ADULTS AND HEALTH SELECT COMMITTEE

23 JUNE 2022

MENTAL HEALTH IMPROVEMENT PROGRAMME (MHIP) STOCKTAKE AFTER 12 MONTHS

Purpose of report: To provide an update to the Adults and Health Select Committee on the implementation of the 19 improvement recommendations identified during the 2021 independent peer-led review of Surrey's mental health system. The report's first section gives background information before detailing progress toward the 19 recommendations to date, delivery issues encountered, and a proposal for renewed commitment and management of the programme.

1. Introduction

1.1 Context

The delivery of the 19 recommendations has taken place against the backdrop of significant pressures and transformation in mental health, both in Surrey and nationally.

The impact of Covid19 has led to increased demand for services, rising numbers of people reporting mental health issues, and an upsurge in health inequalities. Public health experts have described how the mental health impact of the pandemic is likely to last much longer than the physical health impact. The current cost of living crisis and political unrest in Europe is also having a negative impact on the mental health of individuals.

The NHS Long Term Plan (LTP) includes a vision and ambitious targets for community mental health transformation. To aid implementation of this vision NHS England and NHS Improvement (NHSEI) have produced a new Community Mental Health Framework for Adults and Older Adults which is supporting local systems to modernise their approach and deliver place-based community mental health integrated with Primary Care Networks. The focus of this model is whole population, taking a personalised and asset-based approach, and reducing inequalities.

Surrey's Health and Wellbeing Board (HWB) published a 10-year Health and Wellbeing Strategy in 2019, with three priorities. There is overlap between these priorities and the 19 improvement recommendations, particularly:

Priority One – 'Helping People in Surrey to lead a healthy life'. This priority has a focus on a whole system approach to eliminate rough sleeping in Surrey, providing

better support to people experiencing severe and multiple disadvantages in Surrey and specialist housing to enable independent living.

Priority Two – 'Supporting the mental health and emotional wellbeing of people in Surrey.'

1.2 Select Committee Task and Finish Group

- On 8 March 2019, the Adults and Health Select Committee formally established the cross-party Mental Health Task Group which aimed to map the individual and carer's journey through adult mental health services in Surrey.
- However, due to a combination of Select Committee restructuring and the Covid19 pandemic, the Task Group's work was delayed until the spring of 2020.
- Between 8 June and 1 September 2020, the Task Group conducted 13 separate evidence-gathering sessions with 40 witnesses from a wide variety of organisations.
- The Task Group's findings and recommendations were presented to Cabinet in October 2020 and were well received.

1.3 Mental Health Summit

Following up on the Task Group's efforts, Surrey County Council (SCC) hosted a Mental Health Summit in November 2020. This drew attention to underlying concerns about residents' emotional well-being and mental health care and served as a call to action for Surrey's partners. An independently chaired Mental Health Partnership Board was subsequently established to develop and oversee a programme of improvements based on the findings of the independent peer-led review. The review's 19 improvement recommendations and associated actions were approved in June 2021 by Surrey's Health and Wellbeing Board.

The report was signed off by the Health and Wellbeing Board concluded: *'In order to achieve these objectives, the recommendations in this report, must be resourced, actioned overseen and monitored effectively. It is for the Health and Wellbeing Board to ensure that the necessary leadership and oversight, programme management and governance arrangements are in place to secure this in line with the report's recommendations on these matters.'*

2. Aims of the MHIP: Independent Review and 19 Recommendations

The 19 improvement recommendations generated by the independent peer review were collated into the Mental Health Improvement Plan (MHIP). The aims of the MHIP and the 19 improvement recommendations are presented below:

2.1 The MHIP Aims

i)   Address the recommendations contained within the Surrey Heartlands Mental Health review.

ii)   Bring partner organisations together (Voluntary, Community and Social Enterprise (VCSE), lived experience/carers, statutory, health, communities) to deliver the required improvements.

iii)   Ensure that user voice and lived experience is central to project definition and delivery.

iv)   Support the rationalisation of the governance mechanisms around the delivery and reporting of Mental Health improvement to eliminate duplication of activity.

v)   Initiate and mobilise new improvement activities within the Mental Health system.

vi)   Track and monitor the delivery of benefits and risks.

vii)   Review the resourcing model for emotional wellbeing and mental health in Surrey.

2.2 The 19 Recommendations

1. **Focus on a more preventative and early help approach**: That every person and organisation in Surrey's emotional wellbeing and mental health system adopts a 'prevention and early help first' approach, engaging local businesses, District and Borough Councils, housing providers and communities in prevention and building resilience in communities.

2. **Focus on a shared, co-produced vision for emotional wellbeing and mental health**: A system-wide collective vision for Surrey to be co-produced with people with lived experience of poor mental health.

3. **Focus on resilience, early support and helping people understand and access it**: The 'Community Connections' and General Practice Integrated Mental Health Service (GPiMHS and MHICS in Surrey Heath and NE Hants and Farnham) services be developed, remodelled, and expanded across Surrey to establish a universal service that provides both support and facilitates access to appropriate care. This is supported by a co-designed, co-produced single, easily accessible 'map' of voluntary and community support and mental health services, utilising the full capability of the web-based Healthy Surrey platform to deliver an interrogatable service catalogue (with complete and up to date information).

4. **Focus on improving relationships at every level of the system**: That every person and organisation in Surrey's emotional wellbeing and mental health system works to improve relationships between individuals and organisations across the system, with a focus on effective communication at every level within and between organisations. Use the relational diagnostic tool to monitor this and identify trends and any targeted timely remedial action.

5. **Focus on better joined-up work at the local community level**: Align Community Mental Health Recovery Teams with Primary Care Networks, GPs and other local NHS and local authority housing and community services, enabling closer and more effective working, information sharing and earlier, better co-ordination.

6. **Focus on good data and using it to good effect**: Creating a system-wide team and resource to agree what information is needed to understand need, monitor demand, identify priorities, assess and improve performance and outcomes, and make better informed decisions for the mental health system as a whole. This team should execute a mapping exercise to establish and redress the capacities and approaches necessary to ensure all partners can collect, house, share, and analyse the data necessary in such a way as to deliver the information and insight identified by this team as essential.

7. **Focus on the resource and capacity needed to deliver**: Commission specialist health economists to analyse and better understand the funding and resourcing of emotional wellbeing and mental health services in Surrey, including the voluntary and community sector, with the purpose of creating an evidence base to be used to either secure greater funding to match need or to redistribute funding across the system to achieve greater effectiveness and efficiency.

8. **Focus on engaging and supporting schools**: Fully engage all schools in the new CAMHS service model and jointly monitor its impact, while continuing to support schools to embed a whole school approach to emotional wellbeing and mental health, ensuring they have rapid access to timely external information, interventions and help when needed.

9. **System Governance**: Simplify and streamline mental health governance arrangements to ensure a genuine system-wide remit, using relevant data to provide evidence to hold partners to account for delivery, services standards, outcomes and users' experiences

10. **Technology**: Develop and exploit the full capability of digital technologies (e.g., online consultations, emotional wellbeing apps, Health Tech Lab) in supporting emotional wellbeing and mental health outcomes and preventing ill-health, especially capitalising on the positive applications that have been introduced during the Covid19 pandemic.

11. **Covid19**: Ensure emotional wellbeing and mental health provision are oriented towards the needs and demands that either come from the pandemic (e.g., PTSD, bereavement, Long Covid, youth unemployment, unequal impacts on the BAME community) or that have been suppressed by it (people not seeking help coming forward later)

12. **Training and awareness**: Develop and roll out emotional wellbeing and mental health awareness, literacy, education and training (e.g., NHSE Mental Health First Aid, trauma informed care) for all employees and volunteers who are working across the system.

13. **Communication, Resilience & Preventative Strategy**: Building on the work to date, refresh and expand a Surrey-wide communication 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.

14. **Preventing Gaps in Service & Improving Transition for People**: Referrals both within organisations, e.g., Surrey and Borders Partnership NHS Foundation Trust (SABP), GPs, etc., and between staff across organisations must be subject to a 'no bouncing' rule, so that a referral is and cannot be deemed closed by referring the person to another service.

15. **Information & Data Sharing Arrangements**: Improve awareness and understanding at all levels of data sharing issues, arrangements, protocols, and agreements. e.g., the Surrey 'Multi Agency Information Sharing Protocol', to ensure the appropriate and necessary free flow of data across the system to benefit outcomes.

16. **Engage with and improve access, reduce barriers to groups that do not engage with traditional services**: Establish a pilot methodology of deep engagement with target groups currently identified as being underserved in order to better understand the challenges they face, the response required, starting with those with multiple needs and conditions, people with eating disorders and a 16 to 25 years old cohort.

17. **Review Capacity of Mental Health Crisis and Inpatient Services**: 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.

18. **s136 health-based place of safety & follow up**: Review of the adequacy of s136 ('place of safety') provision against the national benchmark and address any shortfall in provision for those who don't require hospital admission.

19. **Improving Access to Psychological Therapies (IAPT)**: Review the funding, commissioning, and provision of the six IAPT services, to enhance the offer and extend capacity, following the precedent of reorganising Children and Adolescent Mental Health Services (CAMHS), in view of the importance of and priority afforded to talking therapies in treating mental ill-health.

2.3 Delivery Approach

i. The MHIP is a system wide plan that is inclusive of the statutory (NHS and county council) and voluntary community and faith sectors across Surrey. Those leading the plan have managed to work across organisational boundaries and cultures. Whilst the focus to date has been on the 19 recommendations, it is hoped that this work has formed a strong foundation which can be built upon and help re-set longer term system strategic ambitions that challenge the status quo.

ii. An initial workshop took place in June 2021 with over 60 delegates from across the Surrey system including strong representation from VCSE and user voice which helped shape and identify key deliverables linked to the 19 recommendations. Senior sponsors were identified for each project area and came together as a group of key stakeholders to lead delivery.

iii. A small programme management team was established from shared resources across Public Health, Surrey County Council (SCC), Surrey and Borders Partnership NHS Foundation Trust (SABP) and VCSE senior leads.

iv. A dedicated Programme Director was appointed in September 2021 with overall responsibility for coordination and driving change forward.

v. System leaders from across all sectors were appointed to oversee priority workstreams.

3. Progress Against the 19 Recommendations and Key Achievements

The following section provides an update on progress against the 19 recommendations, including key achievements and milestones delivered to date.

Recommendation 1: Focus on a more preventative and early help approach

3.1   A Surrey Workforce and Wellbeing Collaborative formed in March 2021, bringing together Surrey County Council, Public Health, SABP, Woking Mind, Oakleaf Enterprise, and Surrey Chambers of Commerce. A good mental health in business conference was held in June 2021 with a focus on the wellbeing of employees. Following this a workforce framework was developed and is being shared via Surrey Chambers of Commerce as a model of best practice. Over the next 6 months we plan to develop more training and resources for Surrey businesses (in addition to what is already available on the Healthy Surrey website), and will continue to access existing forums, newsletters and meetings to promote our collaborative and the impact of poor mental health on productivity.

3.2   The development and launch of Public Living Rooms and the Camerados movement- Camerados is a social movement – focused on the principle that having 'people and purpose' is key to a happy, healthy and fulfilled life. Anyone (and everyone!) can become a Camerado if they agree to live the values and support their fellow community members. This is not a formal volunteer role with a set of prescriptive criteria, it is an identity that anyone can take on.

Camerados believe that the simple act of being more human by 'looking out for each other' can be transformative, especially when people are experiencing tough times. Most importantly when you are a Camerado to others, not only do you make others feel better, but you feel better too, it gives a feeling of more human connection, which in turn leads to resilience. If everyone behaved as a Camerado then more people would have the skills to help each other through challenges better and less need for traditional services.

The Camerados philosophy has been adopted in Surrey to support residents in accessing early help and support. Led by VCSE partners and involving partners from across the system, Camerados starter kits have been ordered and a relationship built with the national Camerados team. A working group is being set up to rollout the concept of 'Public living Rooms'. Public living rooms are agenda-free spaces for communities to come together, share their strengths and look out for each other.

Target outcomes:

  i.   Surrey residents identify themselves as a Camerado and see helping each other as part of being a Surrey resident.
  ii.   Surrey residents are able to access 'Public Living Rooms' for social support, peer-support, peer-advocacy and problem solving.
  iii. Loneliness and social isolation in Surrey is reduced
  iv.   Reduction in uptake of crisis support services, including A&E.

3.3   Development of the Children and Young People (CYP) Emotional and Mental Health and Wellbeing Strategy, that will place a focus on prevention, early intervention and addressing inequalities. This will address support from the earliest years to families through to transitional points as children become adults. The strategy should be in draft for consultation in autumn 2022 and a delivery and oversight group will report into the CYP Executive/Strategy Board.

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

3.4   Co-production and active engagement with Surrey citizens to shape our vision- We took the draft vision put forward by the 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. The vision statement has been refreshed by service users. The vision has also been socialised with key stakeholders across the system and with residents through the Independent Mental Health Network lunch and learn sessions.

Diagram 1: Vision statement co-produced with service users

The re-worked draft vision

"Together, we build and nurture good mental health and emotional wellbeing for all. If anyone needs help, they will find services on offer for themselves, their family and carers, which are welcoming, simple to access and timely. No-one is turned away from a service without being given support to get the help they need"
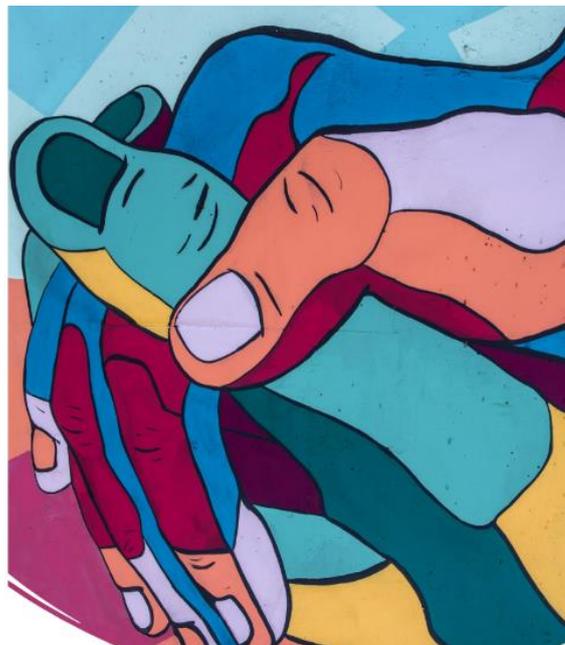
3.5   December 2021 Mental Health Summit- the Mental Health Partnership Board hosted a summit in December 2021, as a follow up to the October 2020 summit. The objectives of this follow-up summit were to:

i.   Update on our progress and journey made since the peer review recommendations were approved in June 2021.
ii.   Hear first-hand experience from frontline workers and people with lived experience.
iii.   Seek participation from all attendees to help shape our next steps.
iv.   Refresh commitment and momentum to continue to keep the focus on improvement of emotional wellbeing and mental health.

The summit was attended by 142 individuals and was well represented by a range of senior stakeholders from across the system. There was a clear pledge for action with 46 attendees identifying 'action' as what they hoped to get out of the summit. Attendees of the summit were also asked to make pledges which have been captured in a live document to support sustaining the drive for action. Ten key themes were identified following the summit which aligned very closely with those being addressed as part of the MHIP. Key actions have been captured under the MHIP to support addressing some of the gaps identified in the summit.

Despite the opportunity for people with lived experience to contribute to the summit, which had been seen as a gap in the 2020 Mental Health summit, and the perceived optimism that change was possible, feedback from some system leaders was that the summit lacked sufficient challenge on the scale of the transformation needed to improve the mental health system and the progress being made.

There was general agreement within Surrey that the only solution to transforming and improving mental health services was to take a system-wide approach, mobilising all organisations in the delivery of a shared vision for mental health services for Surrey residents.

> **Recommendation 3: Focus on resilience, early support and helping people understand and access it**

3.6   Continued roll-out of GPimhs across Surrey- GPiMHS is part of our wider community transformation approach and integrates mental health practitioners within Primary Care Networks**.** To date we have established GPiMHS in 15 out of 25 PCNs across Surrey Heartlands as well as within 2 PCNs in Surrey Heath. Between January 2021 and April 2022 GPimhs offered over 15,000 appointments, supporting many people who would otherwise have struggled to access Mental Health services. The enhanced pathway to support people with personality disorders which brings together a multi-agency team including VCSE has also been rolled out as part of GPiMHS community transformation programme. It offers a rolling programme of Service User Networks, the Managing Emotions Programme providing support to individuals and carers, and Psychologically Informed Consultation and Training providing expert support and training to professionals across the system.

The community transformation GPiMHS service is delivered through a partnership between SABP, Community Connections (VCSE) and Surrey County Council. There are clear plans to complete the roll out and expansion of these services to all 25 PCNs by the end of November 2022. However, recruitment remains a challenge. Other service developments rolling out in 2022 include early intervention support for adults with eating disorder, a Young Adults Reference Group working with the children's Reaching Out Team to improve transitions, embedding Citizen's Advice

Bureau support workers, and recruiting mental health practitioners into PCNs through the Alternative Roles Reimbursement Scheme (ARRS) to provide additional support into GP practices by triaging and signposting. Expert by Experience roles are being established within the core GPiMHS team employed by the VCSE.

We have just received an NHSE award which was part of the Care Closer to Home innovative and best practice category centred around transforming community services in the South East of England. GPimhs has received positive qualitative feedback from users and General Practitioners on the services and support offered. We have also compared the impact of services by evaluating practices with a GPiMHS service and those without. Where a GPiMHS service is present we have seen a 24% reduction in referrals to the secondary mental health single point of access, a 25% reduction in referrals from the SPA to secondary care Community Mental Health Recovery Services, and a 30% reduction in referrals being bounced back to primary care. 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.

3.7   To create a single access point for mental health advice, support, referrals- Public Health have mapped all telephone access points across the system for mental health support. A system workshop involving service users and people with lived experience has been held to better understand pathways, access and experience. There is also a series of other system work which is helping to better understand need and improve access which includes: updates and additions being made to the Healthy Surrey portal to include triage around looking at wider determinants of health and other social issues such as financial support; the refresh of the Joint System Needs Assessment (JSNA) and building on insights from the pandemic to better support planning and delivery of services; the establishment of the new Adult Mental Health Alliance, including VCSE providers, Adult Social Care, SABP and IAPT providers to better integrate support and improve access; and the work and insights from Surrey Minority Ethnic Forums report which identified a series of actions to improve access for BAME communities.

3.8   To improve access for those in underserved areas- Public Health led initiative which has identified need for ABCD approaches in underserved areas. This included a whole system community outreach workshop to co-develop approaches. Hope project in priority area (Sheerwater). There are ongoing discussions with the Academic Health Science Network (AHSN) to support the work going forward.

Recommendation 4: Focus on improving relationships at every level of the system

3.9   Development of the Adult Mental Health Alliance- We have established a VCSE led Adult Mental Health Alliance which includes Community Connections, VCSE, Surrey County Council, SABP, and IAPT providers. It launched in April 2022 with the collective ambition of improving emotional wellbeing and mental health outcomes for people in Surrey, providing more focus on early intervention and prevention, improving access to specialist support when needed, and preventing people falling through the gaps between services and reducing inequalities. Members of the Alliance have signed a formal Memorandum of Understanding and are working towards a establishing a legal entity by the end of September 2022.

3.10   Creating a baseline of what needs to change- Linguistic landscapes were procured to gather deep insights and understanding into what changes we need to make to our ways of working both across and within organisations to improve user experience. The work was completed between February and April 2022. The aim of the work was to bring cultural dimensions and relational dynamics to the surface and identify complex interactions or relationships that might warrant more focussed work. We identified a range of fracture points within the system for further investigations which included mental health bed management activities; referrals from primary care to single point of access, mental health support in schools and strategic system meetings. The findings and recommendations included the need for:

i.   More honest conversations. We need to interact differently to creatively solve problems together. There was an unusually noticeable gap between how teams and organisations related at a surface level (frontstage language) which was overly polite and apologetic, and how they behaved behind the scenes (backstage language) which was far more strident and aggressive. This way of relating is getting in the way of being able to work effectively together.

ii.   Make relationships matter. The findings indicated that individuals, teams and organisations need to prioritise relationship building and to recognise that there needs to be dedicated organisational and team development. Relationships are not a "nice to have" but essential for effective working.

iii.   The review evidenced the passion that people working in the mental health system have and a collective sense that "we all care about people using our services." This was seen as a positive factor that we can build on – 'the glue that holds those working in mental health together.'

The findings are being widely circulated and an action plan has been developed to drive forward change. This includes developing a code of conduct to be developed and co-produced with those using our services, undertaking more joint initiatives such as the series of multi-agency flow workshops held during May 2022, and more undertaking reflective practice across the system to build relationships and understanding using tools such as Schwartz Rounds.

> **Recommendation 5: Focus on better joined up work at the local community level**

3.11   Secondary Care Integration – Epsom and The Integrated Care Partnership Primary Care Networks (PCN's) were selected to pilot the next phase of the community transformation model by testing a 'One Team' approach from the end of October 2021.

The 'One Team' approach is to integrate GPiMHS / Mental Health Integrated Community Services (MHICS) with Community Mental Health Recovery Services (CMHRSs) for working age adults, Community Mental Health Teams for Older People (CMHTOPs), Adult Social Care and Community Connections (VCSE) around local PCN populations. The aims are to benefit people currently in secondary care mental health services who are stable and would be well placed to alternatively receive recovery focused and integrated mental health care services in primary care, identify people who would benefit from more social care support, and provide easy access to specialist psychological support in secondary care when needed by bypassing the screening carried out by the Single Point of Access (SPA) and further secondary care assessments – meaning people only have to tell their story once to a trusted assessor.

The intention is to get people more quickly to the right intervention or service, avoiding them being rejected by services and bouncing around the system. Referral decisions are being made by a newly established 'Pathways Forum,' consisting of GPiMHS clinicians and key colleagues from the local PCNs geography (Epsom, Integrated Care Partnership and Banstead PCNs) including secondary care CMHRS/CMHTOP clinicians, VCSE partners and the local authority. Findings to date include:

i.   Accelerated access to care pathways – reduced CMHRS caseload by 20%; cut 'Step Up' wait times in half; reduced wait times for psychological therapies by 25%; 3 out of 4 people stepped down within 6 days; all people stepped down have onward support planned and in place.

ii.   By bringing together specialists from the mental health secondary care, social care, community connections and primary care we have been able to identify unmet need and offer a wider range of interventions and ensure smooth

transition between care pathways – 20% increase in social care needs were identified and met; multiple services or interventions were identified to support the individual and their family including debt and housing support, employment and social support.

iii.   Enhance patient outcomes through interdisciplinary 'One Team' working. Professionals have said: "Having professionals in one place at the same time to discuss cases is priceless. There is a real sense of services working together to offer the best possible outcome for the client (care wrapping around the client – partnership working)".

3.12   Recovery and Connect service is commissioned from the voluntary sector and aims to support smoother transition and support for those people using crisis services. The service provides links to Community Connections and other local resources, helping people to build connections within their local communities. The pilot is fully underway and working with Community Mental Health Teams and is also part of newly established community transformation rehabilitation pathway. We expect to report on early impact of this new service later in 2022.

Recommendation 6: Focus on good data and using it to good effect

3.13   System Outcomes Framework - Early work led by the mental health convenor has started to map the requirements for a system outcomes framework. This work is at an early stage and will complement the existing provider data flow into the national Mental Health Data Set.

Recommendation 7: Focus on the resource and capacity needed to deliver

3.14   Resourcing Review - Carnall Farrar commenced an independent review of resourcing on 20th September 2021 and were tasked with 4 key deliverables:
   i.   Demand and capacity model
   ii.   Opportunities to achieve a better value for money resourcing model
   iii.   Financial model
   iv.   Contracting mechanism

Activity and finance data was received from the three main organisations who commissioned the review – the CCG, SABP and the County Council. Further data was analysed from the voluntary sector, mental health dashboard, public health fingertips and national collections of IAPT. There was a challenge in the availability, quality, and linkage of data across the system that limited the depth of analysis and detail of modelling that could be performed. However, the work has successfully provided the most comprehensive picture of activity, finance and workforce in Surrey's mental health system that has been achieved to date. This allowed for a

projection of the future state and can form the foundation of the development of a future operating model.

Based on the findings from the Carnall Farrar resourcing review, approximately £450m was spent on mental health care in Surrey in 2020/21, either directly or indirectly. There is also an unquantified wider impact of mental health on public services including policing, education, and employment.

Compared to other systems, Surrey receives less funding from the national allocation formula, due to an assessment of low complexity and population need. Surrey Heartlands ranks 130 out of 134 CCGs in the national needs assessment for mental health; whilst Surrey Heath has the lowest index in the country.

Consequently, Surrey spends less on mental health per GP registered population, £161 compared to the national average of £202. However, when expenditure is needs weighted, the expenditure is £227 per weighted population and suggests that the system is spending more than the needs weighted national average.

However, there is an argument that the funding formula operates to disadvantage Surrey because of an overt focus on Serious Mental Illness (SMI) and minimal consideration for other mental health conditions where Surrey has a higher prevalence. There is also no consideration of historically unmet need in the modelling. Additionally, Surrey's peer systems, based on demographics and mental health need, appear similarly impacted by the formula as they all spend significantly above the national average per weighted population, and some of the least in absolute terms.

In absolute terms, Surrey's mental health outcomes are good and, even after adjusting for population needs, Surrey is a high performer. The outcomes index was developed with support from the Centre for Mental Health to consider the benefits created for the population of Surrey and give an indication of the results achieved for the spend.

Forecast modelling projected increasing demand growth in mental health for the next 3 years as a result of the pandemic and an associated gap in workforce capacity to meet the demand.

The review highlighted six resourcing opportunities:
1. Avoid the use of high acuity care settings through the expansion of early intervention and prevention.
2. Reduce barriers to specialist intervention earlier in the care pathway, to avoid deterioration and consequently need for intensive treatment and bed-based care.
3. Expedite the discharge of medically fit for discharge patients and improve mental health inpatient flow.

4. Integrate physical and mental health multi-disciplinary teams (MDTs) so that patients get holistic inpatient care in acute hospitals, thereby reducing lengths of stay for acute and mental health inpatient units.

5. Reduce the need for high-cost agency and bank staff by improving the recruitment and retention of the permanent workforce and integrating as a system for place-based recruitment, training and joint opportunities i.e., development of pathways across different sectors.

6. Create digital systems and integrated datasets to increase workforce productivity, allow patients to receive digitally enabled care and use risk stratification across the population to prioritise areas of focus and enable whole system transformation.

> **Recommendation 8: Focus on engaging and supporting schools**

3.15 Mental health support in schools – As a system there has been much focus on in strengthening support to schools. As part of the NHSE Long term plan, Surrey has been successful at securing additional funding to develop Mental Health Support Teams in schools (MHST) programme since 2020. The formation of the Children's emotional wellbeing and mental health Alliance, Mindworks has been active in creating the new MHSTs as well as a range of further support to strengthen the mental health and emotional wellbeing support available for schools, including:

- All our maintained secondary and primary schools now have a named Primary Mental Health Worker.

- There is an Early Intervention Co-ordinator who support every secondary school across each of the 11 districts/boroughs and our special schools (for children with special needs) are being supported by our two new psychologists.

- Children, young people and families can now also access Community Wellbeing Practitioners (23 in total) for early support in the community via referrals from schools or through the Access and Advice Team (AAT).

- There is also increasing access for children and young people to Cognitive Behaviour Therapy (CBT), groupwork and self-care packages, again accessed via schools directly or AAT. Our counselling services to help build CYPs' resilience are now fully resourced. We are also looking at options to continue to build capacity given the high levels of demand.

- There is also support for schools to strengthen their whole school approach via the MHSTs and Surrey Healthy Schools. Our first 3 MHSTs have now completed their training (Epsom, Surrey Heath and Spelthorne) and our

second 2 MHSTs have started their training (Elmbridge and Redhill). In September 2022, 4 new MHSTs will commence implementation (Waverley, Woking, Guildford and Runnymede) and the final 4 MHSTs will be on board in 2023/2024. Ultimately there will be a total of 13 teams in Surrey covering 47% of the school student population within maintained primary, secondary and special schools.

- We continue to work closely with Surrey County Council, who have seconded two Educational Psychologist to the Mindworks School-Based Needs team. They bring specific expertise and support to schools to help develop their 'Whole School Approach'

We have a new 'Cluster-based' approach to delivery which includes Primary Mental Health Team, Early Intervention Co-ordinators, Mental Health Support Teams and Child Wellbeing Practitioners. Co-production is at the heart of our approach, from design through to testing and iteration of our new service model. Recent examples include Co-producing a bespoke offer for special schools, following consultation and development with staff, CYP and families; Commissioning Fantastic Fred, a performance-led mental health resource for primary aged children in special schools, delivered by a team of trained actors; Seeking feedback from Special Educational Needs Co-ordinators (SENCo) and other staff in our primary and secondary school reference groups. Feedback has been positive about our new cluster model; Continuing to work closely with Amplify, our CYP expert by experience group; hearing directly from CYP and families at our 'Market Stall' at the recent 1st year of Mindworks Surrey event led by Amplify.

Public Health have commissioned mental health first aid, self-harm and suicide prevention training for the schools in Surrey. This will enable us to train 600 school staff to become youth mental health first aiders (300 primary, 300 secondary schools). Public Health also have an 18month post in Papyrus (starting soon) that will be responsible for embedding a suicide prevention toolkit across the Surrey schools.

Recommendation 9: System Governance

See governance section below

Recommendation 10: Technology

Recommendation 15: Information & Data Sharing Arrangements

3.16   Digital and Data- We have focussed on the development of a strategy, approach and digital roadmap for mental health including statutory and VCSE

providers and user voice. The work has been developed through a range of workshops to better understand the challenges and help set priorities going forward. To date we have:

- Completed a mapping exercise which highlighted the volume of programmes and projects either led by digital/data teams or supported by (e.g., in specific workstreams)

- Gathered learning and understanding that we are not always showcasing this work effectively and building more strategic links between work and spreading good practice

- Mental Health Service Model for Surrey Heartlands ICS – led on three workshops and a show and tell in flight to develop an abstracted service map and agree on next steps for an exemplar service

- Engagement with other MHIP workstreams on an ad hoc basis to understand emerging requirements

- Developed a "method statement" – to be revisited subject to (funded) team set up going forwards

- Addressed the immediate digital solution for GPiMHS

- Worked with SABP and VCSE to access SystmOne for safe havens, in-reach and recovery and connect

- Ongoing solutions being sought for the VCSE for Primary Care to share data with the sector to deliver integrated services.

Based on the above actions, there is now a clear understanding on digital priorities which are needed to support improvements. These recommendations will feed into the ICS digital roadmap which can identify investment required and develop a programme of work.

Recommendation 11: Covid-19

The impact and lessons learned from Covid-19 have been incorporated into all areas of work. This was therefore been identified as a cross cutting theme.

3.17   Resilience Hub - During the pandemic, SABP launched a staff wellbeing and resilience hub known as 'Here for You'. The hub offers support to our workforce from health, social care and the voluntary sector, including direct 1:1s with a psychologist, group interventions and webinars, and signposting to other services such as IAPT. Over 2021/22 Here for You has had 17,710 unique visitors to the

website where people can access a range of self-help materials, and over 3,078 staff have requested direct interventions. The Hub has worked with over 72 different teams across the system, with the highest users coming from SABP, Surrey County Council, Acute Hospital Trusts, and General Practice. The main support themes emerging from our workforce are exhaustion and managing workload pressures; interpersonal relationships at home and at work; sleep difficulties; managing grief and loss; trauma at work (arising from vicarious exposure); impact of menopause; loneliness.

Recommendation 12: Training and awareness

3.18 Training collaborative -The training collaborative aimed to provide access to Mental Health First Aid (MHFA) and Trauma Informed Care. MHFA was commissioned and a plan for systematic engagement and senior buy in for training uptake, as well as wraparound supervision and support for those who have been trained has been developed. Work is currently underway to support the development of a network for mental health first aiders based on the third sector and primary care. Funding has been secured. Four courses have been completed so far this year and 17 further MHFA courses are scheduled for 2022/23, eight of these are fully subscribed. The Trauma Informed Care team have also secured funding and undertaken recruitment to commence roll out of training and support for organisations.

The collaborative's scope is being reviewed in order to enhance support for training requirements across the system using an evidence-based phased model approach. This will range from mental health literacy (awareness), including the Wheel of Wellbeing, Mental Health Awareness, Trauma Informed Care and Suicide Awareness and Prevention. The training collaborative will employ a universal offer, but target certain priority groups such as emergency services, frontline workers, carers and others identified through the Mental Health Improvement Plan. A programme of evaluation considerations will explore outcomes for individuals (such as improved confidence and competence), outcomes for organisations (such as change in social norms or policies) and a review of support (supervision) structures for sustainable practice.

In addition, as part of our commitment to improving outcomes for people with section 117 aftercare needs, the section 117 Partnership Board has established an updated training programme for all adult social care (ASC) and SABP staff. This has been successfully delivered to 415 ASC qualified and unqualified practitioners and 100 SABP staff. This training is now mandatory for all social care practitioners with 3 yearly refresher courses.

3.19   Communications Campaign- A major system-wide mental health campaign designed to help address the impact of Covid19, led by a joint mental health communications group (SABP, SCC, ICSs, Public Health, Police, VCSE and others) to address recommendation – 5, building on the work to date, refresh and expand a Surrey-wide communication 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. The aim was to raise awareness and reduce stigma, drive an increase in numbers seeking self-help and lower-level support and reduce demand on more acute services, reduce stigma and tackle health inequalities.

Diverting just 5 people away from an inpatient admission would offset the cost of the campaign.

The project included:

- "Face of support" campaign features practitioners and frontline staff to enable people to visualise the friendly support on offer
- Combination of universal promotion activity and a more targeted approach for specific groups flagged at being at particular risk including younger women, some men's groups, children and young people, minority ethnic communities, people with financial, job or relationship struggles
- A multi-channel campaign including outdoors (bus stops, stations, kiosks), surrey-wide mailer, radio, podcast, digital advertising

The impacts included:

- Mailer QR code has been scanned more than 300 times and mailer contributed to a 29% increase in claims to Surrey crisis fund
- 14,922 visits to mental wellbeing web page (up from 4,091)
- 100% increase in traffic to Mindworks Surrey
- Increase in people accessing and receiving Talking Therapies – 11% increase in number of people receiving Talking Therapies
- 20% increase in new referrals to Community Connections and 52% increase in number of clients supported by Community Connections

Recommendation 14: Preventing Gaps in Service & Improving Transition

3.20   Single Point of Access (SPA) Review- SABP are undertaking a review of this service to improve processes and reduce the likelihood of referrals bouncing around the system. To date this review has engaged with a wide range of

stakeholders who refer in and work with SABP, as well as with service users. The review has also included oversight of operational policies and activity data. We are expecting the recommendations and action plan to be available in July/August 2022.

3.21   To address the gap in services for people with dual diagnosis – a system piece of work has commenced to start looking at better access and support for people with both mental health and substance misuse issues. The work includes reviewing the the Standard Operating Procedures for community mental health teams to support better access and integration; reflecting on lessons learned from recent serious incidents; and the integration of I-Access (dedicated substance misuse services) into GPimhs initially piloting through the Epsom pilot. A multi-agency working group is now in place and overseeing progress and development.

> **Recommendation 16: Engage with and improve access, reduce barriers to groups that do not engage with traditional services**

3.22   Engagement with Black, Asian and Minority Ethnic Groups- Surrey Minority Ethnic Forum (SMEF) have been working in partnership with the Independent Mental Health Network (IMHN) to co-design an engagement programme with BAME communities. SMEF/IMHN has now employed a dedicated worker to take this project forward. A network has been launched and a series of engagement has been stood up with faith and community leaders.

3.23   Improving co-production and user involvement- SABP commissioned a project to transform the future of co-production at the Trust, working with Surrey Coalition of Disabled People, Healthwatch Surrey and Surrey Minority Ethnic Forum.

The aim of the project was to design what co-production within the trust looks like in the future. This will include both the co-production of services, strategies, and projects and, at a more individual level, a chance to review how co-production is embedded within current services and in doing so seek to in part address recommendation - 16 of 'establishing a pilot methodology of deep engagement with target groups currently identified as being underserved in order to better understand the challenges they face, the response required, starting with those with multiple needs and conditions, people with eating disorders and a 16 to 25 years old cohort'.

A co-production project team was stood up to oversee the work. The project ran from September 2021 to April 2022 and engaged with SABP staff, service users, carers and stakeholders through a wide variety of events, workshops, one to one interviews and surveys to gather as many diverse opinions as possible. The contributions of over 400 people are represented in the findings.

The findings were:

i. Groundwork – adopt a Trust-wide definition of co-production, revisit visions and policies to ensure co-production is embedded

ii. Establish co-production as business as usual – build momentum, share learning, empower staff through training

iii. Create new roles to ensure the lived experience voice is heard at all levels of every team

iv. Enable the purposeful employment and appropriate support of staff with lived experience, developing new policies to achieve this.

v. Build reciprocity and parity of esteem for service users/carers – standardise recruiting, supporting, engaging, managing, remunerating, and supervising volunteers with lived experience; recognise and reward the expertise of service users and carers who formally support co-production; support black and minority communities to engage with co-production.

vi. Open channels of communication with a wider and more dynamic range of service users and carers, and ensure feedback is collated and shared regularly with staff, service users, carers and other stakeholders.

vii. Ensure carers have clear information about their roles and rights and provide support for carers

viii. Redevelop the Forum of Carers and People who Use Services (FoCUS) – make the meetings more accessible, replace current groups with 6 local groups.

ix. Expand co-produced commissioned services by developing and extending relationships with third sector care providers, including community and voluntary organisations.

These recommendations are now being taken forward by SABP.

Recommendation 17: Review Capacity of Mental Health Crisis and Inpatient Services

3.24   Review of section117 processes in order to ensure compliance with s117 duties and responsibilities and ensure packages of care offer best outcomes for individuals – This piece of work has been established and an existing s117

partnership board has been formalised to oversee this work. Key areas of progress include:

- Integrated review team in place (2x SCC, 1x Health)
- Screening cases to confirm and document eligibility
- Back log of reviews underway – review team completing reviews not open to teams (~10 completed so far) while also supporting teams to complete reviews
- Training being rolled out and all staff who need training identified
- New Aftercare plan form created and approved
- Redraft 1 of policy has been shared

Key next steps are:

- Agree health worker business case with CCG
- Finalise policy
- Improve s117 during admission/at discharge
- Streamlining of s117 panel documentation
- Long term planning - moving beyond transformation funding.

3.25 Improving flow- SABP's Quality Improvement (QI) team have been working collaboratively with internal and external partners to improve flow and remove barriers to discharge on Magnolia and Juniper Wards. Data at the end of January 2022 showed an 18% reduction in length of stay on Juniper ward and a 43% reduction on Magnolia ward. As a result of this work the QI initiative is being spread and has culminated in a recent 3-day flow event bringing frontline teams together across the Trust, Surrey County Council, Surrey Police and the voluntary sector. The aim is to work together to build on these successes and ensure better flow through our crisis pathways. The event brought together over 100 colleagues working at all levels across our system including, but not limited to, representatives from all divisions within SABP, social services (Surrey and Hants), CCG, VCSE partners, police and our private providers.

The event was planned to build on the recent work SABP have been focusing on to improve our adult acute care pathway, so that people can *get help when they really need it'.* This event aimed to accelerate the work by bringing together an array of staff from across the Trust as well as some representatives from organisations within the wider local health and social care system to build on what we know works and accelerate efforts to further improve. The event looked at theories of flow, systems thinking and had dedicated time to design and considers solutions to the key areas we believe could lead to improved flow.

Through this event the hope is to realise the full potential of the flow work that has been underway at the Trust and achieve gains such as:

- reduced length of stay for people who use our services;
- reduced percentage of people who are medically fit for discharge on our wards;
- fewer out-of-area placements; and
- reduced spend

Planned 30, 60 and 90 day follow up titled '90 days to make an impact' are in the diary.

The SABP pre-work as referenced also had yielded some significant earlier impacts. In one ward, between the start of flow work in October 2021 and January 2022, lengths of stay reduced from 85 to 52 days and there was an increase in discharges (2 more per week) resulting in 22% more bed days being available for people to have a bed closer to home when they need it.

3.26   Community Connections InReach pilot- A multi-agency 'in reach' pilot was conducted within the working age adult wards at Farnham Road Hospital and Abraham Cowley Unit. The in-reach service aimed to support individuals and their families through the transition from the ward back into the community, and to ensure capacity is better aligned with need and demand. The pilot was delivered in collaboration with SABP and the 3 Community Connections Lead Providers Catalyst, Mary Frances Trust and Richmond Fellowship.

The three non-clinical mental health specialist third sector organisations each provided 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/ signposting.

The 12-month pilot ran from April 21 to March 22 and had worked with 74 people between 21st June 21 to 10th January 22. 13% of people had discharges earlier than planned and 18% as planned with only 5 people being re-admitted. Clients gave an average score of 8.3 out of 10 for how beneficial the support of their In-Reach worker was in helping them in their transition home and 92% of clients stated they felt the support of In-Reach reduced the likelihood of them returning to hospital. Staff gave an average score for 8.3 out of 10 for how satisfied respondents were with the support that the service offered and 9 out of 10 staff said they were likely to consider referring to the In-Reach service when discharging patients.

3.27   New Hospitals Programme- Capital funding has been secured to rebuild the Abraham Cowley Unit (ACU) to eradicate dormitories and improve the therapeutic

environment. The ACU has now been closed with the new hospital expected to open in 2024.

3.28   Establishment of a Crisis House- The aim of this project is to establish a short-term crisis house in Surrey to support adults who are experiencing a mental health crisis in the least restrictive environment and with as minimum disruption in their lives. The tender process was undertaken Dec 21 – Feb 22. This is now complete, and a contract has been awarded. An implementation group has been stood up to mobilise the crisis house. The first meeting was on 18th May 2022 and the mobilisation period is expected to be 4 months.

3.29   Safe Havens extended hours pilot – The Safe Haven model was originally launched in Aldershot in early 2014 with Woking Safe Haven established shortly afterwards in 2015 as an out of hours drop-in crisis service to provide people aged 18 years and over with a safe place to turn to when requiring mental health crisis support also providing support for carers of people experiencing mental crisis. SABP NHS staff, with Catalyst voluntary sector partners, are on site to provide mental health crisis support, with the aim of helping people avoid the need to attend A&E departments.

Woking Safe Haven piloted an extension to 24 hours, from the 15th of February to the 7th of May 2021, from the customary hours of 6.00 pm to 11.00 pm, 365 days a year. Over the 12 weeks, there were 283 presentations during the pilot; this is separate to the 220 presentations during the usual hours of 6.00-11.00pm.

Overall numbers during the pilot increased gradually as the pilot progressed with the addition of Attend Anywhere (the virtual Safe Haven), making the service more accessible to all. Usage of Attend Anywhere, in the 5 weeks that it was part of the overall offer, accounted for 41% of the total attendance across the entire 12-week pilot. There were fewer in-person presentations overnight, the majority of which were those being transported by Blue light services, and those by ambulance was double than those convened by Police. This data shows good use of the Safe Haven as an alternative to A&E and/or police (s136).

The pilot also saw an increase in individuals new to the service, accessing support for the first time (67%). The main reason for individual's attendance at the Safe Haven was crisis, which was expected, especially due to the service operating as crisis only due to pandemic restrictions.

The main alterative individuals would use if the Safe Haven was not available was the Crisis Line, followed by A&E so this pilot demonstrated that this was a viable admission alternative.

The pilot was for a limited time of 12 weeks which may not fully represent the need for a 24-7 service but provided an excellent snapshot of potential.

3.30   To review s136 provision and address identified areas for improvement - A s136 task and finish (T&F) group has been established. The group has good representation and engagement from system partners including Surrey and Borders Partnership, Surrey Police, Surrey County Council, Surrey Heartlands CCG and VCSE partners. Key actions being undertaken by T&F group include:

- Development of enhanced support for police out of hours – exploring increased support within EDT and/or use of SPA (Jan – April 22)
- Support, monitor and evaluate the use of the CYP Consultation Pilot (support from Hope service for police officers) (Dec 21 – Mar 22)
- The establishment of SHIPP for 16–17-year-olds
- The roll out of police training (Jan – July 22) with attendance from Approved Mental Health Practitioner (AMHP) service and Hope service to promote support available to officers
- Options appraisal around future provision for Health Based Places of Safety (HBPoS)
- Development of s136 pathway with crisis house (Jul – Aug 22).

3.31   Re-procurement of IAPT Services - The current contract has been extended until March 2023 due to the impact of the pandemic. The service specification will be updated to reflect the changes post pandemic in the health system. The option to procurement versus service re-design will be assessed and options explored. Procurement is still the first option, but it will impact approx. 300 IAPT staff and approx. 100 trainees, causing disruption.

The current IAPT performance is very good with most Key Performance Indicators being reached. Surrey IAPT won an award recently for its marketing campaign following NHSE funding. Workforce and retention remain a challenge for the services similarly to the rest of the health and social care system.

4.   Main Challenges

The pace of change which the MHIP set out to achieve has been challenged by several factors, including:

- The on-going impact of the Covid19 pandemic

- The size and complexity of the MHIP, requiring a multi-agency, whole system approach
- Cultural change and a lack of shared vision
- Leadership commitment and capacity across the system (notably but not exclusively within the third sector)
- Governance complexity and funding.

It is important to recognise that the **delivery context** for the MHIP has been extremely challenging. The emotional wellbeing impact of the Covid19 pandemic, three national lockdowns, blanket easing of restrictions and now worldwide political and economic unrest have all contributed to persisting pressures on the mental health system, both within Surrey and nationally. For example, we have seen a significant rise in demand (up 74%) for crisis support as more people experience heightened mental health acuity and complexity. This is accompanied by considerable pressure on inpatient services and challenges finding appropriate onward accommodation or packages of support for people leaving hospital. Demand for children's emotional wellbeing and mental health services has also accelerated to levels well above contractual expectations (up 52%), with acuity being seen through the rise in eating disorders and self-harm. This position is compounded by pre-existing improvement challenges in a range of service areas and a need to transform our operating model to ensure that people get timely access to support when needed and no-one is left without help.

The **size and complexity of the programme** – the scale of transformation required to deliver the improvement plan against other competing priorities and pressures, including responding to the Covid pandemic, delivering the NHS Long Term Plan, delivering priority 2 of the Surrey Health and Wellbeing Strategy and the other transformation programmes already underway. This also connects to the challenge of expectation of pace and impact being delivered, given that this is multi-agency and systemwide programme requiring complex delivery and relies on shifting the culture within the system, which take significant time.

There has been a **lack of a shared longer-term strategy and vision** for emotional wellbeing and mental health in Surrey which has resulted in misalignment of objectives and priorities which the MHIP has tried to navigate through. However, as stated above, there are multiple competing and conflicting priorities which require prioritisation and appropriate phasing.

There has been **commitment at the highest levels**, but limited resources to manage the programme means this has not translated into clarity of purpose or the transformation capacity to deliver the change. Despite initial allocation of shared human resources from across the system these have gradually fallen away to leave the Programme Director and a part-time SABP project officer. As this is a true system plan, the challenge of involving the third sector as **equal partners** alongside

partners who have a disproportionately higher levels of resource to contribute has also been apparent.

There has been **a lack of clarity on system governance** making it difficult to agree priorities and move at pace.

Funding for mental health and resourcing the MHIP are recognised as major challenges. Carnall Farrar highlighted the particular investment challenges for the mental health system in Surrey as highlighted above. This will continue to limit the scale of transformation and improvement that can be achieved. The resourcing review also evidences the workforce capacity challenges that we are facing in Surrey (and across the country).

In terms of MHIP infrastructure funding, to date a total of £535k has been invested into the programme in year 1 (2021/22). This cost includes pump prime funding committed by SABP for the Programme Director and the Linguistic Landscapes review. SABP, SCC and the CCG agreed an equal contribution to fund the resourcing review undertaken by Carnall Farrar and Public Health and SABP have shared the costs of the Unity Insights commission. Programme resources and funding going forwards are under active review.

It should also be noted that there has been significant time and resources invested though VCSE sponsor leads who have been undertaking activities above their normal operations. Whilst this is difficult to quantify, there should be recognition of the ongoing support and commitment that has been delivered and the ongoing resources needed going forward. SCC Public Health provided funding for unity insights and inputted to the development of their programme, under P2 of the Health and Well Being Strategy.

The MHIP at its outset and as a result of the Mental Health review set out that it would engage fully in the principles of co-design and co-production and integrate people with lived experience and their voice into the work of the programme. This requires a significant time commitment from these groups that needs to be recognised with the funding of expenses, and in some examples, time being paid.

It should be noted that since the implementation of the MHIP, there has been a commitment from Surrey County Council to invest a further £10.5 million to accelerate work addressing Surrey's strategic health and wellbeing priorities. A proportion of this funding will be allocated into a 'Mental Health Investment Fund' (MHIF) to invest in early intervention and prevention initiatives which aligned with the independent review improvement recommendations. The governance and process regarding the deployment of this fund is currently being worked through democratic and NHS processes.

5. Proposed new governance/programme structure

The organogram below highlights the governance which has overseen delivery against the 19 improvement recommendations to date. The recommendations were clustered into 10 programmes to make delivery more manageable, with a Programme Management Office and senior Steering Group responsible for leading the individual projects. Progress was reported into the Mental Health Delivery Board and then ultimately to the independently chaired Partnership Board. Alan Downey, Chair of the Partnership Board, provided updates to the Surrey Health and Wellbeing Board.

Diagram 2: MHIP Original Governance
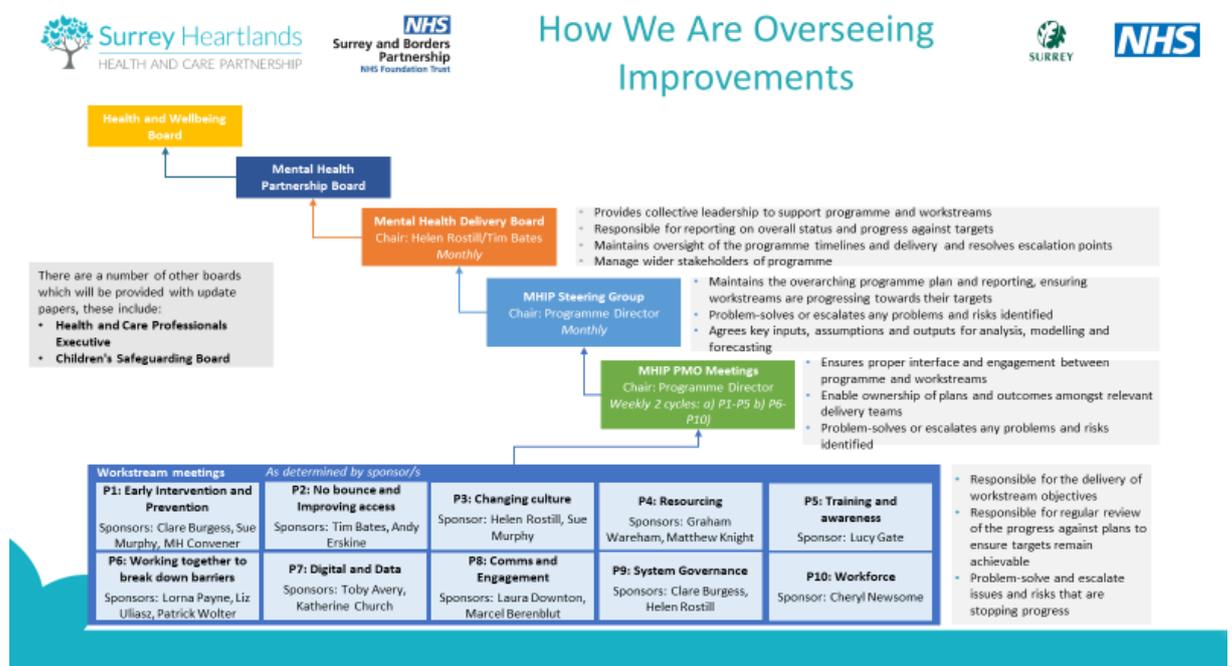
Governance has been a challenge to the delivery of the programme and has not resulted in clear prioritisation or phasing of the work. As a result, senior systems leaders met on 23rd May 2022 to reaffirm commitment to the programme and to simplifying of the governance structure. It was proposed:

i.   A single, streamlined, system-wide mental health transformation board with a remit covering all system work, including the MHIP, LTP, HWB P2 and financial recovery. This group will be chaired by Jonathan Perkins and will have a clear mandate from and line into system governance, set out in revised terms of reference.

ii.   A broader group bringing together partners and voices from across the system to provide insight, engagement and challenge to the work. VCSE and lived experience representation will be critical to ensure that planning and strategic decisions are meeting the needs. This wider group will also have

representation on the transformation board to ensure its views and recommendations are given due weight.

iii.   The overall structure will ensure the wider voices of stakeholders and users remain strong in the new arrangements.

This new arrangement is planned to go live 1st July 2022. A key task will be to review programme infrastructure and resourcing to deliver the integrated agenda.

6.	Recommendations

The Committee is asked to:

a) To note the report and the revised governance arrangements

b) To agree to receive an update report in 6 months outlining the prioritisation plan and progress

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7. Appendices

Appendix 1: Glossary of Key Acronyms and Terms

AAT	Access and Advice Team
ABCD	Asset based community development
AHSN	Academic Health Science Network
AMHP	Approved Mental Health Professional
ASC	Adult Social Care
BAME	Black, Asian, Minority and Ethnic
CAMHS	Child and Adolescent Mental Health Services
CYPS	Children and Young People Services
CBT	Cognitive Behavioural Therapy
CMHTP	Community Mental Health Transformation Programme
CMHTOP	Community Mental Health Team for Older People
CMHRS	Community Mental Health Recovery Services
EDT	Emergency Duty Team
EI	Early Intervention
GP	General Practitioner or General Practice
GPimhs	GP integrated mental health service
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
IMHN	Independent Mental Health Network
JSNA	Joint System Needs Assessment
LTP	Long term plan
MDT	Multi-disciplinary Team
MHFA	Mental Health First Aid
MHIF	Mental Health Investment Fund

MHIP	Mental Health Improvement Plan	
MHICS	Mental Health Integrated Community Service	
NHSE	NHS England	
NHSE & I	NHS England and Improvement	
NE Hants	North East Hampshire	
PTSD	Post-Traumatic Stress Disorder	
PCN	Primary Care Network	
PMO	Programme Management Office	
QI	Quality Improvement	
QR Code	Quick Response Code	
S1	SystmOne	
SABP	Surrey and Borders partnership NHS Foundation Trust	
SCC	Surrey County Council	
SENCo	Special Education Needs Co-ordinator	
SMEF	Surrey Minority Ethnic Forum	
SMI	Significant or serious mental illness	
SPA	Single Point of Access	
SUN	Service User Network	
TIC	Trauma Informed Care	
T&F	Task and Finish Group	
VCSE	Voluntary, Community and Social Enterprise	

Access and Advice Team (AAT)	Part of Mindworks, Access and Advice helps young people and their families to identify the best type of support for them. It is intended to enable easy and early access to advice and signposting to existing support as well as acting as a doorway (gateway) to more specialist or clinical support as needed.
Academic Health Science Network (AHSN)	AHSNs present a unique opportunity to align education, clinical research, informatics, innovation, training and education and healthcare delivery. Their goal is to improve patient and population health outcomes by translating research into practice and developing and implementing integrated health care services.
Approved Mental Health Professionals (AMHPs)	AMHPs are mental health professionals who have been approved by a local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating your assessment and admission to hospital if you are sectioned.
Attend Anywhere	Attend Anywhere is a secure web-based platform that the NHS uses to enable patients to access video consultation appointments.
Camerados	People in the Camerados Movement believe that the simple act of being more human by 'looking out for each other' can be transformative, especially when people are experiencing tough times. Camerados is based on a simple belief that having 'People and Purpose' in your life is the most important thing, not only to live a good life, but more critically for when you are going through a tough time*. People in the movement sometimes call each other camerados and want more folk in society to look out for each other. https://www.camerados.org/what-is-camerados/
Cognitive behavioural therapy (CBT)	This is a way of helping people with mental health difficulties by encouraging them to make the connections between how we think, how we feel, and how we behave.
Community Connections	Three lead providers (Mary Frances Trust, Catalyst and Richmond Fellowship) who support community mental health and emotional wellbeing for adults (16+) in Surrey.
Community Mental Health Framework for Adults and Older Adults	The framework describes how the Long Term Plan's vision for a place- based community mental health model can be realised, and how community services should modernise to offer whole-person, whole- population health approaches, aligned with the new Primary Care Networks (PCNs).

Community Mental Health Recovery Service (CMHRS)	Community-based mental health teams consisting of Mental Health Nurses, Occupational Therapists, Psychologists and Psychiatrists. The teams focus specifically on providing care to adults age 18+ with severe and enduring mental health issues.
Community Mental Health Teams for Older People (CMHTOP)	The teams focus specifically on older adults with severe and enduring mental health issues.
Community Mental Health Transformation Programme (CMHTP)	The programme of transformation of adult and older adult community mental health services in line with the Community Mental Health Framework for Adults and Older Adults.
Dual Diagnosis	The term to describe people who have severe mental health problems. and drug or alcohol problems.
Emergency Duty Team (EDT)	The social care emergency duty team (EDT) responds to out of hours referrals where intervention from the council is required to protect a vulnerable child or adult
Early Intervention (EI)	Early intervention is the process of providing intervention and support to a person who is experiencing or demonstrating any of the early symptoms of mental illness.
Forum of Carers and people who Use Services (FoCUS)	Forum hosted by SABP provided one way of having your say about the way SABP things to help improve services.
Health Based Place of Safety (HBPoS)	A health-based place of safety is a space where people detained and transported under Section 135/136 of the Mental Health Act 1983 can be managed safely while an appropriate assessment is undertaken.
IAPT (Improving Access to Psychological Therapies)	A talking therapy service for people with mild to moderate depression or anxiety disorder. A person can make a self-referral to IAPT or be referred by a professional involved in their care.
Integrated Care System (ICS)	A range of health and social care organisations working together to lead in planning and commissioning care for a local area.
I-Access	I-Access is a drug and alcohol service for people in Surrey.

Independent Mental Health Network (IMHN)	The Independent Mental Health Network (IMHN) is a membership-led organisation that represents a diverse community of past, current and future users of mental health services, as well as those with lived experience of mental health.
Long Term Plan (LTP)	The NHS long term plan sets out priorities for how this money will be spent over ten years. The NHS long term plan: defining priorities for the NHS in England over the next decade.
Mental Health First Aid (MHFA)	MHFA is a training course which teaches people how to identify, understand and help someone who may be experiencing a mental health problem or in mental health crisis.
MHICS (Mental Health Integrated Community Service)	MHICS provide the same services as GPimhs described above but are located within the Frimley Integrated Care System.
Mindworks	The new emotional wellbeing and mental health services for children and young people in Surrey, including the CAMHS service, now known as Intensive Interventions. Mindworks is delivered by an alliance of organisations (NHS and national and local voluntary sector).
Primary Care	Health services based in the community that are often the first point of contact for people with health concerns. Examples include GP surgeries, pharmacies, the local dentists and opticians.
Primary Care Networks (PCNs)	A partnership of GP practices in a local area that share some resources. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
Reaching Out Service	The Reaching Out Service, part of Mindworks, supports young people aged 16 to 25 who are isolated and/or vulnerable including: • homeless or at risk of homelessness (ages 16 to 25) • not in education, employment or training (NEET) or at risk of this (ages 8 to 18) • struggling with drug and alcohol difficulties (ages 16 to 25) • those 17/18-year-olds needing support to transition from Children's Services to Adult Services • young offenders (ages 10 to 18) • and those who are hard to reach and/or difficult to engage with (ages 16 to 25)

Section 117 (S117)	Free support and help a person is entitled to when they leave hospital (if they have been admitted to hospital under a section 3, 37, 45A, 47 or 48 of the Mental Health Act 1983).
Section 136 (S136)	Part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think someone has a mental disorder, in a public place and needs immediate help. They can take a person to or keep a person in a place of safety, where their mental health will be assessed.
Service User Network (SUN)	SUN is an easy to access community-based service for adults experiencing difficulties with complex emotions often associated with personality disorder. These emotions can affect how a person feels, copes with life and manages relationships.
SHIPP: Surrey High Intensity Partnership Programme.	Supports people who have severe and enduring mental ill-health and who frequently present to the emergency services such as the police, ambulance and A&E departments.
SPA (Single Point of Access)	Freephone NHS helpline signposting to a range of mental health services based on an individual's needs.
Special Education Needs Co-ordinator (SENCo)	A SENCo, or Special Educational Needs Co-ordinator, is the school teacher who is responsible for assessing, planning and monitoring the progress of children with special educational needs and disabilities (SEND).
Surrey Minority Ethnic Forum (SMEF)	A community organisation set up in 2009 to represent the needs and aspirations of a growing ethnic minority population in Surrey
SystmOne (S1)	Clinical computer system used by SABP.
Talking Therapies	Talking Therapies, also known as IAPT, are psychological treatments for mental and emotional problems like stress, anxiety and depression.
Trauma Informed Care (TiC)	Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize.
VCSE (Voluntary, Community and Social Enterprise)	Voluntary, charitable, and private organisations delivering care or other services.
Young Adult Reference Group	A reference group for 16–25-year-olds to present their needs and views, recognising them as an underserved group.

Appendix 2: Mental Health Review Recommendations mapped to Programme areas

Number	Surrey Heartlands Mental Health Review Reccomendations	Core Workstreams				Enabling Workstreams					
		P1	P2	P6	P7	P3	P4	P5	P8	P9	P10
Priority Enablers of Improvement											
1	A more preventative and early help approach	✔									
2	A shared, co-produced vision for emotional wellbeing and mental health	✔									
3	Resilience, early support and helping people understand and access it		✔								
4	Improving relationships at every level of the system					✔					
5	Better joined-up work at the local community level		✔								
6	Good data and using it to good effect				✔						
7	The resource and capacity needed to deliver						✔				
8	Engaging and supporting schools		✔								
9	Simplify and streamline mental health governance arrangements									✔	
10	Develop and exploit the full capability of digital technologies				✔						
11	Ensure emotional wellbeing and mental health provision is oriented towards the needs and demands that come from the pandemic	✔	✔	✔							
12	Develop and roll out emotional wellbeing and mental health awareness, literacy, education and training							✔			
13	Refresh and expand a Surrey-wide communication campaign around emotional wellbeing and mental health								✔		
Priority Improvements to Services											
14	Referrals both within and between organisations must be subject to a 'no bouncing' rule		✔								
15	Improve understanding at all levels of data sharing issues, to ensure the appropriate and necessary free flow of data across the system				✔						
16	Establish a pilot methodology of deep engagement with target groups currently identified as being underserved	✔									
17	Undertake a review of capacity for crisis and inpatient care to ensure capacity is better aligned with need and demand			✔							
18	Review of the adequacy of s136 ('place of safety') provision			✔							
19	Review the funding, commissioning, and provision of the six IAPT services		✔								