

**SURREY COUNTY COUNCIL****CABINET****DATE: 23 FEBRUARY 2021****REPORT OF: MR TIM OLIVER, LEADER OF THE COUNCIL****LEAD OFFICER: MICHAEL COUGHLIN, DEPUTY CHIEF EXECUTIVE****SUBJECT: IMPROVING MENTAL HEALTH OUTCOMES, EXPERIENCES AND SERVICES IN SURREY****ORGANISATION STRATEGY PRIORITY AREA: Tackling Health Inequality/Growing A Sustainable Economy So Everyone Can Benefit/Empowering Communities****SUMMARY OF ISSUE:**

More Surrey residents, of all ages, are experiencing more pronounced mental health problems as a result of being affected by Covid-19, national or tiered lockdowns, social distancing and the general disruption to the patterns and rhythm of normal life. Such experiences are known to heighten and worsen health inequality, with those experiencing mental health problems feeling and/or being left behind.

Good mental health relies on the individual and, critically, shared accountability of everyone - providers, funders, commissioners, individual residents, families, parents, schools, employers and the private sector. While considerable efforts have been made to cope with and manage the current pressures it is evident that services, the workforce and more importantly those needing support, care, help, therapies and treatment, are suffering, not only psychologically, but also from the inequalities and socio-economic disadvantage often experienced by people with significant mental health needs.

This report sets out the pressures and challenges being faced by the mental health system in Surrey, the issues and concerns arising and the multi-agency approach and activity underway aimed at addressing them, to ensure improved mental health outcomes, experiences and services for Surrey residents.

**RECOMMENDATIONS:**

It is recommended that Cabinet:

1. Note the significant demands, issues, concerns and performance associated with the mental health system in Surrey, particularly arising from the additional pressures created by Covid-19, and the impact this is having on Surrey residents.
2. Approve and support the range of multi-agency work going on and being initiated to address the situation, including through the Surrey Heartlands Mental Health Partnership and Improvement Board and Health and Wellbeing Board.
3. Receive a further report on the issue of mental health outcomes, experiences and services in Surrey in July.

**REASON FOR RECOMMENDATIONS:**

Tackling health inequality is one of the Council's four strategic priorities. Poor mental health is a key factor in a range of conditions and personal situations, such as substance abuse, unemployment, poor physical health, that create and/or worsen health inequality. The mental health system in Surrey is under great stress and struggling to manage the demands made upon it. This report and its recommendations, the work to date and the work proposed are intended to support the mental health system deal with the immediate demands and pressures as well as building an effective and sustainable improvement programme.

**DETAILS:**

1. Mental wellbeing protects the body and mind from the impact of life's stresses and traumatic events and enables the adoption of healthy lifestyles and the management of long-term illness. Conversely, people with mental health problems are more likely to experience physical health problems, smoke, be overweight, use drugs and drink alcohol to excess, have a disrupted education, be unemployed, take time off work, fall into poverty, and be overrepresented in the criminal justice system.
2. Three quarters of all mental health problems have emerged by the mid-twenties, making childhood determinants primary in future mental wellbeing. Family relationships are pre-eminent, as they mould the infant social and emotional brain and thus determine vulnerability throughout life.
3. More Surrey residents, of all ages, are experiencing more pronounced mental health problems as a result of being affected by Covid-19, national or tiered lockdowns, social distancing and the general disruption to normal life. It should be acknowledged that among these general numerical trends and data are the desperately sad stories and experiences of individuals confronting debilitating mental health problems, which in extreme cases causes them to take their own lives.
4. As a consequence, the mental health system in Surrey is under significant pressure, (see table below and Annex 2) which is set to increase in the coming months, given the continued presence of Covid-19, extended national lockdown and winter pressures.

Child and Adolescent Mental Health	Adult Mental Health	Resourcing and Infrastructure
<ul style="list-style-type: none"> <li>• Children and young people's emotional wellbeing has been significantly affected by the pandemic</li> <li>• Demand pressures and high referral rates               <ul style="list-style-type: none"> <li>• High acuity e.g. Eating Disorders</li> </ul> </li> <li>• High referral acceptance rates               <ul style="list-style-type: none"> <li>• High caseloads</li> </ul> </li> <li>• Long waits for some services</li> <li>• Relatively low discharge rates               <ul style="list-style-type: none"> <li>• Workforce pressures, high agency staffing but relatively high productivity</li> <li>• Inequalities</li> </ul> </li> <li>• The potential for backlogs and the pandemic to impede successful implementation of the new EWBMH contract</li> </ul>	<ul style="list-style-type: none"> <li>• Impact of Covid-19 on adult emotional resilience, especially for those who are isolated, living in socioeconomically deprived areas and facing financial and employment insecurity               <ul style="list-style-type: none"> <li>• Increased acuity</li> </ul> </li> <li>• Low inpatient bed-base and further bed losses expected               <ul style="list-style-type: none"> <li>• Capital works leading to ward closure</li> <li>• Increased admission rates</li> <li>• High number of out of area placements</li> </ul> </li> <li>• Pressures on flow management through inpatient services due to the low bed-base</li> <li>• High number of delayed transfers of care, including for people with complex needs such as Autism</li> <li>• Possible reduction in referrals to community mental health from referrers               <ul style="list-style-type: none"> <li>• High community referral acceptance rate</li> </ul> </li> <li>• Possible high entry thresholds for community services               <ul style="list-style-type: none"> <li>• Workforce pressures</li> </ul> </li> <li>• Shortened life expectancy and significant health inequalities</li> <li>• Under provision of physical health checks and health monitoring</li> <li>• Growing pressure on 3rd sector resources and lack of long-term contracting options create fragility</li> </ul>	<ul style="list-style-type: none"> <li>• Historical underfunding and below national average investment (despite meeting the Mental Health Investment Standard)</li> <li>• Lack of widespread and co-ordinated system training in mental health and emotional wellbeing</li> <li>• Digital integration gaps can result in people having to tell their stories more than once               <ul style="list-style-type: none"> <li>• Digital infrastructure and information governance can slow down service integration and transformation</li> </ul> </li> <li>• Failure to showcase excellent models of mental health transformation already happening across Surrey</li> </ul>

5. The Surrey Mental Health Summit in November highlighted some of these issues and poor service user experiences, as well as best practice and alternative models from elsewhere (See Annex 1). It also confirmed a renewed commitment and energy to work together as system partners to design and invest in transformative solutions that will improve emotional wellbeing and mental health outcomes for the residents of Surrey.

## SUMMARY OF ISSUES AND CONCERNS

6. **Children and Adolescents:** there has been a significant increase in demand for mental health services (referrals have increased by 60% over the past year, including eating disorders) which is forecast to surge as lockdown is lifted, as it did in June 2020. As a consequence, there are unacceptably high numbers of children waiting for Children and Adolescents' Mental Health Service (CAMHS) assessment, intervention and support, and therefore not getting the timely support they need and not achieving good outcomes.
7. Many on the waiting list for CAMHS services are children with special educational needs and disabilities (SEND), some of whom require an Education, Health and Care (EHC) needs assessment. Without a CAMHS contribution to their assessment, these

are consequently incomplete, as a result of which the young person's needs will not be fully reflected in their EHC plan.

8. Accommodation for young people in crisis is recognised to be inadequate and often inappropriate, with out of county facilities having to be used.
9. With schools only open to a minority of children, in-school support is reaching fewer pupils, making it harder to target early help resources directly to parents, rather than via school support. In addition, the implementation of the 'Thrive' model in schools and the community is currently in its infancy and inconsistent.
10. Serious concerns have been raised by Surrey Safeguarding Children Partnership (SSCP) following two thematic reviews based on cases of adolescent suicide and case review outcomes, highlighting loneliness and isolation, experience of self-harm, influence of social media and varying levels of parental, school and agency awareness on mental health problems. Inconsistent CAMHS services and the absence of effective step-down services were a key feature in the review.
11. **Adults:** There has also been an increase in levels and acuity of referrals to the Adult Social Care mental health duty team, with 25% of referrals being progressed as 'open' (indicating a high level of inappropriate referrals).
12. Due to the lower than average bed provision in Surrey per 100,000 population, reduced capacity due to social distancing measures, reduced staff levels due to sickness and an increase in admissions and delayed discharges arising from limited access to complex care packages and housing, there are a high number of out-of-area placements (33 in November).
13. The insufficiency of s136 suites in Surrey can result in people waiting in inappropriate settings as a 'place of safety', often with Police officers having to remain with the person until they can be appropriately discharged. (There are four s136 suites in Surrey, which are used for assessment of all age groups including children and young people).
14. The exacerbation of health inequality and impact of poor mental health on individuals has a profound effect on the economic well-being of communities e.g. 57% of all workdays lost to sickness are mental health related. Work provides structure, a sense of purpose, and opportunities for social interaction, as well as income (and taxes for the state). 85-90% of people with a mental illness who are not employed, say they would like to work. Businesses and employers have a critical role to play in promoting and investing in good mental health and wellbeing, prevention and early intervention.
15. **User experience:** The Mental Health Task Group established under the aegis of the County Council Adults and Health Select Committee reported to the Council's Cabinet meeting on 27 October. The Task Group heard from a number of service users and those experiencing mental health issues, whose comments can be summarised as follows and align strongly with the user contributions to the Surrey Mental Health Summit:
  - 'caught between two stools';
  - unable to access what they felt were adequate treatment services;
  - reliant on the services offered by third sector organisations, when experiencing mental health crises out of hours;
  - a lack of communication between different services;

- repeating their stories multiple times when moving between services;
  - a lack of involvement in their care planning;
  - feeling as if they had been “put in a box” by the clinical approach;
  - difficulties relating to the transition between children’s and adult mental health services;
  - problems with members of staff from healthcare organisations due to the language being used, with too much “jargon”.
16. The Children’s User Voice and Participation team facilitate various participation groups for young people and parent carers to have their voices heard in the services that they access, including mental health. Issues raised have included:
- the inappropriateness of standard consent forms and letters for young people;
  - the need for better targeted information for young people on the support available;
  - simplify and improve early access to support;
  - dismantle artificial barriers between services to promote easy access, enabling the right support from the right service at the right time;
  - ensure support in schools is more consistent;
  - parents need support and an improved understanding of how to support their children with mental health needs.
17. ***The mental health ‘system’***: it is evident that as a result of the extraordinary pressures it is under, along with critical staffing and resource constraints, the mental health system in Surrey is letting many Surrey residents down. If this is to be tackled swiftly and effectively, as reported at the Surrey Heartlands Integrated Care System (ICS) Board, all sectors and partners have to demonstrate the commitment, competency and capacity to build multi-disciplinary relationships to secure better mental health outcomes and experiences for adults and children and be open to challenge, scrutiny and calls for change and improvement.

### **COUNCIL-LED SYSTEM RESPONSE**

18. The Surrey Mental Health Summit was a valuable awareness raising and ‘call to arms’ event, which has prompted additional commitment, focus, attention and effort from many in the system. In response to this, the above and the extraordinary circumstances caused by Covid-19, urgent work has been put in place to begin to address these issues.
19. Surrey and Borders Partnership Trust have established a multi-agency Emergency Response team to consider and address the immediate pressures arising from Covid-19. Issues arising are being escalated to the Surrey Heartlands Covid-19 Incident Management Group as required, for immediate attention.
20. With regard to accommodation and beds for adults in crisis, priorities for action have been established, as follows:
- Ensure that accommodation issues are covered in all Care and Discharge plans;
  - Maintain existing accommodation during treatment, and prioritise discharging to home;
  - Where this is not possible, review the availability of alternative accommodation, and assess whether it is appropriate from a recovery perspective;
  - Reduce the range of providers so that a more manageable set of key support relationships is created;
  - Make sure move-on arrangements are in place to avoid creating new bottlenecks, or the overuse of institutional long-term solutions.

21. To support hospital flow and the mental health system, the supported living market is being developed. This involves working with new providers who have specialisms in autism, mental health and people with a forensic history. This work is aligned with the Mental Health Emergency Response Group's urgent work to improve hospital flow and develop further accommodation with support options. In addition, winter pressures schemes have been rapidly mobilised to enable timely discharge from hospital, including commissioning a home-based care provider with a specialism in mental health and discharge, to assess beds with a supported living provider.
22. The County Council's 'Enabling you with Technology' work is exploring and developing the opportunity to use technical solutions to combat isolation and loneliness and is currently looking at models of good practice elsewhere.
23. On the specific issue of the provision of s136 suites for young people, work has been initiated to develop and implement alternative arrangements for 'places of safety' for children, e.g. additional (possibly clinical) support for parents/carers to keep children at home safely pending admission and/or temporary accommodation with support staffing that can be used as a place of safety for children (in accordance with legislative standards and requirements). The mobilisation of the new CAMHS contract with the alliance of providers will be used to accelerate these as an urgent task.
24. Regular engagement with young people has been and will continue to be a key feature of the new CAMHS service. The service specification requires the alliance to capture and use the views and feedback of children, young people and parents to continuously improve the service provided and evidence how feedback has changed service delivery.
25. This mobilisation of the new CAMHS contract with an alliance of providers is progressing well and will be accelerated, in particular around the Autistic Spectrum Disorder (ASD) backlog and development of early intervention, as well as in the following areas:
  - Review the self-help offers available (Kooth, etc) and ensure high profile publicity around them, especially directly to children/young people and to parents.
  - Review (and increase where necessary) Personal Mental Health and Wellbeing and other support capacity to schools for those pupils who are attending and pull all schools' work together into one place / 'team around the school' approach.
  - Engage in a dialogue with schools about whether they are willing to continue to operate an Emotional Wellbeing and Mental Health service for pupils who aren't attending for educational purposes, but in order to access mental health support.
26. In support of this work, the County Council have appointed an additional Children's Services commissioner, with extensive Local Authority and Public Health and NHS commissioning experience including CAMHS, adolescent health and offers to schools, to focus on CAMHS.
27. The Mental Health Task Group recommended that a review of the nature and length of contracts currently offered to third sector providers be undertaken and that all future contracts are awarded for a minimum of five years. Since this recommendation, commissioners in Adult Social Care have been working towards a more consistent way of contracting with the Voluntary, Community and Faith Sector to give them more security and will build this into the commissioning plans for 2021/22, recognising the critical role community connections (third sector) providers play in the mental health system.

28. Providers across the statutory and voluntary sector (Surrey and Borders, improving access to psychological therapies (IAPT) and community connections providers) have begun to discuss possibilities of becoming a mental health alliance. Alongside this, commissioners and operational managers have also been discussing future integrated commissioning and contracting options with CCG and procurement colleagues.
29. **Surrey Mental Health Partnership and Improvement Board** - In considering the above issues and concerns at its meeting on 16 December 2020, the Surrey Heartlands ICS Board agreed to the establishment of an independently chaired Partnership Board, reporting to the Surrey Health and Wellbeing Board, with the following purpose and responsibilities, to drive the urgent improvements necessary:
30. **Purpose:** To bring together a range of partner organisations to oversee, govern and drive whole system transformation and improvement in mental health outcomes, experiences and services for children and adults living with mental ill health in Surrey.
- To develop and oversee the delivery of a shared action plan for the rapid improvement and system-wide transformation of mental health outcomes, experiences and services, support and signposting in Surrey.
  - To review best practice across the world in early help for preventing mental ill health and facilitate shared learning amongst stakeholders for mental health service provision in Surrey.
  - To hold organisations to account where poor outcomes, experiences and/or performance has been highlighted.
  - To review and determine the adequacy of the whole system approach to performance management and evaluation of mental health outcomes, experiences and services.
  - To support awareness raising of the key issues relating to mental health service provision.
31. The first meeting of the Board was held on 5 February, a verbal update on which will be given at the meeting.

#### **CONSULTATION:**

32. The Surrey Mental Health Summit engaged a significant number of stakeholders and interested groups. A summary of the comments and feedback from delegates is attached at Annex 1.
33. The reports to the Surrey Heartlands ICS Board meetings in December and January provided further opportunities for those in the health system to contribute.
34. Consultation on the subject of mental health has benefitted from the work of the County Council Adults and Health Select Committee Mental Health Task Group, which reported its findings to Cabinet in October 2020.

#### **RISK MANAGEMENT AND IMPLICATIONS:**

35. The risks associated with a mental health system that is not able to cope effectively with the level and acuity of demand include harm to individuals, harm to communities and harm to the economy. This report sets out a programme of work and governance aimed at mitigating these risks.
36. There are additional operational dimensions related to the potential for the work proposed above and mobilisation around the incoming CAMHS contract to cut across and divert resources from the immediate crisis response and/or that the current focus

on a crisis response frustrates and disrupts the improvement work, mobilisation of the new contract and new ways of working.

#### **FINANCIAL AND VALUE FOR MONEY IMPLICATIONS:**

37. There are no immediate additional costs arising from the recommendations in this report. The costs associated with improvement activity will be met from within existing budgets. Capital expenditure required to address the provision and/or re-purposing of accommodation and facilities, will either be met from within existing programme budgets and/or made provision for in future budgets.
38. Although there are no financial implications directly associated with the improvement activity set out in this report, effectively responding to the growing demand for services to support young people and adults manage and improve their mental health and wellbeing does have financial implications for the Council. The Council has already committed an additional £3m in the CAMHS contract (this commitment was made prior to the impact of the pandemic) to commence from April 2021. There has also been significant investment in Adult Social Care (ASC) mental health provision. Gross expenditure on ASC mental health care packages is forecast to be £2.6m higher in 2020/21 than 2019/20, and the number of adults with a mental health problem receiving care funded by the Council increased by 12% in the first 9 months of 2020/21. This increased investment has been factored into next year's budget in the Medium-Term Financial Strategy (MTFS). However, as the Council is likely to continue to face constrained financial resources in the years ahead, it will clearly be important to continue to deliver essential mental health services in the most cost-effective way, so commissioning effectively across the whole system is crucial.

#### **SECTION 151 OFFICER COMMENTARY:**

39. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term. As such, the Section 151 Officer supports the recommendations included within this report.

#### **LEGAL IMPLICATIONS – MONITORING OFFICER:**

40. This report outlines for Cabinet all the work that is being done to enhance the Council's ability to meet its statutory responsibilities under existing legislation including the Care Act 2014, the Mental Health Act 1983 and the Children and Families Act 2014. It does not introduce new responsibilities.

#### **EQUALITIES AND DIVERSITY:**

41. The recommendations in this report are intended to support the improvement of mental health outcomes, experiences and services, aiding those experiencing mental health issues to be aware of and access early support and services as early as possible to minimise the impact of their condition.



42. Given that this report sets out a proposed approach to developing a programme of work, an EIA is not required, as these will be considered and conducted as individual pieces of work come forward.

#### **OTHER IMPLICATIONS:**

43. The potential implications for the following council priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

<b>Area assessed:</b>	<b>Direct Implications:</b>
Corporate Parenting/Looked After Children	Set out below
Safeguarding responsibilities for vulnerable children and adults	Set out below
Environmental sustainability	No significant implications arising from this report
Public Health	Set out below

#### **CORPORATE PARENTING/LOOKED AFTER CHILDREN IMPLICATIONS:**

44. Children are coming into care because of the impact of lockdown on them and their families. Looked after children are known to have more MH challenges than children not in the care system; any pressure in CAMHS impacts on services to them, so work to improve mental health provision should benefit looked after children with EWMH issues and is an important part of our duties as corporate parents. For children in care and care leavers, the Children in Care CAMHS services will continue and improve under the new Alliance contract. These and the HOPE service are beacons of good practice. In addition, a regional agreement on priority MH services for Care Leavers out of County has recently been entered into.

#### **SAFEGUARDING RESPONSIBILITIES FOR VULNERABLE CHILDREN AND ADULTS IMPLICATIONS:**

45. The measures proposed should benefit vulnerable adults and children, given the correlation between poor mental health and vulnerability, as identified by the SSCP.

#### **PUBLIC HEALTH IMPLICATIONS:**

46. Positive mental health is a key determinant and driver of wider health indicators and conditions. The measures proposed should benefit individuals and population health.

#### **WHAT HAPPENS NEXT:**

47. The urgent work is being undertaken with immediate effect. The Surrey Mental Health Partnership and Improvement Board will be in place for a minimum of six months, after which its role and purpose will be reviewed. Improvement across the system will be monitored through existing assurance and performance boards and overall progress will be periodically reported into the Health and Wellbeing Board.

**Contact Officer:**

Michael Coughlin, Deputy Chief Executive, michael.coughlin@surreycc.gov.uk, 07974 212290

**Annexes:**

Annex 1: Summary of comments from Surrey Mental Health Summit: Thursday 19 November 2020

Annex 2: Mental Health Pressures and Pandemic Impacts

**Sources/background papers:**

Reports to Surrey Heartlands ICS Board 16 December 2020 and 27 January 2021

## Summary of comments from Surrey Mental Health Summit: Thursday 19 November 2020

### Mental Health Funding:

- We must continue to address the legacy of long-term underfunding in mental health
- We must invest in building emotionally resilient communities
- The workforce are resilient survivors of cuts that have disrupted teamwork and multi-disciplinary inter-agency work
- Funds need to be increased by the government for the 3<sup>rd</sup> sector
- There is an urgent need to change. Substantial funding cuts have been made, and we need to focus on awareness and early intervention

### Wellbeing Strategy:

- Need to be mindful of what we measure – meaningful measures need to be person-centred and person-reported. The criteria for measuring progress are often not appropriate.
- Using averages as a guide to action fails to channel resources to locality issues, thus depriving the people who need the most support. Details needed to show local problems
- Mental health comes through everything – addressing inequalities, improving health and well-being and our pandemic response

### Partnership Working:

- Effective partnership working between health and schools can address higher mental health concerns in SEND population earlier
- Importance of all agencies working together – health, housing, DWP, Police and schools, Street Angels scheme, Community centres etc.
- Third sector have an important role to play, there is much more work for them since Covid-19
- There needs to be further investment and parity of contracts for the VCFS

### Safe Havens:

- An opportunity to enhance the service and provide it throughout the night
- Safe havens or assessment unit that is available 24/7 with right skills & capacity is needed

### Mental Health Training:

- Is there scope to increase distribution of mental health training to health professionals and making top up training an ongoing requirement?
- How do we encourage health professionals to choose mental health as a specialisation?

### Carers:

- How do we support carers better?
- How to measure what support they need?
- With an ageing population it is very likely that absolute numbers of carers will increase
- Young carers experience higher rates of mental health difficulties

### Workplace:

- There is still stigma in the workplace in hiring someone with existing mental illness as people are seen as a financial liability

- Personal benefit to mental health of being gainfully employed
- Possibility of introducing quotas
- Current workplace culture places unrealistic expectations on individuals
- Toxic work environments for mental health
- Those who currently experience the biggest mental health problems are often those not in work
- Adjustment in recruitment processes are essential

#### **Prevention:**

- Prevention as earlier treatment
- Prevention results will be across the timescale of at least one generation
- Now we need huge effort to rebalance resources including building a workforce that is fit to meet population needs
- In general medicine there are plenty of examples of integrated teams seeking to avoid a hospital admission, but the same for people with MH problems money always seems to be a problem, and over-reliance on the police

#### **Commissioning:**

- Some people are falling through the gap. High functioning autism is a very tricky area
- Gap in children's healthcare
- Older age mental health and dementia
- Online services increase isolation
- We need to enable people to lead a life

#### **SUMMIT INSIGHTS**

The presentations made at the Summit gave us insights into:

- Population health data and the impact of the Covid-19 pandemic on mental health
- Learning from Australia and the benefits realised from increased investment in good mental health in the workplace and through prevention and early intervention schemes
- The role of Surrey Police in managing and supporting people with mental health needs, including the recent rise in attendances and use of s136 for both under and over 18s.
- The report from the Commission for Equality in Mental Health
- A model of partnership working in provider collaboration from West Yorkshire and Harrogate Health and Care Partnership.