Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	Mental Health Improvement Plan and Mental Health Partnership Board Update
Related Health and Wellbeing Priority:	Priority 2
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Sponsor(s):	• Tim Oliver - Leader of Surrey County Council • Alan Downey, Chair Mental Health Partnership Board (non-Board member)
Board date:	2 December 2021
Related papers:	• Annex 1 - Full update on progress presented to MHPB October 2021 • Annex 2 - MHIP: Executive Presentation for Health and Wellbeing Board

2. Executive summary

The purpose of this report is to provide an update for the Health and Wellbeing Board on the activity, initiatives and achievements that are being undertaken by a range of agencies working collaboratively across Surrey and the progress being made, under the auspices of the Mental Health Partnership Board, in delivering the recommendations of the peer-led independent review of the mental health system and improving mental health outcomes, experiences and services.

The 19 recommendations from the Peer led review have been incorporated into the Mental Health Improvement plan, the implementation of which is overseen by the Mental Health Delivery Board, which acts as the system vehicle for the delivery of a co-ordinated and cohesive approach to the transformation and improvement of Mental Health services across Surrey.

3. Recommendations

The Health and wellbeing Board is asked to:

1. Note and welcome the progress made in the mobilisation and establishment of the improvement programme to date

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2. Approve the key next steps in the programme, as set out in section 11.0 of this report and support system-wide awareness of them and their progress by proactively cascading them.

3. Note and support the organisation of a second Surrey Mental Health Summit to be held on 1st December 2021.

4. Note the key programme risks as outlined in section 12.0 of the paper.

4. Reasons for Recommendations

The structured, focused, multi-agency and transformational work of the Mental Health Partnership Board and Mental Health Delivery Board is a clear priority for the Health and Wellbeing Board. Bringing the work of those Boards and the recommendations arising from the work to the Health and Wellbeing Board ensures the appropriate wider system leadership oversight, to provide accountability and drive for the work.

The successful progress and delivery of the Improvement programme will benefit Surrey residents by ensuring better mental health services, which are better co-ordinated to meet their needs, improve experiences when engaging with mental health services and better mental health outcomes for individuals. This aligns strongly with the Health and Wellbeing Board's Priority 2 objectives.

5. Detail

The Surrey Mental Health Summit in November 2020 initiated a positive, proactive system response to the very serious concerns and issues presented. Part of this response included the establishment of an independently chaired Mental Health Partnership Board and commissioning of a Peer Challenge. The recommendations arising from the Peer Challenge have been translated into a comprehensive Improvement Programme (considered by this Board at its meeting in June 2021), the delivery of which is being lead and overseen by a multi-agency Delivery Board.

The Health and Wellbeing Board are in a good place to ensure that this programme of work addresses the emotional wellbeing and mental health needs of Surrey's residents across a wide spectrum; ranging from supportive employers, educated and informed neighbours, friends and family all the way through to the availability of caring, accessible and supportive services for people with mental ill health and that this service model is driven by a sound evidence base, is co-produced by users and carers of services, has positive outcomes for all and is designed to respond and react to individual needs and the future, using technology and human relationships to drive forward the vision of a healthier and happier Surrey.

The Mental Health Partnership Board received and reviewed a progress report from the Delivery Board and heard presentations from workstream leads at its meeting on Friday 22 October. This is provided at Annex 1 for this Board's consideration.

In discussing the report, the MHPB acknowledged the significant effort and good progress to which all partners had contributed. The Board welcomed the detail in the update report concerning activities and practical changes, although questioned the degree to which these were meaningfully impacting at a middle-management and/or front line/clinical level across the system.

The MHPB were particularly keen to hear from schools/teachers on their perceptions of the changes that had and were being made, as due to the meeting being held during half-term, none were able to attend. This will be addressed at the next meeting.

The changing role of the MHPB was recognised, as the improvement work and associated governance had been developed, as moving towards a greater emphasis on oversight, scrutiny and challenge, holding the Delivery Board and leads to account. With this in mind, a particular focus was given to ensuring clearer, transparent deadlines and timescales for the delivery or achievement of key milestones for each workstream element and more robust, outcome and evidence-based evaluation, which would be presented to the Board's next meeting.

6. Challenges

See Section 12 in Annex 1.

7. Timescale and delivery plan

The Mental Health Improvement Plan incorporates the 19 recommendations from the peer-led review and was approved by the Health and Wellbeing Board in June 2021, with an expected implementation timescale of 12 to 18 months. The report in Annex 1 sets out delivery priorities for the next three months. An evaluation framework linking project milestones and success criteria is in development and will be presented at the next Mental Health Partnership Board.

8. How is this being communicated?

Extensive communications support and activity is being provided for the improvement programme and constituent elements of it e.g. the 'Face of Support' campaign which was launched following the recommendation from the MHPB. The objectives were to build awareness of the support available and help early intervention and prevention, helping people access services. This campaign was 'soft' launched in September, on social channels. A podcast and three videos that talk about three different services and what they offer was launched in October. There was a 350% increase in visits to the website during the launch of the campaign.

A joint NHS and Surrey County Council 'household drop' leaflet in November will feature mental health and Winter well-being information. January 2022, will see a focus in communications on a healthy new year.

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All campaign work is shared with key stakeholders, including NHS Partners, District and & Borough Councils, VCFS and is being cascaded to frontline staff and co-ordinated through the multi-agency comms group.

9. Next steps

These are set out in section 11.0 of Annex 1 to this report.

ANNEX 1

Surrey Mental Health Improvement Plan Update
October 2021

1.1 The purpose of this update is to provide assurance to the Mental Health Partnership Board on the progress that is being made on delivering the recommendations of the peer-led independent review of the mental health system.

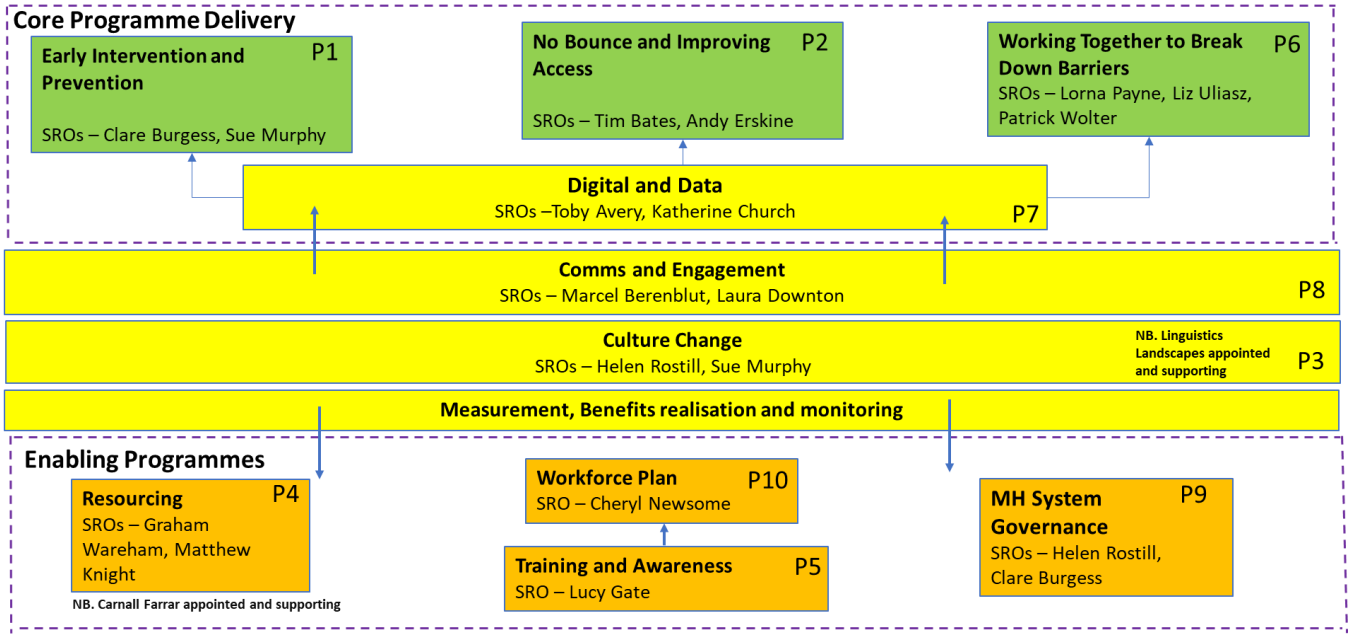
The 19 recommendations from the Peer led review have been incorporated into the Mental Health Improvement plan which acts as the system vehicle for the delivery of a co-ordinated and cohesive approach to the transformation of Mental Health services across Surrey.

The scale and ambition for the programme is that it will transcend organisational boundaries and cultures and will maintain a relentless focus on delivering transformational projects to improve Mental Health services for Surrey residents.

2.0 Establishing the Programme

2.1 A delivery architecture for the programme has been created see Fig.1.0 to help to focus the resources into those areas that will have the biggest impact on residents of Surrey in the short term and have the greatest coverage of the recommendations outlined in the Mental Health review.

Fig 1.0



2.2 We have refreshed the language within the delivery architecture to ensure it reflects the language used in the peer-led review and provides a clear baseline for evaluating impact.

The Core programme delivery structure prioritises:

Programme Area	Original Title	Refreshed Title

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P1	Early Intervention and Prevention	**Early Intervention and Prevention** ***"Together, we build and nurture good mental health for all. People can get help and support when they need it"***
P2	Improving Access and Preventing Service Gaps	**No Bouncing and Improving Access** ***"No-one is turned away from a service without being given support to get the help they need"***
P6	Integrated System Working	**Working Together to break down barriers** ***"Services work together to do the right thing for every person seeking help and support"***

2.3 A Programme Director has been funded at risk by SABP to oversee delivery. The core workstreams in the programme all have project management (PM) resource allocated to support the appointed SRO's in the delivery of these activities. All PM resources are allocated part-time from Surrey County Council and SABP as part of the commitment to deliver the plan. Due to the limited PM resources available the Enabling workstreams do not have resource allocated to support delivery in the short term.

2.4 As illustrated in Fig. 1.0 above we are creating an additional workstream which focusses on the development and embedding of approaches around measuring improvement, benefits realisation and monitoring. This work is being led by Public Health and we are currently engaging with Kent, Surrey and Sussex AHSN. Over the next 4-week period the programme will develop a clear methodology for evaluation including measures of success and performance indicators.

2.5 In parallel to accelerating delivery, the programme has undertaken a detailed Project mapping exercise across the system to establish the current inflight work that is underway across the core workstreams. This exercise has shown that there is currently in excess of 150 improvement, transformation or service development initiatives underway across the mental health system in Surrey that align to the 19 recommendations contained with the Mental Health review document.

The next phase of the Project mapping exercise is to filter the projects to support the rationalisation of this scope so that the Mental Health Improvement Plan only focusses on projects that are strategically important to the system and those that have impact.

i.

The following sections focussed on delivery. The format of each sections describes:

i) Programme workstream description
ii) Project description
iii) Recommendation the workstream is addressing

3.0 P1: Early Intervention and Prevention: *Together, we build and nurture good mental health for all. People can get help and support when they need it*

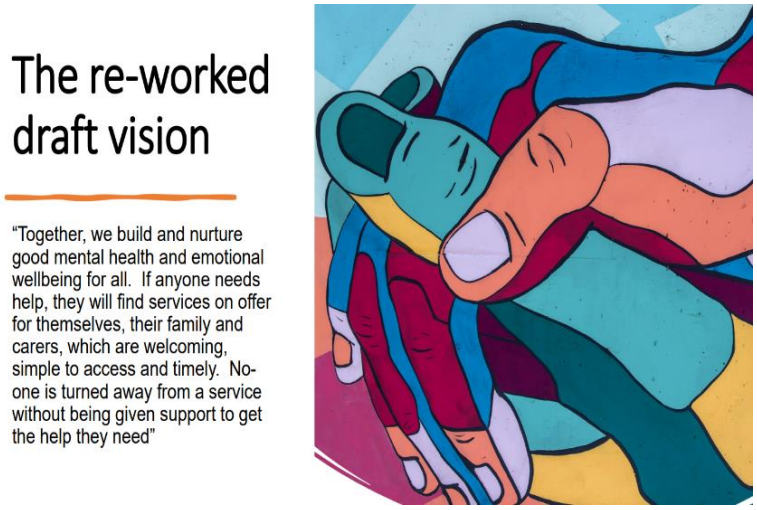
3.1 A Vision for Mental Health and Emotional Well Being

Addressing Recommendation 2 (5.2.2): Focus on a shared, co-produced vision for emotional wellbeing and mental health

Objective	What did we do	What have we achieved
Co-production and active engagement with Surrey citizens to shape our vision	We took the draft vision put forward by peer reviewers and engaged with organisations working with people with lived experience and carers, asking them to talk to people they support about it. We also went directly out to people with lived experience and carers in our network and asked them for their views directly. We presented 3 re-worked suggestions of the vision statement to Delivery Board, along with a survey, to get consensus. We used all the feedback to shape the final proposed vision.	We have re-worked and co-produced the vision for mental health (see figure 3.0 below) ‘

The re-worked and co-produced vision for Mental Health in Surrey is;

Fig 3.0



3.2 Surrey Workforce and Wellbeing Collaborative was formed in March 2021

Addressing Recommendation 1 (5.2.1): Focus on a more preventative and early help approach

Objective	What did we do	What have we achieved and next steps
To establish a Surrey Workforce and Wellbeing Collaborative to engage with and support wellbeing of those working in Surrey businesses.	The Surrey Workforce and Wellbeing Collaborative was formed in March 2021, bringing together Surrey County Council, Public Health, SABP, Working Mind, Oakleaf Enterprises, and Surrey Chambers of Commerce.	"Good Mental Health is Good Business Sense" event held on 30 June 2021. 82 people attended the event. Over 40% were from SCC, work is now underway to broaden out our reach. Positive feedback in creating a space where people can share real life business experience, overcome obstacles and learn from others. Action plan in development for the next 6 months to include: • Develop the Surrey Workforce Wellbeing Framework • Development of training and resources for Surrey businesses (in addition to what is already available on the Healthy Surrey website) • Accessing existing forums, newsletters and meetings to promote our collaborative and the impact of productivity on poor MH • Develop case studies/vignettes of good practice to share

3.3 Co-Design and Engagement

Addressing Recommendation 16 (5.4.2): Establish a pilot methodology of deep engagement with target groups currently identified as being underserved or experiencing inequality

Objective	What are we doing	What have we achieved and next steps
Engagement with Black, Asian and Minority Ethnic Groups	Surrey Minority Ethnic Forum (SMEF) who are working in partnership with the Independent Mental Health Network (IMHN) to co-design an engagement programme	• A BAME stakeholder group, IMHN representatives (for co-production projects) from ethnically diverse backgrounds. • Pro-active outreach programme to Faith and Community Leaders to ensure user/carer voice and bought back to the stakeholder group. • Implementation and adoption of the insight report that SMEF/IMHN shared last year.
Engagement with those with multiple disadvantages	There is an established Changing Futures Programme for People with Multiple Disadvantages as part of Priority 1 in the Health and Wellbeing Strategy. SAM and MAG are who groups who are focus tackling multiple disadvantages.	SAM and MAG achievements April 2020-September 2021: • Created and implemented Standard Operating Procedures including Public Health Protection procedures for homeless people who are Covid 19 symptomatic • Implemented Trauma Informed Training programme for third sector and in – house outreach workers • Arranged a crisis line for mental health emergencies for homeless individuals and alcohol and substance dependency

	Surrey Adults Matter Steering Group (SAM), launched in February 2020, provide a team around the person approach and arrange bespoke coordinated support with the aim to reduce reoffending. Multi Agency Group (MAG) launched in April 2020 in response the pandemic, drive forward practical system and service gaps arising from SAM.	support at emergency and temporary accommodation • Contributed / led refreshes to Duty to Refer Protocols, Flowcharts and training across the wider system • Scenario planned for future Covid wave with the housing departments of Ds and Bs • Identified sites to administer vaccinations • Providing regular information on commissioned Mental Health, Substance Misuse. Care at Home Services and Supported Living provision to Housing Departments • Successful bid of £1.5M to Contain Management Fund - Cabins sites, 10 new Housing First units, range of Covid-secure measures with third sector for 2021 /2022 • Successful bid of £2.8M to Changing Futures Fund
Engagement with 18-25 year olds	A Young Adult Reference Group (YARG) has been established as part of the CMHTP to ensure the voices of young adults remain at the heart of the programme. YARG is a dynamic group and is open to young adults who have experience of accessing mental health services. YARG are representatives from existing young adult forums such as: - User Voice and Participation Team - CAMHS Youth Advisors - Young Healthwatch Surrey - CAMHS Service User Experience and Participation group for East Berkshire	Following feedback from the Young Adults reference group, a Young Person's Safe Haven Pilot is running in the Guildford Safe Haven. This is due to commence 15th November 2021 for 6 months and is in partnership with Catalyst and Oakleaf.
Engagement with people with an Eating Disorder	Establishment of a 12-month FREED (first episode rapid early intervention for eating disorders) pilot which is a national initiative targeted at supporting 18-25 year olds with an ED of 3 years duration or less.	The aim of the FREED pilot is to reduce wait times for assessment and to subsequently start treatment with anticipated outcomes of helping people to recover fully so they don't come back into or remain in services. In addition, SABP are in the process of hiring and expert by experience to support and inform the Adult Eating Disorder providing collaborative going live in November 2021.

4.0 P2: No Bouncing and Improving Access: *No-one is turned away from a service without being given support to get the help they need*

4.1 Community Connections Recovery and Connect Pilot

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Objective	What are we doing	What have we achieved and next steps
Community Connections pilot to provide additional support to those who are identified through meetings with and referrals from SABP's all-age adult Single Point of Access (SPA).	The 12-month pilot is established and running from Apr 21 – Mar 22. The pilot service is funded by SABP and provided by Community Connections partners, Mary Frances Trust, Catalyst and the Richmond Fellowship. A team works assertively in an outreach capacity with a caseload of individuals for up to 3 months. Each organisation provides 2x Recovery & Connect workers linked to the adult SPA.	The Recovery and Connect workers work assertively with individuals around their mental health and social circumstances, review and update crisis plans, work with community connections around social wellbeing support, work with lead professional to bridge care to other services, remove barriers to support, assist in booking/attending/accessing services, advise/information/signposting. There are plans to begin to evaluate the success of the pilot and its impact on SPA.

4.2 Improving Mental Health Access Points

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Objective	What are we doing	Next Steps
Improved Access Point for Mental Health referrals	Public Health have mapped all access points across the system for mental health support	Provider workshop planned for November to model integrated contract points

5.0 P6: Working Together to Break Down Barriers: *Services work together to do the right thing for every person seeking help and support*

5.1 GPIMHS

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What are we doing	What we have achieved and next steps
Continued roll-out of GPimhs across Surrey	To date there are established GPIMHS in 11 PCNS and the model has supported over 9000 patients that would previously been unable to access Mental Health services to access support. The service is delivered through a partnership between SABP, Community Connections and Surrey County Council.	There are clear plans to continue the roll out and expansion of these services from the 11 PCNS that this model currently supports, extending this to 25 PCNS by the end of 2023. 9 new sites are rolling out in 2021/22. A new pathway for people with traits of personality disorder has been established and is operational across surrey which includes the managing emotions courses, Psychologically Informed Consultation and Training, and the Service User Network. Additional investment has been secured to develop earlier intervention support for adults with eating disorders and the FREED workers are in place. A Young Adults Reference Group has been established and are developing a new transitions pack for those moving from children's to adult services. A pilot has been proposed to embed Citizen's Advice Bureau support workers within the model. Work is underway to recruit Alternative Roles Reimbursement Scheme mental health practitioners into all PCNs to work alongside GPimhs. GPimhs has received positive qualitative feedback from users and General Practitioners. However, further work is required through the Community Transformation Programme to assess the measurable impact of GPIMHS on the mental health system and outcomes for patients.

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5.2 Secondary Care Integration – Epsom and Integrated Care Partnership PCN Pilot

Addressing Recommendation 3 (5.2.3): Resilience, early support and helping people access it

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What we are doing	Next steps
Epsom and The Integrated Care Partnership PCN's have been selected to pilot the next phase of maturing the system towards a new integrated, community-focused service model.	This pilot goes live at the end of October 2021. The pilot includes: 1. Embedding age inclusive care pathways that integrate primary & secondary care 2. Aligning our CMHRS and CMHT and GPimhs boundaries making it easier for place-based integrated working through coterminous structures and service delivery 3. Further developing and rolling out the 'easy in and easy out' initiated in Wave 1	The pilot will test the effectiveness and efficiency of the model and inform future roll out across SH ICS and Blackwater.

5.3 Community Connections In-reach Pilot

Addressing recommendation 17 (5.4.3): In parallel with a shift to more preventative approaches, undertake a review of capacity for crisis and inpatient care, including alternatives to beds and **support for people coming out of hospital,** to ensure capacity is better aligned with need and demand.

Objective	What are we doing	What we have achieved and next steps
Community Connections pilot to provide additional support to individuals and their families through the transition from SABP's acute wards back into the community.	The 12-month pilot is established and has been running from Apr 21 – Mar 22. The pilot service is funded by SABP and provided by Community Connections Partners, Mary Frances Trust, Catalyst and the Richmond Fellowship. The three organisations each provide an In-Reach team (2x workers) to provide specialist staff to work with a patient, and their family/carers, on the ward for 2 weeks before discharge and up to 3 weeks after.	Support provided includes - someone to talk to, travel, home preparation, assistance with booking and attending appointments, accessing services, advice/information/sign posting. Early indications are that people using services and families feel it offers a good source of support and improves the experience of discharge from the wards. The impact of the pilot will continue to be evaluated.

5.4 Development of the Adult Mental Health Alliance

Recommendation 4 (5.2.4): Improving relationships at every level of the system

Addressing Recommendation 5 (5.2.5): Better joined-up work at the community level

Objective	What we are doing	What we have achieved and next steps
The development of a Surrey Mental Health Alliance to bring together service users and their families, statutory, non-statutory and third sector partners.	A Surrey Mental Health Alliance Core Group has been established to oversee, steer and enable the establishment of a Surrey Mental Health Alliance for adult services. The Alliance will be the platform for partners to engage in joined-up planning in an equal partnership, collaborate on investment, aligning resources to key Surrey Heartlands priorities, enable shared capability development, and broadening existing relationships.	The Surrey Mental Health Alliance Core Group has been holding fortnightly meetings since August 2021 and will continue the organisation development work needed until the Surrey Mental Health Alliance has been formally established. This group will be working through principles for working together, vision & purpose, terms of reference, operating procedures, and alliance and system governance. A programme of development work is underway currently supported by the Public Office. The roadmap for the new Alliance is aiming for MoU sign-off by all partner organisations by January 2022 and soft-launch in April 2022.

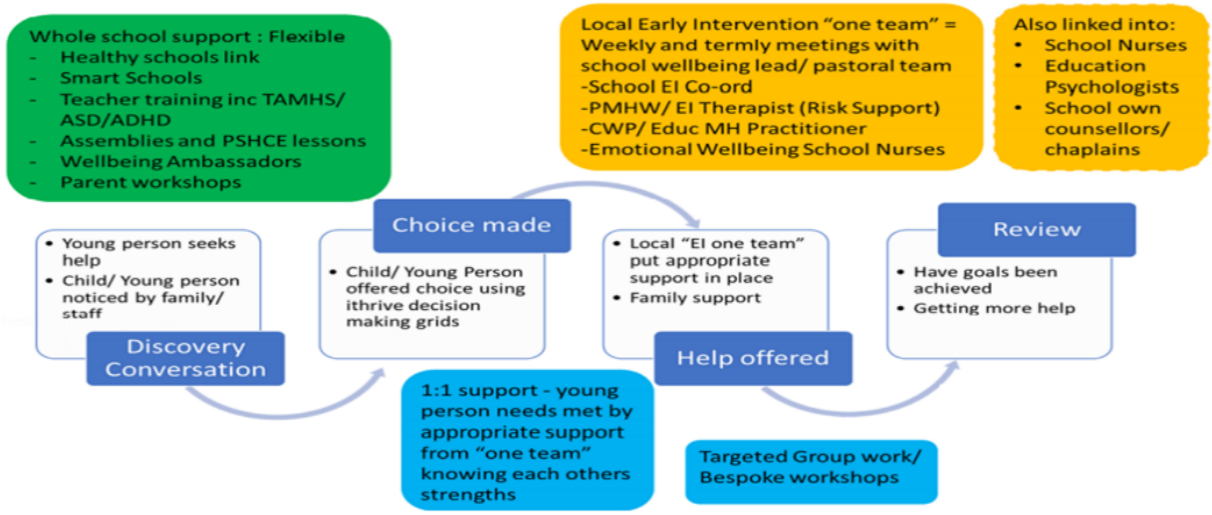
5.5 School Based Needs Service

Addressing Recommendation 8 (5.2.8): Focus on engaging and supporting schools

Objective	What we are doing	What we have achieved and next steps
As Development of a new locally-based School Based Needs (SBN) service and training offer as part of the new 'Mindworks' Surrey partnership. This will enable mental health services to work with schools to best support young people and their families to get the	We are building a new team to support our SBN's early intervention offer which includes Primary Mental Health Team, Early Intervention Co-ordinators, Mental Health Support Teams and Child Wellbeing Practitioners. The teams will be able to: • Support children and young people when they begin to feel emotionally or mentally unwell by helping them to build resilience.	Every mainstream school in Surrey will have a named practitioner as a point of contact to offer consultation, support and advice. We began to mobilise this service in September 2021 and will continue to roll out the new Cluster-based model in all localities this year.

right help at the right time.	• Work with individuals to improve their wellbeing and reduce the chances of problems becoming more serious. • The early intervention support for children, young people, parents, carers and other professionals such as teachers, identifies and prevents mental ill-health issues like depression and anxiety and helps young people access the right support at the right time. See Fig 4.0 below for more on the School-based needs model.	

Figure 4.0



6.0 P3: Culture Change

6.1 P3 Culture Change– Commissioned work

Addressing Recommendation 4: Improving relationships at every level of the system

Objective	What are we doing	What we have achieved and next steps
To understand the changes we need to make to our current	Linguistic Landscapes are being procured to	Given the complexity of the ICS and mental health as a sub-system within it, a small number of critical

ways of working both across and within organisations to improve user experience within the mental health system.	gather deeper insights. A number of scoping workshops and meetings have taken place. Surrey Minority Ethnic Forum, Independent Mental Health Network, and Heathwatch Surrey have been commissioned by SABP to lead work on developing user voice at all levels of the organisation.	relationships and fracture points have been identified for further analysis: • Patient support and transfer from District General Hospitals (DGH) to Mental Health acute beds/services • Referral from SABP Single Point of Access to Primary Care • Mental health support in schools • Accommodation and packages of care for people with complex mental health needs • Strategic system work The outputs of the first phase of work will be available from December 17th.

7.0 P4: Resourcing

Addressing Recommendation 7 (5.2.7): Focus on the resource and capacity needed to deliver

Objective	What are we doing	What we have achieved and next steps
Carnall Farrar have been engaged by the Mental Health Improvement plan to deliver the recommendations contained within the MH Improvement plan on resourcing and capacity.	This work commenced on 20th September. There are 4 key deliverables that will be provided through the independent review of resourcing: 1. Demand and capacity model 2. Opportunities to achieve a better value for money resourcing model 3. Financial model 4. Contracting mechanism	Carnell Farrar are working towards a baseline analysis in mid-November, with the final report ready for mid-December. See figure 5 below.

This work will also support in addressing 'Recommendation 19: Review the funding, commissioning and provision of the six IAPT services' as a specific focus on IAPT service is contained within the scope of this work.

Figure.5.0

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There are four key deliverables that will be provided through the independent review of Resourcing

	Description	Steps involved
1 Demand and capacity model	**Assessment of the sufficiency of the emotional wellbeing and mental health services funding** in the context of both current and (modelled) future demand / acuity of need	• Understand current and future service demand • Understand current resourcing model • Understand quality, access and outcomes • Sensitivity modelling
2 Opportunities to achieve a better value for money resourcing model	Develop options for a **safe, effective and efficient future resourcing model** that delivers value for money and prioritise these opportunities using a benefits and risk analysis	• Identify gaps between future demand and current resourcing model • Develop options for a preferred resourcing model • Conduct risk and benefits analysis of the new resourcing model
3 Financial model	**Model the level of funding required** (based on population needs) to deliver the prioritised option including modelling for a potential change in cost profile over the next five years	• Identify current cost base of MH services • Develop subsequent cost base, both fixed and variable • Model future funding required • Explore different options of costing models
4 Contracting mechanism	**Recommend options for the optimal contracting mechanisms** and partnership / Alliance models	• Review the funding requirements • Align on pace of change and contracting mechanism options • Review modelling outputs with stakeholders and develop recommendations

8.0 P5: Training and Awareness

8.1 The Multi-Agency Training Collaborative

Addressing Recommendation 12 (5.3d): Develop and roll out emotional wellbeing and mental health awareness, literacy, education, training for all employees who are working across the system

Objective	What are we doing	What we have achieved and next steps
Development of a Multi-Agency Emotional and Mental Wellbeing Training Collaborative.	The Multi-Agency Emotional and Mental Wellbeing Training Collaborative was launched 23rd September. Key stakeholders have been identified and objectives for the collaborative are agreed. The overall aim of the collaborative is to scale up and systematise the uptake of Mental Health First Aid (MHFA), Suicide Awareness and Trauma Informed Care training across frontline staff.	Short term plan of the collaborative is: • Mapping of the current training offer and in-flight activities • Identification priority frontline staff for phase 1 roll out • Protocol for organisations to adopt systematic approach to training roll out and follow up support with implementation of learnings. • Engagement and Communications Plan. key aims: 1. Implement a protocol for systematic roll out of MHFA and Suicide Awareness Training. 2. Promote the open access emotional and mental wellbeing training offer. • Scoping for a wider review is underway and will be supported by funding from Health Education England, this will provide recommendations for roll out of systemic approaches to Trauma Informed Care in the medium to long term, this post holder will also co-ordinate the training programme.

9.0 P7: Data and Digital

9.1 Public Digital

Addressing Recommendation 6 (5.2.6): Focus on good data and using it to good effect

Objective	What we are doing	What we have achieved and next steps
The development of a high level mental health service model for Surrey Heartlands ICS and the data and digital infrastructure and capacity needed to support the service model	Public Digital have been appointed through the MHIP to support the development of the Digital and Data workstream	2 of 3 workshops have already been delivered with a focus on understanding the key system challenges that could be resolved through the deployment of digital solutions. The outcome of this work will be to narrow the scope of the Digital and Data challenge to identify areas and opportunities to mobilise high impact transformational change. The final workshop on 15th November.

It is important to note that the digital and data workstream is a key enabler to the majority of recommendations in the mental health improvement plan. We will continue to map the interdependencies as all workstreams evolve. For example, good data is key to access.

10.0 P8: Communication and Engagement

10.1 Face of Support Mental Wellbeing Campaign

Addressing Recommendation 13 (5.3e): Building on the work to date, refresh and expand a Surrey-wide communications campaign around the priority afforded to emotional wellbeing and mental health, the positive preventative steps that individuals can take and the support, services and help on offer.

Objective	What we are doing	What we have achieved and next steps
Development of a Surrey-wide communications campaign	The objective of the campaign is to: • build awareness of the range of support available in Surrey • drive an increase in the number of people seeking support for their mental health • contribute to reducing demand on crisis services by signposting people to support contribute to the system's overall goal of tackling health inequalities	Activity to date: • Paid Facebook digital campaign – x3 creatives, targeting x4 key audience groups. Total reach 30k • World Mental Health Day – 4 posts including videos from faces of support, links to national campaign • External comms in Surrey Matters E-Newsletter October edition – circulated to 180k • Internal comms – SCC homepage • Digital activity on YouTube – video assets featuring faces of support Next Steps: • Surrey wide leaflet/door drop – 22nd and 27th November • Radio Advertising – launch 22nd November

Figure 6.0 Screenshots of Campaign activity

Improving Access		level	NB. Some of this work will be addressed through the GPIMHS programme but further evaluation of interdependencies and the scope of this work is required. W/C 01/11/21
P2 No Bouncing and Improving Access	Addressing recommendation 14 (5.4.1)	Non-acceptance of referrals and bouncing	Further action is required to align the system on Non acceptance of referrals and the definitions of bouncing. Specific projects focussing across the system on the root causes of bouncing need to be mobilised. The immediate priority area is; - Review of thresholds for acceptance Other areas to review are; - System and Culture around referrals in CMHRS - Contracting and commissioning arrangement around IAPT services - GP referral patterns, quality of referrals - Establishment of a System rule book or code of practice around referral management
P6 Working Together to Break Down Barriers	Addressing recommendation 17 (5.4.3)	Review of Crisis Pathway	Work has already been delivered by PPL to review Crisis pathways; this work now needs to be refreshed in the context of the current operating environment. Plan for the management and delivery of this to be formulated through the MHIP steering group and MH delivery board
P6 Working Together to	Addressing recommendation 18 (5.4.4)	Review of S136	Surrey Police have already been engaged on the review of s136. The first meeting to formulate the structure of this project between the Police Mental

Break Down Barriers			Health leads, SABP and the MHIP is due to take place on the 18/10/21
P7 Digital and Data	Addressing recommendation 6 (5.2.6)	Public Digital Workshops	2 of 3 workshops have already been delivered with a focus on understanding the key system challenges that could be resolved through the deployment of digital solutions. The outcome of this work will be to narrow the scope of the Digital and Data challenge to identify areas and opportunities to mobilise high impact transformational change. The second workshop will take place on 18th October and final workshop on 15th November.
All workstreams	Measuring impact	Evaluation	Appointment of resources to support the establishment of the Measurement, Benefits realisation and Evaluation workstream. W/C 25/10/21

12.0 Risks

Risk Number	Risk Description	Impact Description	Mitigation
2	Capacity of workstream leads to provide necessary time commitment to ensure the success of the programme	Pace of the programme and speed at which system mental health challenges can be addressed will be slow	Ensure the necessary Project management resources are in place to support key Programme activities
4	Alignment of the programme to the key priorities of A review of mental health in Surrey - 'A review of outcomes experiences and services'	The programme does not deliver against the recommendations of the A review of mental health in Surrey - A review of outcomes experiences and services	Project mapping exercise to be undertaken and then a gap analysis will be undertaken to assess the programme against the external review recommendations
11	No baseline metrics, KPI's and monitoring to assess and measure the impact of the programme	Difficulty in assessing the impact of the programme and measurable tangible delivery	Introduce a dedicated workstream on Benefits realisation and monitoring with the necessary expertise to support projects in measuring tangible delivery
12	Interdependecies of inflight work to be defined	Duplication of effort , governance structures and potential to de-stabilised already established delivery mechanisms	Project mapping exercise to be undertaken to define Inflight projects and determine the most efficient model for monitoring and assurance through the MHIP back into the system
13	Resources to fund the programme on an ongoing basis	No funding to resource the programme management team and or use as enabling funds to initiate new improvement activities	Business case to be developed and submitted to the system to fund the programme on an ongoing basis

15.0 Financial commitments supporting the programme

Further support will be required from the system to allocate a funding model that will sustain the development of the programme and support the appointment of resources to work alongside Senior leaders and subject matter experts in the delivery of Improvement activities.

The Mental Health Improvement Plan business case is currently in development, this case sets out the requirements for investment to cover the costs already committed in the formation and development of the MHIP to this date.

13 It also sets out the costs required to sustain the programme to the end of Mar' 22. Please refer to the table below for a draft summary of the programme costs invested at risk and to the end of the financial year 21/22.

In summary the committed costs to date for the programme are £385,000. The estimated additional costs to fund the programme to the end of the financial year 21 are an additional £550,000. The total estimated costs for the programme to the end of 21/22 FY are £935,000