



Surrey Trust Provider Collaborative: Mind and Body Programme, ED Project



Background

The mind and body programme, part of the trust provider collaborative was launched in 2024 with a clear aim. Better integration of mental and physical health, by using our collaborative expertise, resources and creativity we will strengthen and wrap the right support around acute trusts and into SaBP.

The programme had delivered several strategic changes across Surrey, but ED attendances remained a significant challenge across the five acute trusts.



Aim & Stakeholders

Aim: To reduce mental health emergency department ED breaches in Surrey by improving the access to, and experience of, patients who attend Surrey Heartlands acute hospitals with significant mental health needs.

Stakeholders: The project is delivered in collaboration with five acute trusts, the ambulance service, 12 local authorities and 2 charities. Additionally, learning has been shared with neighbouring ICS's



Measurement

- Detailed clinical audits
- Data collated from the MH Single point of access
- Data collated from each acute trust
- Data provided by Lightfoot



Driver Diagram

- Large numbers of escalations on a regular basis linked to patients in acute settings awaiting a mental health bed
- Increasing costs within acute trusts for providing enhanced care to MH patients.
- Alignment to national drivers and best practice
- A significant number of ED attendances with no identified physical healthcare need to attend.
- An increasing number of lengths of stay of MH patients in each ED / acute trust.



PDSA cycles/testing

Holistic care pathway for Mental Health Frequent attenders to ED.

- Results from audits showed that there was a lack of coordinated work between partners to provide holistic care.
- There are a number of unmet care needs with the patients not feeling in control of their own care planning.

Redirection of MH demand away from ED

- Detailed audits undertaken by the project team showed that 50% of all MH ED attendances were via Ambulance.
- 74% of MH patients in ED that were in the department 12 hours or more are known to MH community services.
- These two points showed the scale of the opportunity to divert MH Crisis demand back into community-based services.



Intended/outcomes

- The development of a robust holistic care pathway to Improve the outcomes for Mental Health Frequent attenders to ED
- A reduction in MH ED attendances to ED, with demand being diverted into community based MH services.



General Reflections

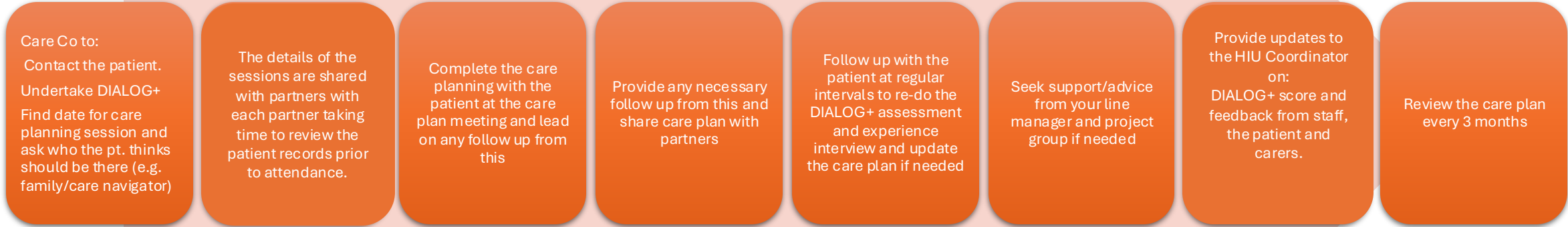
- The cohort of ED Frequent attenders is a sub set of mental health High Intensity Use of Crisis Services.
- The cohort is far more dynamic than originally anticipated.
- There is less links to physical health needs than initially expected.
- No one agency had an overview of all elements of the patients care needs.



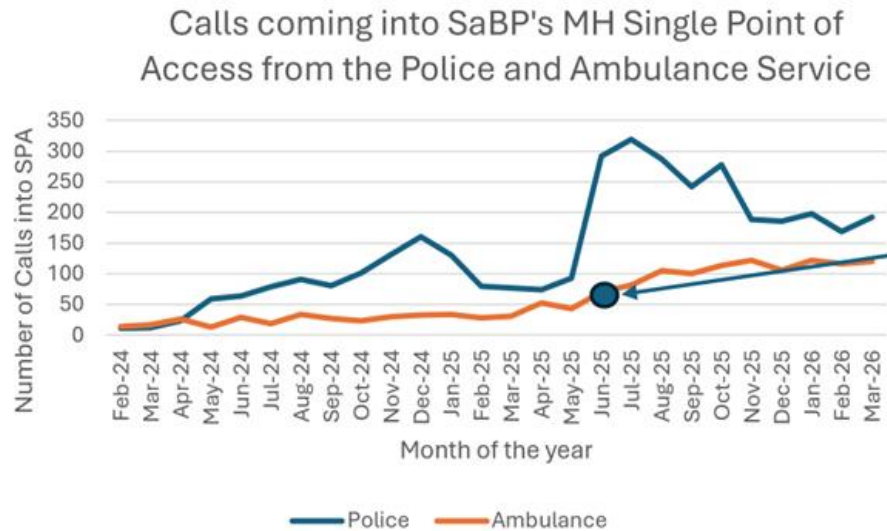
Next & sustainability

- The Mind and Body Programme is secured for 2026/2027 with clear aims and objectives including continuing to take forward the work identified by this project.
- The project is due to be fully evaluated in May 2026, with the recommendations forming a business case for further investment (with alignment to neighbourhood health and the strategic shifts within the health 10-year plan.

The MH ED Frequent Attenders Holistic Care Pathway



Impact the Ambulance Service Contacting the MH Single Point of Access prior to conveyance to ED



SECamb Calling SPA prior to deciding to convey to ED were introduced in June 2025

