

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Mental Health Improvement Plan - Update
HWBS Priority populations:	<ul style="list-style-type: none"> • People with serious mental illness
HWBS Priority - 1, 2 and/or 3	<ul style="list-style-type: none"> • Priority 2 Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being
HWBS Outcomes/System Capabilities:	<p>All Priority 2 outcomes and System Capabilities:</p> <ul style="list-style-type: none"> • Empowered and Thriving Communities • Clear Governance • Workforce Recovery and Development • Programme Management • Equality, Diversity and Inclusion incl. digital • Data, Insights and Evidence • Integrated Care
HWBS Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
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Board Sponsor(s):	Liz Bruce, Joint Executive Director of Adult Social Care and Integrated Commissioning, Surrey County Council and Surrey Heartlands ICS
HWB meeting date:	21 June 2023
Related HWB papers:	None
Annexes/Appendices:	None

2. Executive summary

The Mental Health Improvement Plan (MHIP) is the Surrey system’s response to the 19 recommendations of the May 2021 report “*Emotional wellbeing and mental health in Surrey: A review of outcomes, experiences and services*”.

The 19 recommendations describe how we can improve the services and support which we provide to our residents and promote their mental health and emotional wellbeing. The plan has been reset into four programmes the detail of which, with brief updates, is included in this report.

A new approach has been agreed by system leaders and endorsed by the Mental Health System Delivery Board (MHSDB) to bring together all strands of mental health transformation work including the MHIP and work to achieve the transformation within the NHS Long Term Plan.

The Board is asked to endorse the bringing together of the transformation under ‘one plan’ for the purpose of delivery and resourcing.

3. Recommendations

The Health and Wellbeing Board is asked to:

1. Note the contents of this update and endorse the proposed next steps.

4. Reason for Recommendations

Further input from the Board will be requested in future updates.

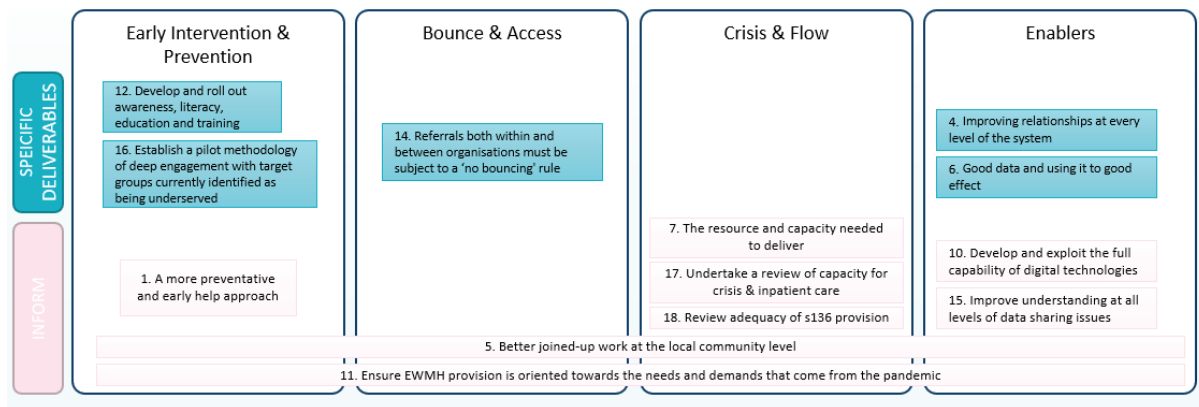
5. Detail

The executive lead for this plan is Liz Bruce and the independent chair of the Board that oversees this work (the Mental Health System Delivery Board or MHSDB) is Jonathan Perkins.

Programme Architecture

The original 19 recommendations were organised into four overarching programmes, mapped to other parts of the system or closed where they were completed.

This mapping exercise was signed off by the MHSDB in February 2023 and is detailed below:



Updates by Programme

The following is a brief update by programme.

Programme One: Early Intervention and Prevention

During 2022 it was decided that the early intervention and prevention recommendations from the MHIP be integrated with the Health and Wellbeing (HWB) Strategy's Priority 2, 'Supporting the mental health and emotional wellbeing of people'.

The Mental Health: Prevention Oversight and Delivery Board (MHPODB), in operation since September 2022, has developed a Work Plan which sets out specific priorities of work and activities operating through four work areas, focused on Surrey's Priority Populations, informed by Place and draws on public mental health evidence of preventative interventions which will have impact:

- Work Area 1 - Steer and oversee the HWB Strategy Implementation Plans for Priority Two projects and programmes, in alignment with the MHIP's early intervention and prevention deliverables.
- Work Area 2 - Identify gaps in provision or under-developed support for Surrey residents as priorities for investment, including through working with communities, based on an enhanced understanding of Place, HWB Strategy Priority Populations and Key Neighbourhoods.
- Work Area 3 - Continue to develop improved and shared approaches to measuring, monitoring and reporting impact of projects and programmes for preventing mental ill health, within and across the HWB Strategy and MHIP.

- Work Area 4 - Assess, share and use new regional, national or international research and report findings as appropriate, within the Surrey Data Strategy approach.

The MHPODB Work Plan Progress Report is described in another paper coming to this Board in June, 'Health and Wellbeing Strategy Summary Implementation Plan June 2023', which includes an appendix of highlighted proposed actions. This Progress Report will be brought to the July meeting of the MHSDB for a fuller discussion.

Programme Two: Bounce and Access

The Bounce Programme was developed from 'Recommendation 14 - Referrals both within and between organisations must be subject to a 'no bouncing' rule' and 'Recommendation 5 - better joined up work at the local and community level'.

Scoping of the programme began in detail in January 2023 including mapping other major programmes addressing 'bounce'. A series of focus groups and workshops took place which defined the problem and identified potential solutions on areas of improvements.

The initial focus group in January 2023 was led by Surrey Coalition's Independent Mental Health Network (IMHN) comprised of people with lived experience (including broader written feedback), followed up with conversations within the ICS. Place based independent mental health networks comprised of people with lived experience and front-line staff and clinicians.

Recognising that although this is a much debated and long-standing phenomenon within Surrey, that no clear definition existed a working definition was co-designed, which is:

"Bounce occurs when a person (and their carers/ family):

- *Has difficulty getting into services;*
- *Is passed between services; and/or*
- *Is 'dropped' by services.*

in a way which results in that person's needs not being met and an accompanying feeling of rejection."

A new 'no bouncing' principle has been drafted:

"If the first point of contact can't meet your needs, someone will hold responsibility for getting you to the place(s) where your needs can be met, and you and your carers/family will know who that person is and be able to contact them."

There has been mapping of work and identifying particular places in the system where there are challenges and opportunities for focussed work.

A logic model has been developed which provides the framework on how outcomes and impact can be measured going forward. The identified areas of focus include:

- Culture shift – Services supporting person centred approach
- Increase expertise to provide care (Knowledge)
- Communication & collaboration across services
- Further service resourcing & funding.

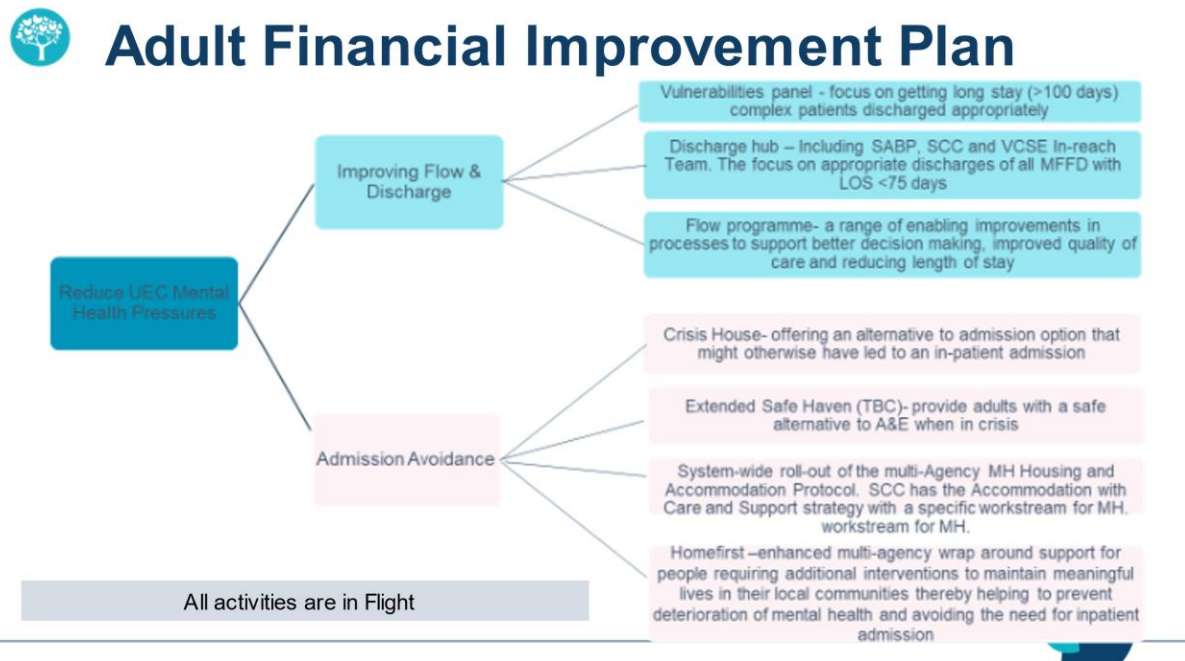
Against each of the impacts above are draft outcomes and activities.

An evaluation framework for the programme is being developed by Unity Insights to ensure current programme and projects addressing 'bounce' plus any additional areas of focussed work/projects needed to address 'bounce' have the desired impact of reducing if not eliminating 'bounce'.

Programme Three: Crisis and Flow

- The Crisis and Flow Programme was set up as a formalised programme in October 2022, led by Surrey and Borders Partnership Trust (SABP) working collaboratively with system partners e.g. Community Connections, Surrey County Council, and the Integrated Care Board.
- This addresses 'Recommendation 7 - The resource and capacity needed to deliver', 'Recommendation 17 - Undertake a review of capacity for crisis and inpatient care'; and 'Recommendation 18 - Review adequacy of s136 provision'.
- This programme also forms the basis of the adult Financial Recovery Plan and aims to:
 - Reduce demand pressure
 - Improve patient flow processes
 - Reduce Length of Stay (LOS)
 - Eliminate out of area placements
 - Reduce spend on private sector beds and agency premium
 - Development of workforce competencies to support gatekeeping/signposting
 - Develop clear and effective discharge processes
 - Optimisation of opportunities through digital-enabled technologies/processes.

The driver diagram below sets out the programme of work:



This is a complex programme comprised of both enabling and delivery projects with bi-weekly governance wrapped around it.

Programme One: Enablers and Culture

Recommendation 4 - ‘Improving relationships at every level (culture)’.

The quality of care we deliver, our openness to learning and improvement and the degree to which our workforce feels valued and supported are all underpinned by our culture and approach to leadership. As such, culture change sits at the heart of the MHIP as a key enabler. As part of the wider MHIP, the MHSDB is overseeing this workstream championing and supporting a reset of attitudes, values, goals, and ways of working.

In response to the commissioned Linguistic Landscapes independent review of culture with a focus on the fracture points in the system which impacted care delivery back in 2021/22, a series of key findings and recommendations were made relating to 3 specific areas of change needed:

1. Make relationships better: Relationships are not a ‘nice to have’ – they are essential to our work
2. Have honest conversations: We need to interact differently to creatively solve problems together
3. Remember we all care about the same thing: We all care about the individuals we’re supporting – it’s good to remember we’re all in this together.

Given the resourcing constraints relating to this workstream and the ability to take the work forward, the areas of work where we have been focussing effort has been on:

1. MHIP programmes each to a identify culture priority
2. Evaluation framework (explore with Unity Insights)
3. Introduce system [Schwartz rounds](#)
4. Share findings widely with key partners
5. Scope and plan Organisational Development programme for MHSDB.

Changing culture and ways of working takes time. However, we have through the formation of the MHIP seen evidence of positive impact and greater collaboration across the system.

Workforce recruitment and retention

This remains a challenge across the Integrated Care Systems.

MHSDB has set aside a significant slot for a workforce deep dive for their June Board and requested an update inclusive of data from all system partners regarding mental health workforce including their current position in regard to recruitment and retention and work being done to address challenges. The MHSDB membership also requested that workforce wellbeing be considered.

This will build upon and add additional detail to the regular updates all partners submit to the Surrey Heartlands People's Committee and the NHS focussed workforce data submitted as part of the annual operating plan 2023/24. Commitment was made by all partners including SABP, SCC (operations and commissioning), the VCSE and providers.

Data and digital

'Recommendation 6- Good data and using it to good effect (data)' and 'Recommendation 15 - Improve understanding at all levels of data sharing issues (data) made up this key enabler.

As part of the recently published [Joint Strategic Needs Assessment \(JSNA\) chapter](#) the Senior Responsible Officer noted caveats that big gaps remain in the data and the chapter and SRO recommendations include both a review of place-based data and a commitment from the Surrey Analytics hub to take a key objective to manage availability and sharing of mental health data.

To kick start this work an initial data pack was developed for the MHSDB which collated and mapped all the system data where we record on mental health activity. Given the temporary withdrawal of support from the Analytics hub, the data pack was simply there to describe what data is available rather than undertaking any analysis of data.

The data included the key performance indicators for the NHS Long Term Plan deliverables for mental health.

However, the JSNA (despite noting there are gaps) has provided a significant pack of data and progress has been made on the patient record which now includes Mental Health data. As a next step, the MHSDB has requested that a 'use case' approach is adopted to help navigate the available data when analytics capacity is identified.

System leaders are currently trying to address the data issues and have now planned a Hackathon in June 2023 including population health management colleagues to further develop the 'use case' approach.

It will be critical to follow through on the JSNA SRO recommendations to complete a review of place-based data and the commitment from the Surrey Analytics hub has taken a key objective to manage availability and sharing of mental health data.

Under 'Recommendation 10- Develop and exploit the full capabilities of digital technologies (digital)' the Adult Health Select Committee report of the October 5th 2022 detailed the offer within mental health.

The Adult Health Select Committee Report on the MHIP for June 15th 2023 committee includes a more thorough and detailed update against each of the four programmes within the plan.

Governance

As per the last report, the MHSDB has been established, and work is ongoing to continue to strengthen this Board and the Board's remit within the system governance architecture, develop to balance adults, children and young people delivery and continue to ensure the voice of people with lived experience and system stakeholders is heard via the Co-Production and Insight Group it supports.

Transformation as 'one plan'

The last report included a forward plan to phase the work of the MHIP. However, system leaders have agreed an alternative approach, bringing all transformation programmes and projects within the mental health space into one plan.

6. Challenges

Resourcing continues to be a challenge for this programme in terms of programme management and project support. However, it is hoped that the new 'one plan' approach with agreed resourcing will bring all transformation elements together to more effectively deliver.

However, current challenges to delivery are:

- Competing operational pressures

- Resourcing challenges to meet the need
- Funding position
- Scale of transformation
- Staff wellbeing
- Culture
- Digital and data insights.

7. Timescale and delivery plan

Timescales for delivery will follow the 'one plan' approach being resourced. The development of the one plan will have timescales for delivery.

8. What communications and engagement has happened/needs to happen?

A wide stakeholder group engaged the MHIP, in particular using members of the Co-Production and Insight Group as well as stakeholder engagement and codesign with each programme. Service users and people with lived experience are a key part of this. We continue to engage closely with the Adults and Health Select Committee.

Further assessment of our communications and engagement needs will be required as part of the 'one plan' approach and resourcing.

9. Next steps

- Resourcing decision for the 'one plan' approach is awaited.
- Governance development to be concluded.
- MHSDB meets to consider workforce and begin a round of presentations from ICS Places on their mental health plans to ensure alignment.

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