

# Surrey Mental Health Partnership Board

Emotional wellbeing and mental health  
in Surrey: A review of outcomes,  
experiences and services.

6

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Independent Chair  
18<sup>th</sup> May 2021

## Foreword

I am pleased to present this report as Chair and on behalf of the Surrey Mental Health Partnership Board. It sets out a number of issues, weaknesses and, to be blunt, failures that have impacted on the lives and wellbeing of Surrey people, in some instances to a distressing degree. More positively, it confirms the desire and commitment of everyone involved to improve the situation and take the necessary steps required to fulfil the draft vision the Board has proposed as a basis for discussion:

***“Positive emotional and mental wellbeing for everyone in Surrey is maintained and no one who requires support for their mental health is turned away without an appropriate and safe relevant offer of help and the ‘bridging’ support required to access it.”***

A good deal of the work encapsulated and summarised in this report is founded on a peer-led diagnostic review, which engaged over 150 people directly and more than 25 agencies, organisations, businesses and public bodies involved in the emotional wellbeing and mental health of people in Surrey. Throughout this work and in Board meetings, the views and experiences of those with lived experience of emotional wellbeing and/or mental health problems have been uppermost in our minds.

From this work and the contributions, deliberations and discussions at the Board meetings, a rich picture has emerged. Driven by the urgency of the issues, the diagnostic review was, notwithstanding its thoroughness, undertaken at pace. As a result, the work might be challenged as incomplete and contestable in some respects. Nevertheless, there is a clear consensus around the critical issues amongst almost everyone engaged in the work. The Board’s conclusion is that this report is both reflective of the situation in Surrey and accurately captures, in its recommendations, the priority work needed to address the matters raised. Delivering against the recommendations will help to secure the Health and Wellbeing Board’s stated priority aim for mental health, the ‘working vision’ of the Mental Health Partnership Board and, most importantly, emotional wellbeing and positive mental health for Surrey residents.

In order to achieve these objectives, the recommendations in this report, subject to the Health and Wellbeing Board’s views, amendments and approval, must be resourced, actioned, overseen and monitored effectively. It is for the Health and Wellbeing Board to ensure that the necessary leadership and oversight, programme management and governance arrangements are in place to secure this, in line with the report’s recommendations on these matters.

**Alan Downey, Independent Chair  
18<sup>th</sup> May 2021**

## 1. Introduction

- 1.1 This report sets out the work, conclusions, and recommendations of the Surrey Mental Health Partnership Board. This work was prompted by a wide recognition in mid-2020, across many partners in Surrey that the emotional wellbeing and mental health system and services were not coping nor serving the people of Surrey well, resulting in poor outcomes and experiences. This significant and urgent cause for concern was matched by a strong and shared commitment to address the situation as a matter of urgency.
- 1.2 A Surrey Mental Health Summit in November 2020, convened by the County Council, highlighted these issues and poor service user experiences, as well as best practice and alternative models from elsewhere. The collective commitment and energy to address these issues was evident initially in the establishment by the Surrey Heartlands Integrated Care System Board of an independently chaired Mental Health Partnership Board and the subsequent peer-led diagnostic review, with the objective of identifying the priority actions needed to drive the required improvements and developments across the mental health system.
- 1.3 This report should therefore be read and considered in conjunction with the peer-led review report and improvement programme derived from the findings and recommendations.

## 2. Context

- 2.1 Emotional and mental wellbeing protects the body 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 overrepresented in the criminal justice system.
- 2.2 Greater numbers of Surrey residents, of all ages, are experiencing more pronounced mental health problems, which have been exacerbated by Covid-19, national and tiered lockdowns, social distancing and the effects of trauma, bereavement, and economic insecurity. Such negative impacts upon social, economic, occupation and education are known to heighten and worsen health inequality, with those experiencing mental health problems feeling and too often being left behind.
- 2.3 These additional and more acute needs are being experienced as greater demand and pressure in the system, services, and those who work in them. Waiting times, insufficient capacity, stretched resources and tired staff are all evidence of a system that is not coping and in a number of instances, failing residents and service users.
- 2.4 It is fully acknowledged that among the general trends, phenomena and data are stories and experiences of individuals confronting mental health problems, which in extreme cases have resulted in individuals taking their own lives.

## 3. Peer-led review

- 3.1 In considering the detailed peer-led review report's findings and recommendations, the Mental Health Partnership Board acknowledged that alongside other documentation and

data, they captured very well the essence of the problems that all are committed to addressing. A summary of the findings is set out below:

#### *Summary of Peer-led review Key Findings*

- Service users and carers who had first-hand experience of receiving care and support did not feel well served. Most staff believed that the system was only partially working. Service users, carers and staff highlighted significantly more positive experiences of other places' mental health services and systems.
- Services are overwhelmed by demand and service and system weaknesses, resulting in long waiting times, high services thresholds and multiple referrals.
- Surrey receives the lowest allocation of funding for mental health nationally, due to low levels of assessed deprivation. There is a widely held sense across the system that Surrey is underfunded for the needs and demand expressed.
- Insufficient priority, investment and attention is given to prevention, early help and access to seamless services, which can lead to greater severity in mental illness & need, as well as responsibility for 'holding' emotional wellbeing and mental health needs being placed on schools, GPs, etc.
- Users experiences of being passed around the system felt debilitating and dehumanizing. Support and services often appear complex, with multiple front doors, often not readily evident and don't feel accessible or joined up.
- Being passed around from one service to another is a common and highly damaging experience for service users, especially for those with multiple needs
- The levels of awareness, knowledge and understanding of emotional wellbeing and mental health across Surrey is generally felt to be low
- There is insufficient robust, timely data, evidence and quality measures and outcomes to effectively drive good and continually improving services. What data there is is not used to good effect or shared widely to be of optimum value to the system.
- Communication, sharing of information and collaboration are key to many aspects of the system and effective services and good outcomes but is lacking in many parts of the Surrey system.
- Relationships across the agencies in the system scored poorly against comparator systems and there is limited satisfaction in the quality of joint working between organisations.

3.2 Arising from consideration of the report, a number of critical issues were raised by Board members, which have been taken into account in the development of the improvement programme and should continue to be reflected as it is enacted and overseen by the Health and Wellbeing and ICS Boards.

#### **4. Critical themes and issues**

##### **Prevention, early help, the role of the third sector and a 'model'**

- 4.1 The Board were unanimous in their views that part of the response to the review was for the system and individual agencies to give greater weight to and invest in preventative measures that would promote and enable positive emotional well-being. This would include a wider recognition that many supportive mental health ‘interventions’ aren't mental health interventions at all, but mentally healthy homes, schools and workplaces and neighbourhoods, and ways of connecting people with their interests and like-minded peers in their community, all of which help to sustain their wellbeing.
- 4.2 The key role played by the voluntary, charitable and faith sector (VCFS) in this was raised, as was the need for improved commissioning arrangements that would give greater certainty and sustainability to voluntary and charitable bodies. The wider view and contribution of the VCFS, away from those delivering mental health services, and the role they play in providing and promoting occupation, human relationships and reducing isolation and stigma that impact upon the wider determinants of emotional wellbeing and mental health, that in turn support prevention and sustained resilience was highlighted.
- 4.3 A variety of ‘models’ were referenced by the Board, as helpful ways to present and articulate the approach, prioritising building resilience, prevention and early help. It was felt that rather than rigidly subscribe to an existing model, Surrey should focus on co-designing, co-producing and enacting the approach and develop a local model based on it, where this would be helpful.

#### **Co-ordination, collaboration between agencies and at different spatial levels**

- 4.4 The importance of relationships, partnerships and communication between services provided by different agencies at different spatial levels (especially District and Boroughs and County Council) were highlighted. (Most focus groups raised the issue of differences in service quality and availability in different places). This also highlighted the impact and opportunities that certain District and Borough Council services, e.g. housing, leisure, open spaces, environmental health have upon and in supporting emotional wellbeing and mental health. It was recognised that housing has an additional significant impact in respect delaying discharges, and therefore mental health bed capacity.
- 4.5 In pursuit of the “No bouncing” objective (which was considered a priority objective, but difficult to achieve in the short term, as it required a system redesign and importantly culture change) it was felt that this reflected the aspiration contained in the draft vision, that people are supported to get the right help, first time and at the earliest stage possible. Such an aim will involve a redesign of how easy access contact points are co-produced, created and connected in communities.
- 4.6 The Board were vocal in their support for Community Mental Health Recovery Teams to be more closely aligned with and working alongside Primary Care Networks, supporting the work where GPiMHS exists, as well as with other locally delivered services and support (e.g adult social care, schools, housing, leisure, etc). This needs to be accompanied by leadership within Local Care Partnerships facing into communities, with the support of the County, Boroughs, Districts and voluntary sector rather than inpatient beds.
- 4.7 Recognition and support for the important role and contribution made by businesses as employers in supporting good mental health and signing up to a meaningful vision was raised by the Board. Residents had also confirmed that they felt well supported by employers. It was

felt that if improved outcomes are to be achieved, the whole community, in which businesses play a huge role, need to be engaged.

### **Inpatient Services for Children**

- 4.8 While acknowledging a focus on early help and prevention, it was felt important to note that Surrey has no in-patient beds at all in the county for children experiencing complex mental health conditions and whose accommodation needs are different from adults. When Surrey children need a bed, they have to go out of the County to Sussex or South West London, which is not acceptable or appropriate.
- 4.9 It is widely acknowledged that that well-functioning mental health systems can reduce the reliance on beds, when a whole system view is taken about what inpatient capacity is needed alongside intensive and effective community support for children in crisis and with the most serious needs. Notwithstanding this, a recent disappointing funding decision by NHSE, for children's accommodation and beds is being challenged and feedback on and an explanation for the decisions is being sought.

### **Data**

- 4.10 The peer-led review made a number of observations and recommendations around data, which the Board recognised as a critical issue. It was apparent that there is dissonance between what seems to be working well according to reported data and how it is perceived by others. The Board were supportive of timely, routine user-led monitoring of services and regular feedback from users, carers and wider communities.
- 4.11 The sharing and flow of data across the system was felt to be limited and perceived to be more restricted than was actually the case. Greater and wider awareness, understanding and promotion of information sharing and the Surrey Multi Agency Information Sharing Protocol (MAISP) was supported.

### **Funding and resources**

- 4.12 The Board were very supportive of the peer-led review recommendation concerning an external review of the funding and resources available to the Surrey mental health system and agreed that this needed to be taken forward as a priority, in view of the apparent mis-match between the demands and pressures being experienced in Surrey and the capacity to deal with them effectively, including how funds were being used.
- 4.13 The resource represented by the workforce across the Surrey system was also highlighted as critically important. The pressures on the mental health system created by the significant impact of Covid-19 on peoples' emotional wellbeing and mental health, was in turn having an adverse effect on the emotional wellbeing and mental health of staff within the system. The Board were keen that this was recognised and appropriate prevention measures, early help and support ensured.

### **Immediate post-pandemic priorities**

- 4.13 The Board were concerned that sufficient focus was given to the issues of ethnicity and health inequalities, both of which are evident as priorities emerging from the Covid-19 pandemic. It

was agreed that the Surrey Community Impact Assessment and Rapid Needs Assessment work would be factored into the improvement programme going forwards.

## 5. RECOMMENDATIONS

- 5.1 As the peer-led review acknowledged, it is inevitable that in commissioning a system-wide (as distinct from an organisation or service) review, there is a challenge in drawing out the most important elements that will have the most impact. Balances have to be struck around easier, 'quick-wins' with immediate effects and trickier solutions, that have lasting and sustained impact. The Mental Health Partnership Board were cognisant of this and made a specific request that they be given the opportunity to prioritise the recommendations of the peer-led review. The recommendations that follow reflect this and in turn have been used as the basis for the improvement programme that follows.

### 5.2 Priority enablers of improvement

#### 5.2.1 Focus on: a more preventative and early help approach

That every person and organisation in Surrey's emotional wellbeing and mental health system adopts a 'prevention and early help first' approach, engaging local businesses, District and Borough Councils, housing providers and communities in prevention and building resilience in communities, informed by appropriate knowledge of systems, services and how to access them.

#### 5.2.2. Focus on: a shared, co-produced vision for emotional wellbeing and mental health

That a system-wide collective vision for in Surrey, is co-produced, using the following as a basis for discussion and determination:

*"Positive emotional and mental wellbeing for everyone in Surrey is maintained and no one who requires support for their mental health is turned away without an appropriate and safe relevant offer of help and the 'bridging' support required to access it."*

#### 5.2.3. Focus on: resilience, early support and helping people understand and access it

That the 'Community Connections', GPiMHS and MHICS services be developed across Surrey, remodelled and expanded to create a universal service that offers both immediate help and brokers access to appropriate support, and that this is complemented with a co-designed, co-produced easily accessible single 'map' of voluntary and community support and mental health services, exploiting the full potential of the web-based Healthy Surrey platform to provide an interrogatable service catalogue (with complete and up to date information).

#### 5.2.4. Focus on: - improving relationships at every level of the system

That every person and organisation in Surrey's emotional wellbeing and mental health system works to improve relationships between individuals and organisations across the system, with a focus on effective communication *at every level* within and between organisations. Use the relational diagnostic tool to monitor this and identify trends and any targeted timely remedial action.

#### 5.2.5 Focus on: better joined-up work at the local community level

Better align Community Mental Health Recovery Teams with Primary Care Networks, GPs and other local NHS and local authority housing and community services, enabling closer and more effective working, information sharing and earlier and better co-ordinated support, help and intervention as necessary. Strong and effective leadership at the local level, aligned with local communities, for all services will be critical to ensure services are relevant and appropriate and delivered within a wider context that ensures that at the same time, services are co-ordinated across the county to deliver a consistent set of outcomes for all Surrey residents.

#### **5.2.6 Focus on: good data and using it to good effect**

Create a system-wide team and resource to agree what information is needed to understand need, monitor demand, identify priorities, assess and improve performance and outcomes, and make better informed decisions for the mental health system as a whole. This team should execute a mapping exercise to establish and redress the capacities and approaches necessary to ensure all partners can collect, house, share, and analyse the data necessary in such a way as to deliver the information and insight identified by this team as essential.

#### **5.2.7. Focus on: the resource and capacity needed to deliver**

Commission specialist health economists to analyse and better understand the funding and resourcing of emotional wellbeing and mental health services in Surrey, including the voluntary and community sector, with the purpose of creating an evidence base to be used to either secure greater funding to match need or to redistribute funding across the system to achieve greater effectiveness and efficiency.

#### **5.2.8. Focus on: engaging and supporting schools**

Fully engage all schools in the new CAMHS service model and jointly monitor its impact, while continuing to support schools to embed a whole school approach to emotional wellbeing and mental health, ensuring they have rapid access to timely external information, interventions and help when needed.

### **5.3. *Additional enablers of improvement***

- a) Simplify and streamline mental health governance arrangements to ensure a genuine system-wide remit, using relevant data to provide evidence to hold partners to account for delivery, services standards, outcomes and users' experiences
- b) Develop and exploit the full capability of digital technologies (e.g. online consultations, emotional wellbeing apps, Health Tech Lab) in supporting emotional wellbeing and mental health outcomes and preventing ill-health, especially capitalising on the positive applications that have been introduced during the Covid-19 pandemic.
- c) Ensure emotional wellbeing and mental health provision are oriented towards the needs and demands that either come from the pandemic (eg PTSD, bereavement, Long Covid, youth unemployment) or that have been suppressed by it (people not seeking help coming forward later).
- d) Develop and roll out emotional wellbeing and mental health awareness, literacy, education and training (e.g. NHSE Mental Health First Aid, trauma informed care) for all employees and volunteers who are working across the system.



- e) Building on the work to date, refresh and expand a Surrey-wide communication campaign around the priority afforded to emotional wellbeing and mental health, the positive preventative steps that individuals can take and the support, services and help on offer.

#### **5.4 Priority improvements to services**

- 5.4.1 Referrals both within organisations (e.g. SABP, GPs, etc.) and between clinicians across organisations must be subject to a 'no bouncing' rule, so that a referral is and cannot be deemed closed by referring the patient to another service and those requiring support for their mental health are safely held.
- 5.4.2 Establish a pilot methodology of deep engagement with target groups currently identified as being underserved or experiencing inequality, in order to better understand the challenges they face and the responses required, starting with those with multiple needs and conditions, BAME communities, people with eating disorders and the 16 to 25 years old cohort.
- 5.4.3. In parallel with a shift to more preventative approaches, undertake a review of capacity for crisis and inpatient care, including alternatives to beds and support for people coming out of hospital, to ensure capacity is better aligned with need and demand.
- 5.4.4. Review of the adequacy of s136 ('place of safety') provision against the national benchmark and address any shortfall in provision for those who don't require hospital admission
- 5.4.5. Review the funding, commissioning, and provision of the six IAPT services, to enhance the offer and extend capacity, following the precedent of reorganising CAMHS, in view of the importance of and priority afforded to talking therapies in treating mental ill-health.

## **6 IMPROVEMENT PROGRAMME**

- 6.1 It should be recognised that the extent of the review undertaken and scope of the Improvement Programme, in aggregate, results in and will require a whole system re-design. It is a given, emphasised in the Mental Health Partnership Board discussions, that the development of the detail and practical implementation of the improvement programme will be co-produced with those with and without lived experience and system partners.
- 6.2 In order to provide a foundation and prompt for this work, the project team have created an initial draft, high-level Improvement Programme, drawn from the diagnostic review and built around the draft recommendations above. This is attached at Annex A.
- 6.3 It is recommended that this Board continues in a form to be agreed, to provide oversight and support to the recently established Mental Health Delivery Board, which will assume the system-wide leadership and accountability for the delivery of the Improvement Programme.
- 6.4 Formal, structured monitoring, assessment, escalation and approval of any necessary remedial action to ensure the Improvement Programme is on track should be undertaken at the Surrey Heartlands ICS 'Strategic Oversight and Assurance Group' (SOAG), along with periodic update reports to the ICS Board, Health and Wellbeing Board, Surrey County Council's Cabinet, South East Regional NHSE/I Board and Adults and Children's Safeguarding Partnerships.

- 6.5 In order to ensure timely delivery of the Improvement Programme, it is strongly recommended that a strategic programme lead be appointed who is experienced in the alignment and implementation of system, organisation and tactical strategies and resources to drive forward and manage the implementation of the mental health service's full redesign.
- 6.6 Ongoing information dissemination, communication and engagement with the wider Surrey system and community will play a key role in ensuring the momentum and delivery of the Improvement Programme and will be overseen by the Multi Agency Information Group (MIG).
- 6.7 In addition, the Health and Wellbeing Board and ICS System Board should positively consider a follow-up peer review in one year's time, to assess the progress made against the Improvement Programme and suggest any further activity required to secure the vision for emotional wellbeing and mental health in Surrey.
- 6.8 Finally, to ensure the delivery and success of the structured improvement programme, it will be essential that the commitment to date of all partners represented on the Board is replicated in every part and at every level across the system. It must be seen as the responsibility of everyone in the system to build on, nurture and demonstrate the required system-wide and organisational cultures and effective system leadership behaviours that have begun to be evident through the work of this Board.