

A decorative graphic in the top left corner consisting of several overlapping geometric shapes in shades of blue, yellow, and green.

Our Ref: 21220SCCAHSC

Private and Confidential

Councillor Muir
Surrey County Council

Via email

**Chief Executive Office
Trust Headquarters
18 Mole Business Park
Leatherhead
Surrey KT22 7AD**

Tel: 01372 216292

Dear Councillor Muir

Thank you for sharing the Mental Health Task Group report and your recommendations with us. We also want to thank people using mental health services for their generosity in sharing their insights and experiences. Their views are extremely helpful, but we were saddened to hear that people still struggle to access the help they need. Similar experiences were highlighted in the recent Surrey Mental Health Summit where a breakdown in whole system support left people with mental health needs feeling isolated, frightened and devalued. There is much learning for all of us and the Summit provided an excellent opportunity for leaders in Surrey to renew their commitment to collaborative working and continued investment in mental health transformation.

Unfortunately, people with mental health needs continue to encounter stigma and experience significant health inequalities in Surrey. Improving these outcomes and supporting people to thrive and live fulfilling lives is an absolute priority for us, our Board and all the staff working in Surrey and Borders Partnership (SABP). Our response to the Task group report is outlined below.

1. Between two stools

We don't want anyone with mental health needs to get caught in a 'ping-pong' between services as referrals are batted back and forth. Access to help should be straightforward, welcoming and as close to home as possible. Over the last few years we have been developing new models of integrated care with our partners in Surrey Heartlands and Frimley ICSs and NHS England. There are some great examples of where this is working well, such as our five Surrey Safe Havens, iAccess drug and alcohol service, Criminal Justice Liaison and Diversion Service, GPIMHS, Technology Integrated Health Management (TIHM) for dementia and the Recovery College – all of these services involve a partnership between statutory and 3rd sector organisations and were co-produced with people who have lived experience of mental health.

Since the outbreak of the Covid-19 pandemic we have been supporting work to improve the information and resources available via Surrey Information Point and the Healthy Surrey Website.

We also continue to extend our advice, guidance and training to General Practice, with GPIMHS providing direct onsite support. However, we agree that there is more to do to improve the Surrey digital infrastructure and expect that the Surrey Care Record will accelerate good information sharing in the near future and ensure that people only need to tell their story once unless there is a good rationale for further information to be gathered to support care planning.

Your report highlights an area for improvement in the way we manage 3rd sector referrals to our Community Mental Health Recovery Services (CMHRS). We are pleased to announce that colleagues from Community Connections are now better integrated within the SABP Single Point of Access (SPA) which allows us to share knowledge to get people to the right support first time. It is also worth noting that anyone can contact the SPA/Crisis Line and get advice 24/7, including 3rd sector organisations. The SPA can then mobilise a rapid response or generate a referral to CMHRS if needed.

We value our many partnerships with the 3rd sector and we recognise the added value and expertise they bring to improving outcomes for people with mental health needs. We believe the future strategic direction for mental health will see cross-sector providers coming together to deliver and commission collaborative services, which includes building a stronger infrastructure for 3rd sector partners so they can participate in the system on an equivalent basis to statutory organisations. Going forward we all need to embrace the integration ambition and avoid divisive language and approaches that perpetuate provider silos and service fragmentation for users and referrers.

2. Lack of patient involvement in care planning

SABP is rated as a 'GOOD' provider of services by our regulator, CQC, and 89% of people using our services between January and July 2020 who answered the Family and Friends Test said their experience was 'GOOD' or 'VERY GOOD.' We continue to personalise our offer by providing a choice of approaches, including digital, telephone and in-person, and we deliver a broad range of NICE recommended interventions. We recognise the importance of holistic care which includes users, carers and families and looks at people's general wellbeing. For example, our Recovery College provides courses on relationships, healthy sleep habits, poetry, and arts, as well as focusing on understanding and coping with mental health diagnoses. Involving people who use services in planning their care should be at the heart of person and family centred support and we know that it improves outcomes. This is one of the key quality metrics that we monitor on a monthly basis and we are committed to making sure everyone feels fully involved in their treatment and support. We recognise that it may be hard for people who are extremely unwell and admitted to our services under a section of the Mental Health Act to feel fully involved in their treatment plan but our staff work hard to provide a compassionate and caring environment where these individuals can feel safe and supported.

3. Transition between children's and adult mental health services:

Managing transitions well between children's and adults' services remains a national challenge as described in the NHS Long Term Plan. SABPs services are moving in the right direction, for example the Mindful service works with young people up to the age of 19, our

Criminal Justice Liaison and Diversion service is delivered in partnership with Barnardos, and our GPIMHS service is developing a bespoke offer for people aged 18 to 25 years. There is more to do to co-design and commission service improvements with young people and any help from the Children, Families, Lifelong Learning and Culture Select Committee would be welcomed in this area.

4. Surrey and Borders Partnership

GPIMHS: We were delighted to see the support for our GPIMHS model and recommendations for its continued roll out in your report. This is a core feature of our community mental health transformation programme and is based on building partnerships across primary care, 3rd sector, social care and statutory NHS services. The aim is to ensure people with complex mental health needs can access help closer to home and to take an assets-based approach to help people thrive. We are working closely with NHS England and local partners to accelerate the spread of this approach.

Abraham Cowley Unit (ACU): Members of our Executive Team attended a private session of the Scrutiny Committee on 27th October to provide more detail on our inpatient capital programme and improvement works at the ACU which we hope you and your colleagues found helpful. Your report expresses concern about the delay in completion of the build programme from 2018 to 2024 and suggests that a decant solution to enable building works will involve placing people outside of Surrey. The key milestones for the capital programme are detailed in the table below. As you will see we have taken a phased approach to rebuilding our hospitals in line with the original public consultation. The first phase relates to the Farnham Road Hospital site in Guildford which had its official opening in 2016. Phase two of the programme focuses on the Abraham Cowley Unit in Chertsey which has been planned to complete in 2024 due to the lack of national investment in mental health hospitals, the lack of local commissioner financial support to accelerate the programme, and the need to raise revenue through SABP land sales to finance the works. At no time have we committed to complete the re-provision of Abraham Cowley Unit by 2018 or before.

Date	Key Milestone
Sept 2008 – March 2009	Public Consultation: Our Future Your Say for Hospital services
Dec 2010	Planning Permission granted for Farnham Road Hospital
Oct 2013	Commencement of building works on site at Farnham Road
2013/14	Sale of Ridgewood Centre
2015	Tripartite agreement for disposal of land at St Peter’s site – to help fund 24/7 Phase 2 (ACU) and 3 (East)
October 2015	New Farnham Road Hospital building completion. Operational: January 2016. Official opening April ‘16.
2016/17	Draft Strategic Outline Case for ACU and East Surrey. Options considered to be financially unaffordable by commissioners.

Sept 2017	Outline Business Case approved by SABP – Phase 2: ACU only
2018/19	OBC paused: Insufficient value for money & complex decant
March 2019	Sale of Central site, Chertsey following planning permissions
March 2020	Sale of West Park, Epsom
June 2020	Revised Outline Business Case approved SABP Board – Phase 2: ACU + Phase 3: East Surrey solution
2021	Works to commence on site ACU
2023	Dormitories eliminated (this may be brought forward if successful with current “eliminating dormitories” bids)
2024	Expected completion: ACU and East Surrey

Between April and May this year we experienced 2 ligature incidents on Clare Ward at the ACU resulting in death. All our Board members send their heartfelt condolences to the families and friends of those who were involved and also to the staff who work tirelessly to support people with highly complex mental health needs. In both serious incidents, a 72-hour post incident report was generated with immediate learning and an action plan for improvement.

To help our learning the Executive Director of Nursing at Kent & Medway NHS & Social Care Partnership Trust undertook an independent review of the ACU on 26th May which allowed us to enhance the action plan and all staff attended refresher suicide prevention training. An unannounced CQC visit took place on 29th June. Though the CQC welcomed the steps we were taking they also had concerns. They sent us a letter of Intent informing us of possible enforcement action if we did not take remedial action to (1) make some of the key deliverables in the plan crisper, and (2) clearly articulate our senior accountability processes for monitoring progress. Following our response to these issues the CQC confirmed on 23rd July that they were satisfied and assured that the Trust was addressed these points and therefore ensuring the safety of patients. We are continuing to deliver our improvement plan and the short-term decant of patients from Clare Ward to the Elysium site in Charlwood, East Surrey has been completed so that we could begin environmental safety works. No patients have been decanted outside of Surrey and we are surveying people’s experiences to ensure that they and their families have been appropriately supported during the move. Our improvement plan includes the use of cutting-edge technology, including ‘smart’ doors and remote monitoring and work to embed these devices is well underway.

Surrey Safe Havens: We would like to thank the Task Group for their positive comments about the Safe Haven model which we deliver in partnership with the 3rd sector. The main concern articulated in the report seems to be the hours of operation and a recommendation was made about trialling later operating hours in Safe Havens.

It is important to note that Safe Havens were developed by reviewing peak times of demand which we found drops significantly post 11pm – especially in the early hours of the morning. There is an argument for a 24/7 Safe Haven in Surrey if it is able to provide crisis or sanctuary beds but any extension of the standard Safe Haven beyond the hours of peak flow will probably have limited impact. Police considering applying s136 emergency powers under the Mental Health Act can contact the Emergency Duty Team out of hours and speak to the Approved

Mental Health Practitioners (AMHPS) and they can also speak to the SABP SPA/crisis line and a Healthcare Practitioner who can provide informed advice/guidance. The SPA can also activate a rapid response if needed. We are currently developing an interface between the SPA and 111 which will provide additional support for the Police and ambulance crews, and we have been rolling out Trauma Informed Care training to build knowledge and capacity across crisis services. Our Home Treatment Team also provide essential out of hours support for patients and professionals alike.

For some people experiencing a mental health crisis A&E can be an appropriate option and the use by police can be entirely justified when people need support with both their physical and mental health e.g. in the case of an overdose. We have 24/7 Mental Health Liaison services across all hospitals in Surrey delivering against the CORE 24 national best practice standard. They see between 900 to 1050 people every month in A&E and provide about 1000 follow up reviews in inpatient wards.

5. Summary

The psychological impact of the current pandemic means increasing numbers of people are likely to need mental health support and this upsurge in demand and acuity is predicted to continue into next year and beyond. People working in mental health in all agencies also deserve our thanks and support for the tremendous effort and sacrifices they have made to keep people safe during the Covid-19 outbreak

The Surrey Mental Health Summit provided a real point of reflection for us all and an opportunity to renew our commitment to collaborative working to improve the health and wellbeing of our Surrey residents. We look forward to working with the Adults and Health Select Committee in the future to deliver the vision.

Yours sincerely



Fiona Edwards
Chief Executive

This page is intentionally left blank