

ADULTS AND HEALTH SELECT COMMITTEE

15 OCTOBER 2020



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MENTAL HEALTH TASK GROUP REPORT

Purpose of report: To provide the Adults and Health Select Committee with a detailed report on the findings and recommendations of the Mental Health Task Group, which was set up to map the individual and carer's journey through adult mental health services in Surrey

Acknowledgements:

1. Members would like to take the opportunity to thank all of those who kindly took the time to share their experiences with the Task Group. These invaluable and eye-opening witness sessions and written submissions helped to shape the findings and recommendations of this review.
2. Any errors, factual inaccuracies or inconsistencies contained within the report are the responsibility of the Task Group alone and not those who contributed their knowledge, insight and experiences to the formation of this report.

Introduction:

Context

3. In November 2018, the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) considered the outcomes of an Enter and View Report by Healthwatch Surrey on the Abraham Cowley Unit, an inpatient mental health ward operated by Surrey and Borders Partnership NHS Foundation Trust. This report highlighted specific challenges around the delivery of inpatient mental health services in Surrey. As part of these discussions, Members of the Select Committee reflected on how national challenges relating to the treatment of mental health were manifesting themselves in Surrey and on the provision of services locally. Members recognised that more in-depth consideration was needed into how the public sector across Surrey supports people through mental illness to ensure the best outcomes for residents in response to the growing burden of mental illness. As a result, the Select Committee agreed to form a task group to investigate patient experience of adult mental health services in Surrey.
4. On 8 March 2019, the Health Integration and Commissioning Select Committee formally established the cross-party Mental Health Task Group, which would aim to map the individual and carer's journey through adult mental health services in Surrey.
5. However, due to a combination of Select Committee restructuring and the Covid-19 pandemic, the Task Group's work was delayed until the spring of 2020. The Task Group members agreed on 20 February 2020 to report back to the new Adults and

Health Select Committee with its findings and recommendations at the public Select Committee meeting on 15 October 2020. At this meeting the Members also agreed an outline of the work programme, proposed key lines of enquiry, the methodology to be used for interacting with witnesses, and the format of witness sessions.

6. The Mental Health Task Group scoping document is attached to this report as Annex 1 and provides a detailed outline of the scope and remit of the Task Group.
7. The Task Group was initially scheduled to start hearing from witnesses in April 2020 but these sessions were rescheduled for June 2020 due to the pandemic and took place remotely using video conferencing software.
8. The members of the Task Group were as follows:
 - Nick Darby (Chair)
 - Bernie Muir
 - Angela Goodwin
 - Chris Botten (Co-opted from the Children, Families, Lifelong Learning and Culture Select Committee)

Task Group Methodology

Objectives

9. The objectives of the Task Group were as follows:
 - Review the journey of adults with mental health conditions in Surrey through support services and interventions to assess how their interactions with different public sector organisations aid their recovery
 - Assess whether there is integration in the treatment of patients' physical and mental health
 - Identify any potential gaps in the provision of services

Witness Sessions

10. Between 8 June 2020 and 1 September 2020, the Task Group conducted 13 separate evidence-gathering sessions with 40 witnesses from a wide variety of organisations.
11. The Task Group decided to undertake a “bottom up” approach to evidence gathering, which would involve speaking to service users and charities in order to identify potential gaps in mental health services and areas requiring improvement before testing these findings with service providers and commissioners.
12. A list of the witness sessions conducted by the Task Group is attached as Annex 2.
13. Key lines of enquiry (attached as Annex 3) were formulated and agreed by the Task Group before the first witness session took place. These were shared with all witnesses in advance of meetings and updated throughout the evidence-gathering process in response to findings from each witness session.

14. Members were pleased with the number of witnesses they were able to speak to. From the outset, a key aim was to ensure representation from a wide range of witnesses so that as many views and experiences as possible were represented in the Task Group's findings and recommendations.

Written Evidence

15. Due to the sensitive nature of the areas examined by the Task Group, some witnesses, particularly mental health service users, understandably did not feel comfortable speaking with Members directly but still wanted to explain their experiences of using services in Surrey. To help facilitate this, a questionnaire was formulated (attached as Annex 4), which was circulated to mental health service users and carers through a range of organisations and charities.
16. In total the Task Group received 17 responses to its call for evidence, and the findings from these completed questionnaires are examined in more detail in the following section of the report.

Key Themes Emerging from the Witness Sessions

17. Mental health is a complex issue with a wide range of contributing factors, and, in order to understand these as fully as possible, this meant that the remit of the Task Group's work was necessarily broad. Members were keen to ensure that the Task Group's findings were grouped together in themes to help the Council and partner organisations better understand its findings and the experiences put forward by mental health service users.
18. The following section takes each of the themes in turn, outlining its role in relation to the delivery of mental health services, the evidence the Task Group has gathered, and thoughts on potential solutions.

Service Users

19. The Task Group decided to undertake a "bottom up" approach to evidence gathering, which would involve speaking to service users and patients to hear their vital first-hand experience of mental health services.
20. On 8 June 2020, the Task Group conducted a two-part evidence-gathering session with the Oakleaf Enterprise, a Guildford-based charity that works to foster confidence and reduce social isolation by actively training, engaging and supporting individuals with mental ill-health to empower them to participate as active members of society. The first hour of the session was spent speaking with members of staff. The second concentrated on hearing from a group of Oakleaf Enterprise users who had experience of using mental health services in Surrey.
21. As outlined in Paragraphs 15 and 16, the Task Group also received 17 questionnaire responses from service users and carers. Many of the experiences detailed in these responses echoed what Members heard when speaking with Oakleaf Enterprise users, and examples of the key themes identified are outlined below.

Mental health service users being “caught between two stools”

22. One of the key themes identified when speaking with mental health service users was a feeling that many had experienced being “caught between two stools” in terms of qualifying for treatment. The Task Group heard that users might be referred by a GP to a specific service provider but not qualify for the treatments on offer, leaving them stuck in limbo and unsure where to turn.
23. During the Oakleaf Enterprise witness session, the Task Group spoke to a service user who felt forced, out of desperation as a result of her negative experiences with mental health services in Surrey, to use her disability and employment benefit allowance to pay £80 for half-an-hour private counselling sessions. The user explained that they had struggled with obsessive compulsive disorder, agoraphobia, anxiety and depression but had been unable to access what they felt were adequate treatment services, leaving them reliant on a combination of medication, private counselling and third sector organisations.
24. Similarly, another service user described how they had been referred to Community Mental Health Recovery Services (CMHRS) on several occasions but each time had been told that they did not reach the threshold needed to qualify for the treatments on offer. Like many others the Task Group heard from, this left them reliant on the services offered by third sector organisations, as well as Safe Havens when experiencing mental health crises out of hours.
25. Evidence gathered by the Task Group from mental health service users highlighted a widespread feeling that third sector organisations were being asked to “pick up the pieces” when those struggling with mental health issues were caught between two stools and unable to qualify for treatment. The Task Group heard countless examples of the important work being done by third sector organisations and the issues facing them regarding funding. This will be examined in more detail later in the report.

Lack of communication between different services

26. Another key theme identified when speaking with mental health service users was the feeling there was a lack of communication between different services. A common issue raised by users related to the need to repeat their stories multiple times as they moved between services. This, combined with a lack of communication and partnership working, prevented any sort of continuity being developed. Similarly, several users explained that they rarely saw the same GP twice, denying them the opportunity to form a positive and helpful relationship with a GP that understood their background and needs.
27. It is important to emphasise that not all experiences described to the Task Group were negative. Some users also spoke about how helpful their GPs had been in referring them to the appropriate mental health services. However, the impression gained by Members was that it was largely down to luck whether a patient saw a GP who understood mental health issues and had the knowledge required to ensure they received the best advice and treatment.

28. All the individuals the Task Group spoke to noted the difficulties in sharing patient records, which represented one of the main barriers to better communication between the different pathways in Surrey. Members heard that General Data Protection Regulation (GDPR) rules prevented GPs from sharing records with third sector organisations, making it harder for important information to be passed to those trying to support those in their care.
29. Furthermore, many users seemed unaware that they could ask for their medical records to be released to mental health services and third sector organisations, highlighting a potential solution to one of the most frustrating and time-consuming issues facing someone attempting to navigate a myriad of different services. This was particularly the case when users were asked to self-refer to a specific mental health service or third sector organisation after visiting a GP. Unless they specifically asked for their medical records to be released and passed on to these services, they would not be made available.
30. Related to this was a lack of continuity because there was no central place for records and information relating to the services accessed by users. Users explained to the Task Group that they had to specifically ask for services to report back to their GP, forcing users to spend time repeating their stories in an attempt to ensure all services were aware of their treatment history.
31. The Task Group heard that a significant barrier to the sharing of information related to problems with a lack of uniformity in the IT infrastructure used by Surrey County Council, NHS partners and third sector organisations. This made it difficult to transfer data between organisations and was a further cause of users having to repeat their stories multiple times as they journeyed through mental health services.
32. Related to issues surrounding the sharing of information and users having to repeat their stories multiple times was the problem with staff retention in mental health services. The Task Group heard this was one of the biggest challenges facing the health sector and one that put significant pressure on current staff, leading to higher turnover. This difficulty in retaining staff could also lead to patients having to tell the same story multiple times, exacerbating an already serious problem for mental health service users.
33. As a result of these findings, the Task Group recommends that **GPs, when referring patients, ensure that all relevant information is passed on so that patients avoid repeating their stories multiple times, and that GPs ensure they explain to patients, both those they are referring and those who are self-referring, how they can release their medical records to mental health services.**
34. Furthermore, the Task Group recommends that **a solution is found to the problems surrounding the sharing of data and IT infrastructure between the NHS, Surrey County Council and external providers to enable third sector organisations to fully and safely support those in their care, and that Surrey County Council and Surrey Heartlands liaise as a matter of urgency.**

Lack of patient involvement in care planning

35. While the mental health service users the Task Group met with spoke positively about the treatment offered by third sector organisations, many said they had experienced a lack of involvement in their care planning when engaging with NHS organisations.
36. Further to this, several spoke about feeling as if they had been “put in a box” by the clinical approach, whereas treatments and services offered by third sector organisations were more tailored to their needs.
37. Members were concerned to hear that some of the service users they spoke to had either given up on the NHS route to treatment or were in the process of doing so as a result of negative experiences. As previously mentioned, the result of this was the Task Group gaining the perception that third sector organisations were being asked to pick up the pieces because of issues service users had with the clinical approach to mental health treatment. This put further strain on their resources and forced them to stretch their budgets even further.
38. As the Task Group’s evidence-gathering sessions took place during the Covid-19 pandemic, Members heard about the many ways care was being delivered to mental health service users. Witnesses explained that most meetings, appointments and therapy sessions (particularly those that took place during the early stages of the pandemic and subsequent lockdown restrictions) had been taking place online using remote meeting software, and many of the mental health service users spoken to by the Task Group spoke about how impressed they were with what was on offer.
39. As a result of these findings, the Task Group recommends that **all health providers and commissioners ensure that the use of remote meeting software remains an option for future meetings, appointments and therapy sessions to ensure that location and access issues are not a barrier to participation.**

Difficulties relating to the transition between children’s and adult mental health services

40. While the Task Group’s focus was on adult mental health services in Surrey, several witnesses spoke about the difficulties relating to the transition between children’s and adult mental health services, and how this period often left users at serious risk of falling between two stools in terms of qualifying for treatment.
41. There was a feeling among many of the witnesses spoken to by the Task Group that it sometimes took too long for engagement to take place with those transitioning, and that, when it did, what was being offered was often not suitable.
42. The Task Group also heard that the transition from children’s to adult mental health services was a system-wide issue that health partners were working to improve. It was explained to Members that there was a recommendation in the NHS Long Term Plan that provision should cover the ages 0-25, but this piece of work was in its infancy in Surrey.
43. Further to this, Members heard that, under the current transition arrangements, when people reached the ages of 17-19 they were moved into a “waiting room” for adult mental health services, which could be a challenging change from children’s services.

The aim was to create a seamless service that bridged the gap between children's and adult services.

44. The difficulties relating to the transition period were also raised during discussions around the new General Practice Integrated Mental Health Service (GPIMHS), with part of this looking at how to best support those mental health service users between the ages of 18 and 25.
45. As a result of these findings, the Task Group recommends that **the Children, Families, Lifelong Learning and Culture Select Committee conducts a similarly broad and wide-ranging mental health journey task group concentrating on both children and those transitioning to adult mental health services.**

Third Sector and Charity Organisations

46. In total, the Task Group spoke with 13 representatives from six different third sector and charity organisations over the course of four separate evidence-gathering sessions. Members of staff and volunteers from the Oakleaf Enterprise, Independent Mental Health Network, Action for Carers, Catalyst, Mary Frances Trust, Richmond Fellowship and National Autistic Society all kindly took the time to share their experiences with the Task Group, and the key themes from their witness sessions are outlined below.

Lack of primary care understanding of what services third sector organisations offer

47. One of the key findings from the Task Group's evidence-gathering sessions was a feeling among third sector organisations that primary care professionals were not aware of the services they offered. Several witnesses spoke about the difficulty they faced in getting their names in front of GPs and issues relating to the speed at which these referrals were sometimes made.
48. A representative from one of the third sector organisations explained how, in their experience, referrals from GPs were usually fairly quick when the GP was aware of the third sector organisation and what services it offered. However, a lack of understanding of where patients could be signposted and the most appropriate services available to them had a detrimental impact on this process.
49. It was explained to the Task Group that this had always been a difficulty for third sector organisations and was something they were constantly trying to improve. Similarly, Members heard from GPs during separate evidence-gathering sessions that third sector organisations were often unknown to them, and this was particularly the case for locum GPs or those without a personal interest in mental health.
50. The Task Group heard about resources such as Surrey Information Point and Healthy Surrey, which can be used to identify appropriate health, care and wellbeing services. However, Members were concerned that these were not widely used by GPs when referring patients to mental health services. This ran the risk of patients not being referred to the right services, resulting in them being unsure where to turn.

51. Furthermore, the Task Group also heard that, while Surrey Information Point was seen as being a useful resource for GPs, some found it difficult to use and were unable to find what they were looking for. This further complicated matters when attempting to refer patients to the right services.
52. As a result of these findings, the Task Group recommends that, **from 2021, GPs receive regular training to ensure they understand how to use resources such as Surrey Information Point and Healthy Surrey, so that primary care partners are aware of what mental health services and third sector organisations are available in Surrey, and for these resources to be updated by Surrey County Council on a regular basis so that health partners can access all of the necessary information as easily and quickly as possible.**
53. Furthermore, the Task Group recommends that, **from 2021, meetings involving CCG leads and third sector organisations take place on at least an annual basis to help facilitate stronger partnership working and understanding, and that all stakeholders, including third sector organisations, are represented at all meetings and committees that impact the work of the third sector and external providers.**

Difficulties relating to lack of funding and length of contracts

54. Another key issue raised during witness sessions with representatives from third sector organisations concerned funding difficulties and problems relating to the length of contracts offered to them when services are commissioned.
55. During the evidence-gathering session with representatives from the Oakleaf Enterprise, the Task Group heard that, as a result of a significant rise in the number of referrals being made to them, the client to staff ratio at the organisation was increasing but the funding they receive was not matching the increase in demand. There was a feeling among many of the third sector organisation representatives that they were being asked to do more with the same amount of funding as before, and that, as outlined earlier in the report, they were having to pick up the pieces when mental health service users “fell between two stools”.
56. It was also explained to the Task Group that third sector organisations often found themselves restricted by short-term contracts, and that this made it difficult to plan for the future. Limited contracts meant more of their efforts were spent bidding for these, which was time consuming and a barrier to them dedicating more of their resources to clients.
57. Further to this, a representative of one third sector organisation explained that Community Connections had been contracted for approximately eight years without any uplift during that time, despite the fact that the number of clients they were dealing with had increased by over 100%.
58. There was a feeling among the third sector organisation representatives that procurement law had not kept up to date with the system, and that this had resulted in

voluntary sector organisations being seen as having to go to tender for contracts rather than being treated as statutory partners.

59. As a result of these findings, the Task Group recommends that **Surrey County Council conducts a review of the nature and length of contracts currently offered to third sector providers, and that all future contracts are for a minimum of five years.**
60. Furthermore, the Task Group recommends that **Surrey County Council lobbies central government for more funding for mental health to enable further initiatives to achieve early intervention, and that a review is undertaken of third sector funding.**

Inability to refer to Community Mental Health Recovery Services and Community Mental Health Teams

61. During conversations with third sector organisation representatives, the Task Group also discussed difficulties regarding not only patients being referred to the third sector but the third sector's inability to refer to Community Mental Health Recovery Services and Community Mental Health Teams.
62. This one-way approach to referring patients, coupled with issues relating to funding and the length of contracts, has resulted in there being a perception among third sector organisations that they are not seen by NHS and Council colleagues as being equal partners. As one witness said, some see third sector organisations as being purely "well-intentioned amateurs", and this perception risks having a detrimental impact on residents who rely on the services and support offered by third sector organisations.
63. As a result of these findings, the Task Group recommends that **third sector organisations are given the ability to refer to Community Mental Health Recovery Services and Community Mental Health Teams to ensure that those with mental health issues are signposted to the services that are right for them and their needs.**

Lack of employer knowledge about mental health

64. Members heard about the work third sector organisations did with employers but were concerned to hear that, historically, there had been a lack of knowledge among employers in Surrey about mental health issues.
65. However, it was explained to Members that one positive to come out of the Covid-19 pandemic would hopefully be a greater awareness and understanding of mental health issues from employers. Third sector organisations such as the Oakleaf Enterprise had seen an increase in both engagement and referrals since the start of the pandemic as employers became more aware of both their own and their employees' mental health and emotional wellbeing, and steps were in place to ensure that this important work could continue into the future.

66. As a result of these findings, the Task Group recommends that **Public Health undertakes an employer-focused mental health campaign in 2021 to help improve employer knowledge about mental health and ensure that Surrey employers are aware of how to access courses and training.**

GPs

67. The Task Group held two separate witness sessions in order to hear evidence from GPs, all of whom were Mental Health Clinical Leads representing different parts of the county. The key themes from these witness sessions, and related points raised during evidence-gathering sessions with other witnesses, are outlined below.

Training

68. One of the key issues identified by the Task Group during its conversations with primary care representatives related to the level of mental health-specific training received by GPs. Members heard that while some mental health training was available, it was largely left to individual GPs to decide if they wanted to put themselves forward for it. Furthermore, it was explained to the Task Group that many aspects of GP training were compulsory, such as data protection and fire safety, but not mental health.
69. Members also heard that it was often down to luck whether a GP practice had a partner that specialised in, or had any significant knowledge of, mental health issues. This could often cause problems for patients presenting with suspected mental health issues, as a lack of training and knowledge on the part of the GP could result in them receiving inadequate care and advice.
70. Related to this was the issue of integration in the treatment of patients' physical and mental health. The Task Group discussed the important role mental health training could play in ensuring that GPs were able to identify mental health issues when patients presented with physical health complaints. This would help to improve the parity of esteem between the treatment of physical and mental health and would ensure that the latter was always a key focus of every GP appointment.
71. As a result of these findings, the Task Group recommends that, **from 2021, GPs receive additional mental health top-up training on an annual basis, and that at least one GP per practice has undertaken more specialist mental health training.** As GPs are often the first healthcare professionals spoken to by those with mental health issues, and because they are then relied on to signpost patients to appropriate services, the Task Group believes it is imperative for as much mental health-specific training as possible to be made available to GPs, and for their initial training to be as comprehensive as possible, to ensure that residents receive the best possible care and advice.
72. Furthermore, the Task Group recommends that **each primary care network in Surrey nominates a mental health champion to help strengthen partnership working across the primary care system.**

73. One of the Mental Health Clinical Leads also spoke about a voluntary mental health diploma that was previously offered by Surrey Heartlands, which was run one day per month for a year, with GPs writing a final report with case studies at its conclusion.
74. The Mental Health Clinical Lead spoke highly of the scheme. Therefore, the Task Group recommends that **the Surrey Heartlands mental health diploma is re-established and offered to all GPs in Surrey.**

Lack of understanding of what services third sector organisations offer and problems with patient referrals

75. Another key issue identified by the Task Group was related to a lack of understanding among GPs of what services were offered by third sector organisations, and, as a result, the negative impact this could have on patient referrals.
76. The Task Group heard that GPs were often unaware of what services were offered by third sector organisations and where the most appropriate place was to signpost their patients. Despite good communication by Community Connections and other third sector organisations, GPs often felt that, due to the sheer number of different services in Surrey, it was a case of “information overload”. GPs spoke about finding it hard to keep track of changes to services and contact details, with this being a particular concern for locum GPs who might not be well informed on what services were available locally.
77. Related to this were issues with patient referrals, both to third sector organisations and other mental health services. Members heard that GPs were often left frustrated when referring a patient to a specific organisation only to be told that they did not meet the criteria needed for treatment. Difficulties with referring to alternative organisations could result in patients falling between two stools, leaving them unsure where to go for treatment.
78. The Task Group was told that some consultants had criticised the quality of referrals and that there were GPs who were overly reliant on the referring of patients to other services and organisations. A potential solution to this problem was the GP-consultant text system, which can be used when GPs would like a consultant to answer a small query but do not require a detailed answer. Members heard that the system worked well and resulted in information being quickly passed on to GPs, but it was not yet available for mental health-related questions.
79. As a result of these findings, the Task Group recommends that **the GP-consultant text system is expanded to include questions relating to mental health concerns.**

Use of appropriate language when dealing with service users

80. A further issue identified by the Task Group concerned the appropriate use of language when dealing with service users. During a witness session with a representative from Action for Carers, Members heard about a patient with autism and mental health issues who was misdiagnosed by a GP due to their misunderstanding of the questions being asked.

81. The Task Group heard from carers of people with autism and mental health issues that they had experienced problems with members of staff from healthcare organisations due to the language being used. Some felt that there was too much reliance on “jargon”. Others spoke about a lack of understanding of the best ways to communicate with someone who might have learning disabilities and/or autism.
82. Further to this, the carers spoken to by the Task Group explained that sometimes clinicians did not involve carers during the whole process due to confidentiality issues. Members heard about the importance of engaging with carers as early as possible and the issues that could arise when carers were not fully involved in the process treating someone with mental ill health.
83. As a result of the conversations had with carers of people with autism and mental health issues, the Task Group recommends that **Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust explore how they can work more closely together to ensure Surrey County Council social workers are involved as early as possible (including at the diagnosis stage) so that those with autism, Asperger’s and/or learning disabilities – especially those with complex needs – are fully supported and potential mental health issues are identified.**
84. The Task Group also recommends that, **from 2021, frontline members of staff and decision makers from all public and health organisations in Surrey receive training so they use instructions and terminology with service users that are appropriate for those with mental health issues, learning disabilities and autism to ensure that those whose conditions are not immediately obvious are better served.**
85. Further to this, the Task Group recommends that, **from 2021, induction-level training in mental health awareness and suicide prevention is provided for all Surrey County Council members of staff and councillors, as well as all affiliated organisations.**

Surrey and Borders Partnership NHS Foundation Trust

86. The Task Group held two separate witness sessions in order to hear evidence from representatives from Surrey and Borders Partnership NHS Foundation Trust (SABP), the provider of mental health services in Surrey. The first was attended by Professor Helen Rostill, Chief Innovation Officer & Director of Therapies, while the Task Group used the second to speak to Heather Caudle, Chief Nursing Officer, and Lorna Payne, Chief Operating Officer.

General Practice Integrated Mental Health Service (GPIMHS)

87. Several of the witnesses spoken to by the Task Group mentioned GPIMHS, which SABP and Frimley Health and Care Partnership, in partnership with primary care networks, were piloting across 13 different locations in Surrey. Members were encouraged by the positive feedback that had been received so far.

88. Witnesses explained that the GPIMHS initiative would offer to patients extended appointments with mental health experts from the NHS, social care and specialist third sector organisations, as well as access to therapies, physical health checks and pharmacists, in their local GP practices and communities. The aim of GPIMHS was to intervene at an early stage and bridge the gap between primary and secondary care. This would ensure that patients, particularly those who did not meet the criteria for local mental health services, could receive a greater level of support than could be offered in a normal GP appointment.
89. The Task Group heard that, based on their initial experiences of the service, the leads of the primary care networks in Surrey Heartlands were keen to extend the model once the piloting stage had been concluded. Members were encouraged by the feedback they received from GPs and third sector organisations who had been involved in the rollout of the service.
90. It was explained to Members that one of the main strengths of GPIMHS was its focus on bringing together partners from a multitude of different services and organisations – something that the Task Group had identified as being a significant barrier to mental health service users receiving care that was right for their individual needs.
91. Members were also encouraged to hear from third sector organisations that they were confident GPIMHS would help improve what had historically been low levels of referrals from GPs, and that, by being based in GP surgeries, the primary care professionals would gain a greater understanding of the services offered by third sector organisations, making the process of referring patients easier and quicker.
92. As a result of these findings, the Task Group welcomes the progress made to date. It recommends **GPIMHS continues to be rolled out across Surrey and receives the funding needed to ensure its continued operation, and that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021.**

Abraham Cowley Unit, St Peter's Hospital

93. One of the Task Group's main concerns at the beginning of its evidence-gathering process (and an issue which played a key role in its formation) was the suitability of, and future plans for, the Abraham Cowley Unit (ACU) at St Peter's Hospital. Members spent a significant amount of time discussing this issue during the two witness sessions held with representatives from SABP.
94. The Task Group heard that, in April and May 2020, two patients took their lives at the ACU, resulting in both an independent SABP investigation and Care Quality Commission (CQC) inspection taking place in an attempt to understand how these deaths had happened and what could be done to avoid similar incidents happening in the future. The CQC's report on its inspection was published on 8 September 2020 and was considered by the Task Group as part of its evidence-gathering process.
95. It was explained to Members that, as a result of the internal investigation and CQC inspection, SABP had formulated an action plan, which outlined how the organisation

would respond to the concerns raised and the improvements they were planning to make.

96. SABP representatives explained that they were planning to replace the ACU with a more fit-for-purpose, modern facility. This would result in the removal of all dormitories and their replacement with individual rooms for patients with en-suite facilities. A two-phase approach would be undertaken, and this would involve demolishing the groups and therapies section of the building to build new wards, into which patients would be moved while the remainder of the new facility was completed.
97. The Task Group also heard that SABP had considered a one-phase approach to the rebuilding of the ACU, but as this would involve relocating all patients away from the facility, and most likely outside of Surrey, while construction was taking place, it had been decided that the two-phase approach was the most suitable and least intrusive option. However, SABP representatives confirmed that some patients would still have to be moved away from the ACU under the two-phase approach.
98. While acknowledging that there was now a plan in place to make much-needed improvements to the ACU, Members expressed disappointment at the time it had taken to reach that point. It was highlighted that the Health Integration and Commissioning Select Committee had been informed about plans to improve the ACU in November 2018 but that little or no progress seemed to have been made since then. Further to this, Members were disappointed that delays meant the new facilities would not be fully operational until the third quarter of 2024.
99. The Task Group notes the plans in place to improve facilities at the ACU and recommends that **the production of the final business case is progressed urgently and implemented with the utmost speed and no further delays. It also requests that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021.**

Safe Havens and access to services out of hours

100. A further issue identified by the Task Group concerned the five Safe Havens in Surrey. These offer out of hours help and support to people and their carers who are experiencing a mental health crisis or emotional distress.
101. The Task Group heard from several witnesses about the important role played by Safe Havens in ensuring adults had a safe alternative to A&E when in crisis, but Members were concerned that, due to Safe Havens only being available until 11pm, there were few options available to people experiencing a mental health crisis or emotional distress during the night.
102. During its witness session with representatives from Surrey Police and the British Transport Police, the Task Group heard that it was often difficult for these organisations to signpost people to services if they were experiencing a mental health crisis either late at night or in the early hours of the morning. This left the police alone to handle mental health-related crises and emergencies during the night, with their only option often being to take people to A&E to receive medical treatment. Several

witnesses spoke about how unsuitable an environment A&E was for somebody experiencing a mental health crisis or emotional distress. The Task Group was concerned to hear that there was often no choice but to refer people to A&E due to the lack of alternative out of hours services.

103. As a result of these findings, the Task Group recommends that **health commissioners obtain funding to undertake a modelling exercise and, if funding permits, a pilot study focusing on what patient outcomes could be achieved by extending opening hours for Safe Havens in Surrey and operating them throughout the night, to ensure that people experiencing a mental health crisis or emotional distress, and the police officers who are often relied on to support them, are no longer left without any option but to attend A&E to receive help.**

Conclusions:

104. Throughout the course of its work, the Task Group received an invaluable amount of evidence from witnesses covering a broad range of areas and issues. Members of the Task Group would like to thank all who took the time to engage with the group and share their experiences.
105. Details of these experiences have been summarised in the report, and the evidence gathered at witness sessions has helped the group formulate a series of recommendations for consideration by the Adults and Health Select Committee, Surrey County Council's Cabinet and health partners.
106. The recommendations agreed by the Task Group are based on the key themes raised by witnesses and the frequency with which these were reported. The recommendations are also those that meet the SMART (specific, measurable, achievable, realistic and timebound) criteria.
107. The Task Group is confident that the recommendations contained within this report will help improve adult mental health services and partnership working across the healthcare system in Surrey.

Recommendations:

The Mental Health Task Group recommends that:

- i. GPs, when referring patients, ensure that all relevant information is passed on so that patients avoid repeating their stories multiple times, and that GPs ensure they explain to patients, both those they are referring and those who are self-referring, how they can release their medical records to mental health services
- ii. From 2021, GPs receive additional mental health top-up training on an annual basis, and that at least one GP per practice has undertaken more specialist mental health training

- iii. From 2021, GPs receive regular training to ensure they understand how to use resources such as Surrey Information Point and Healthy Surrey, so that primary care partners are aware of what mental health services and third sector organisations are available in Surrey, and for these resources to be updated by Surrey County Council on a regular basis so that health partners can access all of the necessary information as easily and quickly as possible
- iv. Each primary care network in Surrey nominates a mental health champion to help strengthen partnership working across the primary care system
- v. A solution is found to the problems surrounding the sharing of data and IT infrastructure between the NHS, Surrey County Council and external providers to enable third sector organisations to fully and safely support those in their care, and that Surrey County Council and Surrey Heartlands liaise as a matter of urgency
- vi. The GP-consultant text system is expanded to include questions relating to mental health concerns
- vii. Third sector organisations are given the ability to refer to Community Mental Health Recovery Services and Community Mental Health Teams to ensure that those with mental health issues are signposted to the services that are right for them and their needs
- viii. From 2021, meetings involving CCG leads and third sector organisations take place on at least an annual basis to help facilitate stronger partnership working and understanding, and that all stakeholders, including third sector organisations, are represented at all meetings and committees that impact the work of the third sector and external providers
- ix. All health providers and commissioners ensure that the use of remote meeting software remains an option for future meetings, appointments and therapy sessions to ensure that location and access issues are not a barrier to participation
- x. Surrey County Council conducts a review of the nature and length of contracts currently offered to third sector providers, and that all future contracts are for a minimum of five years
- xi. Surrey County Council lobbies central government for more funding for mental health to enable further initiatives to achieve early intervention, and that a review is undertaken of third sector funding
- xii. Public Health undertakes an employer-focused mental health campaign in 2021 to help improve employer knowledge about mental health and ensure that Surrey employers are aware of how to access courses and training
- xiii. From 2021, induction-level training in mental health awareness and suicide prevention is provided for all Surrey County Council members of staff and councillors, as well as all affiliated organisations

- xiv. From 2021, frontline members of staff and decision makers from all public and health organisations in Surrey receive training so they use instructions and terminology with service users that are appropriate for those with mental health issues, learning disabilities and autism to ensure that those whose conditions are not immediately obvious are better served
- xv. Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust explore how they can work more closely together to ensure Surrey County Council social workers are involved as early as possible (including at the diagnosis stage) so that those with autism, Asperger's and/or learning disabilities – especially those with complex needs – are fully supported and potential mental health issues are identified
- xvi. The Surrey Heartlands mental health diploma is re-established and offered to all GPs in Surrey
- xvii. Health commissioners obtain funding to undertake a modelling exercise and, if funding permits, a pilot study focusing on what patient outcomes could be achieved by extending opening hours for Safe Havens in Surrey and operating them throughout the night, to ensure that people experiencing a mental health crisis or emotional distress, and the police officers who are often relied on to support them, are no longer left without any option but to attend A&E to receive help
- xviii. The General Practice Integrated Mental Health Service continues to be rolled out across Surrey and receives the funding needed to ensure its continued operation, and that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021
- xix. The production of the final business case for the improvements to the Abraham Cowley Unit is progressed urgently and implemented with the utmost speed and no further delays. It also requests that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021
- xx. The Children, Families, Lifelong Learning and Culture Select Committee conducts a similarly broad and wide-ranging mental health journey task group concentrating on both children and those transitioning to adult mental health services

Next steps:

- 108. The Task Group's report will be considered by the Adults and Health Select Committee on Thursday 15 October, and relevant recommendations will be submitted to Cabinet on Tuesday 27 October.
- 109. The Task Group's report and recommendations will also be submitted to all relevant NHS commissioners and providers.
- 110. Progress made on the Task Group's recommendations will be reviewed on a six-monthly basis, starting in April 2021.

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Sources/background papers:

[Health Integration and Commissioning Select Committee meeting minutes – 7 November 2018](#)

[Health Integration and Commissioning Select Committee meeting minutes – 8 March 2019](#)

[Community Vision for Surrey in 2030](#)

[Surrey Joint Strategic Needs Assessment: Wellbeing and Adult Mental Health](#)

[How to Help: Exploring How Mental Health Services Can Support Emotional Wellbeing](#)

[Healthwatch Surrey Enter and View: Abraham Cowley Unit](#)

[Five Year Forward View for Mental Health](#)

[NHS Long Term Plan](#)

[CQC Abraham Cowley Unit Inspection Report – 8 September 2020](#)

Annexes:

Annex 1 – Mental Health Task Group scoping document

Annex 2 – Mental Health Task Group witness sessions

Annex 3 – Mental Health Task Group key lines of enquiry

Annex 4 – Mental Health Task Group questionnaire