

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 23 June 2022 at Council Chamber, Woodhatch Place.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 16 September 2022.

**Elected Members:**

- \* Nick Darby
- Robert Evans
- Chris Farr
- \* Angela Goodwin (Vice-Chairman)
- \* Trefor Hogg
- Rebecca Jennings-Evans
- \* Frank Kelly
- \* Riasat Khan (Vice-Chairman)
- \* David Lewis
- \* Ernest Mallett MBE
- \* Carla Morson
- \* Bernie Muir (Chairman)
- Buddhi Weerasinghe

(\* = present at the meeting)

**19/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Robert Evans, Buddhi Weerasinghe, and Neil Houston. Neil Houston attended the meeting remotely. Jonathan Hulley substituted for Buddhi Weerasinghe.

**20/22 MINUTES OF THE PREVIOUS MEETINGS: 3 MARCH 2022 [Item 2]**

The minutes were agreed as a true record of the meeting.

**21/22 DECLARATIONS OF INTEREST [Item 3]**

Bernie Muir declared a personal interest that her son worked for Surrey Choices.

Trefor Hogg declared a personal interest as a community representative for Frimley Clinical Commissioning Group.

Frank Kelly declared a pecuniary interest as an employee of Surrey and Borders NHS Foundation Trust.

Nick Darby and Sinead Mooney declared a pecuniary interest as a governor for Surrey and Borders NHS Foundation Trust.

## **22/22 QUESTIONS AND PETITIONS [Item 4]**

None received.

## **23/22 ALL-AGE AUTISM STRATEGY REVIEW [Item 5]**

### **Witnesses:**

Sinead Mooney – Cabinet Member for Adults and Health

Hayley Connor – Director for Commissioning (Children, Families and Lifelong Learning)

Steve Hook – Assistant Director for Learning Disabilities, Autism and Transition

Liz Williams – Joint Strategic Commissioning Convenor (Learning Disabilities and Autism)

Clare Burgess – Chief Executive of Surrey Coalition of Disabled People

### **Key points raised during the discussion:**

1. The Assistant Director explained that the strategy was signed off in September 2021 and the report provided an update of the progress to date. During the development of the strategy there had been consultation with the autistic community. Resources of £500,000 had been allocated from the Better Care Fund and additional funding had been secured from NHS England for specific projects. Some projects could be delivered in the first year, whereas others would take longer to deliver.
2. The Chairman asked about co-operation with other partners involved in the strategy. The Assistant Director responded that the foundation of the strategy was based around co-production. The Council would continue to consult with the autistic community throughout the implementation of the strategy. A governance model that included partners was crucial, with senior level officer responsibility and input from those with lived experience. The implementation of the strategy was held across the system and the Implementation Board would monitor gaps.
3. A Member queried the accessibility of the information produced for autistic services. The Assistant Director explained that there were minimum standards that the Council had to reach, such as easy read benchmarks. The Council checked with groups like ATLAS to make sure that the information produced was relevant and easy to understand. The Learning Disabilities and Autism (LD&A) Partnership Board included communication officers with specific expertise.

4. In response to a question on the amount and the timescale of funding from the Better Care Fund, the Assistant Director responded that the funding had been used to recruit to key posts and develop an information strategy and a training programme. Although there was an annual bidding process, officers were confident that they would attract ongoing funding due to the profile and impact of the project. Each partner involved had committed their own resources to deliver on aspects of the strategy that they were responsible for. Successful bids had been made to the NHS, such as funding to improve sensory environments for individuals with autism.
5. A Member asked about the collaboration with other partners to increase awareness and understanding of autism in Surrey. The Director stated that the commissioning function had been integrated with Surrey Heartlands. Raising awareness and understanding of autism was a big element of the consultation and a focus of the first year of the strategy was autism friendly communities and schools. The national and regional autism strategies provided opportunities to learn from others and the autism community brought ideas, such as children and young people suggesting the change in the use of language. The Member highlighted the importance of ethnicity and autism. The Director agreed that equality, diversity and inclusion (EDI) needed to run through the strategy.
6. A Member enquired about work to raise awareness of autism amongst members of the black, Asian, and minority ethnic (BAME) and Gypsy, Roma, Traveller (GRT) communities. There was a GRT strategic group which the Council would link up with. It was known that there were differences in terms of seeking help and identification of autism in these communities. One reason could be access, as navigating the services was raised as an issue in the consultation process. The Assistant Director added that there were challenges as an employer to ensure it had sufficient experience of working with the BAME community. The Adult Social Care Service had tried to recruit a representative workforce and 34% of the staff in the LD&A and transition team were from BAME backgrounds. The Cabinet Member informed the Members that they would take the strategy back to the EDI Lead Officer in the Council. The Chairman suggested that the Committee had an informal briefing on this topic.
7. A Member asked about the impact of the coronavirus pandemic on the implementation of the strategy. The Director responded

that the strategy was developed at the height of the pandemic, and they switched to using remote options and moved away from hosting large events based on feedback. Diagnoses of autism were delayed as a result of the pandemic but the Director expected this to change as circumstances changed.

8. Responding to a question on the decision process for school placements for autistic children, the Director explained that there was a clear decision-making phase, and the Education Health and Care Plans (EHCPs) planning process was clearly set out. The decisions had not changed throughout the development of the strategy. A child's EHCP was reviewed, and decisions were made in consultation with schools and parents.
  
9. The Chairman asked about the Personalised Resilience and Engagement Programme (PREP) and employment for those with LD&A. The Director explained that culture change was vital and the commitment to co-design had already illustrated a change in culture. PREP was an example of a scheme of evidence based relational models that had been established. The scheme helped children and young people to understand their settings and helped the Council to understand what provision needed to be made available. The Joint Strategic Commissioning Convenor (Convenor) added that the strategy had an employment workstream which linked into other initiatives, such as the No One Left Behind Schools and Employment Network. *Naturally Talented Me* was an online CV platform which added pictures and other formats to a traditional CV, which members of the autistic community preferred using. It was also important to understand the skills that were needed in the labour market. The Assistant Director added that people in receipt of Adult Social Care (ASC) in employment in Surrey was around 19.5%, which was in the top quartile nationally. The Council's broader workforce strategy included work with the Surrey Care Association and Surrey Heartlands. They had secured a workforce innovation fund of £6 million which would help to increase the care workforce. The aim was to increase employment of those in marginal groups. The CEO of Catalyst who headed the Voluntary Community and Social Enterprise as part of the strategy.
  
10. The Chairman queried how the Council was working with Chambers of Commerce to support autistic people get into employment and how this was monitored. The Assistant Director explained that Chambers of Commerce were engaged with the strategy and the Council was also working closely with the Department of Work and Pensions (DWP) and Jobcentre Plus.

Three specially trained staff had been employed by Jobcentre Plus to support people with autism getting into work. The Council had made a bid with Surrey Choices to the DWP, which funded a project called Employment Works for Everyone, and helped 16 autistic people gain employment. The Chairman questioned whether Surrey Choices' employment scheme could be widened to the cohort who were not receive statutorily recognised but required support. The Assistant Director responded that there were plans for Surrey Choices projects for those who were not eligible for care and support and a supported internship and apprenticeship programme for young people with an EHCP.

11. A Member asked about support for transition into adulthood, specifically management of relationship changes. The Assistant Director agreed this was complicated for young people with additional needs. A Preparing for Adulthood Transformation Board, which the Cabinet Member sat on, had been developed to address some of the issues that developed during this period. The number of young people with EHCPs that would qualify for ASC was about 10%. It was important to provide additional support for those who would not qualify.
12. A Member questioned the flexibility of the system to support changes as individuals grew and transitioned. The Assistant Director explained that this was recognised by the Council and that they were trying to make the system more flexible. As part of the strategy, a series of support mechanisms would be developed to support people with autism in their homes when experiencing crisis. The Convenor added that there was a support register lead by clinicians that monitored individuals' risk factors, in relation to admission, and this would soon be a digital register. Additionally, a piece of work was starting shortly in which a doctor would undertake scoping work with people with lived experience to understand their experience of crises to support the development of a crisis element of a pathway.
13. In response to a question on current diagnosis waiting times, the Convenor explained that there were around 2,200 adults waiting for an assessment, three times as many referrals compared to 2019. Those currently being seen for a diagnosis were referred in 2018 and 2019. A workshop was held to understand the capacity and capability required to help reduce waiting times and meet the rising demand. The capacity in the team was for 36 diagnostics a month and they were receiving over 100 referrals a month. The Council had received funding from NHS England to test ways to support people prior to a diagnosis, as

60% of those waiting for an autism diagnosis would receive one. The funding would separate individuals into three groups: those who would definitely receive a diagnosis, those who may or may not receive a diagnosis, and those who would definitely not receive a diagnosis. This would allow the Council to signpost those who would not receive a diagnosis to other support. The Director stated that people were waiting too long and the backlog in Children's Services had been known for some time. Surrey and Borders Partnership NHS Trust (SABP) commissioned external diagnosis support to help with the backlog which stood at approximately 1,500 children waiting for a neurodevelopmental assessment. Assessments took more than 6 months and the waiting list time had been reduced at certain points in time. The Mindworks neurodevelopmental pathway had not been transformed at the rate that the Council would have liked. However, children coming onto the pathway were linked up to a third sector provider who would offer both group and individual work, as well as working in schools.

14. A Member sought assurance that the waiting times would reduce, and the Chairman asked about the barriers with the neurodevelopmental pathway. The Director responded that it was hoped that they would have developed multi-disciplinary hubs that would provide holistic support at an earlier stage. Mindworks had invested more in family support for those pre-diagnosis, but due to demand and workforce issues there were issues with the development of the pathway. This was a national issue. The Assistant Director assured the Members that the Council was committed to working with colleagues at SABP. Currently, a diagnosis was perceived as a gateway into services. The Council were working with schools to support young people with autism prior to a diagnosis.
15. A Member asked whether the referral rates for children and young people were similar to the rates for adults. The Director shared that there was rising demand. For example, last year there was capacity to complete ten assessments a week, but there was demand for 18 a week, which is why additional support had been commissioned but challenges to recruitment and transforming the Service remained.
16. The CEO of Surrey Coalition of Disabled People sought assurance that those already on the waiting list, who were unlikely to receive a diagnosis, would not be removed. The Director confirmed that there were no intentions to remove anyone from the waiting list. The CEO raised the issue of the NHS not recognising diagnoses (such as, Attention Deficit

Hyperactivity Disorder) from the private sector. The Convenor explained that if an individual received a diagnosis from the private sector, they would have to get any prescribed medication at a continual basis from the private sector and fund it themselves. There was no short cut to get into the NHS and receive your medication through the NHS. The Convenor would double check that this information was completely accurate. The Director would provide an answer from a children and young people's perspective following the meeting.

17. In response to questions on further independent living accommodation and autism training for housing officers, the Assistant Director explained that they were continuing to look at accommodation options for those with autism. There were a number of independent living schemes in development across three sites across Surrey to support those with learning disabilities and autism. As part of the autism friendly community in Redhill, work had been undertaken with housing officers at the borough council to improve access. A training programme for housing departments in district and borough councils. A Member asked about the timeframe for this work. The Assistant Director explained that the work was underway through the pathway around independent living. Concepts were being trialled on a small scale and then plans to roll them would be explored.
18. The Chairman asked whether the training was mandatory and who received it. The Assistant Director confirmed that the training was mandatory for specialist services across Adults and Children's. If partners signed up to the strategy, they had to complete the training too.
19. A Member questioned the support provided for those who experienced a death of a family member who supported them with accommodation. The Assistant Director recognised that many autistic people who did not qualify for ASC support, relied on their carers and families. There was an ageing population of family carers and thus, there was a Carers Strategy in place to identify that cohort of people and prioritising that cohort to move into independent living.

**Actions/requests for further information:**

1. The Director of Commissioning (CFLL) to provide additional information on annual reviews of EHC Plans.

2. The Director of Commissioning (CFLL) to provide an answer regarding private diagnoses not being recognised by the NHS from a Children's Services perspective.

**Recommendations:**

The Adults and Health Select Committee makes the following recommendations:

1. For Learning Disabilities and Autism Leads at Surrey County Council and other partners involved in the strategy to raise further awareness of Autism amongst elements of the BAME/GRT community. To have an informal meeting on progress toward this in a future informal Adults and Health Select Committee meeting.
2. For Learning Disabilities and Autism Leads at Surrey County Council to closely work with Surrey Heartlands and Frimley ICSs to ensure that knowledge and consideration of autism is emphasised in EDI training and as well as in EDI principles surrounding staff recruitment and work practices.
3. For Learning Disabilities and Autism Leads at Surrey County Council and other partners involved in the strategy to adopt a meaningful co-production approach, a shared vision, resourcing and prompt timelines to implement the strategy, given that the success of the strategy will largely rest on being able to collaborate effectively with other partners.
4. Bring this item back to the Adults and Health Select Committee in an informal session, with specific updates on the ***work with Employability*** as well as the ***preparations for the Adulthood Board Activities***.

**24/22 ADULT SOCIAL CARE COMPLAINTS - OCTOBER 2021 TO MARCH 2022**  
[Item 6]

**Witnesses:**

Sinead Mooney – Cabinet Member for Adults and Health

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)

Liz Uliasz – Deputy Director for Adult Social Care

Kathryn Pyper – Senior Programme Manager (ASC)

Clare Burgess – CEO of Surrey Coalition of Disabled People

Maria Millwood – Board Director (Healthwatch Surrey)



### **Key points raised during the discussion:**

1. A Member asked whether there was any explanation as to why the number of complaints were higher in north-west Surrey and Surrey Heath. The Deputy Director explained that they had merged into one area now creating a large patch with higher caseloads. The staff were now better at managing complaints, due to a cultural shift around learning from them.
2. A Member queried whether the officers were satisfied that it was easy to complain. The Deputy Director responded that they were satisfied. They had been working with staff to encourage people to complain and reassuring residents who had doubts about complaining. The website was accessible, and the Council had been using GPs to help to encourage people to complain as well. The Member queried the publicity of learnings from complaints. The Deputy Director explained that in the Council's response to a complaint, they shared what they have done differently as a result of the complaint and an annual report was published with learnings from complaints. The Joint Executive Director added that as of May 2022, there were over 20,000 cases open on the system. This was positive as it illustrated the engagement of service users.
3. The CEO of Surrey Coalition of Disabled People asked about the involvement of people with lived experiences in the learning space training. The Senior Programme Manager responded that they would welcome that.
4. The Board Director welcomed the section of the report on equality, diversity and inclusion. Healthwatch Surrey met with ASC on a quarterly basis to provide them with user feedback. Healthwatch had undertaken a piece of work on care within the home, through the Giving Carers a Voice contract.
5. A Member asked about plans for more in-depth complaints training for front-line staff. The Deputy Director explained that complaints training was offered, and staff were expected to attend it. Staff had mandatory training related to their job role which would be monitored by their line manager. The Senior Programme Manager explained that the learning space training consisted of monthly 60-minute sessions, with each session looking at a specific theme. The Cabinet Member added that the section on Ombudsman complaints was the most challenging to read but it was important to learn from those case studies.

6. In response to a question on preventing complaints from going to the Ombudsman, the Deputy Director explained that sometimes complaints needed to go to the Ombudsman for an objective view. However, early resolution and talking to residents helped to stop the complaint process at the beginning.
7. A Member asked about the involvement of other agencies in the complaints process. The Deputy Director responded that the relevant agency would always be contacted if they were included in a complaint and a joint response would be produced.
8. The Chairman asked about the progress regarding the Council's customer relationship management (CRM) system. The Deputy Director explained that they had a CRM system which would be replaced over the next few years. There were plans to develop the digital front door to record issues of concerns more effectively. The Joint Executive Director has reached out to the Executive Director of Customer and Communities to look into this. The Chairman stressed the need to have issues of concern flagged up on the new system.

**Recommendations:**

The Adults and Health Select Committee recommends:

1. That a thorough review is undertaken by Adult Social Care Leads at Surrey County Council, with the assistance of relevant corporate system providers, of the current CRM system in place to make it as user-friendly as possible, and to harness all the functions within the CRM system.
2. For Adult Social Care Leads at Surrey County Council to review what is being considered, and the parameters being used, in the process of acquiring a new CRM system.
3. That a follow-up informal session is held to address/investigate how Issues of Concern are recorded and dealt with, as opposed to formal complaints.
4. For Adult Social Care Leads at Surrey County Council to look into investigating training available from the Ombudsman to learn from cases upheld.

*Ernest Mallet left the meeting at 12:33pm.*

*The meeting paused at 12:33pm and reconvened at 1pm.*

**25/22 MENTAL HEALTH IMPROVEMENT PROGRAMME (MHIP) STOCKTAKE  
AFTER 12 MONTHS [Item 7]**

**Witnesses:**

Sinead Mooney – Cabinet Member for Adults and Health

Joanna Killian – Chief Executive of Surrey County Council

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)

Liz Uliasz – Deputy Director for Adult Social Care

Liz Williams – Joint Strategic Commissioning Convenor (LD&A)

Kate Barker – Joint Strategic Commissioning Convenor (CFLL)

Graham Wareham – Chief Executive of Surrey and Borders Partnership

Professor Helen Rostill – Deputy Chief Executive of Surrey and Borders Partnership and Director of Therapies

Sally Heath – Director of Business and Innovation (Surrey and Borders Partnership)

Patrick Wolter – CEO of Mary Frances Trust

Clare Burgess – CEO of Surrey Coalition of Disabled People

**Key points raised during the discussion:**

*Frank Kelly left the meeting for this item.*

1. The officers gave a presentation to the Members (Annex 1). The Deputy Director explained that the cost-of-living crisis and the war in Ukraine was impacting on residents' mental health. Service users' voices were the focus of the work and recommendations and a whole system response was required.
2. The Director of Business and Innovation shared that the General Practice integrated Mental Health Service (GPimhs) programme had been rolled out to 18 out of 25 sites, with planned for last 7 to go live by end of 2023. GPimhs is currently offering around 20,000 appointments per quarter. As a result, there had been a reduction in routine referrals and bounce back. A one team pilot had been developed and early findings had shown reduced waiting times for psychologist services, improved working relationships, and early identification of social care needs. SABP had commissioned a piece of work to understand the resource and capacity across the system and a number of opportunities around resourcing and contracting mechanisms had been identified.

3. The CEO of Mary Frances Trust added that they had a system wide campaign to address the impact of the pandemic, led by a joint mental health communication group. It aimed to reduce the stigma and tackle health inequalities. By diverting five people it would offset the cost of the campaign.
4. The Deputy Chief Executive of SABP emphasised the scale and complexity of the transformation programme. There was significant commitment from all senior stakeholders, but it had not translated into prioritisation, capacity and clarity of purpose. The governance had been fragmented and the right level of expertise was required to drive forward the programme. There was an agreement to share human resources, however, some partners were unable to provide the resource required to continue to deliver the programme. The impact of the pandemic was not declining for mental health and a vision had been lacking as well. The Chief Executive of SABP added that there was a lack of accountability which had now been addressed by the development of the Mental Health System Delivery Board which would govern the programme.
5. The Chairman questioned the clarity of decision-makers. The Chief Executive of SABP confirmed that there was clarity now. The system had an integrated commissioning function and the new Mental Health System Delivery Board included all the decision-makers. The Chairman additionally asked whether the shared vision and commitment from partners continued. The Chief Executive confirmed that all partners were committed to the vision. However, it was challenging times with pressure from the Treasury for the NHS to balance its books and the continued impact of the pandemic.
6. The Chairman asked whether key organisations were lobbying government for investment on the basis that it would produce savings in the long-term. The Chief Executive of SABP agreed that early intervention was required in the form of an integrated model within neighbourhoods. This would provide wider benefits for other institutions and society, however, these were hard to measure benefits. They had been talking to the national team at the NHS about investment. The Deputy Chief Executive added that for every £1 spent, it created a £3 return. System development funding had largely focused on higher end needs. There was a consultation on the ten-year Mental Health Plan that was ending in July 2022. The Chairman noted the funding formula which disadvantaged Surrey. The Joint Executive Director explained that all partners would be contributing to the call for evidence for the ten-year Plan to

show that the formula needed to change to acknowledge the importance of early intervention.

7. A Member asked about the progress made to date in light of the impact of the pandemic on mental health services. The Chief Executive of SABP explained that they had significantly increased capacity in the most intensive services, such as purchasing an additional 30 independent sector beds. The surge and complexity of need was so great that they were not enough qualified practitioners. They were working to find new roles and to train staff but this would take time. The Deputy Director shared that there were individuals who had never previously had mental health issues, who were now needing to be detained. The Chief Executive of the Council added that the impact was coming through its contact centre as well. There was a specialist welfare support line who were facing challenging calls. The support offered to the Council workforce has been increased. School leaders welcomed wraparound teams which had been added to school communities. The Deputy Chief Executive of SABP shared that SABP had established a staff wellbeing hub called *Here for You*, open to staff of all system partners, which had 17,000 visits thus far.
8. The Chairman raised cultural change, the Chief Executive of the Council explained that at the Council they spoke about good mental health for everyone, with a culture that valued being able to talk to each other so that individuals could spot when their colleagues were losing their good mental health. From a leadership perspective, mental health was a dimension of every conversation. There was more to do to tackle this issue earlier, especially for children and young people where the demand was high. The Deputy Chief Executive of SABP added that it started with early years and families. Honest conversations were needed to help to move forward. Comments from third sector colleagues in the task group report illustrated a commitment to come together in an alliance which demonstrated a shift.
9. A Member asked about the work to raise awareness of mental health services. The CEO of Mary Frances Trust explained that there was a 'time to change' campaign funded by public health and delivered by third sector organisations to reach out to as many people as possible from a variety of backgrounds. The CEO of Surrey Coalition of Disabled People added that there was a programme called 'tech to community connect' which gave someone who was facing digital exclusion a device and matched with a tech angel who provided support. One of

the target groups was those experiencing mental ill health. They were shown how to use their device to access therapies, social groups, or stay connected with another person. It was also important to continue to communicate in other ways than just digitally.

10. The Chairman referenced the use of technology in service solutions. The Deputy Chief Executive of SABP explained that the pandemic accelerated the rate of digital technology which meant that a lot of services were being provided online. Services were being brought back in person as the pandemic has reduced. A digital roadmap was being developed and embedded into Surrey Heartlands digital and data strategy plan. The Joint Commissioning Convenor (CFL) added that the mental health digital road map was very active. It had been co-designed and had 20 recommendations; they were working on the costing of the solutions. The Deputy Director also added that through digital enabled care, more residents were staying in their home and being supported with technology.
11. In response to a question on overcoming barriers for the black, Asian, and minority ethnic (BAME) and Gypsy, Roma, Traveller (GRT) communities, the CEO of Surrey Coalition of Disabled People explained that the Independent Mental Health Network worked with Surrey Minority Ethnic Forum to conduct research into minority ethnic communities. This produced a summary report with recommendations to the system and progress had been good.
12. The Chairman asked about the work with businesses in Surrey. The Chief Executive of the Council explained that they were adopting a workforce strategy across Surrey Heartlands and ASC around getting more people into the workforce that would not normally consider a career, such as, those with neurodevelopmental issues. The Joint Executive Director explained that they had made links with economic growth colleagues about developing a diverse and flexible workforce. The Joint Commissioning Convenor (LD&A) added that there were bidding to extend the individual placement scheme, which supported those enduring mental ill health. . Employment was a key part of the recovery journey and SABP were working with Chambers of Commerce to support workplace mental health.
13. A Member enquired about the inability of IT systems to speak to each other. The Chief Executive of SABP explained that that was a problem and Surrey Heartlands had engaged in an

upgrade for technology and they would link into the Council. The Surrey Office of Data Analytics were looking to understand where the greatest need was.

14. A Member asked about Camerados public living room project. The CEO of Surrey Coalition of Disabled People explained that it was an international movement concerned with people's wellbeing, with the message that people needed other people and purpose to live a happy life. The public living room concept which they would like to enable communities within Surrey to establish in various locations. Funding would need to be secured first.
15. The Chairman queried how far the progress was from the original programme. The Chief Executive of SABP explained that they had prioritised a number of projects which did have funding attached. There was not enough capacity to deliver all of the projects concurrently. There was a financial recovery plan for the ICS and a new board had been established to bring together all of the projects. Other pieces of work had been identified but did not have clear timelines of when they could be achieved. The Chief Executive recognised that there was a gap. The Chairman questioned the speed and urgency of the delivery board. The Joint Executive Director explained that there was one system improvement plan and terms of reference and membership were roughly agreed. There was a set of shared actions and metrics and a shared commissioning strategy needed to be delivered. The Chief Executive added that the new plan included the same 19 recommendations sequenced through time. The Board's role was to work out how to achieve that and there would be deliverables along the way. There was a significant funding challenge and there might be the need to lobby government. The Chairman queried the lack of key data that should underpin decisions, having requested this information over a number of years. It was agreed that they would make this information available as a matter of urgency.

**Recommendations:**

The Adults and Health Select Committee recommends:

1. For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Surrey County Council to continue to campaign for a change in the National Allocation Formula that would accurately reflect some of the mental health issues faced by Surrey Residents.

2. For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Mental Health leads in Surrey County Council to provide a future update and report to the Adults and Health Select Committee on the technology being sought, and the progress being made in rolling out technological systems to improve Mental Health Services in Surrey.
3. For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Mental Health leads in Surrey County Council to provide a future update and report to the Adults and Health Select Committee on how existing and additional funding will be effectively used to deliver on the Mental Health Improvement Programme, and to provide a timeline as to when the plan is expected to be delivered on.

**26/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]**

**Key points raised during the discussion:**

None.

**27/22 DATE OF THE NEXT MEETING [Item 9]**

The Select Committee noted that its next meeting would be held on Wednesday, 5 October 2022.

Meeting ended at: 3.04 pm

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**Chairman**





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# 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



## Aims



## Findings



- 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.

- 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

- 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 23<sup>rd</sup> 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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