

Thursday 10 October 2024



Mental Health Improvement Plan – Focus on working age adults

Purpose of report:

1. This report has been prepared for the Adults and Health Select Committee. It reviews the number of people of working age in Surrey who are not working because of mental health issues. It will explore the issues that have led to this and how these issues can be addressed to deliver improvements for Surrey residents, especially those who experience the poorest health outcomes within the 21 Health and Wellbeing Strategy Key Neighbourhoods.
2. It reviews current data to ensure that the most urgent mental health needs are identified and sets out what is being delivered to support those who are some of the most vulnerable people within the community. This is to ensure a greater focus on reducing health inequalities, so no-one is left behind.

Introduction:

3. This paper has been produced by Surrey County Council Public Health and Communities team, with input from colleagues within Adults, Wellbeing and Health Partnerships, Surrey Heartlands Integrated Care Board and Surrey and Borders Partnership (SABP) NHS Foundation Trust. This paper will first offer relevant context with the national policy and research direction, particularly on how “early intervention and addressing the wider determinants of mental ill-health can prevent serious mental illness and economic inactivity” (OHID/ NHSE South East, 2024).
4. The paper will then provide specific insights on employment, challenges and where the gaps are, drawing on Surrey mental health service data and relevant current developments, alongside Public Health and wider programmes and other preventative interventions and support.
5. The emerging ‘One System, One Plan’ approach to mental health in Surrey Heartlands and its relevant priorities will then be set out as the key local framework, which includes alignment with an all age and place-based approach to developing a ‘Mental Health System for Population Health Gain’

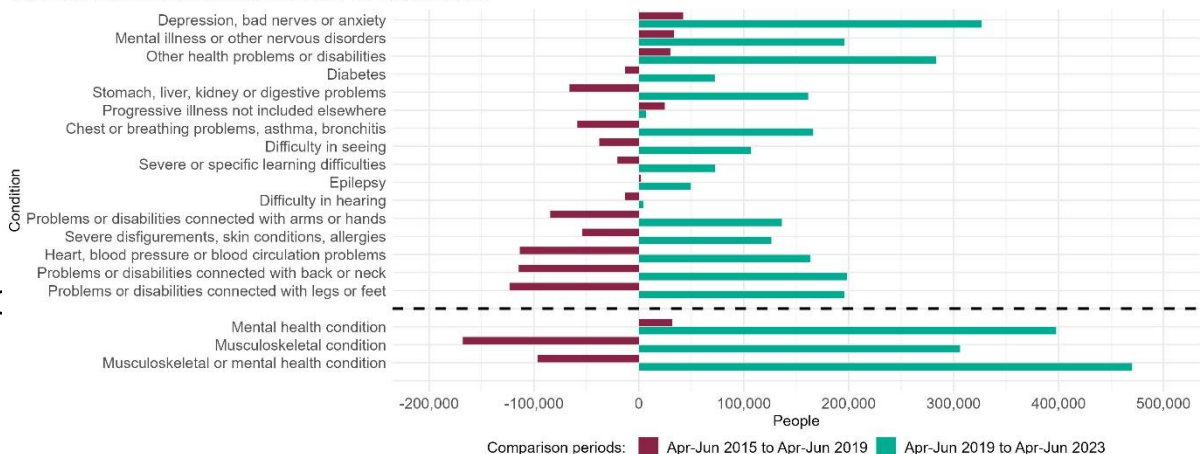
being developed in Public Health and Communities, with Places and other partners.

- Surrey County Council have been awarded £6.2m by DWP to support those with mental health challenges from leaving paid employment.

The national policy and research context:

- It is recognised nationally that there has been a concerning rise in economic inactivity due to long-term sickness (Office for Health Improvement & Disparities OHID & NHSE South East).
- The number of people out of the labour market due to ill health is at an all-time high and in-work ill health is rising. The Office for Budget Responsibility estimates that this rise in working-age economic inactivity and worsening health has already added £15.7bn to annual borrowing since the pandemic (The Health Foundation, 2024).
- This matters not only because of the fiscal consequences but because ill health affects the quality of people’s lives and because time spent out of work affects future employment and pay. In turn, a reduced standard of living can lead to deteriorating health. The relationship between health and work thus runs in two directions: work – of sufficient quality – has a positive impact on health, while good health enables people to participate in the workforce (The Health Foundation, 2024).
- This rise includes a range of different categories and at national level this is seen to be largely due to increase in mental health and musculoskeletal conditions between 2019 – 2023 in the UK. The proportion due to long-term sickness has generally increased since 2019, reaching 24.3% in December 2023 (Annual Population Health Survey) and Surrey data also shows a similar rising trend (see point 22 below for Surrey). Data on the different elements defined within “long term sickness” is only available at the national level. The national breakdown and comparative increase are provided below to give an indication of proportion.

UK data* shows that increases in economic inactivity due to long-term sickness have been driven by rises in mental health and musculoskeletal conditions between 2019 and 2023



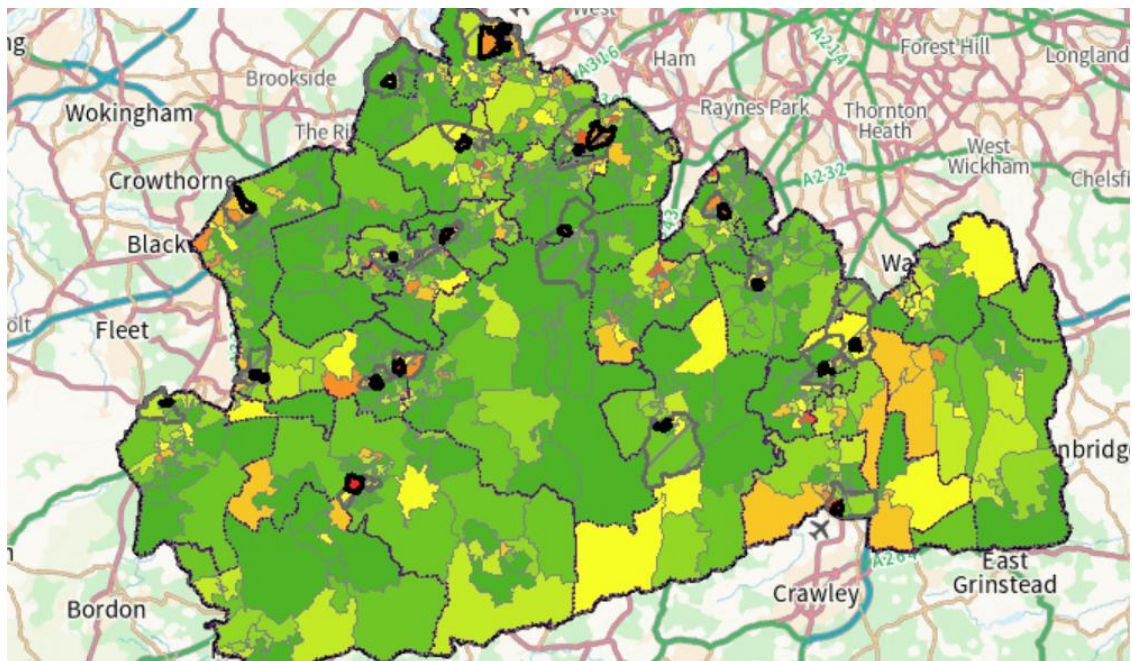
11. In 2022/23, work-related stress, depression, or anxiety led to the loss of approximately 17.1 million working days, accounting for over half of all working days lost to work-related ill health (HSE, 2024).
12. People in receipt of long-term support for a learning disability (16-64) and those in contact with secondary mental health services (aged 18 to 69) –who are also on the Care Plan Approach – experience proportionately higher levels of unemployment compared to the national unemployment rate (DHSC).
13. Men and women with lower economic status are more likely to report loneliness, social isolation, and lack of social support (Kung et al, 2022). The over 50s with poorest economic status are more likely to experience decreased enjoyment of life and increased loneliness (Bridson et al, 2024).
14. Studies show for people of working age there is a 40 percent increase in likelihood of reporting loneliness when unemployed. The severity of loneliness for people who are unemployed peaks at the ages of 30-34 and 50-59. Not only is loneliness more likely to be experienced following job loss but loneliness is also shown to be predictive of unemployment ‘suggesting potential bidirectionality in the relationship’ (Morrish et al, 2021).
15. Evidence suggests a need to tackle loneliness to address unemployment. ‘Reducing isolation and loneliness’ and ‘environments and communities in which people live, work and learn build good mental health’ are two of the four outcomes in Priority 2 (*Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being*) of the Surrey Health & Wellbeing Strategy.
16. National research shows that ‘decreased loneliness could mitigate unemployment, and employment abate loneliness, which may in turn relate positively to other factors including health and quality of life.’ (Morrish et al, 2021).
17. It has been suggested that changing work patterns during Covid-19 lockdowns that saw more people working from home or hybrid working increased people’s feelings of loneliness at work. However, a 2023 report of the British Red Cross on behalf of the All-Party Parliamentary Group on Tackling Loneliness and Connected Communities found that post-pandemic home workers are no more likely to experience loneliness than those working on site.
18. Gambling is also associated with higher rates of future unemployment and physical disability and, at the highest levels, with substantially increased mortality (Muggleton et al, 2021).

The Surrey Picture: relationship of those not in employment and having mental health issues in Surrey

19. NHSE Digital (2024) reported in quarter one 23/24, 29,845 sick notes (referred to as Fit Notes) were issued in Surrey Heartlands, most frequently for mental health reasons, with more than 50% lasting for 5 or more weeks. Although these may not all be issued to unique cases, the scale of this sickness absence from work is the equivalent to the population of more than three wards in Surrey each quarter. The total number of sick notes issued annually across Surrey Heartlands between 2019 and 2023 has consistently ranged between 104,151 and 130,370, demonstrating the population level need for support.
20. Data from the Annual Population Survey indicates that of the 16.1% of working age Surrey residents (those aged 16-64) recorded as economically inactive, 17.5% is related to long term sickness which includes Mental Health.

Priority Populations in Surrey

21. **21 Key Neighbourhoods Health and Wellbeing Strategy** Below is a map of the Employment Deprivation domain of Index of Multiple Deprivation (Green: least deprived to Red: most deprived), overlaid with the Health and Well Being Strategy's Key Neighbourhoods¹ (bold black outline).



¹ HWBS Key Neighbourhoods are drawn from the overall Index of Multiple Deprivation score rather than focusing on any one domain.

22. Nationally, unemployment activity is still low, though showing signs of increasing. In Surrey, the Annual Population Survey indicates that 1.5% of the working age population is unemployed compared to 3.9% for England, (October 2022 - September 2023).
23. The 2021 Census data also showed that Surrey residents who were economically inactive due to long-term sickness or disability consisted of 22,944 individuals, which is 2.4% of all Surrey residents aged 16 and over. This group makes up a lower proportion of all residents aged 16 and above in Surrey (2.4%) compared to the South East (3.1%) and England (4.1%).
24. This overall positive picture, and a tight labour market can however mask issues at a lower geographical level, for example two districts have lower disability employment rates than the national average, two with a disability employment gap 1.5 times worse than the national average, and four Lower Super Output Areas (LSOAs) in the 20% most deprived areas in England.
25. Surrey's many professional industries can also disadvantage people with disabilities who are less likely to be in professional roles, and 30% of whom earn less than living wage.
26. The Surrey-wide employment rates also mask disproportionate impacts for:
 - **Populations of identity (as outlined in the Health and Wellbeing Strategy)**, such as people experiencing mental health issues, where their geographic dispersal makes it difficult to identify them from data sets and requires resource intensive hyper-local approaches. The annual Health and Wellbeing Strategy (summary) scorecard aims to provide an oversight of longer term system progress against the Surrey Health and Wellbeing strategy and includes a wide range of indicators. One area it highlights is that in Surrey for **adults in contact with secondary mental health services** the employment gap when compared to the general population is 8% bigger when compared with the South East and nationally (with a similar gap in relation to the numbers in stable and appropriate accommodation)².
 - Rising employment rates include many people moving into low-paid, **insecure employment** which exacerbates health inequalities, and is a particular issue in relation to Surrey's high cost of living.
 - **Surrey's care sector** has higher than average staff turnover (36% vs 28% nationally), higher than average vacancy rates (14% vs 10% nationally), 28% of the care workforce reaching retirement age, and the workforce growth of 29% needed by 2035. Surrey's leisure sector currently has around 210 vacancies, 40% of which have been unfilled for more than a

² Published data used in the index is drawn from DHSC fingertips and is the latest available however is from period prior to introduction of programmes referenced below.

year and community nursing vacancies are at 6.6% (vs 4.9% regionally). Above average skills pressures in Surrey are compounded by the highest sickness absence rates in these sectors.

- For Surrey residents who experience **multiple forms of disadvantage**, this can often lead to lower socioeconomic situation which in turn affects their access to resources such as education, impacting on their employment opportunities, and access to adequate housing. Lower socioeconomic position is a known determinant of health, influencing overall living conditions and wellbeing, with economic hardship being highly correlated with poor health (Bradley et al, 2008).
- People with **severe mental health conditions** are more likely to be excluded from employment, and when in employment, they are more likely to experience inequality at work (WHO, 2022).

Priority interventions/opportunities for prevention and early help

27. Alongside the delivery of NHS led adult mental health services, local authorities can play important roles in addressing the wider determinants of health. This can include **promoting high quality employment** though working with businesses (and as major employers themselves) (OHID/ NHSE South East).
28. Easing the strain of financial pressures through things like **debt advice services**, or local emergency/crisis funds (OHID/ NHSE South East).
29. **Reducing stigma**: Engagement with Surrey-based businesses such as McLaren, Barratt Homes and the Barber Collective, reported:
 - reluctance from staff to disclose mental health issues to their employer, often citing alternative reasons for any absences,
 - lack of confidence from line managers in knowing how to support colleagues.
 - Feedback from men's mental health support groups in Surrey cited incidence of stigma and dismissal following disclosing mental health issues to their employer. Nationally 76% employees self-reported stress-related absenteeism in the past year⁴ - a significantly higher level than is captured through fit note data in Surrey.
30. NICE recommendations on Mental Wellbeing at Work (NG212) include a recommendation for **organisation-wide approaches to prevention and early help within industry** that involve employees and workplace representatives. A South East England regional study indicates, "preventing mental health difficulties requires boosting mental health at work by

supporting organisational approaches to promoting mental health and wellbeing” (Centre for Mental Health, 2022).

The Surrey Picture: support in place and planned future activity

31. To build on the work to date and increase our insight into the impact of health and wellbeing on employment, Surrey County Council are leading a number of workstreams and working with partners across the system to join together existing initiatives to support early help and support for healthy employment:

Existing operational delivery

32. There is a significant amount of support available to Surrey residents to get them back into work or closer to being able to return when working. Whilst a proportion of this support is ‘general’ and accessible to all, regardless of age, health conditions etc, there is also a significant proportion of support that is tailored to those with health conditions and disabilities.

33. **SCC led provision:**

Name of Programme, Project or Provider	Description
Work Wise (IPSPC)	<p>A free employment service available to any person with a mental or physical health condition, disability, or neurodivergence (commissioned by SCC).</p> <p>The newly launched service IPSPC, delivered by Richmond Fellowship aims to integrate employment support into all Primary care clinical teams, making IPS accessible to anyone suffering with mental ill health or a chronic health condition. It is available to anyone aged 16 years and above. Employment Specialists work closely alongside GP’s, Hospitals and Community Pharmacies, Social Prescribers, Community Connectors, Psychiatrists and MH Practitioners and receive referrals from both Professionals and self-referrals directly from patients.</p> <p>Value - £6.3m Target numbers - 2882</p>
Work Well	<p>Aimed at supporting people off work with a fitnote to recover and successfully re-enter the workplace. (Commissioned by SCC, live from October 2024)</p> <p>Value - £6.2m Target numbers - 7200</p>

Local Supported Employment (LSE) - Surrey Choices	Support for residents including disabled people and autistic people and sensory and mental health needs. We will help our customers to look for vocational projects, supported internships and employment. (Funded by SCC)
How are you? Workforce Wellbeing Programme	Aimed at businesses and organisations (prioritising the care sector and employers in priority neighbourhoods) seeking to improve their workforce wellbeing strategies through NICE evidence-based interventions and resources. The programme is designed by industry and wellbeing experts to support organisations to improve their wellbeing strategies. (Funded by SCC) Base line evaluation data will be available from January 2025.

34. **Employment support provision for those with health needs across Surrey:**

Name of Programme, Project or Provider	Description
AS Mentoring	Support neurodivergent people in employment, and in finding work.
Disability Initiative	Develop prevocational skills, help navigate a pathway toward voluntary work, work experience or paid employment.
Downs Syndrome Association - Workfit	Down's Syndrome Association's employment programme which brings together employers and jobseekers who have Down's syndrome.
Fedcap – Intensive Personalised Employment Support	IPES has been designed to support individuals who are disabled and with health conditions into work and to empower those furthest away from the labour market to find sustainable employment or self-employment, or develop the skills to do so. Through the IPES scheme participants receive at least 15 months of intensive support to find and sustain employment. The scheme includes a further 6 months of in-work support. It is a flexible voluntary programme, available for people who are at least 18 years of age and don't foresee getting into the workforce for at least 12 months
GPimhs	GPimhs have embedded Employment Specialists who receive direct referrals from the team, and ensure smooth provision of referrals or updates, as well as ensuring that a mental health employment perspective is incorporated into wider discussions

	<p>around all care and support provided in GPimhs/MHICS. They consistently meet their primary aim of supporting individuals with mental health needs gaining, or remaining in, employment. Their involvement in discussions also empowers wider team members to have more confidence in both exploring and identifying employment needs for people using our services. In 2024/25, 311 people have been referred by GPimhs for employment support. Highest referrals to IPS services have come from the following primary care networks: North Tandridge; Dorking; West Waverley; North Guildford; Banstead and Care Collaborative (Redhill).</p>
Headway Surrey	Support for adults with acquired and traumatic brain injury, and their families.
Include.org	Supported volunteering opportunities or people with learning disabilities and autism in East Surrey.
IPS	<p>Surrey has the only supported employment service in UK covering 32 PCNs. Employment support is delivered to people across Surrey & NE Hants by VCSE partner Richmond Fellowship. Since 2018 they have delivered the IPS and have successfully integrated employment support into all secondary care mental health teams. The IPS pathway is for all clients who are receiving mental health support from a secondary care mental health team such as the EIIP or CMHRS. Employment Specialists work closely alongside the clinicians within these teams and receives referrals directly from the Professionals as well as self-referrals from the patients.</p> <p>2023/24 on our IPS service. The partnership between SABP and Richmond fellowship is unique and something other NHS trusts and employment providers struggle to accomplish nationally.</p>

	<p style="text-align: center;">Hard & Soft Outcomes</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>785 Hard outcomes!!</p> </div> <div style="text-align: center;"> <p>417 Ways supported further</p> </div> </div> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Job Starts</th> <th style="padding: 5px;">Retained Employment</th> <th style="padding: 5px;">Managed Exit</th> <th style="padding: 5px;">Volunteering</th> <th style="padding: 5px;">Education</th> <th style="padding: 5px;">Referred To Another Agency</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">412</td> <td style="text-align: center; padding: 5px;">373</td> <td style="text-align: center; padding: 5px;">150</td> <td style="text-align: center; padding: 5px;">70</td> <td style="text-align: center; padding: 5px;">57</td> <td style="text-align: center; padding: 5px;">417</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;"> Job Sustainability 3months = 90% (average) 6months = 84% (average) </p>	Job Starts	Retained Employment	Managed Exit	Volunteering	Education	Referred To Another Agency	412	373	150	70	57	417
Job Starts	Retained Employment	Managed Exit	Volunteering	Education	Referred To Another Agency								
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Leonard Cheshire Can do Programme	Can Do is a skills development programme for individuals aged 16-35 with a disability or long-term health condition.												
NACRO	Support for young people, homeless, women, care leavers; people with substance misuse issues, mental health issues, in the justice system, ex-service personnel												
Oakleaf Enterprise	Provision of support, training and wellbeing activities for adults managing their mental health.												
Reaching Out	<p>A service offering the following support to young people:</p> <p>Assertive engagement to young people (8 – 16yrs) with mental health needs who are not in education/employment/training, who are homeless/at risk, and who have substance misuse issues. Reaching out offers mental health advice, assessment, support, goal focused sessions, engagement with formal services including employment. The service has integrated in the Youth Justice Health Team and receives referrals from SCC Education ACRA</p> <p>Transition support to young people aged 17yrs 9m to 18yrs 3m and their carers who are transitioning from CYPS to adult services or anticipating discharge from mental health services.</p>												
Rethink	Careers support for individuals with mental health issues												
Richmond Fellowship Improving Access to Psychological Therapies (IAPT) employment service	Employment support to people experiencing poor mental health who are accessing the IAPT's services.												

Richmond Fellowship Mid and West Employment Service	Support for people living with or recovering from mental ill health to find employment, training or retain employment.
Surrey Choices Employability	Support for disabled people and employers.
Surrey Independent Living Council (SILC)	Tailored, supported, programmes for people with a disability or long-term health condition who have had a long period of unemployment, or have particular challenges or barriers with returning to work
The Grange Centre	Support for people with learning disabilities, including skills for life courses and work experience placements.
The Sunnybank Trust Futures Programme	Supports young adults with learning disabilities to find employment.
Thomas Pocklington Trust Works For Me employment programme	Supporting blind and partially sighted individuals into paid employment or a change of career.
Work and Health Programme (Maximus)	Voluntary employment support programme for people with a disability or health condition, have been long term unemployed or has been disadvantaged due to their circumstances.

35. Support for Priority groups (as outlined in 8)

Priority Population Group:	Support Offer
Key Neighbourhoods	5 ways toolkit supported in key neighbourhoods with community groups, delivery aligned to the Team Around the Community (TAC) model. Employers proactively supported to access to the 'How are You Surrey' workforce wellbeing programme
Secondary MH Care	As above targeted support (e.g. Richmond Fellowship) for those accessing secondary care for mental health
Multiple Disadvantage	Changing Futures. Bridge the Gap
Universal offer	First Steps Phonenumber: Early help wellbeing phonenumber with access to a listening support service which supports into hyper local community support, self-help, wider determinants support agencies, talking therapies and

	<p>escalation to MH support as needed. De-escalation from the Crisis Line is also possible to support with wider issues as outlined above which exist outside of MH need.</p> <p>5 Ways to Wellbeing Toolkit, a comprehensive resource designed to support residents, members of staff or volunteers, teams, or organisations to promote wellbeing by doing small actions to feel well. This toolkit is based on the 5 Ways to Wellbeing framework, which has been extensively researched and developed by the New Economics Foundation.</p> <p>Addressing Stigma Surrey Programme Debt Advice Crisis Fund</p>
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36. How will further need be identified?

- **Predictive Analytics**

This programme aims to identify predictive factors for health and care demand, informing how we may offer more effective early intervention. This programme will deep dive into the information held in contact centre and social care records and use machine learning to understand more about the drivers of demand. This analysis will include residents' experiences of access to employment as a barrier or enabler of independence and good health and wellbeing.

Interim findings from this analysis will be available from November 2024.

- **Preventative Intervention Evaluation**

This workstream aims to evaluate the impact of preventative interventions offered to residents in Surrey. As a result, we aim to understand whether current support is positively improving resident's health and wellbeing outcomes, including their ability to access or remain in work.

The programme will particularly evaluate preventative interventions offered to individuals absent from work under a fit note, or on the waiting list for adult social care or mental health support.

Findings from this evaluation will begin to emerge from October 2024.

37. How this work sits strategically:

As part of the bid for Work Well, there is an expectation from DWP that an overarching Work and Health Strategy for Surrey Heartlands is developed, work is underway to achieve this and to align fully with Frimley, ensuring a strategic approach across Surrey. As currently envisioned, the overall goal for this Work and Health Strategy is to build a comprehensive picture of work and health needs, assets, and activity, and co-design a system-wide delivery plan and common data set through:

- **Establishing a system-wide mandate to address work and health**
- **Joining up strategies and activities addressing work and health**
- **Maximising the opportunities of devolution**
- **Formalising a model of collaboration with the extensive community sector**
- **Understanding and prioritising the needs of residents and inform iterative development**
- **Increasing connectivity between operational providers**

The early help and prevention model is overseen by both the Prevention and Health Inequalities Board and the Mental Health Prevention Board for the delivery of the Health and Wellbeing Strategy. The Mental Health Prevention Board workplan delivers on the prevention programme for Surrey Heartlands 'One System Plan'.

One System, One Plan and All Age Prevention:

38. In terms of evidence of 'what works' to inform Surrey system priorities, with rates of anxiety and depression increasing exponentially, treatment alone is no longer enough to adequately support people.
39. The Office for Health Improvement & Disparities (OHID), with NHS England (South East) has produced a new report which makes clear that:

"Early intervention and addressing the wider determinants of mental ill-health can prevent serious mental illness and economic inactivity, reduce the incidence of suicide and self-harm, and promote relationship- and network-building, thereby easing the strain on health and social care services".
40. The report goes on to stress that "upstream interventions will be increasingly important in identifying and ameliorating issues before they require professional help"
41. Crucially, for this scrutiny's area of focus, the report states that:

“Early intervention can help prevent long-term illness, reduce suicide rates, improve economic activity, and allow people to form the kind of support, family and kinship networks that prevent isolation and loneliness in later life”.

42. By way of return on investment, the Surrey Heartlands Clinical Strategy, 2024-29 (2024) shows that for the following prevention interventions, each £1 invested offers a median return in 5 years of £2.40:

- Suicide and harm prevention
- Work and School based mental health programmes
- Support people in times of crisis.

43. In 2024/25 Surrey System Partners came together to develop the Surrey One System Mental Health Plan. It was formally adopted by all stakeholders in August 2024.

44. The One System MH Plan has five priorities:

- All Age Community Mental Health Offer:
‘Teams Around Communities’ will provide timely health and social care and support near to patient homes, who will only need to tell their story once and receive access without multiple referrals to a range of teams including specialist mental health. Within the existing offer we operate employment support services – a general pathway for those with mental health and wellbeing needs and Individual Placement and Support (IPS) for those with serious mental health difficulties who want to work, find employment.
- All Age Crisis Pathway Offer
Early support ‘upstream’ in the least restrictive setting to avert a mental health crisis and support residents to stay in the community through the provision of multi-agency services centred around the person.
- All Age Neuro-diversity (ND) Transformation
Increase access to social and health support in the community with reasonable adjustments for ND people without the need for a formal diagnosis.
- Complex and under-served Groups
Increased equitable support for complex and under-served mental health groups to achieve better outcomes and experience. Among these groups is the young adult or transitions cohort. Our focus with

this group will be integrated as they are likely to suffer poor mental health along with NEET.

And, pertinent to the All-Age Prevention approach there is a final One System Priority on 'prevention':

- e. Prevention
Enabling the emotional well-being of our citizens by focusing on preventing poor mental health and supporting those with mental health needs so people have access to early, appropriate support to prevent further escalation of need, including parents and care givers
- f. It should, however, be noted that 'prevention' is a common theme threaded through all One System Plan priorities, especially the 'All Age Crisis Offer' which emphasises the importance of early intervention and intervening 'upstream' to avert mental health crises.
- g. A primary concern of the Surrey One System MH Plan is to deliver preventative strategies and interventions, and in the case of health establishing a preventative 'wellness' service and not service that waits until residents become unwell before intervening and providing support. These efforts in health are supported by joint system work across all health and wellbeing, social care and criminal justice agencies.
- h. The work to deliver the Surrey One System Mental Health Plan Priorities is underpinned by a number of enablers to change and improve working practices and cultures of collaboration, share data and achieve interoperability to ensure there is a 'single version of the truth' that enables all agencies to work together to deliver one shared vision / plan and target services and support at the same group of residents who are high users of services across all organisations and also are multiple disadvantaged and deprived, lacking easy access to treatment and support.

Conclusions:

- 45. Nationally, people with poor mental health are more likely to be excluded from work or suffer inequality when at work.
- 46. Although Surrey has lower unemployment rates and low inactivity due to long term sickness compared to national averages, the picture of affluence masks areas of deprivation, including disability employment gaps.

47. Early intervention is essential in preventing long term mental illness and enabling positive emotional wellbeing and good health which in turn supports economic activity.
48. Surrey is taking a proactive approach to addressing these concerns through a workstream of health and wellbeing employment programmes which link through the health and wellbeing strategy, including “WorkWell”, “‘How are you?’ Workforce Wellbeing Programme”, “Predictive Analytics” and “Preventative Intervention Evaluation”
49. The Surrey Heartlands One System Plan provides the strategic mental health overview of these programmes and mental health provision and recognises the importance of economic activity in its contribution to improving Mental Health.

Recommendations:

50. The Select Committee notes the contents of this report and the actions being taken by partners across Surrey to address the link between mental health and employment.
51. The Select Committee supports the programmes and One System One Plan approach to improving mental health and economic activity.

Next steps:

To continue to deliver programmes to support residents of Surrey to maintain positive mental health and emotional wellbeing and remain economically active.

Report contact

Liz Uliasz, Director Mental Health, Prisons & Emergency Duty Team
Adults Wellbeing and Health Partnership, Surrey County Council

Ruth Hutchinson, Director Public Health
Adults Wellbeing and Health Partnership, Surrey County Council

Simon Brauner-Cave, Deputy Director of Mental Health Commissioning
Surrey Heartlands ICB

Contact details

liz.uliasz@surreycc.gov.uk

ruth.hutchinson@surreycc.gov.uk
simon.brauner-cave2@nhs.net

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