the Group</b>       | Nick Darby  |
| <b>Democratic Services Officer/s</b> | TBC   |

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