

Delivering the 19 improvement Recommendations

Annex 1

The delivery of the 19 recommendations has taken place against a backlog of significant pressures and transformation in mental health, both in Surrey and nationally

THE MENTAL HEALTH IMPROVEMENT PLAN AIMS:

- Address the recommendations contained within the Surrey Heartlands Mental Health review.
- Bring partner organisations together (Voluntary, Community and Social Enterprise (VCSE), lived experience/carers, statutory, health, communities) to deliver the required improvements.
- Ensure that user voice and lived experience is central to project definition and delivery.
- Support the rationalisation of the governance mechanisms around the delivery and reporting of Mental Health improvement to eliminate duplication of activity.
- Initiate and mobilise new improvement activities within the Mental Health system.
- Track and monitor the delivery of benefits and risks.
- Review the resourcing model for emotional wellbeing and mental health in Surrey.

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OUR JOURNEY

March 2019

Adult and Health Select Committee formally established the cross party Mental Health Task Group

October 2020

Recommendations presented to the Cabinet.

November 2020

Mental Health Summit hosted with a "call for action". Agreement to set up an independently chaired Mental Health Partnership Board

June 2021

19 recommendations approved and programme of work commenced. System wide workshop shaped priorities

Dec 2021

Second Mental health summit hosted focussing on progress made and hearing from service users

June 2022

Reset and stocktake on progress made. Senior re-commitment agreed

July 2022

New Executive MH System Delivery Group to commence

Mental Health Review 25/22

Addressing recommendation 3: Focus on resilience, early support and helping people understand and access it:



What

- GPimhs/MHICS roll out commenced in 2018
- Embeds new integrated mental health teams within Primary Care Networks, creating new roles and bringing together the NHS, Social Care and the third sector.
- First port of call for GP's to seek support for managing people in their local population with significant mental health needs.



Aims

- Improving patient journey of accessing mental health services and removing barriers to access
- Easy-in and easy-out access to evidence based interventions where required.



Findings

- Of the GPIMHS established in 11 PCNS, it has supported over 9000 patients that would previously been unable to access Mental Health services to access support. There are plans for further roll out and extending this to 25 PCNS by the end of 2023 with 9 new sites are rolling out in 2021/22.

Early findings of the model show that in PCNs where Gpimhs/MHICS is present (compared to PCNs where it is not):

- Number of routine referrals from GPs to SPA reduce by 6%
- Number of routine referrals from GPs to CMHRS reduce by 24%
- Number of SPA referrals back to GP reduce by 28%

Addressing recommendation 5: Focus on better joined up work at the local community level



What

New one team in Epsom pilot as part of community transformation testing streamlined and effective referral processes for people stepping up to- and down from- specialist interventions in secondary care



Aims

The 'One Team' approach is to integrate GPimhs/MHICS with Community Mental Health Recovery Services (CMHRs) and Community Mental Health Teams for Older People (CMHTOPs), around their local PCN population.



Findings

- 1. Accelerate access to care pathways – reduced CMHRS caseload by 20%; cut 'Step Up' wait times in half; reduced wait times for psychological therapies by 25%; 3 out of 4 people stepped down within 6 days*
- 2. Identify unmet needs, offer a wider range of interventions and ensure smooth transition between care pathways - 20% increase in social care needs identified and met, multiple services or interventions were identified to support the individual and their family, - reflecting the multiple determinants of health; tracking data on reduction of re-referrals and bounce*
- 3. Enhance patient outcomes through interdisciplinary 'One Team' working –There is a real sense of services working together to offer the best possible outcome for the client (care wrapping around the client – partnership working)"*

Addressing recommendation 7: Focus on the resource and capacity needed to deliver



What

- CF were commissioned to complete a review of resourcing, impact and value for money assessment of the emotional wellbeing and mental health services delivered across Surrey.



Aims

- The 4 key deliverables were 1) Demand and capacity model, 2) Opportunities to achieve a better value for money resourcing model, 3) Financial model, 4) Contracting mechanism



Findings

- A report can be provided of the full findings. The review highlighted six resourcing opportunities:
1. Avoid the use of high acuity care settings through the expansion of early intervention and prevention.
 2. Reduce barriers to specialist intervention earlier in the care pathway, to avoid deterioration and consequently need for intensive treatment and bed-based care.
 3. Expedite the discharge of medically fit for discharge patients and improve mental health inpatient flow.
 4. Integrate physical and mental health MDTs so that patients get holistic inpatient care in acute hospitals, thereby reducing lengths of stay for acute and mental health inpatient units.
 5. Reduce the need for high-cost agency and bank staff by improving the recruitment and retention of the permanent workforce.
 6. Create digital systems and integrated datasets



Addressing recommendation 13: Communication, Resilience & Preventative Strategy



What

- Major system-wide mental health campaign designed to help address the impact of Covid-19
- Led by a joint mental health communications group (SABP, SCC, SH and FH ICS, Public Health, Police, VCSE and others)
- Diverting just 5 people away from an inpatient admission would offset the cost of the campaign



Aims

- Raise awareness and reduce stigma
- Drive an increase in numbers seeking self-help and lower level support and reduce demand on more acute services
- Reduce stigma
- Tackle health inequalities



Impact

- Mailer QR code has been scanned more than 300 times and mailer contributed to a 29% increase in claims to Surrey crisis fund
- 14,922 visits to mental wellbeing web page (up from 4,091)
- 100% increase in traffic to Mindworks Surrey
- Increase in people accessing Talking Therapies – 11% increase in number of people receiving Talking Therapies
- 20% increase in new referrals to Community Connections & 52% increase in number of clients supported by Community Connections



Addressing recommendation 17: Review Capacity of Mental Health Crisis and Inpatient Services



What

The In-Reach pilot is a multi-agency service between SABP and the 3 Community Connections Lead Providers Catalyst, Mary Francis Trust & Richmond Fellowship. The pilot was mobilised to support discharge from inpatient wards.



Aims

The services aims to support individuals and their families through the transition from the ward back into the community and to prevent re-admissions.



Findings

Between June 21 and January 22:
74 people were supported and of these only **5** were re-admitted
13% had discharges earlier than planned and **18%** as planned
Clients gave an average score of **8.3 out of 10** for how beneficial the support of their In-Reach worker was in helping them in their transition home
92% of clients felt the support of In-Reach reduced the likelihood of them returning to hospital
Staff gave an average score for **8.3 out of 10** for how satisfied respondents were with the support that the service offered
Staff gave a score of **9 out of 10** for how likely are you to consider referring to the In-Reach service when discharging patients

In-Reach

Key Delivery Challenges

- There has been commitment at the highest levels but this has not translated into clarity of purpose or the transformation capacity to deliver the change
- There has been a lack of clarity on system governance making it difficult to agree priorities and move at pace
- Despite initial allocation of shared human resources from across the system these have gradually fallen away to leave the Programme Director and part-time SABP project officer
- Scale of transformation required to deliver the improvement plan against other competing priorities and pressures, including responding to the Covid pandemic, delivering the NHS Long Term Plan, and delivering priority 2 of the Surrey Health and Wellbeing Strategy
- There has been a lack of a shared longer term strategy and vision for emotional wellbeing and mental health in Surrey which has resulted in misalignment of objectives and priorities which the MHIP has tried to navigate through

Governance and Next Steps

Governance has been a challenge to the delivery of the programme and has not resulted in clear prioritisation or phasing of the work. As a result, senior systems leaders met on 23rd May 2022 to reaffirm commitment to the programme and to simplifying of the governance structure. It has been proposed that:

New proposed Governance currently being finalised

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