

Surrey Health and Wellbeing Strategy

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Priority 2 – Draft Implementation Plan

Healthy Surrey

≡ DELIVERING THE
COMMUNITY VISION FOR SURREY

Focus area
What we are trying to achieve

Activity
What we will do

Outcomes
What we need to achieve

KPIs 19/20 -
We will know that we are on track when...

Enabling children, young people, adults and elderly with mental health issues to access the right help and resources

- Develop preventative mental health in-reach offer with schools.
- Map and develop preventative mental health support access for Older People.
- Scale up anti-stigma work, including rollout of the Time for Change training programme.
- Expand work to improve the links between physical and mental health.
- Supporting wellbeing at work through the development of a Wellbeing Charter for businesses.
- Develop new integrated models of care to support people at risk of admission to secondary mental health services.
- Mapping of Dementia services and develop partnership responses to system opportunities, to support people and carers to live independently for as long as possible.
- Develop system-wide aligned plans for people with mental health issues who need support in prisons or the criminal justice system.
- Enable effective system-wide planning ensuring safe discharge into suitable accommodation for people upon hospital discharge.
- Suicide prevention work to be scaled up with existing partners, supporting our zero suicide ambition.

- People with depression and anxiety are identified early and supported
- Support people to reduce levels of mental ill health
- Improving access to good information, advice, and support that is relevant and timely
- Reduce stigma around mental health
- People are supported to recover and live well in the community
- Employee health and wellbeing is valued in the workplace

Under development by SODA (Surrey Office of Data Analytics)

Impact
We will know we have achieved this when...

(Under development by SODA)

- Reduced number of mental health admissions
- Increased uptake of Workplace Wellbeing Charter

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Related priorities	Priority 1 (helping people to lead healthy lives) Priority 3 (supporting people to fulfil their potential)
Related workstreams	NHS Long Term Plan implementation Joint Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people Surrey and North East Hampshire Integrated Commissioning Strategy - Emotional Wellbeing & Adult Mental Health Substance Misuse

System Capabilities

- Community development:**
 - Add mental health metrics to Social Progress Index.
- Digital and Technology:**
 - Develop existing resources to create a single point of access web platform detailing information and services.
- Intelligence:**
 - Development of a Suicide Surveillance System, pending approval of business case.
- Estates:**
 - Review of dementia friendly assets and rollout of dementia friendly premises including GP practices.
- Workforce and Culture:**
 - Further rollout of mental Health training offer.
- Governance:**
 - Develop existing system architecture to support effective partnership forums and assurance of Health and Wellbeing Strategy implementation.

Focus area
What we are trying to achieve

Activity
What we will do

Outcomes
What we need to achieve

Supporting the emotional wellbeing of mothers and families throughout and after their pregnancy

- Develop offer around the emotional wellbeing of mothers through First 1000 Days planning lens.
- Develop a pregnancy Healthy Behaviours Framework.
- Further development of wraparound care and support through Perinatal services.
- Support the new, targeted provision delivered through Family Centres (such as the universal Family Centre offer in development in East Surrey).
- Domestic Abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy.
- Alcohol and Substance Misuse prevention offer in place prior to pregnancy.
- Evaluation and implementation of family support tools (such as Dadpad, and Baby Buddy)

Mothers and families feel safe, positive, and empowered throughout and after pregnancy

Protection of mothers and families from Domestic Abuse

KPIs 19/20

We will know that we are on track when...

- *Under development by SODA (Surrey Office of Data Analytics)*

Impact

We will know we have achieved this when...

Under development by SODA (Surrey Office of Data Analytics)

System Capabilities

Digital and Technology:

- Evaluation of existing apps designed to support mothers and families throughout and after pregnancy, and implementation where appropriate.

Workforce and Culture:

- Evaluate training and skills offer to ensure Health Visitors receive pre and post-registration education in perinatal and infant mental health.
- Perinatal training strategy for the workforce involved is developed and delivered.

Governance:

- Develop existing system architecture to support effective partnership forums and assurance of Health and Wellbeing Strategy implementation.

Related priorities	Priority 3 (supporting people to fulfil their potential)
Related workstreams	Surrey's Local Maternity Services Transformation Plan

Focus area
What we are trying to achieve

Activity
What we will do

Outcomes
What we need to achieve

Preventing isolation and enabling support for those who do feel isolated

- Further develop an accessible community transport offer that supports people’s social connections.
- Develop youth social isolation approach, including bullying prevention and social media offer, with schools.
- Develop a Technology Enabled Care offer that enables independence and supports social interaction.
- Support for Surrey Dementia Action Alliance in establishing Dementia Friendly communities, as already seen in Oxted, Woking, and Hindhead.
- Link in with plans for intergenerational mentoring to ensure impact on social isolation.
- Establish business links to prevent isolation (such as Walking Friends) and unlock the potential of underutilised community space
- Undertake engagement to scope out partnership project supporting the emotional wellbeing of Carers.
- Develop a wraparound, holistic bereavement support offer.
- Ensuring meaningful work and volunteering opportunities for those at risk of mental ill health and social isolation.

- No-one in Surrey feels isolated
- People will have easier access to good and relevant information
- Tackle the stigma of speaking up about loneliness
- People feel that they have social capital that they can contribute to the area in which they live

KPIs 19/20 – We will know that we are on track when...

- *Under development by SODA (Surrey Office of Data Analytics)*

Impact – We will know we have achieved this when...

Under development by SODA (Surrey Office of Data Analytics)

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Related priorities	Priority 1 (helping people to lead healthy lives) Priority 3 (supporting people to fulfil their potential)
Related workstreams	End of Life Care Dementia Strategy Carers Commissioning Strategy

System Capabilities

Community development:

- Develop Preventative Workforce including Social Prescribing and ‘A Million Ways’ Programmes to ensure access to information from trusted environments.

Workforce and Culture:

- Implement MECC and the preventative offer across the wider frontline workforce to ensure appropriate signposting to services.
- Ensure that staff working with Carers are appropriately trained and are “Carer aware”.

Governance:

- Develop existing system architecture to support effective partnership forums and assurance of Health and Wellbeing Strategy implementation.

Priority 2: Draft Metrics

In development by SODA – to be finalised once implementation plans are developed.

Initial source metrics listed below

	General population	Children with special education needs and disabilities (SEND) and adults with learning disabilities and/or autism	Deprived or vulnerable people	People who require support to live with disability and / or illness, live independently, or to die well	Young and adult carers
Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	<ul style="list-style-type: none"> Depression prevalence Anxiety prevalence 		<ul style="list-style-type: none"> Rate of access to NHS mental health services by 100,000 pop IAPT: Access rate IAPT Recovery Rate Patient experience of community mental health services Safety incidents reported. Safety incidents involving severe harm or death Hospital admissions as a result of self harm Suicide Rate Absence without leave of detained patients 	<ul style="list-style-type: none"> Employment of people with mental illness People with mental illness or disability in settled accommodation Proportion of people feeling supported to manage their condition 	<ul style="list-style-type: none"> Identification of carers Identification of young carers Total number of carers who have had an assessment Total number of carers who have had a review
Supporting the emotional wellbeing of mothers throughout and after their pregnancy			<ul style="list-style-type: none"> Postpartum psychosis: estimated number of women Chronic SMI in perinatal period: estimated number of women Severe depressive illness in perinatal period: estimated number of women Mild-moderate depressive illness and anxiety in perinatal period (lower estimate): estimated number of women Mild-moderate depressive illness and anxiety in perinatal period (upper estimate): estimated number of women PTSD in perinatal period: estimated number of women Adjustment disorders and distress in perinatal period (lower estimate): estimated number of women Adjustment disorders and distress in perinatal period (upper estimate): estimated number of women 		
Preventing isolation and enabling support for those who do feel isolated	<ul style="list-style-type: none"> National Social Isolation Index Self-reported wellbeing 		<ul style="list-style-type: none"> Community connections outcomes Enabling Independence Service outcomes National Attitudes to Mental Health survey National Viewpoint Survey – discrimination experienced by people with MH problems Time to Change-Surrey monitoring and evaluation data 	<ul style="list-style-type: none"> Proportion of people who use social care services with control over their dally life. 	

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