

Notice of Meeting

Health and Wellbeing Board

**Date & time**

Thursday, 7 December
2017
at 1.00 pm

Place

Old Council Chamber,
Reigate and Banstead
Borough Council. Town Hall,
Castlefield Road, Reigate,
RH2 0SH

Contact

Richard Plummer
Room 122, County Hall
Tel 020 8213 2782

Richard.plummer@surreycc.gov.uk

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8213 2782, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email richard.plummer@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Richard Plummer on 020 8213 2782.

Board Members

Dr Andy Brooks (Co-Chairman)	Chief Officer, Surrey Heath Clinical Commissioning Group
Mrs Helyn Clack (Co-Chairman)	Cabinet Member for Health, Surrey County Council
Dr Russell Hills	Clinical Chair, Surrey Downs CCG
Mrs Clare Curran	Cabinet Member for Children, Surrey County Council
Dr Elango Vijaykumar	Clinical Chair, East Surrey Clinical Commissioning Group
Dr Charlotte Canniff	Clinical Chair, North west Surrey Clinical Commissioning Group
Dr Andy Whitfield	Clinical Chair, North East Hampshire and Farnham Clinical Commissioning Group
Peter Gordon	Chair, Healthwatch Surrey
Helen Atkinson	Strategic Director of Adult Social Care and Public Health, Surrey County Council
John Jory	Chief Executive, Reigate and Banstead Borough Council
David Munro	Surrey Police and Crime Commissioner
Dr David Eyre-Brook	Clinical Chair, Guildford and Waverley Clinical Commissioning Group
Mr Mel Few	Cabinet Member for Adults, Surrey County Council
Borough Councillor Paul Spooner	Leader, Guildford Borough Council
Borough Councillor Clive Smitheram	Epsom & Ewell Borough Council
Jason Gaskell	CEO, Surrey Community Action
Rose Durban	Interim Strategic Director of Children, Schools and Families, Surrey County Council

TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 7 SEPTEMBER 2017

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

There were none.

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*Friday 1 December 2017*).

b Public Questions

The deadline for public questions is seven days before the meeting (*Thursday 30 November 2017*).

c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 BOARD BUSINESS

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

6 FORWARD PLAN

To review and agree the Board forward work program.

(Pages 1
- 8)

- 7 ACTION REVIEW** (Pages 9 - 14)
To review and agree the Board actions tracker.
- 8 LETTERS CIRCULATED BY THE BOARD** (Pages 15 - 24)
To review letters sent by the co-chairman of the Board between the date of the last meeting and the current date.
- 9 PRIORITY STATUS UPDATE REPORT - PREVENTION** (Pages 25 - 44)
Purpose of the report: To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in January.
- 10 TRANSFORMING CARE PLAN** (Pages 45 - 58)
Purpose of the report: To update the Health & Wellbeing Board on the progress of the Surrey Transforming Care Plan (TCP).
Supporting people in Surrey with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.
- 11 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH PRIORITY UPDATE** (Pages 59 - 68)
Purpose of the report: The purpose of this report is to review the final outcomes of the three year joint commissioning strategy on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.
- 12 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN (2017)** (Pages 69 - 166)
Purpose of report: The Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan, updated October 2017, is presented for approval by the Surrey Health and Wellbeing Board.
- 13 CASE STUDY - INTEGRATED MODELS OF CARE**
The Board will be presented with a short presentation on Integrated Models of Care.
- 14 SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT UPDATE** (Pages 167 - 172)
Purpose of the report:
To update the Health and Wellbeing Board on activity and progress relating to communications and engagement, to receive support from Board Members for overcoming current challenges and to secure endorsement for the next steps.
- 15 CCG COMMISSIONING INTENTIONS** (Pages 173 -

Purpose of the report: To fulfil the Board's duty of the Health and Social Care Act (2012) to ensure that commissioning intentions are aligned to the Surrey Joint Health and Wellbeing Strategy. 206)

16 DATE OF THE NEXT MEETING

The next public meeting of the Health and Wellbeing Board will be on 1 March 2018.

Julie Fisher
Acting Chief Executive
Surrey County Council

Published: Wednesday, 29 November 2017

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

Health and Wellbeing Board
7 September 2017

Health & Wellbeing Board Forward Plan

Purpose of the report:

For Members to consider and comment on the Board's Forward Plan.

Introduction:

A Forward Plan recording agenda items for consideration at future Health & Wellbeing Board meetings through 2018 is attached as **Annex 1**, and the Board is asked to review progress on the items listed. This will be subject to ongoing review and may be amended depending on external events and Government policy.

Recommendations:

The Board is asked to review and agree the forward work programme (Annex 1) for the Health and Wellbeing Board.

Report contact: Richard Plummer, Democratic Services Assistant

Contact details: 080 8213 2782, richard.plummer@surreycc.gov.uk

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Surrey Health and Wellbeing Board Forward Work Plan 2018

Item title	Health and Wellbeing Board Champion	The Health and Wellbeing Board will be asked to?	Item type
January 2018 - Informal			
Domestic Homicide Review	David Munro	N/A	Case study
Implications of the Autumn Budget Statement and sharing forecast budget position	Co-Chairs	Discuss informally the forecast budget positions; and Identify opportunities, challenges and implications.	Discussion
Pharmaceutical Needs Assessment Consultation Response Review	Helen Atkinson	Review the outcomes of the responses to the Consultation on the Pharmaceutical Needs Assessment	Statutory Board responsibility
Voluntary Community and Faith Sector involvement in Sustainability and Transformation Partnerships	Jason Gaskell	Discuss the links between the VCFS and STPs; Discuss the vision for public engagement across Surrey; and Identify ways that these can be strengthened.	Workshop discussion
Surrey Compact	Jason Gaskell	Discuss Surrey Compact and identify ways in which the Board can adopt the principles.	Workshop discussion
February 2018 - Informal			
Children and Family Health	Helyn Clack	N/A	Case study
Older adults themed workshop, to include: i) Care Market Provision ii) Falls Prevention iii) Frail Elderly iv) Social isolation and health impacted	Helen Atkinson, Mel Few, Andy Brooks	Discuss system-wide challenges relating to older adults; and identify ways to do things differently by working together. The Board will consider: v) Care Market Provision vi) Falls Prevention	Workshop discussion

loneliness		vii) Frail Elderly viii) Social isolation and health impacted loneliness	
March 2018 - In Public			
University of Surrey's Medical School	Jason Gaskell	N/A	Case study
Priority Status update: improving childrens health and wellbeing. This will include: i) residential facilities for children with extreme complex needs and challenging behaviour; ii) learning from joint commissioning of monitoring and management for contracts with childrens services; iii) pathway into, through and out of CAMHS; and iv) mental health aspect of SEND)	Rose Durban, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
CCG annual reports and operating plans	CCG Clinical Chairs	Note the CCG annual reports and operating plans; and Review how they have contributed to the Joint Health and Wellbeing Strategy	Statutory Board responsibility
Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson and Andy Brooks	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Pharmaceutical Needs Assessment	Co-chairs	Sign off the updated Pharmaceutical Needs Assessment	Statutory Board responsibility
Joint Strategic Needs Assessment	Co-chairs	Sign off the updated JSNA	Statutory

			Board responsibility
April 2018 - Informal			
		N/A	Case study
Focus on health inequalities workshop:			
Civilian Military Partnership	Helyn Clack	TBC	Workshop discussion
Prisons	David Munro	Discuss the provision of health services in prisons; and identify ways the Board can do things differently together	Workshop discussion
Diversity and Inclusion	Russell Hills	Discuss diversity and inclusion; and identify ways the Board can do things differently together	Workshop discussion
Health needs of people with multiple needs, with a focus on substance misuse and alcohol	Helen Atkinson, David Munro	Discuss the health needs and provision of services for people with multiple needs, with a particular focus on substance misuse and alcohol; and Identify ways the Board can do things differently to support people with multiple needs	Workshop discussion
May 2018 – Informal			
Health and social care integration (provider)	TBC	N/A	Case study
Creating a sustainable health and social care system	Co-chairs	TBC	Workshop discussion
PREVENT	David Munro	Discuss PREVENT and identify ways for the health and social care sector can work with police colleagues to improve identification and referrals	Workshop discussion
June 2018 - In Public			
Young People's Haven	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update

Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Surrey Safeguarding Children Board Annual Report	Rose Durban, Charlotte Canniff, Clare Curran	Discuss the recommendations from Surrey Safeguarding Children Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility
Surrey Safeguarding Adults Board Annual Report	Helen Atkinson, Mel Few, Andy Brooks	Discuss the recommendations from Surrey Safeguarding Adult Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Andrew Whitfield	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
July 2018 – Informal			
TBC	TBC	N/A	Case Study
Board review and forward planning workshop	Co-chairs	Review the progress of the Health and Wellbeing Board over the last year; and plan for 2019.	Workshop discussion
Seasonal Health	TBC	TBC	Workshop discussion
Healthwatch Surrey Annual Report	Peter Gordon	Note Healthwatch Surrey's Annual report	

September 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Priority Status update: improving children's health and wellbeing	Rose Durban, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson, Mel Few and Andy Brooks	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
October 2018 - Informal			
TBC	TBC	N/A	Case study
Focus on the wider determinants of health, including: <ul style="list-style-type: none"> i) Cardiovascular Disease Secondary Prevention ii) Social Prescribing iii) Planning and Health iv) Housing and Health 		Discuss system-wide challenges relating to the wider determinants of health; and identify ways to do things differently by working together. The Board will consider: <ul style="list-style-type: none"> v) Cardiovascular Disease Secondary Prevention vi) Social Prescribing vii) Planning and Health viii) Housing and Health 	Workshop discussion
November 2018 - Informal			
TBC	TBC	N/A	Case study
Learning Disabilities	TBC	Consider the impact of Learning Disabilities on people of all ages; note and endorse different projects happening across the partnership to alleviate these difficulties; and identify new ways to alleviate difficulties and set the strategic view.	Workshop discussion

December 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Commissioning intentions	Co-chairs	Discuss commissioning intentions and cycles; Identify opportunities and challenges; and Assure itself of alignment of all commissioning intentions with Surrey's Joint H&W Strategy.	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Andrew Whitfield	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update

Health and Wellbeing Board
7 September 2017

Health & Wellbeing Board Action Review

Purpose of the report:

For Members to consider and comment on the Board's actions tracker.

Introduction:

An actions tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Board is asked to review progress on the items listed.

Recommendations:

The Board is asked to monitor progress on the implementation of actions from previous meetings (Annex 1).

Report contact: Richard Plummer, Democratic Services Assistant

Contact details: 020 8213 2782, richard.plummer@surreycc.gov.uk

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vhealdSurrey Health and Wellbeing Board Actions and Recommendations Tracker 7 December 2017

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A10/17	1 June 2017	Develop simple diagram to channel Health & Wellbeing Board communications to different types of audience.	Health & Wellbeing Board Programme Manager	Responsibility for devising this diagram has been delegated to the Health and Wellbeing Board Communications and Engagement Sub-Group who will report back to the Board once a suitable diagram has been created. (Updated: 12 June 2017)	ongoing
A22/17	9 September 2017	Health & Wellbeing Communications Sub-Group to consider how hard copies of the new Joint Health & Wellbeing Strategy to be made available for those without access to a computer	Health & Wellbeing Programme Manager	Currently trying to source funding for printing of hard copies.	Ongoing
A23/17	9 September 2017	Health & Wellbeing Board to undertake an abridged consultation on the Joint Health & Wellbeing Strategy to be completed by December 2017.	Health & Wellbeing Programme Manager	The strategy is still in development, with a draft due at the end of December.	Ongoing

Completed

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A7/17	1 June 2017	Circulate Surrey Young Carers video to Health & Wellbeing Board Members once it has been filmed.	Regulatory Committee Manager	An invite was circulated for Board Members to attend the national launch of the film "People Like Us" at The Screen @RADA	Complete
A11/17	1 June 2017	The Health & Wellbeing Board Communications and Engagement Sub-Group to evaluate the distribution of off-line materials.	Health & Wellbeing Board Programme Manager	This has been included in the summer campaign evaluation and included in the comms update. It will also be included in the winter 2017/18 campaign evaluation.	Completed
A15/17	9 September 2017	Officers to recirculate national guidance for CCGs on aligning local prescribing practices	Regulatory Committee Manager	This was circulated to Board members on 13 September 2017. (Updated: 13 September 2017)	Completed
A16/17	9 September 2017	Health & Wellbeing Board meeting on Thursday 2 November to be rescheduled.	Regulatory Committee Manager	Meeting was rescheduled (Updated: 13 September 2017)	Complete
A17/17	9 September 2017	County Councillor for Guildford North to receive an electronic version of the public consultation flyer produced by Epsom & St Helier University Hospitals NHS Trust	Regulatory Committee Manager	The flyer was circulated to the County Councillor for Guildford North on Friday 8 September 2017. (Updated: 13 September 2017)	Completed
A18/17	9 September 2017	The Co-Chairs of the Health & Wellbeing Board to send a letter to the Chief Executive of Epsom	Regulatory Committee Manager	A letter was sent on 15 September 2017.	Completed

		& St Helier University Hospitals NHS Trust requesting that the geographical scope of communications around the consultation be extended.		A response was received outlining that they were very happy for the consultation to be extended and that work was ongoing to action this. (Updated: 15 September 2017)	
A19/17	9 September 2017	Board Members to be sent copies of the letters received by the Co-Chairs and the responses provided to these letters.	Regulatory Committee Manager	Process in place to ensure copies of letters received are sent to the Board.	Completed
A21/17	9 September 2017	Officers to provide confirmation on whether SCC will circulate the entirety of its Disability Facilities Grant to district & borough councils	Project Manager	Surrey County Council have paid all 2017/18 Disabled Facilities Grant amounts to Boroughs and Districts, and this is the current expectation for 2018/19. (Updated: 13 September 2017)	Completed
A24/17	9 September 2017	Board to receive a case study on the Multi-Agency Safeguarding Hub at a future meeting	Regulatory Committee Manager	A MASH case study was received at a meeting of the Board in October 2017.	Complete
A25/17	9 September 2017	An item on the refreshed CAMHS Transformation Plan to be included on the Forward Plan	Regulatory Committee Manager	This is part of the December 2017 agenda	Complete
A26/17	9 September 2017	Co-Chairs to provide a written response to member of the public on what assurances the Board can give that CNWL's deficit will not impact negatively on the provision of sexual health services in Surrey.	Regulatory Committee Manager	A response was provided which is attached to the agenda of this meeting.	Completed
A27/17	9 September 2017	For a case study to be brought to the Board regarding the 'Young People's Haven' in	Regulatory Committee Manager	Case study has been added to the Forward Plan.	Completed

		Surrey in order to inform members of the services it provides			
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C/O Richard Plummer
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Sir Andrew Morris
 Senior Responsible Officer, Frimley Health & Care STP

6 November 2017

Dear Sir Andrew,

At its meeting on 10 December 2016 Surrey Health & Wellbeing Board received a report from the Police outlining the alarming frequency with which officers are required to attend acute trust sites in Surrey in response to reports by staff about incidents involving patients. At this meeting Deputy Chief Constable Gavin Stephens revealed that letters he had sent to the directors of security at each acute trust in Surrey in an attempt to find a resolution to the issue had gone mostly unanswered. The matter was referred to Surrey County Council's Wellbeing & Health Scrutiny Board as a body with the ability to hold providers to account and a letter was subsequently sent to the Chief Executive of each Trust from the Chairman of WHSB in March 2017 raising the issue and requesting that they act in order to mitigate the pressure on police resources and improve patient safety. Health & Wellbeing Board Members were therefore disappointed to learn on 6 July 2017 that little progress had been made in reducing the volume of police callouts to acute trust sites in the County.

The table below demonstrates the scale of demand placed on police resources by the volume of calls received from hospitals with officers collectively attending acute trust sites over 1,500 times in the 2016/17 financial year. Data within the table further reveals that crimes are recorded in just a small number of instances relative to the number of requests for assistance which begs the question of why the Police were called in the first place.

	EAST SURREY	EPSOM GENERAL	FRIMLEY PARK	ROYAL SURREY	ST PETERS
Total calls	937	510	694	558	1075
Attendance made	408	205	276	329	430
% attendance	44	40	40	59	40
Crimes recorded	84	86	65	76	100

% crimes	9	17	9	14	9
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Information provided at the meeting highlighted that almost 500 calls made to the Police originating from Surrey hospitals were to report a missing person, an issue that not only impacts on Police resources but also has disturbing implications for the safety of vulnerable patients while in the care of Surrey's hospitals. Anecdotal evidence demonstrates that officers are called out frequently to locate missing patients who have simply found their way to the wrong ward or have gone out for a cigarette, both of which are situations that can be easily prevented by staff making simple checks before alerting the Police. Incidents have also occurred where taskforces comprising in excess of ten officers, a helicopter, police dogs and various other resources have been sent to find patients who have been able to leave hospital while waiting to access mental health services. Basic improvements in security measures employed by Trusts' estates would not only reduce the pressure on police resources but also provide better care for those patients who are in an acutely vulnerable state and spare them the ignominy and anguish of a manhunt.

The Police & Crime Commissioner has stressed that officers will always respond to calls from hospitals in instances where the safety of staff and/or patients is at risk or where a criminal offence has occurred. Surrey Police are, however, subject to the same budgetary pressures as the rest of the public sector and it is vital that their resources are targeted towards where they are most needed. As Co-Chairs of the Health & Wellbeing Board, we are therefore contacting you in your capacity as Senior Responsible Officer for Frimley Health & Care STP to ask that you consider how security arrangements and staff training at acute trusts operating within the footprint can be improved to help mitigate the demand on police resources generated by hospitals and to deliver improved patient care. The Board received an update from each of Surrey's three STPs at its meeting on Thursday 7 September and Members will be keen to understand how Frimley Health & Care STP will work with the Police to consider what options are available for addressing this issue.

Best wishes,



Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board



Dr Andy Brooks
Co-Chair
Surrey Health & Wellbeing Board

C/O Richard Plummer
Surrey County Council
Room 122
County Hall
KT1 2DN
020 8213 2782
richard.plummer@surreycc.gov.uk

10 November 2017

Dear Bob,

At its meeting on 10 December 2016 Surrey Health & Wellbeing Board received a report from the Police outlining the alarming frequency with which officers are required to attend acute trust sites in Surrey in response to reports by staff about incidents involving patients. At this meeting Deputy Chief Constable Gavin Stephens revealed that letters he had sent to the directors of security at each acute trust in Surrey in an attempt to find a resolution to the issue had gone mostly unanswered. The matter was referred to Surrey County Council's Wellbeing & Health Scrutiny Board as a body with the ability to hold providers to account and a letter was subsequently sent to the Chief Executive of each Trust from the Chairman of WHSB in March 2017 raising the issue and requesting that they act in order to mitigate the pressure on police resources and improve patient safety. Health & Wellbeing Board Members were therefore disappointed to learn on 6 July 2017 that little progress had been made in reducing the volume of police callouts to acute trust sites in the County.

The table below demonstrates the scale of demand placed on police resources by the volume of calls received from hospitals with officers collectively attending acute trust sites over 1,500 times in the 2016/17 financial year. Data within the table further reveals that crimes are recorded in just a small number of instances relative to the number of requests for assistance which begs the question of why the Police were called in the first place.

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Best wishes,



Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board



Dr Andy Brooks
Co-Chair
Surrey Health & Wellbeing Board

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Dr Claire Fuller
Senior Responsible Officer, Surrey Heartlands STP

6 November 2017

Dear Claire,

At its meeting on 10 December 2016 Surrey Health & Wellbeing Board received a report from the Police outlining the alarming frequency with which officers are required to attend acute trust sites in Surrey in response to reports by staff about incidents involving patients. At this meeting Deputy Chief Constable Gavin Stephens revealed that letters he had sent to the directors of security at each acute trust in Surrey in an attempt to find a resolution to the issue had gone mostly unanswered. The matter was referred to Surrey County Council's Wellbeing & Health Scrutiny Board as a body with the ability to hold providers to account and a letter was subsequently sent to the Chief Executive of each Trust from the Chairman of WHSB in March 2017 raising the issue and requesting that they act in order to mitigate the pressure on police resources and improve patient safety. Health & Wellbeing Board Members were therefore disappointed to learn on 6 July 2017 that little progress had been made in reducing the volume of police callouts to acute trust sites in the County.

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% crimes	9	17	9	14	9
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Information provided at the meeting highlighted that almost 500 calls made to the Police originating from Surrey hospitals were to report a missing person, an issue that not only impacts on Police resources but also has disturbing implications for the safety of vulnerable patients while in the care of Surrey's hospitals. Anecdotal evidence demonstrates that officers are called out frequently to locate missing patients who have simply found their way to the wrong ward or have gone out for a cigarette, both of which are situations that can be easily prevented by staff making simple checks before alerting the Police. Incidents have also occurred where taskforces comprising in excess of ten officers, a helicopter, police dogs and various other resources have been sent to find patients who have been able to leave hospital while waiting to access mental health services. Basic improvements in security measures employed by Trusts' estates would not only reduce the pressure on police resources but also provide better care for those patients who are in an acutely vulnerable state and spare them the ignominy and anguish of a manhunt.

The Police & Crime Commissioner has stressed that officers will always respond to calls from hospitals in instances where the safety of staff and/or patients is at risk or where a criminal offence has occurred. Surrey Police are, however, subject to the same budgetary pressures as the rest of the public sector and it is vital that their resources are targeted towards where they are most needed. As Co-Chairs of the Health & Wellbeing Board, we are therefore contacting you in your capacity as Senior Responsible Officer of Surrey Heartlands STP to ask that you consider how security arrangements and staff training at acute trusts operating within the footprint can be improved to help mitigate the demand on police resources generated by hospitals and to deliver improved patient care. The Board received an update from each of Surrey's three STPs at its meeting on Thursday 7 September and Members will be keen to understand how Surrey Heartlands STP will work with the Police to consider what options are available for addressing this issue.

Best wishes,



Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board



Dr Andy Brooks
Co-Chair
Surrey Health & Wellbeing Board

C/O Richard Plummer
Surrey County Council
Room 122
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KT1 2DN
020 8213 2782

richard.plummer@surreycc.gov.uk

6 November 2017

Dear Elaine,

Many thanks for your letter dated 6 September 2017 and for bringing this serious issue to our attention.

The Surrey Health and Wellbeing Board sets the strategic direction for health and social care in Surrey which it does via the Surrey Health and Wellbeing Strategy. The strategy commits to ensuring that people whose circumstances make them vulnerable should be safeguarded and protected from avoidable harm as part of its Safeguarding priority. The Health and Wellbeing Board also commits to Promoting Emotional Wellbeing and Mental Health and reducing mental health inequalities. As part of these priorities, the Health and Wellbeing Board will work to ensure that the service responds to concerns that Children and Adolescent Mental Health Services (CAMHS) are more responsive to local need.

The Health and Wellbeing Board has also undertaken a significant amount of work regarding Mental Health Crisis Care Provision in January 2017 with an evaluation due to be produced in December 2017. The Health and Wellbeing Board will continue to monitor the progress of this to ensure adequate provision across the county in accordance with its strategic priorities.

You have received a response from the Leader of the Council and the Clinical Commissioning Groups. The Health and Wellbeing Board supports the responses made by the Leader of the Council and Clinical Commissioning Groups that the service must commit to making further improvements in partnership. We will commit to working with commissioners and providers to ensure that the service is fit for purpose.

The Health and Wellbeing Board looks forward to working in close partnership with the Surrey Safeguarding Children's Board and with other partners to help resolve the issues that it has highlighted as part of this review.

Best wishes,

Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board

Dr Andy Brooks
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SASSE Locality Network GPs
Studholme, 50 Church Road, Ashford, TW15 2TU

September 2017

Re: Planned Closure of the Blanche Heriot Unit at St Peter's Hospital, Chertsey, Surrey

Dear Dr Glynn,

We are writing to respond to the letter which you directed to us last month in our capacity as Co-Chairs of Surrey Health and Wellbeing Board regarding sexual health services in North West Surrey. Many thanks for drawing attention to the concerns which you and your colleagues have about the future of sexual health, HIV and GUM services in Surrey. The Health & Wellbeing Board is aware that there is concern among patients and staff about the new sexual health contract.

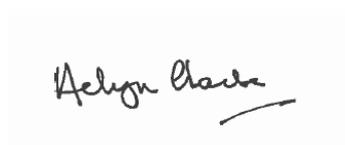
The role of health & wellbeing boards as set out in the Health and Social Care Act [2012] is to set the strategic direction of health and social care delivery within their defined local authority areas. In order to achieve this Surrey Health & Wellbeing Board is comprised of organisations responsible for commissioning health and social care services in the county. The Board itself is unable to commission services, the budgets and responsibility for which remain with the sovereign organisations that constitute the Board. Responsibility for commissioning sexual health services sits with Surrey County Council through its Public Health Team while the role of commissioning HIV services sits with NHS England. The Health and Wellbeing Board does, however, review the commissioning intentions of all organisations which commission health and social care services in Surrey and first became aware of plans to reconfigure the sexual health services contract in December 2016 when fulfilling this responsibility. The Board understands that the sexual health services contract was developed and awarded in accordance with the data contained in Surrey's Joint Strategic Needs Assessment (JSNA), should the data in the JSNA demonstrate that these outcomes have been negatively impacted under the stewardship of Central and North West London NHS Foundation Trust then rest assured that this will be reviewed by the Board.

The reconfiguration of sexual health services in Surrey was reviewed by the County Council's Adults & Health Select Committee on 4 September 2017. The Committee recommended:

1. That the performance of the sexual health and HIV service contracts are reviewed in 9 months' time.
2. That the Committee establish a task group to review the implementation phase, consultation process and lessons learnt from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

We have forwarded your letter onto Andy Spragg who is the officer responsible for coordinating the Committee and would recommend getting in touch with him directly if you have any questions about the work of the Committee. You can contact Andy by email on andrew.spragg@surreycc.gov.uk or by phone on 0208 213 2673.

Best wishes,



Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board



Dr Andy Brooks
Co-Chair
Surrey Health & Wellbeing Board

Surrey Health and Wellbeing Board

Date of meeting	Thursday 7th December 2017
Report author and contact details	Rachel Gill, Consultant in Public Health Rachel.gill@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson Director of Adult Social Care and Public Health

Item / paper title: Developing a Preventative Approach Status Update

Purpose of item / paper	To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in January. The update includes: <ul style="list-style-type: none"> • Air Quality • Fire as a Health Asset • Prevention of Cardiovascular Disease (CVD) across Surrey • Tobacco Control Strategy • Severe and Multiple Disadvantage/Needs (Complex Needs)
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The Developing a Preventive Approach priority is addressed by this paper.
How does the report contribute to the Health and Wellbeing Board's strategic priorities in the following areas?	The Developing a Preventive Approach priority contributes to the HWBB strategic priorities of early intervention, improving outcomes and evidence based.
Financial implications - confirmation that any financial implications have been included within the paper	There are no specific financial implications of this update.
Consultation / public involvement – activity taken or planned	There was a public consultation on the Surrey Tobacco Control Strategy and the results were published on Surrey Says.

<p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p>	<p>Equality and diversity implications have been included within the paper. No equality impact assessments have been carried out to date.</p>
<p>Actions requested / Recommendations</p>	<p>The Surrey Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> • endorse the Surrey Air Alliance Action Plan and for representatives to support action on air quality through their own organisations • explore the opportunities of the fire service as an asset to health and social care through their own organisations and Sustainability and Transformation Partnerships (STPs) • support and advocate for the inclusion of Cardiovascular Disease (CVD) prevention in all relevant clinical pathways • support the Surrey Tobacco Control Strategy in their own organisation by implementing the delivery of brief advice about quitting to all smokers and referring to Quit 51 • support the Surrey Tobacco Control Strategy as a priority within STP plans • support the Multiple and Severe Disadvantage/Needs programme through their own organisations and consider nominations to the Partnership and Delivery Board • the reporting of the Multiple and Severe Disadvantage/Needs work to come to the HWB Board

Health and Wellbeing Board
Thursday 7th December 2017

Developing a Preventative Approach: Priority Status Update

Purpose of the report: Performance Management

To provide the Health and Wellbeing Board with an update on progress against the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy since the Board's last update in January.

Recommendations:

1. The HWBB is asked to agree to:
 - endorse the Surrey Air Alliance Action Plan and for representatives to support action on air quality through their own organisations
 - explore the opportunities of the fire service as an asset to health and social care through their own organisations and Sustainability and Transformation Partnerships (STPs)
 - support and advocate for the inclusion of Cardiovascular Disease (CVD) prevention in all relevant clinical pathways
 - support the Surrey Tobacco Control Strategy in their own organisation by implementing the delivery of brief advice to all smokers about quitting and referring them for specialist stop smoking support
 - support the Surrey Tobacco Control Strategy as a priority within STP plans
 - support the Multiple and Severe Disadvantage/Needs programme through their own organisations and consider nominations to the Partnership and Delivery Board
 - the reporting of the Multiple and Severe Disadvantage/Needs work to come to the HWB Board

Performance Overview:

2. 'Developing a Preventative Approach' is the second priority in the Joint Health and Wellbeing Strategy (JHWS). The aim of this priority is to prevent ill-health as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health which creates a significant gap in life expectancy. Put simply people are healthy when they have a good start in life; reach their full potential and have control over their lives; have a healthy standard of living; have good jobs and working conditions; and live in healthy and sustainable communities.
3. The Health and Wellbeing Board last considered the 'Developing a Preventative Approach' priority in January. At that meeting there was an update on delivering the prevention priority through the Surrey STPs and an update on the work around Air Quality.
4. Since the Board received its last update, the 'Developing a Preventative Approach' priority has been progressed in a number of key areas, more details on this have been provided below. Furthermore, the new five-year place-based Sustainability and Transformation Plans (STPs) have been agreed and Sustainability and Transformation Partnerships established. Prevention and self-care are priorities within all three STPs that cover Surrey.
5. The Health and Wellbeing Board 'Developing a Preventative Approach' priority has been implemented largely through local CCG prevention plans as well as relevant local Health and Wellbeing Strategies. An update on the progress and achievements of these plans was provided in the last update to this Board.
6. Rather than focus on the work that individual CCGs and districts and borough councils are undertaking, this report focuses on five key areas where partners are addressing prevention at a Surrey-wide or STP-wide partnership level. Described in greater detail below, the five areas are:
 - Air Quality
 - Fire as a Health Asset
 - Prevention of CVD across Surrey
 - Tobacco Control Strategy
 - Severe and Multiple Disadvantage/Needs (Complex Needs)

Key Achievements and Outcomes

7. Air Quality

Background

8. Air pollution is an important determinant of health. Numerous epidemiological studies, including large cohort studies that follow people's health over several years, have found an association between air pollution and a wide range of adverse health effects (World Health Organisation Regional Office for Europe, 2005).
9. Poor air quality can impact across the life course, including effecting children's lung-growth and increasing the risk of chronic disease later in life. Older adults, children, pregnant women and people with long term chronic conditions, may be more vulnerable to the effects of air pollution. Areas of high deprivation suffer a greater burden from air-pollution-related ill health, contributing to inequalities in health (Royal College of Physicians, 2016).
10. Pollutants that impact significantly on health include: PM_{2.5} (small particulate matter, which includes combustion particles from petrol or diesel engines and tyre and break wear); nitrogen dioxide (gases generated by vehicles, or by chemical reactions in the atmosphere); and ozone (this gas is formed when other pollutants react in the atmosphere). (Department of Environment, Food and Rural Affairs, DEFRA 2016).
11. District and borough councils have the statutory duty to assess air quality (under 1995 Environment Act) and declare an Air Quality Management Area (AQMA) if there is a potential breach in the standards. There are currently 25 AQMAs declared in Surrey distributed between eight of the eleven boroughs and districts. Guildford, Mole Valley and Tandridge have not to date declared any AQMAs. All 25 AQMAs in Surrey are declared in relation to excessive nitrogen dioxide (NO₂), or both NO₂ and particulate matter under 10 microns (PM₁₀). The source of both these pollutants in Surrey is road traffic. This mirrors the national picture: transport is identified as the main source of pollution in 92% of all AQMAs (Surrey County Council Transport Plan: Air Quality Strategy, 2016).

Partnership working to improve air quality

12. Improving air quality requires joint strategic action across a range of stakeholders. In April 2016, DEFRA published revised air quality guidance setting out a new flexible role for upper tier local authority (Director of Public Health) in working towards reducing emissions and concentrations of PM_{2.5}, recognising the need for collective action to address air quality issues. Therefore, Surrey County Council

(Public Health and Environment & Infrastructure) have been working closely with Environmental Health colleagues in district/boroughs across Surrey to improve air quality and established the Surrey Air Alliance in 2016.

13. Following the air quality update to the Health and Wellbeing Board in January, the Surrey Air Alliance has developed a multi-agency action plan aiming to reduce the negative health impacts of air quality on local residents. The action plan includes six key workstreams: communication; behaviour change; monitoring air quality; planning; transport and infrastructure; and research.
14. The communication workstream includes four main aims: to increase awareness of the health impacts of poor air quality among people who live and work in Surrey; to increase awareness of where the Air Quality Management Areas (AQMAs) are across Surrey; to support people with cardiovascular and respiratory conditions to understand the potential impacts of air quality and know how to manage their condition during episodes of poor air quality (through the Air Alert System); and ensuring strong communication channels between district/borough councils and Surrey County Council around air quality issues to support joint action.
15. The behaviour change workstream aims to support individuals, organisations and businesses to change their current behaviour to improve air quality. This area includes promoting a consistent approach to taxi licencing across Surrey to encourage the use of low emission vehicles; encouraging local businesses/public transport providers to reduce emissions in their fleet vehicles; developing a behaviour change campaign for use in schools; and expanding the anti-idle campaign at appropriate settings across Surrey (for example at train crossings).
16. The monitoring workstream aims to develop a consistent approach to monitoring air quality across district/borough councils to support joint action. District and borough councils have the statutory duty to assess air quality (under 1995 Environment Act) and declare an Air Quality Management Area (AQMA) if there is a potential breach in the standards. To build on this, we plan to undertake a computer modelling exercise on PM_{2.5} and nitrogen dioxide concentrations across Surrey (including health impact and costs of air pollution). This will support a better understanding of air quality across Surrey to enable targeted action and provide a baseline to measure success of interventions in the action plan.
17. The planning workstream recognises the potential impact that new developments can have on air quality and looks

to maximise the opportunities for improving air quality through the planning process. Key outcomes are for: developers to consider the impact of their plans on local air quality; local authority Planning Services to consider the impact of planning applications and the Local Plan on local air quality; and promote a consistent approach to conditions and recommendations on new developments across local authorities in Surrey.

18. Transport is identified as the main source of pollution in 92% of all AQMAs (Surrey County Council Transport Plan: Air Quality Strategy, 2016), therefore the transport workstream identifies key interventions: to reduce local emissions through transport solutions; increase use of low emission vehicles, through the emerging Electric Vehicle Charging Strategy; and to increase use of alternative modes of travel, for example through sustainable transport projects such as walking, cycling and public transport use (bus and rail).
19. The final workstream is around research to increase understanding of interventions that are effective in improving air quality. We will explore opportunities to collaborate with Surrey University, who lead the Global Centre for Clean Air Research.
20. Across the action plan, we will prioritise neighbourhoods/targeted work in areas with poorest air quality to tackle health inequalities. The Surrey Air Alliance will ensure this work is linked with the Surrey Transport Plan, Local Transport Strategies for each district/borough, Electric Vehicle Charging Strategy, Surrey Healthy Weight Strategy, individual district/borough Air Quality Action Plans and the Surrey Air Quality Strategy.
21. The Air Quality Action Plan will be included as an appendix to Surrey County Council's Air Quality Strategy, although it will be owned by the Surrey Air Alliance partnership. A workplan has been developed in order to implement the action plan through the Surrey Air Alliance.
22. We are working with members and Chief Executives of local authorities to raise awareness of air quality and gain support to build on the action plan and strengthen joint working on air quality.
23. The Surrey Public Health Team are linking this work with the sustainability agenda in local Sustainable Transformation Partnerships (STPs), and are currently developing a 'sustainable hospitals' model, working with the Surrey Heartlands Sustainability Ambassador. The 'sustainable hospitals' model supports the air quality action plan with respect to active travel plans; reducing emissions

from fleet vehicles; and raising awareness of the health impact of air quality, for example through embedding the Air Alert Scheme in respiratory and cardiovascular pathways. Once developed and piloted, this model could be extended to all hospitals sites across Surrey, through the relevant STP.

24. **Fire as a Health Asset**

25. Fire as a Health Asset is a national agreement between the Chief Fire Officers Association, NHS England, Public Health England and Age UK and covers a range of possible work streams that allow health to benefit from the fire services prevention skills and activities.
26. Surrey Fire and Rescue Service (SFRS) have been for the last 2 years supporting the corresponding work stream supplying SECAMB with additional resources for red 1 and red 2 emergency medical calls. This work is currently on hold due to a national dispute with the Fire Brigades Union. This does affect other work under Fire as a Health Asset.
27. SFRS introduced the concept of the Safe and Well Visits as part of the Fire as a Health Asset Programme to the Surrey Health and Wellbeing Board in 2016 which was supported by the Chief Fire Officer Group and Fire and Rescue Service Programme Board.
28. Since then SFRS have been working with the NHS using Exeter data sources, a number of CCG's, Adult Social Care locality hubs, Public Health, and others on building on this offer to the Surrey resident. The aim of this collaboration has been to utilise Fire as a Health Asset model to contribute to a number of high risk areas including falls prevention, non-emergency (Telecare) response service and referrals of high risk vulnerable adults directly to SFRS for a Safe and Well Visit through the locality hubs.
29. SFRS Safe and Well Visit currently is based on the service's Home Fire Safety Visit plus the use of One Stop Surrey enabling fire staff to appropriately refer in to up to 26 other agencies for services that support independent living.
30. SFRS has developed a business case for a Surrey-wide non-emergency (Telecare) response service based on the success of the pilot currently in Elmbridge.
31. SFRS have met with all CCG's Local Joint Commissioning Groups to highlight the potential advantages, benefits, costs efficiencies and improvements to resident services

that Fire as a Health Asset could provide. SFRS have outlined specific business case opportunities that already exist to further improve health, reduce demand for services and expenditure and potentially create alternative capacity within the current health care systems (see Appendix 1).

32. As yet, there is no identified funding to support a coordinated approach across Surrey for Fire as a Health Asset. In the Surrey Heartlands, this is being taken forward as part of the work of the Prevention Programme Board.
33. Additionally SFRS are part of the regional multi agency Fire as a Health Asset working group that are working to develop regional standards approaches and systems of delivery with the objective of highlighting areas of best practice and learning.
34. A range of opportunities for SFRS to contribute to health have been identified and can be found in Appendix 1.
35. **Prevention of CVD across Surrey**

Background

36. Cardiovascular disease is an overarching term that describes a family of diseases with a common set of risk factors and that result from atherosclerosis (furring or stiffening of artery walls), particularly coronary heart disease, stroke and peripheral arterial disease. It also covers other conditions such as vascular dementia, chronic kidney disease, cardiac arrhythmias, type 2 diabetes, sudden cardiac death and heart failure. These conditions often share common risk factors or have a significant impact on cardiovascular disease mortality or morbidity.

The case for change: why try to prevent CVD?

37. Although there has been a significant reduction in deaths from cardiovascular disease in the past 20 years, it remains the second highest cause of death in England. Although mortality rates in Surrey are generally below the overall rate for England, an average of 356 people in Surrey lose their lives prematurely each year due to either Coronary Heart Disease or Stroke. CVD is the leading contributing condition to the life expectancy gap between the most and least deprived quintile of Surrey.
38. Cardiovascular disease can also have a serious impact on quality of life and cause considerable disability. Stroke survivors may lose their speech and have impaired mobility; those with peripheral arterial disease may lose a limb. The breathlessness and exhaustion of severe heart failure can preclude even minimal daily activities and all of these can prevent people returning to employment.

39. The approach to prevention of cardiovascular disease in Surrey focuses mainly on the first two levels of prevention:
- a) primary prevention: initiatives aimed at reducing the prevalence of the behavioural risk factors for CVD, namely:
 - Unhealthy diet
 - Physical inactivity
 - Tobacco use
 - Harmful use of alcohol
 - b) secondary prevention: aimed at detecting and treating conditions that are risk factors for CVD, namely:
 - Hypertension (high blood pressure)
 - High blood cholesterol
 - Irregular pulse (Atrial Fibrillation)
 - Pre-diabetes
 - Being overweight

What are we doing in Surrey to prevent CVD?

Behavioural risk factors

40. A healthy diet and regular physical activity are key components of maintaining a healthy weight, as well as important protective factors against CVD in themselves. The [Healthy Surrey website](#) has brought together a range of resources to help people in Surrey achieve and maintain a healthy weight, including the One You “how are you?” quiz and the [NHS Weight Loss Plan](#). The site also contains links to further information on a healthy diet (how to reduce salt intake for example) and becoming more active. Active Surrey, the County Sports Partnership (CSP) for Surrey, continue to implement the Physical Activity Strategy for Surrey which aims to increase exercise participation rates across all groups but in particular those known to be “inactive” (achieving less than 30 minutes of moderate intensity physical activity per week).

Surrey Public Health Team are leading the development of a Healthy Weight Strategy which takes a whole system approach and has a focus on Tier one (prevention) and environmental influences on weight. A full update on the Healthy Weight Strategy for Children and Families in Surrey has been received by this Board in November 2017.

41. Action to reduce smoking rates, particularly amongst certain target population groups, is described in the separate Tobacco Control section below.
42. Across Surrey, there are several initiatives and programmes in place or being developed to help reduce

the impact of harmful levels of alcohol intake. These include:

- The embedding of Alcohol Identification & Brief Advice processes within clinical pathways, combined with training for frontline staff
- Commissioning and promotion of the [Don't Bottle It Up](#) website
- Support to Alcohol Liaison Services in Hospitals
- Support to successful implementation of the “Risky Behaviour CQUIN”, an incentivisation programme for NHS providers around delivering screening, brief advice and referral for smoking and alcohol
- Development of the Local Alcohol Action Area Programme, aiming to tackle alcohol-related crime and health harms through licensing authorities, health bodies, and police coming together with businesses to address problems caused by alcohol in their local area.

CVD-risk conditions; primary care

43. CVD-risk conditions such as hypertension, high cholesterol, AF or pre-diabetes can be effectively treated with a mixture of drug treatment and support to modify health-related behaviours (e.g. healthy eating (including reducing salt intake), increasing exercise, quitting smoking and safe alcohol intake).
44. Elements of assessing patient’s CVD risk are part of the Quality and Outcomes Framework payment incentive scheme, in which Surrey primary care organisations currently participate. This includes recording BMI, smoking status, blood pressure, blood sugar levels and cholesterol levels as well as diagnosing the risk conditions themselves.

The NHS Health Check programme

45. The aim of the NHS Health Check programme for people aged 40 to 74 is to reduce the burden of CVD in the community by enabling more people to have their risk identified and managed at an early stage. The Health Checks programme facilitates behaviour change around modifiable lifestyle factors.

In Surrey the NHS Health Check programme is delivered by GP practices and pharmacies with a small element of community based outreach. People living in deprived areas are known to be at greater risk of developing CVD and experiencing poor health outcomes. However, a recent equity audit found that these groups were three times less likely to receive the health check than those from more affluent areas. The Surrey Public Health team

are currently implementing a strategy of prioritisation of NHS Health Check delivery to ensure those at increased risk have the potential for at least equal, and preferably increased access to our programme. This revised delivery strategy incentivises GP providers to deliver Health Checks to those most at risk of Type 2 Diabetes and those living in areas of deprivation. Following implementation we will be reviewing the impact of this strategy to confirm it improves equity of access for Surrey residents and ensures that those most in need are given priority when it comes to receiving the NHS Health Check.

Sustainability and Transformation partnerships

46. All three STPs covering the Surrey area have a stated priority of improving the identification and management of CVD-risk conditions such as hypertension.
47. In Frimley STP, Surrey Public Health team are leading the development of implementation frameworks to improve the care pathway for hypertension including community awareness campaigns, community testing opportunities, case finding in primary care and strategies to improved adherence to management protocols.
48. Across all STPs in Surrey, the Public Health team lead the local implementation of the national Heart Age campaign during September 2017 (including “Know Your Numbers” week). The campaign aimed to raise awareness of the importance of knowing your blood pressure and make blood pressure checks freely available and accessible in community locations across England. Several community pharmacies and workplace settings participated, providing free blood pressure checks. Frimley Park hospital provided over 300 checks to staff and visitors, identifying over 100 people with higher than normal blood pressure.
49. Members of the Surrey Heartlands Partnership (STP) are developing a project focussing on improving blood pressure testing opportunities within workplaces. Whilst the prevalence of hypertension is highest in the oldest population groups, the proportion of those undiagnosed starts to increase in from around 45 years and so the 45-65 year age group represents a good opportunity to diagnose and control the condition before it leads on to CVD. The workplace therefore is an ideal setting to reach this age group and it is proposed to begin with the large public sector workforce within the Heartlands area. As well as potentially identifying undiagnosed hypertension, providing blood pressure checks creates an opportunity to encourage changes in behaviour that have a positive effect of health and wellbeing and signpost to other sources of support (i.e a “Make Every Contact Count” approach). The group aims to co-design and implement a

pilot scheme with staff at the Royal Surrey County Hospital, before potential roll out to other Heartlands workplace settings, pending evaluation.

The National Diabetes Prevention programme (Healthier You)

50. Healthier You is a joint programme between Public Health England, Diabetes UK and NHS England. The aim is to identify those at risk of Type 2 diabetes early and refer them into evidence-based lifestyle interventions to reduce their risk. The programme is open to adults with raised blood glucose levels, but not in the diabetic range (i.e. they have non-diabetic hyperglycaemia, also known as pre-diabetes).
51. Healthier You in Surrey is delivered by Ingeus in partnership with Leicester Diabetes Centre (LDC). People are referred to the programme either through their GP or as the result of an NHS Health Check. Patients are invited to attend 13 sessions over a nine-month period, allowing participants to make behavioural changes gradually in a sustainable manner. Between April and September 2017, over 2,700 people have been referred to the programme.
52. **Update on the Surrey Tobacco Control Strategy**
53. In 2016, Surrey's adult smoking prevalence dropped from 14% to 12.4% (England 15.5%). However, smoking amongst those in routine and manual occupations, often low income jobs remained high at 23.5% (England 26.5%). As the local figures demonstrate, smoking rates vary across Surrey.
54. Smoking is the single biggest cause of health inequalities. The Surrey Tobacco Control Strategy (2016-21) focusses on reducing the smoking prevalence of priority groups, who often find it harder to quit and are more likely to suffer from smoking related disease and premature death.
55. In July 2017, the Department of Health published the Tobacco Control Plan for England which focusses on priority groups such as pregnant women and young people and reducing the inequality gap in smoking prevalence.
56. Over the past 6 months, Public Health and the Smokefree Surrey Alliance have been working in partnership to implement the Surrey Tobacco Control Strategy:

Surrey County Council launches countdown to a total Smokefree workplace

57. In June, Surrey County Council launched a one year countdown to implementing total smokefree grounds, removing all on site designated smoking areas. Some sites have already gone smokefree. SCC would like to support

local NHS partners who have taken steps to become smokefree, as well as support boroughs and district councils and commercial businesses to undertake the same steps. To support this, Public Health ran a workshop for partners where smokefree organisations shared their experiences of going smokefree.

58. In September, the three women's prisons in Surrey went totally smokefree. The remaining two prisons will go smokefree next year. In October, Surrey and Borders Partnership NHS Foundation Trust became totally smokefree.

Smokefree Homes campaign

59. The smokefree homes campaign encourages families to keep their homes totally smokefree, via an online quiz to help residents to test their knowledge on secondhand smoke. Promoted via social media and through partners such as Children's Centres, just under 400 people took the quiz throughout the month. The online quiz is still available via the Healthy Surrey website and will continue to be promoted by Public Health.

Illicit Tobacco Roadshow

60. Specially trained sniffer dogs joined trading standards, Public Health and Quit 51 (stop smoking service in Surrey) in Redhill, Woking, Staines and Guildford as part of a crackdown on illegal tobacco. The roadshow aimed to raise awareness of the dangers of illegal tobacco and cigarettes which is often link to organised crime, carry no health warnings and can encourage young people to take up the habit because of its low prices. Over the four day roadshow, the team gathered intelligence from residents on where illicit tobacco is being sold in Surrey and referred smokers to Quit 51.

Support for Surrey residents

61. Quit 51 provide specialist stop smoking help and advice, providing behavioural support and stop smoking medications in a variety of venues across Surrey. With support from Quit 51, smokers are four times more likely to quit. In 2016/17, 2953 smokers set a quit date with Quit 51, with over 50% of them quitting smoking. Quit 51 are commissioned to support smokers in priority groups and successfully targeted pregnant smokers, those with mental health problems, BME groups and smokers with long term conditions.
62. **Severe and Multiple Disadvantage/Needs (Complex Needs)**

Background

63. In January 2017 Public Health, Policy and Performance and representatives of the Chief Housing Officers Group presented to the Health and Wellbeing board on “Health Inequalities, Homeless Health Needs Audit and Complex Needs”. This recognised that for individuals, whose needs fall across health, social and criminal justice, the current complex systems makes it difficult to achieve improved outcomes. The outcome of this was a request for local partners including Public Health to work to develop practical approaches to address this challenge.
64. In taking this forward it became apparent that a common language or term was needed as a starting point. Nationally “Multiple Disadvantage” or “Multiple Needs” are more commonly used as it is felt that to be a more accurate representation of the small but severely disadvantaged proportion of people who fall into a chaotic cycle of homelessness, substance misuse, offending behaviours and mental ill-health. These terms are therefore being used in Surrey rather than “Complex Needs”.

Local Progress

65. A number of specific multiagency pilots have/had been developed to provide a suite of options to meet the holistic needs of this group of people from differing parts of the system. While clearly positive, this has demonstrated that in spite of significant improvements in collaborative working, the existing projects have been developed largely in isolation from one another with different funding streams, targets and objectives.
66. The High Impact Complex Drinkers (HICD) and The Surrey High Intensity Partnership Programme (SHIPP) are both multi-agency responses to people who are both high risk and high demand and have been identified due to regular and routine to police, mental health, substance misuse services, the ambulance service and the A&E department. The INDIGO project, following Department of Communities and Local Government (DCLG) funding, is developing a client centred approach which places the client, with unstable or unsuitable housing at the centre of their care planning with the support of a wellbeing worker and Mental Health Practitioner. The Lead organisations have more recently identified the similarity in approach and developed more of a shared vision to provide an improved response to those with multiple need and recognise that the current response is both costly to the system and place a significant risk to service users. All of these projects however are using short term funding and it is recognised that a more sustainable approach needed to be considered alongside as well as working to align them in the short term.

67. In order to better understand the potential barriers and facilitators in the system Surrey County Council (Public Health), Office of the Police and Crime Commissioner and Surrey Police put in a successful application for support from the national Lottery Funded Making Every Adult Matter (MEAM) programme (see MEAM Approach diagram in Appendix 2). This application was supported by Surrey County Council Public Health, Surrey Police, Office of the Police and Crime Commissioner, Guildford Borough Council Housing, Catalyst Guildford and Waverly CCG (on behalf of the Crisis Care Concordat).
68. Whilst being the most complex geographical area that the MEAM approach and team has considered, the recent application was successful and as a result as a system Surrey will be able to access a package of support equivalent to around 20 days per year from the national team. Their support will draw on expertise from across the MEAM coalition to ensure cross-sector insight. The primary aim of working with the MEAM programme is to see how these projects can work together better and build a clear case as to how this work can best fit with the greater pooling of budgets that is occurring through the developing STP and devolution processes. Ultimately though it seeks to identify a sustainable means of improving equity of access and outcomes for people with multiple needs.

Next steps

69. Following the recent successful MEAM application the current partners involved in the bid have started to draft the aims and objectives for this collective work programme (these are included below). Following the official announcement of the successful MEAM support at the end of November, wider engagement will be undertaken to broaden the approach and engage additional partners.
70. The draft Programme Aim is to improve the equity of access and outcomes for people with multiple needs through the development of a collective sustainable response in the context of Sustainability and Transformation Partnerships and Devolution. This will include the following actions: pathway development, making sure the services we do have work for those with multiple needs; develop options for sustained service for those who are in crisis and / or high intensity users; development of a place based, neighbourhood policing and service delivery
71. The draft Programme Objectives include: developing a model which supports prevention and de-escalation; supporting people so they don't reach crisis and if they do

ensuring they receive the most appropriate response; understand the lessons learnt from previous experiences of those with multiple disadvantage; review and understand the effectiveness of current pilots in supporting those with multiple needs and if there is any overlap in clients and service delivery.

Key Challenges

72. The national reduction in Public Health funding continues to place pressure on public health commissioned services and public health lead activities. There is increasing evidence of how public health interventions can contribute to reducing overall spend (return on investment) and extent to which they can improve population health and wellbeing in ways that are cost-effective and make the most efficient use of scarce resources. Therefore, it is imperative that public health services and programmes are prioritised and plans put in place to mitigate the impact of budget pressures.
73. There remains a challenge for Public Health to ensure equitable provision of support across the whole of the Surrey while taking advantage of opportunities to improve public health as these arise within individual STPs. PH are looking the way in which we organise our work and our relationship with CCGs to ensure that we can deliver as appropriate.

Conclusions:

74. Considerable work has been undertaken to move forward the 'Developing a Preventative Approach' priority in the Joint Health and Wellbeing Strategy, through a diverse range of topic areas.

Next steps:

75. To implement the Air Quality Action Plan through the Surrey Air Alliance and continue to strengthen joint working on air quality.
76. Continue to work with partners to embed prevention of CVD in relevant clinical pathways across the three STPs in Surrey.
77. Smoking rates in Surrey remain high amongst some groups and smoking cessation should be seen as part of treatment. All health and social care staff should routinely

ask patients about their smoking status and offer referrals for stop smoking support.

78. To produce a Surrey wide Consensus on Fire as a Health Asset; develop a business case to make the case for implementing the regional Fire as a Health Asset concept in Surrey; and to explore opportunities to expand Safe and Well visits to support the ambitions of the three STPs across Surrey.
79. To draft the aims and objectives for the Severe and Multiple Disadvantage/Needs work programme and undertake wider engagement to broaden the approach and engage additional partners.

Report contact:

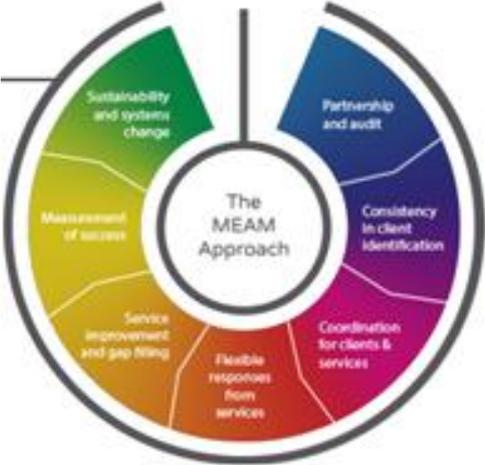
Please see the contacts below for more information on:

- **Air Quality:** Rachel Gill, Consultant in Public Health, rachel.gill@surreycc.gov.uk
- **Fire as a Health Asset:** Bryn Strudwick, Group Commander - Fire and Rescue Service, bryn.strudwick@surreycc.gov.uk
- **Prevention of CVD across Surrey:** Catherine Croucher, Consultant in Public Health, Catherine.croucher@surreycc.gov.uk
- **Surrey Tobacco Control Strategy:** Rachael Davis, Public Health Lead, rachael.davis@surreycc.gov.uk
- **Severe and Multiple Disadvantage (Complex Needs):** Laura Saunders, Public Health Lead, laura.saunders@surreycc.gov.uk

Appendix 1: Opportunities for Fire as Health Asset

SCC/ SFRS assets capable of supporting Fire as a Health Asset	
SFRS Assets	Comments
26 fire station – 17 crewed 24/7, 2 crewed weekday day time, night time covered by on-call staff, 6 crewed 24/7 by on-call staff.	Fire Station could be used as a venue for health activities e.g exercise classes, blood donning services locations, recovery clinics and help group meetings, locating volunteering resources, etc (each station would require assessment for suitability) Note: on-call staff respond to the station from the local area when there is an incident. These are SCC premises accounted for by the SCC STP property lead and actions within the document fit with STP objectives.
Based on fire station there are 80 staff working in teams of 4 available 27/7	To carry out safe and well visits and other prevention activity. Currently Co-Responding to medical emergencies with SECamb due to the fire service skills in immediate medical care
Each fire station has a 4x4 Landover	Available to other agencies for spate conditions e.g during snow/flooding to assist with home care visit clients.
There are a total of 28 officers supplied with 4x4 vehicles (not all are on duty 24/7). An additional 16 4/4 vehicles available at fire stations.	Available to other agencies for spate conditions e.g during snow/flooding to assist with home care visit clients.
Surrey Fire Volunteer Service	A range of support for prevention and engagement activities including safe and well visits etc
Safe and Well Visits	SFRS in 2016/17 offered 8000 vulnerable people a safe and well visit by visiting the property. What additional areas would health (STPs) want fire to cover at these visits? – e.g fall assessments, blood pressure and cholesterol monitoring, etc

Appendix 2: MEAM Approach





Health and Wellbeing Board
07 December 2017

Transforming Care Plan update

Purpose of report:

To update the Health & Wellbeing Board on the progress of the Surrey Transforming Care Plan (TCP).

Supporting people in Surrey with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Introduction:

1. Transforming Care was in response to the criminal abuse that was revealed at Winterbourne View. The events at Winterbourne View triggered a wider review of care across England for people with challenging behaviour. This included a programme of CQC inspections of nearly 150 learning disability services together with engagement by the Department of Health to seek the experiences and views of people with learning disabilities and people with autism.
2. In February 2015, at a Public Accounts Committee hearing, NHS England committed to publishing a plan for closing some inpatient services for people with a Learning Disability (LD) and/or autism who display behaviour that challenges.
3. NHS England then published the National Plan for Building the right support in October 2015, jointly with the Association of Directors of Adult Social Services in England (ADASS) and the Local Government Association (LGA).
4. Surrey established a Transforming Care Partnership with all stakeholders to oversee the development and implementation of the Surrey Transforming Care Plan. The

plan forms part of the Learning Disability and Autism strategy 2016-20. (Appendix A)

5. The service model is structured around 9 principles seen from the point of view of a person with a learning disability and/or autism. (Appendix B)
6. Surrey's TCP has agreed the following key areas and work-streams:
 - Workforce including Positive Behaviour Support
 - Estates
 - Prevention, Information, Advice and Advocacy
 - Building the Right Support
 - Funding
 - Service Development
 - 0-25 SEND (Special Educational Needs and Disabilities)
 - Quality
7. In Surrey there were 65 people on the original Surrey Winterbourne View inpatient register (cohort) in and out of area. Since then:
 - Currently there are fourteen people in Assessment / Treatment beds with Learning Disability and/ or Autism and challenging behaviour.
 - In the last year (November 2016 to October 2017) Surrey has discharged fourteen people from hospital.
 - Four of the original cohort of people have had to go back to hospital for more treatment.

Progress to date:

8. The Intensive Support Service was developed last year to support individuals in crisis and to prevent them from being admitted into assessment and treatment services. This multi-agency group is made up of specialist staff including nurses, specialist support workers, consultant psychiatrist, psychologist, speech and language therapist and occupational therapist. The team works in the community and into the Deacon Unit and works in an integrated way with to support people 24/7.

Feedback from families, providers and professionals have said that they have been effective in providing timely response to individuals when needed

The team meets weekly and the involvement of a number of agencies across the health and social care system has resulted in reduced length of stay and increased admission avoidance averaging two admissions per month.

9. The Health Care Planning Team is now fully resourced, this team case hold the individuals who are currently in patients. Reviews are held on a six monthly basis.
10. Surrey now has a dedicated resource to complete Care and Treatment Reviews for Specialist Commissioning patients. The commissioning team work actively in partnership to support the six CCGs to have an understanding of the specific challenges in discharging their patients from hospital care.
11. The Care, Education and Treatment Reviews are completed jointly with the CCG, SCC and SEND to ensure robust packages care that meet the young people's complex Health Education and Social care needs. The aim of this is to ensure person centred care that can be met within local services and avoid the need for out of county placements.
12. Part of the strategy for people with learning disabilities is to ensure they have access to annual health checks, screening and health promotion. Data regarding this is received on a quarterly basis and whilst this quarter shows an improvement there is still more work to do. In order to promote health checks, a group of young adults are producing an information video which will be shown through colleges, adult services and families.

Workstream updates:

Workforce including Positive Behaviour Support

13. SCC is working with the Transforming Care Providers, the Surrey Positive Behaviour Support Network and NHS Commissioners to develop a training network of Positive Behaviour Support Coaches.

14. Positive behavioural support (PBS) is a good way of supporting people who display, or are at risk of displaying, behaviour which challenges services. The foundation of PBS is to understand why an individual exhibits challenging behaviour, and address the issues that trigger the behaviour
15. The Surrey PBS Network (SPBSN) aims to bring people together to promote good practice, so as to improve the lives of people with learning disabilities or autism who attract the label of challenging behaviour. The network is made up of providers, family carers and health and social care practitioners and commissioners. It is co-chaired by a representative from a provider and a family carer. We meet quarterly, and each meeting is made up of a seminar on a topic relevant to good PBS practice, as well as sharing information about local developments.
16. This year our September meeting was a PBS Festival, taking people into unusual learning environments to stimulate new thinking. We brought in national and local experts, including academics and family carers, and had seminars, presentations and interactive activities, all raising awareness and sharing skills in PBS. The festival was at the Scouts centre in Cobham, and some activities were held in yurts, some were outdoors, and some were in the Scout hut. Tickets for the festival sold out in advance, and feedback following the event was overwhelmingly positive.
<http://thepbsfestival.co.uk/gallery>
17. We are bidding for funding from Health Education Kent, Surrey & Sussex to develop and pilot this. If the bid is successful, training will be rolled out to the wider network of providers in Surrey. <http://www.surreypb.org.uk/surrey-positive-behaviour-support-network.html>
18. The workforce development work stream has been working closely with HEKSS (Health Education Kent Surrey and Sussex), Skills for Care and Skills for health to map the development of the Transforming Care agenda. Two workshops have been held to bring parties together to identify what is needed in relation to Transforming Care, both strategically as well as for individuals and their families. We have also engaged with Surrey Care Association to share information regarding the need for enhanced skills development with the private and not for profit organisations.

19. A skills audit with all ASC teams is currently being addressed, this will enable a baseline of the skills and knowledge of all staff in relation to working with individuals with learning disability, autism or mental health needs with behaviour that could be described as challenging to be confirmed. This will then form the basis of recruitment, training and development plans for social care staff to be able to meet the needs of individuals described within the Transforming care cohorts

Estates

20. Capital bids have been developed for resettlement of people who have been living in inpatient beds for more than five years. These bids have been submitted to NHSE, and are now working on finer detail following acceptance by NHSE.

21. Developments are underway with SCC strategic providers for individuals funded by SCC, some of whom may be individuals currently classified as part of the TCP cohort. For example Welmede Housing Association were awarded £90k to contribute towards the redevelopment of an empty care home. The property has been developed into 3 flats and the first 2 tenants are due to move in in October.

Prevention, Information, Advice and Advocacy

22. The Surrey Learning Disability Partnership Board website (www.surreypb.org) has dedicated information pages regarding Transforming Care, currently these average 3000 individual visits per month. Information has gone out in and presentations / briefings have been made to key stakeholders including Valuing People Groups, Locality Teams and Surrey Care Association so that people are aware of activities.

23. Other developments include a FAQ page which is currently being designed, an updated bulletin, a “Year On” event planned for March and a communication group has been established.

24. The advocacy contract has been awarded to Surrey Disabled People’s Partnership.

Building the Right Support

25. The annual review highlighted a new work stream of “building the right support “ which will enable multi agency partnership working to develop community services to meet the TCP need. A scoping exercise and steering group are being planned to develop this further.

TCP Finance Plan

26. The Surrey TCP finance plan was submitted to NHSE in late September 2017. We received feedback from NHSE that they are assured and as a result Surrey’s plan has been rated Green.
27. CCG Commissioner colleagues are currently working jointly with SCC to develop a Memorandum of Understanding (MOU) to develop a pooled budget (Section75). This would enable joint provision for the transforming care cohort of people returning to Surrey. It is in the final stages of development and will be taken to the TCP board for final sign off in the new year.
28. Surrey CCG Collaborative has block commissioned seven inpatient beds within the Surrey and Borders Partnership Foundation Trust Block Contract locally in the new Deacon unit (Epsom). There are three additional beds available for spot purchase to support the South East Hub external demand.
29. Adult Social Care has engaged seven strategic housing and support providers to work with the Transforming Care agenda to provide both accommodation and Positive Behavioural Support in the community. These providers link with the ISS service to provide additional emergency capacity to provide robust community support to reduce hospital admissions.

Service Development

30. A wide range of activity has taken place in Surrey to support work of Transforming Care:
- The Intense Support Service has been commissioned and work is taking place to develop a similar service for young people from CAMHs Transformation funding

- Transforming Care Clinical Meetings have been set up and links have been made with Mental Health Services, Criminal Justice System.
- Following expression of interest process, Surrey are working with seven learning disability providers to develop bespoke services for people in Transforming Care Cohort
- Systems are being set up to enable data to be collected to facilitate planning services for providers
- A new e-brokerage referral system for accommodation has been established that goes to Surrey providers

0 - 25 SEND

31. SEND commissioning is a new team which came together as part of the Market Strategy team in August 2017. The team have started work on all key commissioning principles and are currently engaged in the 'understand' phase of the commissioning cycle. Developments such as the extension of Supported Internships and a pilot of the five day offer at East Surrey College are examples of quick outcomes which have been achieved since the team came into being.

32. Key Issues to be addressed:

- The need for more robust and meaningful SEND data to inform future place planning
- Local funding arrangements in place which provide more choice and control to families and which support schools in meeting a wider range of needs and a reduced reliance on Individually Statemented Pupil Support Budget (ISPSB).
- Increased number of specialist places to meet the changing needs of children and young people with SEND
- Improved partnership working across the school and post-16 sector (including Non Maintained Institutions and Special Post-16 Institutions)

Quality

33. The Quality work-stream in the past year has focused on developing a set of 'Surrey People Standards' (SPS). These are intended to be an accessible set of outcome based

standards specific to people using transforming care serves, to

- Help people and families simply describe what they expect from good support services and hold providers and commissioners to account
- Inform providers who are developing new services
- Be used by anyone to inform an assessment of the quality of support services and plan improvements

34. Progress and achievements to date:

- Surrey People Standards drafted by a working group comprising of partners from adult social care, SEND, CCGs, Healthwatch and a carer representative.
- Consultations have taken place with the TCP board; The Autism Partnership Board; The Positive Behavioural Support network; learning disability strategic providers in Surrey; SEND Joint Autism Group, the four Valuing People Groups in Surrey and the Learning Disability Partnership Board.

35. Next steps:

- Sign off the SPS at the January 2018 TCP Board.
- Implement standards in partnership with all stakeholders.

Conclusions

36. Good progress has been made on Surrey's TCP, however there is further work to do particularly in engaging with the provider networks to develop further community services within Surrey.

37. The work will continue to be monitored by the TCP Partnership Board and The Surrey Learning Disability Partnership Board.

Recommendations

38. It is recommended that the Health and Wellbeing Board;

- Notes and discusses the TCP update.

- Agrees any further actions required to support the progress of the TCP.

Report contact: Liz Uliasz. Deputy Director, Adult Social Care and Diane McCormack Acting Director Commissioning Children and LD for the Surrey CCG Collaborative, Joint Senior Responsible officers.

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01483 405450 diane.mccormack1@nhs.net

Sources/background papers: Surrey TCP Plan

Appendix A

Governance arrangements

A Transforming Care Partnership (consisting of all key stakeholders) has been established to oversee the development and implementation of the Surrey Transforming Care Plan. The senior responsible officers are Liz Uliasz, Deputy Director for Adult Social Care at Surrey County Council, and Diane McCormack, Acting Director Commissioning Children and LD for the Surrey CCG Collaborative.

Partners on the Transformation Partnership include representatives from the following groups:

- Individuals with learning disabilities and /or autism
- Family Voice
- Advocacy
- Children's services Commissioners
- ASC Commissioners & Finance officer
- CCG commissioners
- NHSE Specialist Commissioner
- Child and Adolescent Mental Health Service
- Provider organisations
- Surrey and Borders Foundation Trust (SABFT) (local inpatient services)
- CTPLD
- Voluntary sector community supports
- Housing
- Safeguarding
- Health care planners
- Surrey Police, Youth Justice

The Transformation Partnership Board reports to the Partnership Board and to the Surrey Health and Wellbeing Board.

Appendix B

The service model is structured around 9 principles seen from the point of view of a person with a learning disability and/or autism:

1



I have a good and meaningful everyday life.

2



My care and support is person-centred, planned, proactive and coordinated.

3



I have choice and control over how my health and care needs are met.

4



My family and paid support and care staff get the help they need to support me to live in the community.

5



I have a choice about where I live and who I live with.

6



I get good care and support from mainstream health services.

7



I can access specialist health and social care support in the community.

8



If I need it, I get support to stay out of trouble

9



If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

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Health and Wellbeing Board
7 December 2017

Promoting Emotional Wellbeing and Mental Health Priority

Purpose of the report: The purpose of this report is to review the final outcomes of the three year joint commissioning strategy on delivering the 'Promoting emotional wellbeing and mental health' priority action plan.

Introduction:

1. The Board approved the emotional wellbeing and adult mental health strategy in October 2014 which was developed through extensive co-design and a successful consultation from June – September 2014.
2. The strategy had wide ranging actions to complete from 2014 – 2017 with key achievements being:
 - Ahead of the curve with new technology for mental health – on-line IAPT, e-therapy SABP, face to face on-line support for carers
 - Reduced S136 people in custody down from 19% to 0%
 - Increase in Sec 136 Health beds (+25% capacity)
 - 5 Bids successful bringing in £3.4million across Surrey agencies to improve mental health crisis and acute care
 - All 5 safe havens now open across Surrey & NE Hampshire
 - Peer support workers in place
 - New Independent service user and carer network established
 - Healios carers support pilot extended showing positive outcomes
 - Anti-stigma work of Time to Change rolled out reaching more than 1600 people through the mental health ambassadors
 - Suicide prevention plan developed
 - Domestic abuse training in CCGs prevention plans

- Crisis care concordat plan and Delivery Group active
 - Successful joint Protocols and Improved working between agencies, SABP/Police/111/Ambulance
 - Conveying of people on S136 by ambulance introduced
 - Crisis provision for children and adolescents extended HOPE commenced
 - A Universal 24/7 Single Point of Access for MH Crisis (field tests taking place)
 - Mental health staff in police call centres 7 night service
 - GP Education for MH Advanced Diploma commissioned
 - Surrey High Intensity Partnership Programme introduced and successfully supporting people with mental health needs who have intensively used emergency services
 - A Surrey wide accommodation with care and support market position statement has been developed working together with the provider market to stimulate and shape the market so it meets our future needs.
3. This report highlights the final outcomes of the strategy from June 2014 up to the end of October 2017 against the five priorities in the strategy of:
- Promotion, prevention and early intervention
 - Working better together
 - Partnerships with service users, carers and families
 - Effective crisis care
 - Making recovery real

The summary status can be seen below in illustration 1.

Illustration 1:

Vision: Our vision is that mental health and wellbeing should be as important as physical health and to achieve this transformation everybody needs to make mental health their business

Key:
Red = Outstanding issues - action required
Amber = On track
Green = Achieved and Ongoing

Strategy Priority	Completion Status (Oct 2017)	
Priority 1- Prevention Promotion & Early Intervention	Green	Achieved
Priority 2 - Working Better Together	Amber	Ongoing
Priority 3 - Partnerships with service users, carers and families	Green	Achieved
Priority 4 - Effective Crisis Care	Green	Achieved
Priority 5 - Making Recovery Real	Green	Achieved

Progress on Priority 1: Promotion, Prevention and Early Intervention

4. The promotion, prevention, early intervention priority actions for year 3 have all been met giving an overall status of green (achieved). A summary of the year three actions achieved since the last report are described below and in appendix 1:

4.1 Access standards for MH are met –

- Early Intervention in Psychosis >50% treated within 2 weeks with NICE care package – standards consistently being comfortably met
- IAPT Access, Recovery and wait times – All CCGs meeting wait times and close to recovery but access is behind target and promotion of the service is taking place along with embedding in long term clinics.
- Dementia Diagnosis - All CCGs are working on meeting these targets.

- Psychiatric Liaison Core 24 service level in 50% acute hospitals – 24 hour services are in place in 3 of the 5 acute hospitals with Ashford and St Peters and Royal Surrey County Hospital going to CORE24 in April 2018 following successful bids
- Perinatal MH Community Service – East Surrey and NEHF services went live in 2017 and the Surrey clinical network has developed an integrated pathway and strategy. A wave 2 bid has been prepared for Surrey Heartlands and Surrey Heath CCGs to submit in the 2nd wave in 17/18

4.2 **Awareness raising of link depression and Long Term Conditions** – NEHF CCG were successful in their bid to be an Early implementer site for this within their IAPT service and their pilot has been successful in increasing access. The Surrey IAPT providers have agreed a model of expansion into the Long Term Conditions across the county and have started to implement this from September 2017.

4.3 **Public services attain workplace wellbeing charter** – being implemented in 1 CCG and SCC so far.

4.4 **Suicide Prevention**

A multi-agency suicide prevention plan is in place, achievements against the priorities within this plan include:

- *Understanding suicide and attempted suicide in Surrey.*
A suicide audit of suicides taking place between 2012 and 2013 was undertaken. Sharing of local partner intelligence via to the Suicide Prevention group lead to a multi-agency group being established in 2017 in response to a number of suicides at Woking Railway station/line. Members include Woking BC, British Transport Police, Surrey and Borders Partnership, Samaritans, CCG, Safe Haven and Community Connections. Some of the key actions include community suicide prevention training, setting up a mental health champion scheme, improving awareness of local services and identifying ways to communicate information about individuals that maybe distressed.
- *Helping people to recognise and respond to suicide risk.* 250 health and social care staff between 1st April 2015- 31st March 2017 have been trained in suicide prevention.
- *Responding effectively to attempted suicide in Surrey.* All A&Es now have been provided with a directory of

services to refer people deemed to be at risk of suicide to appropriate services (information includes community mental health services and support services).

- *Prevention of suicide among identified high risk groups.* Additional bespoke suicide prevention training sessions have been provided for agencies who have been identified to be working with those at increased risk. Three sessions were delivered in 2017 to CAB staff, Carers and Housing providers. Domestic Abuse providers have attended the ASIST training.
- *Reduce attempted suicide amongst children and young people.* The Healthy Schools programme includes emotional wellbeing, resilience and self-harm. The programme provides Training for school nurses and wider support for professionals working in schools to identify and support children with an emotional mental health and wellbeing need is offered through Emotional Wellbeing Service, through the community health provider.
- *Develop a post suicide intervention plan.* A small working group has been established to improve support to people bereaved by suicide. This group consists of family members, CAB, Public Health and SOBS.

Progress on Priority 2: **Working Better Together**

5. The Working Better Together priority actions for year 3 have mainly been met however the level of change required has been more than this three year strategy could achieve and is a priority area that the STPs will take forward under their mental health strategies and priorities, particularly improving physical health and integration of physical and mental health. A summary of the year three actions status are described below:

5.1 **Mental Health is in strategic plans of public sector organisations:** Mental Health is in all the CCGs Sustainable Transformation Plans & Surrey County Councils Plans

5.2 **Mental Health Performance Data and investment** will be transparent – dashboards and investment tracker for NHSE are in place and reported on by all CCGs

- 5.3 **Wider workforce training** – the acute hospital CQUIN developed for mental health awareness in general workforce is being implemented in 2 acute trusts. Psychiatric liaison in the acute hospitals, suicide prevention training, MH First Aid training and GP Advanced Diploma are all in place – the challenge is to increase the numbers of staff completing and attending these training areas
- 5.4 **Care pathways seamless across physical and mental health** – physical health policy is in place within SABP and CQUIN in MH Trusts. IAPT projects, psychiatric liaison expansion and integration work in CCGs will take this further. Further support and resource is required on supporting mental health at a primary care level for people with serious mental health and their physical health where currently very limited support is commissioned. The action of improved interfaces between physical health and mental health will be taken forward through the work of the STP mental health groups
- 5.5 **Education delivered to GPs on common mental health** – Advanced Diploma on Mental Health for GPs was commenced and was very popular. The provider for this course is no longer available and so commissioners will be recommissioning the course to ensure local delivery
- 5.6 **Joint planning of Mental Health in integrated services** – older people with mental health issues is included across all CCGs plans and the recommendation is that mental health goes further in the integration plan

<p>Progress on Priority 3: Partnerships with service users, carers and families</p>
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6. The Partnerships with service users, carers and families priority actions for year 3 have had a little slippage but are all either on track to being achieved by the end of 17/18 giving an overall status of achieved. A summary of these year three actions are described below:

- 6.1 **Service User and Carer Training delivered to strengthen their role:** The Independent Mental Health Service User and Carer Group have appointed a new

coordinator and this area will be developed through this network

- 6.2 **Improve identification of young carers ensuring they are not left with inappropriate levels of caring responsibility** – this has in part been met by including in the Healios pilot and picked up in the young carers strategy
- 6.3 **Accessible information to support making informed decisions on their care** - Work will be completed on this by the end of March 2018 including the new Single Point of Access information
- 6.4 **Widen approaches for involvement** – Independent Mental Health Service User and Carer group have taken this forward introducing new social media platforms to their communication and involvement.

Progress on Priority 4: Effective Crisis Care
--

- 7. The Effective Crisis Care priority actions for year 3 are all on track or are planned to have been achieved by the end of the year giving an overall status of green (achieved). A summary of these year actions are described below:

- 7.1 **Establish a 24 hour universal single point of access (SPA) for mental health crisis:** field tests have been successfully taking place to support the full implementation of the SPA due to be in place for April 2018
- 7.2 **Sustainable psychiatric liaison services** – National timeline is to achieve standard by 2020/21 in 50% of acute hospitals, Surrey are on track to meet standards by 2018/19 with 2 successful bids increasing funding to meet the CORE 24 standards in 2 of the acute hospitals
- 7.3 **Everybody has crisis contingency plans** – this is part of the SPA preparation work taking place in SABP
- 7.4 **Sustainable Safe Havens** – Work has completed on the shift of model and reinvestment sustaining the safe havens and introducing a crisis overnight support service.
- 7.5 Work is continuing to take place on the improvements of the **mental health acute in-patient environments**. During the life of this strategy the new unit at Farnham Road in Guildford has opened. Independent review of the numbers of beds required over the next 5 years across the area to avoid accessing beds out of area has

shown a higher number than originally being considered. A further two units will continue to be planned for with a refurbishment at the Abraham Cowley Unit in Chertsey and the third site to be decided with options of Epsom and Redhill being considered. There is an estimated gap in revenue for this work that will need to be considered through STPs over the next year.

Progress on Priority 5: Making Recovery Real

8. The Making Recovery Real priority actions for year 3 have been achieved giving an overall status of green (achieved). A summary of these year three actions are described below:
- 8.1 Shared care and enhanced services between primary and secondary care for mental health agreed** – ES CCG have completed preparatory work and NEHF and Surrey Heath CCG have started work on these areas. Surrey Heartlands will be taking this forward within their STP mental health work
- 8.2 Awareness raising training to secondary care staff on autism** – this is being delivered via the AAA service within SABP
- 8.3 Integrated accommodation programmes between Mental Health services and housing agencies** – the working group has been established and a Surrey wide market position statement has been developed. The analysis shows the current status of accommodation with care and support available for people with mental health and/or substance misuse needs and identifies gaps in the market and future requirements. Commissioners across the health and social care system are working together with the provider market to stimulate and shape the market so it meets our future needs. The joint S117 policy and funding has been agreed across all partners and has been implemented with training in April 2017
- 8.4 Protocols to reduce evictions for people with mental health** – Protocol has been developed and published for Surrey. Floating support services are being redesigned to improve support for people with mental health needs to maintain tenancies and prevent homelessness.

8.5 Integration MH into primary care hubs – achieved for older people MH across all areas, NEHF also doing adults

Conclusions:

9. Good progress has been made in the third year of implementing the emotional wellbeing and mental health joint commissioning strategy with particular strength on the improving partnerships with service users and carers and maintaining progress on Crisis Care.
10. Key focus over the last half of the 3rd year in the strategy has been on maintaining our reduction of the number of section 136 going into custody, establishing the Single Point of Access and sustainability of the Safe Havens.
11. Overall the strategy has delivered well against the majority of its many actions and is to be praised for the commitment that staff and service users and carers as partners have achieved together. However there is further to go in:
 - 11.1 Concluding the work on the environment improvements of mental health inpatient units
 - 11.2 Improving the physical health of people with mental health with support and resource required for primary care mental health
 - 11.3 The integration of physical health and mental health pathways
 - 11.4 Increasing awareness and capability of the wider workforce around mental health.
 - 11.5 Good progress has been made in Surrey with regards to suicide prevention. However, as highlighted in the report to the Adults and Health Select Committee, Surrey County Council and SABP will be leading the development of a multi-agency strategy to further galvanise partnership support for this agenda.
12. The ongoing work will be handed over to and taken forward by the three STPs across Surrey. We also welcome the continued support of the Health and Wellbeing Board in prioritising emotional wellbeing and mental health in their refreshed strategy.
13. This is an important lever that enables the health and social care system to achieve the aim that mental health is as important as physical health and is everybody's business. It supports the ethos that every health and social care agency has mental health in their strategies and that this remains important beyond the life of this strategy.

Recommendations:

14. The Board is asked to:

- a) Note the outcomes on the implementation of the commissioning Strategy at the end of year 3.
 - b) Ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.
-
-

Report contacts:

Diane Woods, Mental Health Collaborative Commissioning on behalf of Surrey Heartlands and East Surrey CCG MH Collaborative and Blackwater Mental Health CCG Alliance

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Background Paper: EWMH Joint Commissioning Strategy



SURREY NEH
STRATEGY FOR PEOPLE

Health and Wellbeing Board
7 December 2017
SURREY CAMHS
TRANSFORMATION PLAN
(2017)



Purpose of report: The Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan, updated October 2017, is presented for approval by the Surrey Health and Wellbeing Board.

Introduction:

1. The emotional wellbeing and mental health of children and young people has been identified as a priority for Surrey. Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council jointly commission Targeted Child and Adolescent Mental Health Services (CAMHS). Surrey CCGs commission Specialist CAMHS services.
2. In addition, CCGs commission further services, using CAMHS Transformation Funding, received from NHS England. The Transformation Plan attached sets out how this funding is used to develop local services to meet the needs of children and young people in Surrey.
3. Services include early intervention and prevention work with schools, expansion of the Eating Disorders service and the development of co-ordinated crisis response services, such as the innovative Children and Young People's Haven.

Surrey CAMHS Transformation Plan:

4. The Surrey Children's Commissioning team, hosted by NHS Guildford and Waverley CCG, have led the development of the Surrey CAMHS Transformation Plan.
5. Partners and stakeholders have contributed to the Transformation Plan, with input from members of the CAMHS Transformation Board, Surrey Children's Clinical Leads, CAMHS Strategy Group, Family Voice, CAMHS Youth Advisers (CYA) and others. NHS England was also consulted, to ensure the Plan provides the information needed to meet national requirements.

6. CYA produced an Executive Summary, also attached, which sets out, in the words of the young people themselves, the impact of this transformational work on their outcomes and experience.
7. NHS England asks that the CAMHS Transformation Plan is published on all CCG websites.

Conclusions:

8. The emotional wellbeing and mental health of children is a priority for Surrey. The CAMHS Transformation Plan sets out how the improvement of services, which began with the new contracts, funded by CCGs and Surrey County Council in 2016, is being further expanded and transformed.
9. The authors of the CAMHS Transformation Plan would like to thank all partners, particularly CYA, for their contributions to the plan and its delivery.

Recommendations:

10. The Health and Wellbeing Board is asked to
 - a) Approve the Surrey CAMHS Whole System Transformation Plan (2017)
 - b) Note the Executive Summary written by Surrey's young people and the impact of this transformational work demonstrates on the outcomes and experience for children and young people.
11. CCGs are asked to ensure that the updated Plan is published on their websites.

Next steps:

Further updates on progress will be provided within future reports from the Surrey Children's commissioners to the Health and Wellbeing Board.

Report contact: Sue Robertson, Acting Deputy Director of Children's Commissioning for Surrey CCGs, hosted by NHS Guildford and Waverley CCG

Contact details: sue.robertson@nhs.net

Sources/background papers: Listed in the Plan

Surrey Transformation Plan



An Executive Summary

August 2017



'Our vision is to continue to improve services together, as we are people not a statistic and this means that together we can create a personal service, shaped by us, that works for us and has our needs in mind'

CYA Survey Statement 2017



Introduction

The Surrey Children and Young People's Mental Health Whole System transformation plan was created from consultation with children and young people and families, to find out what they have to say about current provision and what they felt was needed. This document outlines a brief summary of the work undertaken from 2016 to present time, as part of the Transformation Plan, with an emphasis of the direct impact the new initiatives have had on those who access them. This report also includes how the initiatives plan to continue to improve outcomes for children, young people and their families in Surrey.

This report has been informed by service outcome data, though most importantly, by those who have accessed the services themselves



'This Executive Summary was written with young people, because at the end of the day, The services are for us, and we have helped create them'

Co-Author/Editor, aged 17

Post 19 was established to provide young adults with an alternative to traditional colleges and day care centres. Providing a variety of meaningful activities ranging from art and horticulture to graphic design and mechanics.

We do not believe in asking our young adults to do things for the sake of it: they actively encourage enterprise and make items, or provide services to sell.

Enhanced Eating Disorder

The Eating Disorder Service has made referrals for young people easier than ever before. Young people or their carers can now self-refer and there are no severity thresholds to referrals which means you will get seen for an assessment even if you are just in the early stages of an eating disorder.

There is also a new eating disorders Enhanced Pathway which means that more young people can be treated in the community either at the clinic or through home visits if they are at risk of hospital admission. All ED referrals are seen within 5 days (if urgent) or 15 days (if routine) and treatment starts immediately .

Outcomes for the Enhanced Pathway are:

- To reduce the length of stay and frequency of readmission through the development of an appropriate pathway.
- Developing standards / specifications for Eating Disorders Pathway across the localities that ensures equity of provision in localities and standardises risk management and skill set.
- Developing stronger links with paediatric services to manage immediate physical health risk.
- Develop stronger links with Social Care and Education in meeting the needs of this group.

Achievements

- 100% of CYP are accessing treatment in 15 days and there has been a 60% reduction in tier 4 admissions for Eating Disorders since the pathway was set up in December 2015.
- Fully staffed with a team of 17 multi-disciplinary clinicians.
- The service is now able to meet demand, no longer turning people away and is meeting the national standards.
- Enhanced Pathway has reduced hospital admissions (32 YP avoided specialist ED impatient admission since April 2016).
- Waiting times reduced to 14.6 days and 3.86 days for urgent.

Future Aims:

- To work towards promotion of earlier discharges from hospitals by extending the remit of the Enhanced Pathway. This will be dependent on further allocation of funds but it is hoped that this can be achieved.

Music to My Ears



catch
22

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- For young people aged 14-21
- Uses music and music production
- Links with Kane FM for DJ experiences

Service users are involved in the ongoing design and structure of the service through regular focus groups and feedback collated from individuals who access the service. By embedding the voice of Surrey's young people in service delivery and design, we aim to broaden access to emotional wellbeing services.

Recent successes (in 10 months):

- **66** Young people have accessed the service with the 12 month projection being **100** .
- **95%** of young people met their goals
- **96%** of closed cases reporting improvement in well-being

'The MTME project has helped my son attend workshops and as a result he is about to perform in a concert and go to music college. He now knows exactly what he wants to do in life and is motivated to get up in the mornings!'
(Parent)

Moving Forward... What's next?

- Run school workshops particularly with inclusion units; increasing well being and aspiration, to help re engagement with education.
- To develop further projects with Surrey Arts, Surrey CC, ACM, Kane FM and Surrey police and to increase Stigma reduction work and develop a stigma reduction lesson plan to offer to schools and alternative education providers.

Specialist Roles in SCC

Work continues by Surrey County Council to develop two specialist mental health practitioners, both roles have been recruited for:



- Out of County Looked After Children role that will provide help for Looked After Children who are living outside of Surrey where we want to improve support. This role will start in October 2017.
- Unaccompanied Asylum Seeker Children role to provide a range of support for asylum seekers, including support to foster carers who care for asylum seekers, many of whom require support in dealing with mental health issues. Support to the young people will include assessment, intervention and individual or group work. This role will start in November 2017.

The Eikon Charity



Smart Moves is a programme that equips teachers to develop positive mental health and build resilience skills in students, through evidence-based short sessions. Teachers receive a pack with full lesson plans and students receive their own book to keep.

Achievements

- They have trained 442 school staff, across 160 schools and organisations equating to nearly 11,000 students who have or will soon receive the programme.
- They have delivered trainer training to school staff enabling them to train subsequent staff in their school to ensure sustainability.



Future Aims:

They are currently developing easily accessible online training and due to the success in Surrey have been approached by 4 other counties with training planned in the next year.

"I'm much better at talking about my feelings now, I always struggled before". Abby, Student

*Thank you for the training this week on Smart Moves. It is honestly one of the best well packaged resources I have seen for a long time.
Mr Sam Whittaker Re-Engagement Manager & PSHE Lead*



The Kite Academy

KITE academy has been working towards positive mental health and early intervention. The work undertaken by a family support worker, that was linked to Smart Moves, included homework clubs, parent sessions and work with families around parental conflict and anxieties. The project was undertaking awareness raising, in order to increase the profile of CYP's mental health issues and the need to provide support.

Achievements:

- The Family support worker has worked with over 15 families
- 60 staff have attended training
- ELSAs within the schools, and other staff, support approximately 150 children

Looking forward, KITE academy aims to provide additional workshops and provision for the children and their families, as already been arranged. A Family support worker will be running the first extended parenting class.



CYP Haven

'The CYP Haven is a fantastic support to children and young people in mental health crisis who need someone to talk to'

- First of 3 Opened May 2017 in Guilford, 2nd and 3rd to Open in Staines and Epsom, in October 2017.
- Staffed by a Mental Health Nurse, Youth worker and a Children's Rights Worker (Peer mentor).
- The project has seen a steady increase in young people attending the service.
- The project was recently promoted on BBC news.

Extended HOPE

- **Mental health and emotional crisis out of hours support for Surrey young people aged 11-17.**
- **2 bedded children's home for young people to stay up to 10 days.**
- **Access to mental health assessment and support in the evenings.**

This year: 98 young people used the respite beds.

There was more than 1760 contacts to the service out of hours, supporting 299 different young people and families.

Aims include:

- Reducing A&E attendance and paediatric ward stays
- Preventing placement breakdown
- Prevent police detention



Outcomes:

- For 30 different young people the service prevented A&E Attendance / paediatric ward stays by providing out of hours mental health crisis support.
- For 15 different young people and their parents or carers, the support provided by the service prevented the placement from breaking down.
- For 6 different young people, frequent out of hours support to manage the risk in the community, prevented the consideration for psychiatric admission
- For 1 young person access to out of hour crisis support prevented Police detention and a more appropriate action.
- The number of young people admitted to Tier 4 has dramatically reduced compared to this time last year.
- Feedback from Young People, partner agencies, parents and carers has been really positive.

HOPE HOUSE



Hope service works with young people between the ages of 11 – 18 years old, who have complex needs that cannot be met by one agency alone.

- **The service runs from 2 sites and covers countywide.**
- **An experienced multi agency staff team deliver a day programme Monday to Friday which includes an education element enabling young people to carry on learning.**
- **Community outreach is offered to support young people in their homes within their local community.**
- **The staff team consists of Surrey County Council staff and Surrey and Borders NHS staff working in partnership.**
- **Hope also works with a number of looked after children helping to support them to stay within their community and avoid placement breakdown.**

Aims include

- Reduce unnecessary admissions to adolescent psychiatric beds
- Offers a step down for children and young people who have required an admission.

Outcomes

- Transformation funding has supported many elements of the service including whole team training in dialectical behavioural therapy allowing skills groups to be run within the day programme
- Ofsted rated Hope as "Good" in a recent inspection
- Feedback from Young People, partners and parents and carers has been really positive

Looking Forward:

Hope and Extended Hope are moving forward with promotional film to share with other authorities, partners etc to give an overview of the service.

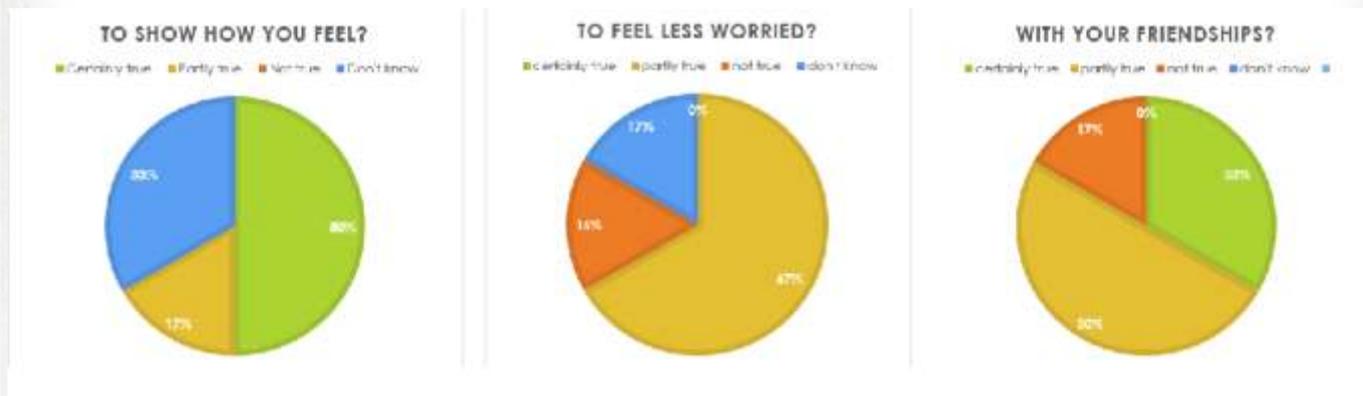


"Hope, thank you so much for all your hard work, you've made the last 6 months a little more bearable, and you've made an impact on my life in one way or another and I can't thank you enough for that." YP age 16

Heathside School Art Therapists have run art therapy groups for year 7 and 8 pupils, to help support the mental health needs of its pupils, as well as a short term group that helped CYP to openly discuss anxiety, sensory issues and concerns over transition.

Pre and post RCADS show positive feedback from 10 students and 10 parents. Attendance has been high and there has been very positive feedback obtained from young people and parents/carers.

"I would like to attend the group again because I find it useful and you can express feelings." (YP)



"Art sessions made me more confident."(YP)

Paediatric Psychiatric Liaison

'It makes all the difference to my story, to my recovery and to my life, when those around me understand the complexity of mental health, I don't feel judged, and I feel that I can hope, and recover' (YP, 16)

Funding has been made available to the five acute trusts serving Surrey, in order that they can recruit the equivalent of two band 7 nurses.

Aims:

- Improve the management of care for CYP admitted to inpatient wards
- Improve links with existing crises services
- Train and support for staff working with CYP with MH and LD needs
- Help ensure safe discharge for every CYP with a mental health and LD issues

Ashford & St Peters recruited a Registered Mental Health Nurse (RMN) in September 2016 and are expecting a new start in October 2017 which will provide longer cover.

- Strengthened links with CAMHS and has often led to better and quicker discharges..
- Better data recording, records keeping, clear pathways and guidance to follow, local audits, teaching and supporting both nursing and medical staff, caring and supporting children and their families, deescalating patients and development of care plans, observation charts and paediatric A&E risk assessment forms.
- We aim to do a patient experience survey.

North Downs School Partnership Training

Epsom Downs Primary School and Children's Centre (working with the North Downs Schools Partnership)

The aim of this project is to increase the resilience of children, young people and their parents across 12 schools in the NDSP.

To date:

- 24 staff from 12 schools have been trained in the National Nurturing Schools Programme, and are supported by a trained clinical psychologist.
- 45 school staff (representing 3 schools) have been trained on 'Understanding and Managing Anxiety'.
- 100% of school staff have accessed the consultations that are being offered as part of the project and delivered by the clinical psychologist.
- 80 parents have accessed the workshop 'How to support your child with anxiety'.

'Claire has such a lovely way about her, the information was easy to take in. I feel very grateful that this service was offered to our schools and would love to see more available if possible.'

We are planning a four session parenting programme to be delivered from Autumn 2017. This will be sustainable provision, to include training for school staff to continue to deliver.

Education Psychology Surrey CC



Assistant Educational Psychologists have trained staff and parents to understand the principles of Mindfulness, to themselves be mindful, and to teach Mindfulness-based approaches (The MindUP programme) to CYP, to increase resilience and coping strategies, become more self-aware and better at recognising and managing emotions.

Training has been delivered to:

- 309 staff
- 375 parents
- 9270 children (if every staff member had a class of 30 children)
- Over 18 schools across Surrey (16 primary, 2 secondary)

Training sessions have been received very positively, as evidenced in evaluations, and all schools trained are intending to start teaching the MindUP programme across several year groups or the whole school in September, if they have not already started already.

The Magna Carta School

- Restore Rangers



The Magna Carta School

Magna Carta school provided young people who have poor mental health, or are disillusioned with school, an opportunity to learn skills to provide them with alternative education and to help them realise they have a meaningful contribution to society.

They have done this through a series of pop up clubs called Restore Rangers. Using skilled staff in the local community Magna Carta have run a range of skills based programmes to build young people's relationships with staff, to reduce isolation and to increase resilience.

"I've really enjoyed Big Hat Bush Camp experience with Restore Rangers, it's been a lot of hard work but it's been really useful and I've enjoyed it. As well as learning a lot I've had such a good time!" (YP)



- 22% of participants reported improved coping following the intervention activities; with 69% of students reporting they could cope with their worries most or all of the time (as opposed to 46% pre-intervention)
- Self-assessment survey results showed a 21% increase in students reporting that they had 'been feeling optimistic about the future'.

"In lesson, IStudent FI has shown an obvious improvement in engagement on Tuesdays, the day after the cooking - when he comes in I'll mention something about it and he responds positively and keeps his good attitude from that point, which makes a huge difference in his effort and progress." (Staff)

Hale School and Sure Start Children's Centre Training



"I have a deeper understanding of the issues and are better able to provide support and signpost to other services where required." Community worker.

The school provides training for community workers.

36 community workers attended the first 'Mind' course. A wide range of community professionals from a number of organisations signed up for the training programmes.

The Rights and Participation Team

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Reducing Stigma and Increasing Mental Health Awareness

Trained young people, supported by the Rights and Participation Team, support and facilitate a wide range of workshops, assemblies, training and presentations to:

Students/Peers

Aiming to reduce stigma and raise awareness of emotional health and wellbeing both in schools and to students in Surrey. This is done through a series of interactive exercises ran by young people who have accessed mental health services and the team. **302 sessions** have been facilitated so far and we have presented in **over 62 schools with more booked for the Autumn Term.**



Outcomes:

- **Over 200 schools** have received the Our Voice in Schools magazine.
- This means that **58,858 pupils** have access to the Our Voice in Schools magazine in Surrey.
- **386 schools** have been informed of what we offer and had the opportunity to have us in to run a workshop around mental health and emotional well being.
- To date **7340 students** have been presented to regarding emotional health and well being.

100% of young people said they had learnt something, with the majority saying they felt less worried, more able to talk about their feelings as a result of the presentation .

95.9% knew more about Mental Health

(from 1650 Evaluation forms Jan-March 2017)

Teachers

Increase understanding of Mental health, give tools and confidence for good practise, and increase knowledge of what services are available in Surrey.

"The girls from CYA opened my eyes. You are all to commend for an excellent job"

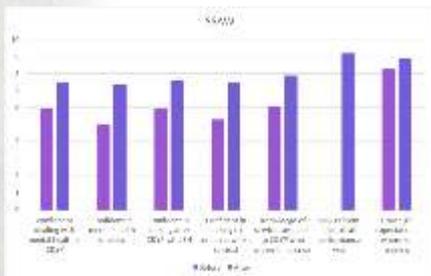
"Really useful to hear from child's point of view"

"It was a fantastically facilitated workshop with lots of useful information"



Acute Hospital Professionals (SSHAW)

Safeguarding and self harm awareness workshops facilitated by young people in Surrey sharing experience are run in each trust. The YP share their stories to inspire and educate professionals on how to deal with these types of Situations with increased confidence. The training includes a bespoke tool kit' for participants. **100% of participants said they felt more confident in speaking to a YP who was feeling suicidal after the training.**



'Fantastic session, So helpful to have an insight into how care can be improved'

The Fountain Centre



The service supports children and young people whose parents have cancer.

Providing;

- 1:1 counselling for CYP who have a parent or significant relative diagnosed with cancer.
- Rapid response service to families when a parent is admitted to the Royal Surrey County Hospital, is in distress, or has significant changes to their cancer and a local schools programme.
- Schools Programme - bespoke cancer education in secondary schools for children affected by cancer diagnosis in their family.

To date the Family support service has seen over 150 individuals, provided over 500 hours of rapid response support and supported 10 local schools.

Outcomes:

- Young person's CORE for counselling showed a significantly favourable response with the average score going from 19.1 (pre counselling) to 7.1 (post counselling).
- The parent score (using a parent questionnaire) also saw a significant decrease in parental concerns with the average reducing by 12 points.

'Highly valued service, much needed and it has made a positive difference to families' (Professional - feedback survey)

Moving Forward

The Fountain Centre is looking for additional funding to run bereavement support for children and young people after a parent has died. Often these families will be known to the Fountain Centre and may have been living with cancer for many years.

"The sessions have given me knowledge and power and the courage to

Spelthorne Schools Together

Spelthorne Schools Together provided The Emotional Wellbeing Theatre to tour Spelthorne Schools performing a one-day emotional wellbeing performance and/or workshops from 'FaceUp Theatre'. This has been performed to 4154 children and young people from 29 schools

"Children really enjoyed the session and were able to talk about what they had learnt."



Spelthorne Schools Together
Enhancing Achievement For Our Children And Young People

Step By Step

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Step by Step have run a project called Invest, an impactful intervention requested by young people in Surrey. This is a **project that works with further education institutions, schools and youth groups to raise awareness of future mental health problems through workshops to help with early identification of mental health issues.**

The workshops run over six weeks and have focused on; identity, confidence, self-esteem, stress, anxiety and risky behaviour for CYP aged 11-21.

Key priorities of the Invest Pilot Project:

- Challenging stigma,
- Raise awareness of mental health issues and precursors;
- Build capability and capacity in Universal Services through *“supporting schools to enhance their emotional well-being and mental health offer to children and young people.”*

Young people reported an average increased understanding of 26%.

“Overall, I have learned that other people feel the same types of things and that it is OK to talk about things. I’ve also learnt that people identify themselves according to what makes them happy.”

A year 11 pupil who reported low self-esteem and difficulty managing their emotional well-being.



Surrey Nurturing Links HENRY training



HENRY stands for 'Health Exercise for the Really Young' and is an obesity prevention programme for the under-fives.

Surrey Nurturing Links were able to provide 2 HENRY courses to primary care and leisure service staff in Surrey, that had not previously had access to the training;

- 'Core Training' is a 2 day course providing both information and skills to 'make every contact count' when professionals work with parents.
- 'Raising the Issue' is a 1 day training that enables professional to at least start a conversation with parents and encourage them to attend one of the parent groups or one to one programmes available in Surrey.

“Very informative and engaging training and much learnt”

Raising the Issue one day training:

89% of participants found all topics covered useful or very useful

Core Training two day training

All participants found all topics covered useful or very useful, with 75% saying very useful.

“Very good resources to use with Parents and I have learnt practical ways to deal with sensitive subjects and topics.”

Carers for Surrey Project - Challengers carried out a series of interviews with existing providers across the UK, which has resulted in a published report which acts as a helpful resource to services that gives tools and advice on this area. Although no practical outcome has been identified as yet, this could be a transformational piece of work that could immediately make a difference for families with disabled children.

Bridging Project for SEND - a project to seek best practice in the support and transition of pre-school children with identified SEND needs, as they transition to reception class. So far 1 family have been significantly helped and Challengers anticipate demand for this support will grow.

Research with Families of Disabled Children - The survey results were from 172 families of children and young people aged between 4 and 24 in Guildford and Waverly and who use Disability Challengers, with a particular focus on children with neurodisability. It was identified that help and services for families that have a child with neurodisability should be made available earlier in the child's life.



"I think Challengers are the best thing in life that has happened to me" Grace

Everybody's Business Training

Training for Tier 1 staff in recognising early signs of emerging mental illness and emotional distress in children and young people and to develop confidence in knowing how and when to support and when to refer.

"I have learnt a lot from the course about risk and resilience factors which I believe will help me in my work as I can now encourage young people to implement more protective measures as part of preventative work" (AW)

A total of 176 delegates have attended so far, with extremely high levels of support and many staff requesting places on future courses. Feedback has been very positive with significant changes in staff understanding of young people's mental health issues and have shown an increase in confidence to know how to support children and young people. In 2016/2017, **167 universal staff attended the two day course and 163 course evaluation forms were completed. When asked 'would you recommend this course to others?' 99% of participants said yes.**

Everybody's business is now running additional courses in order to enable the 38 people on the waiting list to attend, and **Page 8** people are involved in the facilitation and presentation.

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Surrey Child and Adolescent Mental Health Whole System Transformation Plan

v6 October 2017



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(i) **An Open letter to Children and Young People of Surrey**

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Dear Children and young people of Surrey,

In 2015 we asked you to tell us what we needed to change in mental health services for children, young people and your families. We are now letting you know what we have managed to achieve so far, together with other work that we are undertaking in order to further improve services; highlighting what has worked well and recognising areas that still require further improvements. We have updated this plan to reflect what we have achieved so far and what our next steps are.

We also want to thank all of the children, young people and their families who have helped us along this journey. Your involvement through a variety of organisations and at all stages, has shaped the services that we have been putting in place and we ask that you continue to tell us about your experiences, both the positive and negative ones, in order that we can continue to try and improve them.

You asked us to:

- *Reduce waiting times for services*
- *Provide evening and weekend appointments*
- *Make CAMHS available in a variety of different locations*
- *Help to reduce stigma and increase access to CAMHS; more community services that 'normalise' the access for help*
- *Reduce waiting times for diagnosis; in particular for eating disorders*
- *Improve access for diagnosis and CAMHS led support if you had ADHD, Asperger's and ASD before this became behaviours that led to school exclusion*

We have therefore set out what we have done to address these areas, together with further work targeted at those areas that require further improvements and ask for your continued help in letting us know what is working and what is not working.

Yours sincerely,

Surrey NHS CCG Collaborative and Partners

(ii) Executive summary

Introduction and purpose

Surrey's CAMHs Local Transformation Plan (LTP) is a live and changing document that sets out the transformational journey that we have started on and will take us to and beyond 2020. The LTP will be updated annually to reflect changes made as new and innovative projects start to make real differences to the lives of children, young people (CYP) and their families experiencing mental health issues. The LTP will be uploaded onto each of our CCGs and partners websites and an easy read version will also be produced to ensure access for all our families, children and young people, including those with learning disabilities.

We started our transformation journey on an already much improved footing, with considerable additional investment from CCG and local authority commissioners into the new CAMHs contract. The document also describes alignment with Surrey's Sustainability and Transformation Plans (STPs). A key focus of this transformation journey has been the focus on early intervention, aiming to provide support to CYP and their families at the earliest opportunity and in a variety of means that best meet the individual needs of CYP. We recommend that you read the alternative Executive Summary written by the young people themselves (see section iii).

We have structured this report to answer the following key questions:

- What do we need?
- What have we done?
- What difference it has made?
- What next?

What do we need?

The work is under-pinned by priorities given to us by CYP and their families, with services also being shaped by their views and Surrey County Council's Joint Strategic Needs Assessment.

What have we done?

This report reflects on what we have achieved over the past two years, with work being grouped into the following areas, each detailing what services have been put into place in order to meet Surrey's identified needs:

- Crisis care services
 - Hope and Extended HOPE
 - Children and Young Person's Haven (CYP Haven)
 - Paediatric Psychiatric liaison
 - Inpatient Commissioning
 - Intensive Support Service (ISS)

- Community Eating Disorder Service

- Our Transformation Plan Priorities
 - Challenging stigma and promoting wellbeing
 - Building capability and capacity
 - Improving work with schools
 - Perinatal Mental Health services
 - Increased Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EIP)
 - Youth Justice
 - Unaccompanied Asylum Seeking Children (UASC)
 - Looked After Children (LAC)

We are very grateful for the input and innovative projects from all our partners, recognising the crucial role provided by schools, colleges, voluntary sector and third sector organisations in delivering new services and models of care that are outlined within this report.

What difference it has made?

This is the most important question and one that we apply to all new and existing services. The feedback from CYP and their families on what differences we have really made from their perspective is of paramount importance and we are very grateful to the CAMHs Youth Advisors (CYA) for providing an Executive Summary (**section iii**) that summarises what the projects really meant to them and what differences they made in their own words. These, together with the formal evaluations that have been undertaken, enable us to better understand and quantify the improvements that have been made.

What next?

In each section we summarised the forward action plans. A summary of our transformation investment and transformation plan can be found in section 8. Section 12 describes the leadership and governance structure and detailed milestones and timelines can be found in section 13.

We recognise that we are on a journey and need to continue improving services in order to meet the changing needs of Surrey's population. As part of this process we will be looking at which areas have not improved as quickly as planned and looking to address this via changing to existing services and/or the development of new ones.

(iii) **Summary of Transformation Projects from a Young Person's perspective**

One of the key measures of success in our aim to transform services must be the feedback we receive from CYP and their families/carers, who access these services. We therefore asked CYA to provide an Executive Summary of what the projects really meant to them and what differences they made. We highly recommend taking a moment to read the following document, written by CYP and explaining in their own words, what the transformational work has really meant to them:

[Executive Summary](#)

1. Introduction

This plan has been developed on behalf of the NHS Clinical Commissioning Groups (CCGs) in Surrey:

- East Surrey
- Guildford and Waverley
- North East Hampshire and Farnham (Surrey part)
- North West Surrey
- Surrey Downs
- Surrey Heath

These CCGs, together with our collaborative commissioning partners, are submitting this revised joint Child and Adolescent Mental Health services (CAMHs) Transformation Plan. This includes a wide range of services that are commissioned in order to provide support for Children, Young People (CYP) and their families. NHS Guildford and Waverley CCG lead the commissioning of CAMH services for their associated CCGs across Surrey, working in partnership with Surrey County Council.

This plan updates the original 2015 plan and provides greater detail on the work that has been undertaken, together with further work that is still needed. We asked ourselves the following questions for each of the key areas of work:

- **What do we need?** – this sets out the needs we are trying to address for each of the key areas e.g. to improve access to existing services
- **What have we done?** – this explains what has been put into place to address the needs that have been identified e.g. additional capacity or more outreach services
- **What difference it has made?** – this is the key, setting out what it means to children, young people and their families, explaining what changes and new services have meant to them
- **What next?** – this recognises that we are on a transformation journey and constantly need to reflect on what is working well and what needs further improvement e.g. we still need to further reduce waiting times and improve services as part of the behavioural pathway

Our CAMHS Transformation has been and will continue to be shaped by direct user engagement from CYP and their families who are accessing these services, together with feedback received as part of the widespread engagement work. We will continue to develop more innovative approaches that focus on early intervention, support and resilience. Promoting emotional wellbeing and good mental health is one of five priorities of Surrey's Health and Wellbeing Board, with the outcome that more children and young people will be emotionally healthy and resilient. We recognise that improving children's health and wellbeing is essential to give every child the best start in life and support them in achieving the best health and wellbeing outcomes possible. We will continue to work in partnership with the children and young people of Surrey and their families to ensure the services we provide meet their needs and deliver the outcomes they have identified; building on the excellent engagement of our CAMHS Youth Advisors.

We remain committed to ensuring that Surrey's children and young people, aged 0 to 19 years, have good health (including mental health), are safe, well-educated and develop strong employment prospects. It is estimated that over 10,000 5-15 year olds in Surrey have a mental health disorder. Whilst Surrey is the fifth least deprived county in England there are pockets of deprivation within the county and 10% of children and young people in Surrey live in poverty.

Our plan builds upon Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy (2014-2017), our well supported partnership CAMHS Strategy Board and strong joint commissioning governance. We have engaged across a wide range of stakeholders who work with children and young people and importantly ex-service users through our CAMHS Youth Advisors. The vision from our joint strategy is that:

"we will promote and support good mental health and emotional wellbeing by commissioning quality child centred services that are compassionate, responsive, timely, needs-led, respectful and effective, and provide good value for money in order to meet the needs of all children and young people."

The revised Local Transformation Plan (LTP) is based upon needs assessment using both national and local data, including the Surrey Joint Strategic Needs Assessment. It has been shaped by the robust and on-going engagement programme involving children, young people, their families and professionals, closely involving them in assessing progress against the plan, together with evaluation of existing, new and proposed services.

2.1 What are CYP and families telling us?

Surrey NHS CCGs and our partners, in consultation with children, young people (CYP) and their families have identified the following three areas that need addressing:

- Challenging the stigma of mental health to improve access to help, resilience and recovery
- Building capability and capacity of universal services and communities to support Children and Young People and their families. This includes working to improve access to services for young people from the Gypsy Roma Traveller community and LGBT young people.
- Improving access and service development of the following:
 - Perinatal Mental Health services
 - Community Eating Disorder Services
 - Crisis care
 - Psychiatric liaison in hospitals
 - Children and Young People – Increase Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EIP)
 - Mental health inpatient care

2.2 What is the Surrey Joint Strategic Needs Assessment telling us?

Surrey County Council's Joint Strategic Needs Assessment (appendix 2) details the local needs of CYP in Surrey and has been signed off by the Health and Wellbeing Board. This section therefore summarises the key needs for Surrey, based on the refreshed (2017) JSNA.

2.2.1 Background

- 1 in 10 Children and Young People (CYP) have poor mental health and 70% of CYP have not had appropriate interventions at a sufficiently early age.
- Surrey's 5-14 year old demographic is experiencing the biggest increase in population.
- Surrey is expecting to see a 14% increase in children aged between 5-9 years (approximately an additional 10,000 children)

2.2.2 Key factors influencing CYP's Mental Health and wellbeing

There are a number of key factors that can increase the likelihood of a CYP experiencing poor mental health, with the key vulnerable groups being:

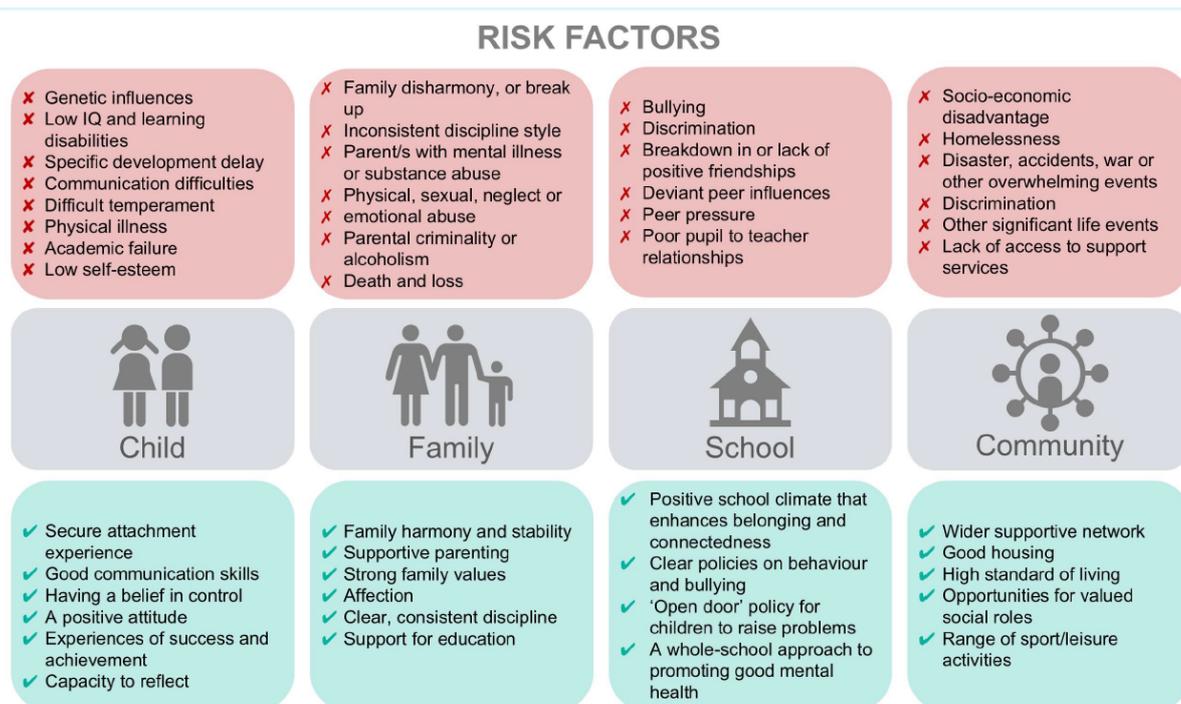
- Looked After Children (LAC)
- Care Leavers
- Children in Need
- CYP who are being looked after under a Special Guardianship Orders (SGO) or adoption orders
- CYP who are Special Educational Needs and Disabilities (SEND)

If a child or young person does not receive appropriate support and intervention for their emotional wellbeing and mental health (EWMH) this can lead to:

- higher school absence rates
- increased risk of poor physical health
- poor educational outcomes
- mental health issues that can escalate

The following chart highlights the key factors that can impact on a child and young person's resilience and emotional wellbeing:

Risk and protective factors for CYP's mental health



Source: Public Health England (2016) *The Mental Health of Children and Young People in England*ⁱ

2.2.3 High Risk Groups

We have identified the following high risk groups and risk factors (source: Surrey JSNA, 2017):

2.2.3a Parental Mental Health

Mothers who have poor mental health or unresolved mental health conditions are more prone to developing postnatal depression which can negatively impact on the infants cognitive, emotional, social and behaviour development both short and long term.

2.2.3b Looked After Children (LAC)

There are approximately 800 Looked after Children and they are four times more likely to have poorer mental health compared to children that have not entered the social care system.

2.2.3c Unaccompanied Asylum Seeking Children (UASC)

Surrey have high levels of UASC who are at risk of having poor emotional wellbeing due to the probability of them experiencing trauma related to fleeing war/conflict, being trafficked, tortured, sexually exploited or subjected to female genital mutilation.

2.2.3d Care Leavers

Care Leavers are more likely to be at risk of poor mental health due to their experiences before they were taken into care. Approximately half the children in care and therefore care leavers have a clinical mental health problem.

2.2.3e Children in Need (CiN)

Children in need are identified as a demographic that needs appropriate provision and services to support them in having a reasonable standard of life. A child who is identified as 'in need' could also have additional physical or mental health needs.

2.2.3f Special Guardianship Orders and Adoption (SGO)

CYP who are being cared for through a Special Guardianship Order (SGO) or who have been adopted are more likely to have additional mental health needs compared to CYP who live with their birth families.

2.2.3g Special educational needs and disability (SEND)

Children and young people who have special education needs and disability (SEND) are more likely to have poor mental health and lower levels of resilience due to their Social, Emotional & Mental Health needs (SEMH).

2.2.3h Sexual abuse, Harmful Sexual Behaviour (HSB) and Child Sexual Exploitation

CYP who have suffered from sexual abuse or CYP who are carrying out harmful sexual behaviour (HSB) are more likely to have poor mental health. They are also likely to be isolated from friends and family, regularly go missing, have low school attendance, have problems with addiction, partake in criminal behaviour and self-harm.

2.2.3i LGBT+ (Lesbian Gay, Bisexual, Transgender and Questioning)

If a young person identifies themselves to be LGBT+ they are more likely to suffer from poor emotional wellbeing and mental health. In 2015, 3.3% of 16 – 24 year olds identified themselves as LGB, the largest percentage within any age group in 2015.

2.2.3j Gypsy Roma Traveller Families (GRT)

GRT suffer from greater health inequalities compared to the general population, are less likely to access universal services, with a higher probability that if a CYP is displaying poor mental health, this would not be picked up by professionals such as teachers.

2.2.3k Domestic Abuse

SafeLives estimates that in Surrey that there are approximately 3,300 children living in homes where there is domestic abuse (DA), with national data indicating that 50% of perpetrators have mental health needs. CYP who experience DA are more likely to become aggressive, anxious, depressed, have poorer educational outcomes and display anti-social behaviour.

2.2.3l Substance misuse

Substance misuse can affect the quality of parenting a child receives. A CYP might not be receiving a good level of care, have attachment issues with the parent or could be neglected which would impact on the CYP mental health.

2.2.3m Bullying

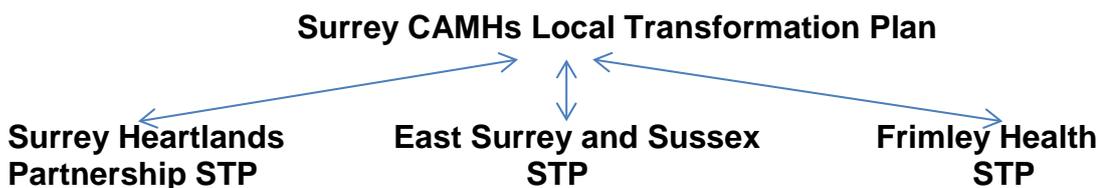
There is a strong link between lower levels of overall wellbeing and bullying. CYP who are bullied either physically or mentally are at a higher risk of feeling isolated and alone which can lead to them developing depression, anxiety, an eating disorder, self-harm or abusing substances.

2.2.3n Fostered Children, Young People and their carers

Surrey have approximately 600 LAC in Foster Care, with 390 placed 'in house' with Surrey Foster Carers and 210 placed with other providers. It is essential that this group have timely access to emotional wellbeing and mental health services.

2.2.3o Young People in the Justice System

Any behaviour that breaks the law and that comes to the attention of the Youth Justice Service is deemed as an offence. About 60% of Young Offenders who are in a secure setting have an EWMH problem, with some may also experiencing poverty, abuse, trauma, school exclusion or could have been a Looked After Child.



The refreshed Local Transformation Plan (LTP) is closely aligned with three Sustainability and Transformation Plans (STPs) across the county of Surrey:

Surrey Heartlands Health and Social Partnership (population of 850,000) – covering the majority of the Surrey population

- North West Surrey Clinical Commissioning Group
- Guildford and Waverley Clinical Commissioning Group
- Surrey Downs Clinical Commissioning Group

East Surrey and Sussex (population of 1,700,000)

- East Surrey Clinical Commissioning Group

Frimley Health (population of 750,000)

- Surrey Heath Clinical Commissioning Group,
- North East Hampshire and Farnham Clinical Commissioning Group

The STPs are committed to working together as a system to transform public services and secure consistent, sustainable, high quality physical and mental health, recognising the need and benefits that will accrue from joint working with the multiple partners commissioned to deliver NHS-funded care in Surrey. This aligns with the vision set out in the LTP that promotes closer links and joint working between all organisations delivering services that are aiming to improve the emotional health and wellbeing of Children and Young People (CYP) in Surrey.

Examples of alignment within and across the STPs and included in our LTP are:

- Expanding IAPT training and principles into voluntary sector organisations
- Link Eating Disorder services with working being undertaken by Surrey County Council's Public Health department on obesity
- Further develop the CYP MH crisis services
 - Hope and Extended HOPE <http://www.hopeservice.org.uk/>
 - Intensive support services for CYP with challenging behaviour
- Support and fund paediatric liaison in five acute trusts
- Support out of hospital networks e.g. CYP Haven www.cyphaven.net

We have strengthened the alignment between the LTP and each of our STPs, to ensure that the emotional wellbeing of CYP is a key component of the work being undertaken in each of the STPs and is closely aligned with work being undertaken across Surrey e.g. embedding CYP's MH as a key part of the Heartlands STP Mental Health Urgent and Emergency Care work.

Similarly, the STP engagement is complemented by the continuing engagement work that is underpinning the LTP, ensuring that this remains central to the on-going implementation and monitoring work being undertaken to deliver the desired outcome set out in the LTP, ensuring that this is also fed back and included in the work being driven by the STPs.

4. Our Transformation Journey to-date

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Our updated plan gives us the opportunity to reflect on our achievements over the past two years, asking ourselves the following questions:

4.1 What do we need?

Section 2 summarised key needs highlighted within our JSNA, with our engagement work undertaken with CYP, parents, carers and other stakeholders, identifying the need to:

- *Reduce waiting times for services*
- *Provide evening and weekend appointments*
- *Make CAMHS available in a variety of different locations*
- *Help to reduce stigma and increase access to CAMHS; more community services that 'normalise' the access for help*
- *Reduce waiting times for diagnosis; in particular for eating disorders*
- *Improve access for diagnosis and CAMHS led support if you had ADHD, Asperger's and ASD before this became behaviours that led to school exclusion*

4.2 What have we done?

We began our journey of transformation for child and adolescent mental health services across Surrey, through the redesign and retendering our £13m per annum CAMH service in 2015; with this being led by NHS Guildford and Waverley CCG, on behalf of its associate CCGs and Surrey County Council. The redesigned service model and specification were built upon previous service improvement plans, user experience and stakeholder feedback and we:

1. Appointed Surrey and Borders as the Prime Provider to deliver Mindsight Surrey CAMHS with a **seamless pathway** for specialist and targeted CAMHS ensuring:
 1. No door is a wrong door
 - No referral for a child or young person will be turned away from advice and direction to support will always be given;
 2. A single point of access to CAMH services, which enables all referrals to be immediately directed to the most appropriate of the partners in the Mindsight service. Children and young people who need CAMHS have quick and timely access to clinically effective mental health support when they need it;
 3. Positive outcomes for children, young people and their families are achieved;

4. A strong focus on early identification and intervention to avoid costly packages of care across the health and social care economies;
 5. Services are accessible to vulnerable and hard to reach children, young people and their families.
 6. There is continued feedback on the new behaviour pathway that supports early identification, management and intervention for children with anxiety, depression and/or behaviour difficulties associated with neurodevelopmental disorders
 7. Promoted wellbeing and reduced stigma in schools by training peer wellbeing ambassadors. The ambassadors work in their own schools to raise awareness of and promote the “ways to wellbeing”, normalise mental health and poor mental health, and promote use of self-help techniques including accessing Kooth.com
2. Made mental health support more **visible** and **easily accessible** for children and young people by commissioning :
- A telephone advice line 8-8pm weekdays and 9-12 weekends
 - A wide range of appointments is available to support access including Saturdays (9-12pm) and evening appointments (to be reviewed depending on demand)
 - On-line counselling and support
3. Enabled **parents and carers** and other family members to better support their child’s mental health through access to advice when they need it through establishing:
- Telephone advice on line for parents considering referral/seeking advice 8-8pm weekdays and 9-12 weekends
 - Advice, support and guidance is available to parents/carers whose child would benefit from CAMHS but who will not engage is in place
 - Web based strategies
 - Improved crisis management support
 - Increased the use of evidence-based treatments with services rigorously focused on outcomes.
 - Adherence to the *IAPT Principles in CAMHS Services: Values and Standards*
 - Ensuring effective CAMHS psychiatric hospital liaison is in place for children and young people who have an unplanned attendance due to self-harm in partnership with acute hospitals;
 - Ensuring children placed in care in Surrey receive access to CAMHS.

4. Provide support to our Looked After Children (LAC) through the 3C's service, working with our CAMHS Youth Advisers (CYA) and looked after children's council supported by our CAMHS Rights and Participation team to further understand and overcome any barriers to support that would improve the emotional health and wellbeing of our children in care.

4.3 What difference has it made?

This formed a solid foundation, with transformation already embedded into the contract and service model (see appendix 1 for key changes). Through the CAMHS Local Transformation Plan, we have made significant improvements to the crises services that are detailed in sections 5 and 6, notably:

- Eating disorders
- Hope and Extended Hope
- CYP Havens
- Paediatric Psychiatric Liaison
- Inpatient (tier 4) care
- Intensive Support Services

Information on the impact these services have had on CYP and their families is also summarised later in the next section (section 5).

4.4 What next?

In section 7, we describe some of the other initiatives supporting CAMHS Transformation:

- Challenging stigma
- Building resilience
- Building capability and capacity
- Perinatal Mental Health Services
- Increased Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIP)
- Youth Justice
- Unaccompanied Asylum Seekers
- Looked After Children

For each of these initiatives, we have also asked ourselves:

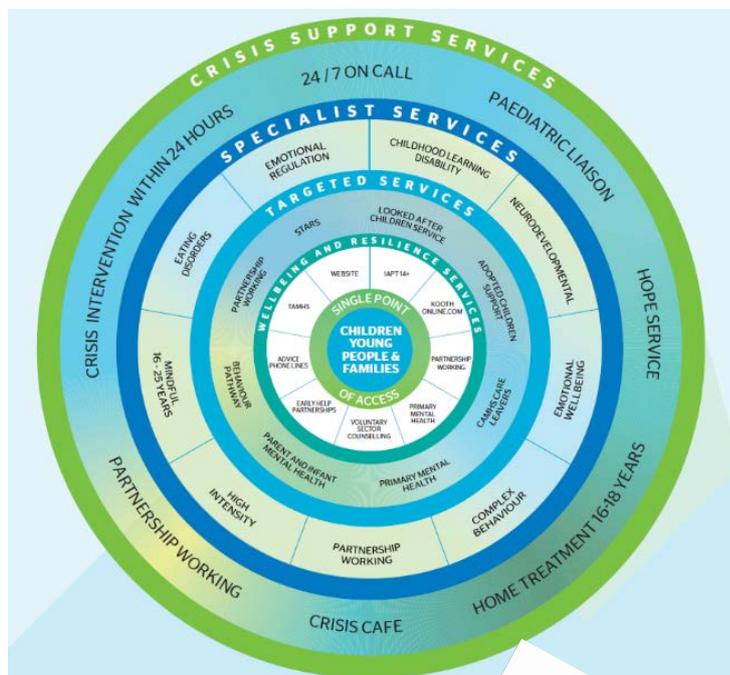
- **What do we need?**
- **What have we done?**
- **What difference it has made?**
- **What next?**

5. Crisis Care – developing the ‘crisis umbrella’

We are transforming crisis care for CYP in Surrey with a range of new and integrated services that are described below.

5a What do we need?

We need an umbrella of support services that help prevent a mental health crisis occurring as well as providing effective and inclusive response services in the event of a crisis whatever time of the day this occurs. This means that we need to ensure that our mental health crisis services and urgent and emergency care services work in an integrated that interlink, providing a seamless range of services according to the changing needs of the CYP. We need to continue our focus on early intervention in order to reduce the number of CYP who require more specialist care; namely admission to hospital or tier beds.



5b What have we done?

As only the second county in England to have developed their all age crisis concordat multi agency declaration and action plan in 2014, Surrey has been at the forefront of transforming crisis care for mental health. We have used CAMHS transformation investment to expedite these plans, including joint work with Surrey County Council extend a number of services, including HOPE extended Hope; as detailed in this section.



5c What difference has it made?

We have commissioned a number of services as part of the overarching umbrella of support services that we are developing and the differences they are starting to make are listed throughout this section

5d What next?

12

- We are reviewing the success and learning from our extended Hope service and are using the transformation funds, together with Surrey Council funding, to build a recurrent model.
- We are building upon outreach support from HOPE to establish an accessible home outreach assessment, advice and treatment service.

In the following sections, we explain the key elements of the crisis umbrella in greater detail.

5.1 Hope and Extended Hope

Hope is a day service for 11-18 year olds who are experiencing emotional or behavioural difficulties, and Extended Hope is a crisis support service that works outside of normal office hours to provide support with access to a respite/crisis bed (following an assessment).

5.1.a What do we need?

An identified need from partners, children, young people and their families and carers was support out of hours. Particularly evenings and weekends when people felt isolated and that there only option in a crisis was to present at A & E. This may then have resulted in unnecessary admissions to paediatric wards. Alternatively using emergency services, which could result in a level of response over and above required i.e. admission to 136 suites.

Young people identified that they needed someone to talk to and families/carers needed reassurance and strategies for dealing with crisis. In some instances a mental health face to face assessment was required or a short stay in a respite/crisis bed to allow the network time to carry out assessments and provide appropriate support.

High levels of young people were being referred to the service with self-harming behaviours, suicidal ideation, anxiety, depression and in many cases poor emotional regulation. Many of these young people were already open to social care, CAMHS and other agencies but their needs could not be met. Therefore it was imperative that the Hope team could offer evidence based interventions that were consistent and effective, to ensure risk is managed and outcomes can be demonstrated to improve.

5.1b What have we done?

Extended Hope now provides a team including Nurses and Psychiatrist to offer consultation, assessment and intervention 5p.m. to 11p.m 7 days a week with positive interface with the Hope Service operating Monday to Friday 9a.m. to 5p.m. This allows seamless care and rapid response to children, young people, families, carers and professionals 7 days a week, with excellent communication and handover between the 2 services. This has meant outreach can be provided in a needs-led way, as opposed to service led. There have been occasions when young people have required daytime and evening visits on the same day to reduce risk and allow progress within the community. All staff in Hope and Extended Hope have had the opportunity to train in dialectical behaviour therapy as whole teams and reflect on learning and approaches to young people within the Day Programme and those staying in respite beds. Staff have also received training in cognitive behaviour therapy and systemic family therapy

We have commissioned **two crisis/respite beds** for stays of up to 10 days where children and young people can be cared for by a team of residential workers with support and consultation with mental health nurses. In July 2017 Hope House from which beds and Extended Hope Service are offered, received a rating of 'GOOD' from Ofsted noting the person centred approach and positive feedback from those who have received a service. Since May 2016 to date more than 100 young people have stayed in the crisis/respite beds. Hope Day Programme with access to a multi-agency team of professionals has been offered to all young people whilst staying in the respite beds and where needed on-going support has been offered for up to one year within the day programme. We have been able to commission the making of a film involving young people and their families to promote and inform about the services we offer. We have also met with and shared learning with many other authorities.

5.1c What difference has it made?

Those using the service and partners have reported that greater access to mental health practitioners for support and advice has allowed better decision making within a timely manner, reduction in Tier 4 admissions, reduction in presentations to A & E and 136 suites. Better assessment of need and therefore better forward planning for children and young people around appropriate placements to meet needs. Reduction in risk and strengthening of protective factors for young people whilst they are able to remain in their own communities.

Outcome measures used by the services including HONOSCA and CGAS (clinician rated) and CORE (yp rated) show improvement in functioning from referral to discharge. Staff teams report feeling they are well supported, and trained to be able to offer a service to young people with complex needs cent are likely or extremely likely to recommend the service.

Extended Hope Service was nominated and reached the final 5 in the Health Service Journal in April 2017. Hope Service was awarded Care Excellence Award at the beginning of 2017. In addition, as mentioned above Ofsted in July 2017 rated Extended Hope (Hope House) 'GOOD' with positive feedback from those who have used the service: <http://www.hopeservice.org.uk/>

5.1d What Next?

Hope and Extended Hope will continue to strive to offer an excellent service to children, young people, families and carers and fully support partners and all professionals involved. This will ensure that the best outcomes can be achieved. In addition that we can share learning, practice and model within the county and nationally. On-going evidence based training will be offered to new staff and good continuing professional development will be offered for all staff, including reflective spaces for group staff support and risk management.

From September 2017, the Hope Day Programmes will start to offer skills workshops facilitated by staff who have completed the second part of dialectical behaviour therapy training. In the future there will be consideration to whether larger premises can be sourced and funded to provide more space and accommodation for staff and children and young people using the service.

5.2 Children and Young Person's Haven (CYP Haven)

5.2a What do we need?

Work within Surrey and elsewhere, highlighted a potential gap in service provision; this being the need for CYP, in their own words, 'to talk to someone in a safe place' about the mental health issues that they are struggling to deal with. There was a clear need for a non-clinical safe service that CYP could simply walk into, with or without their parents, in order to seek help and talk through any mental health issues that they were struggling to deal with.

5.2b What have we done?

The CCG, along with its partners, therefore worked with their partners and CYP to develop a model that would best meet the identified needs, enabling CYP to access support at an early stage and ideally avoid the need for more intensive medical support. Engagement with CYP was undertaken to help develop ownership and to agree the name, logo and opening hours; this being the Children and Young Persons' Haven (CYP Haven). This engagement exercise also highlighted a clear wish from children and young people to have more peer mentoring as part of recovery support available to them, with this being seen as having been successful in supporting dis-engaged and isolated young people to re-engage with services and recovery. Peer mentors are trained and use a strength and goal based approach, and work with children and young people on their level, and through their knowledge and experience as 'experts by experience', and with an emphasis on the young person's perspective, and advocacy, rather than a best interest approach. The service model was therefore developed to include:

- a senior peer mentor
- a specialist CAMHs nurse
- a youth support worker.

The first CYP Haven opened in Guildford in May 2017.

5.2c What difference it has made?

An initial audit of the first 60 CYP who attended the CYP Haven after it opened, was very positive and suggested that it has prevented actions shown in table 2 below:

Table 2: Reported actions prevented



Source: Survey of CYP attending the CYP Haven

In addition, the following brief statements from CYP attending the CYP Haven, explain in their own words, what difference it has made to them:

“the haven is a chilled place which has helped me a lot in my struggles in my mental health”

“It’s a good place to go when I feel low.”

“Helpful and welcoming”

The following are a number of statements from parents on what difference the service made for them:

“We got immediate support for our daughter when she was in crisis. We had been trying to get help for her for 2 years.”

“The help we received at the haven was great. M felt comfortable straight away and asked to go again.”

“Love the Haven, Great team”

“Friendly group, made us welcome.”

5.2d What next?

We are in the process of setting up a further two CYP Havens; one in Epsom and one in Staines that we aim to open by January 2018. This will enable us to cover a wider geography, reaching greater number of CYP from across Surrey. We are also working with a local college to explore an opportunity of joint funding one of the CAMHs nurses, enabling the provision of greater support within the college and improved links with the existing support services including CAMHs. The CYP Havens will also seek to support CYP who are transition to Adult Services; supporting young people develop relationships with the [Adult Havens](#) by slowly introducing them with supported visits and a robust care plan.

5.3a What do we need?

Children and young people (CYP) with mental health and Learning Disability (LD) behavioural issues, including those linked to learning disabilities are presenting in greater numbers at local Emergency Departments and also being admitted to paediatric wards. This is causing significant pressures in the hospitals, with the lack of expertise and knowledge on how best to support these CYP often resulting in increased anxiety being experienced by the CYP and their families and longer lengths of stay.

Staff within acute units have expressed concern that they do not have the appropriate skills, specialist knowledge and time to adequately support these CYP, which leads to them feeling vulnerable. This has often resulted in acute trusts relying on agency mental health nurses (RMNs) in order to help provide additional support for the CYP and in recognition of the need for additional support for the ward staff.

5.3b What have we done?

We agreed to provide funding for each of the five acute hospitals in Surrey:

- Ashford and St Peter's NHS FT
- Epsom and St Helier University Hospitals Trust
- Frimley Health Foundation Trust NHS FT
- Royal Surrey County Hospital
- Surrey and Sussex Healthcare NHS Trust – East Surrey Hospital

This funding enables them to each recruit two additional nurses for their paediatric wards. Our local CAMHs provider (Surrey and Borders Partnership Trust) agreed to provide access to their training courses for these new staff. The CAMHs Youth Advisors (CYA) are working with the acute trusts in order to help ensure that the CYP and parent/carer related outcome measures reflected the needs of CYP, as well as providing additional training for the ward staff. This new service also links with the existing CAMHs crisis support service and the adult Psychiatric Liaison services in each of the five hospitals.

5.3c What difference it has made?

Feedback from the first Trust to start this, has been very positive, reporting strengthen operational links and communications with CAMHs, with this leading to improved services for CYP, together with better and quicker discharges.

5.3d What next?

Most of the acute trusts have recruited to these posts and we hope that they will all be fully staffed by the end of December 2017. We are working with them to developing a common service specification for Surrey that can be used as the baseline for our county that:

- Supports staff to understand and manage inpatients with mental health and learning disability linked behavioural issues
- Improves training and support for acute unit staff working with CYP with mental health (MH) and learning disability (LD) needs
- Improves the management of care for CYP admitted to inpatient wards
- Ensures safe discharge for every CYP presenting with a mental health and LD issues
- Supports the workforce plan to deliver a competent and appropriately skilled workforce capable of delivering these services
- Mandates training of new and existing A&E staff to attend the 'Upload training' delivered by young people from CYA that aims to change perspectives, practice and culture, promoting a positive awareness of the emotional journey experienced by young people who access mental health services, where professionals experience what it is really like to be 'on the other side'

The learning from this programme will be shared across the system to help improve the experiences of CYP with mental health issues, their families/carers who attend the wide range of hospital services. Work is underway to strengthen links with adult psychiatric liaison services and this, together with the work outlined above, will be reflected in the Key Performance Indicators that are currently being developed.

5.4 Inpatient Commissioning - Tier 4

5.4a What do we need?

Young people have told us that during a mental health crisis requiring admission to an inpatient unit that they would prefer to be placed locally where their family can visit and support their recovery. Surrey CCGs strongly hold the view that specialist (Tier 3) and inpatient (Tier 4) CAMHS would be more effectively commissioned together within an integrated approach because this would enable an effective pathway journey. The current separation of arrangements has had some unintended negative consequences – reported to us as increased lengths of stay, difficulties accessing care where placement is rare or complex and a higher numbers of complaints and concerns raised by families and stakeholders. The anxiety generated by bed shortages is impacting on clinical decision-making and preparedness to manage risk effectively locally.

5.4b What have we done?

CCG led commissioning arrangements for children and young people's mental health and wellbeing services, responsible for developing and managing a single integrated system.

- Working with our local area, NHS England team to utilise learning from past inpatient placements to inform placement practice and manage risk.
- Enhancing support offered by community based services by co-commissioning with NHS England regional team home treatment outreach service
- Being ready to repatriate commissioning of tier 4 through direct or co-commissioning with NHSE
- Enhancing our local crisis care services as above to pilot care pathways that actively reduce the need for inpatient care and/or reduces lengths of stay successfully
- Proactively learn from other models of intensive tier 3 and tier 4 service delivery for both psychosis and eating disorders

5.4c What difference it has made?

The Hope and Extended Hope services (including the two beds provided by this service), has significantly reduced the need for tier 4 beds. As there are currently no tier 4 beds in Surrey, this has resulted in far fewer CYP being placed out of county; helping to reduce the impact this has on their families/carers. The HOPE and Extended HOPE services have also enabled quicker repatriation of CYP who need to be admitted to out of area tier 4 beds, reducing their length of stays and getting them back into their local communities as quickly as possible.

5.4d What next?

We have supported a bid, led by Surrey and Borders Partnership NHS Foundation Trust, to establish delegated commissioning responsibility, from NHS England Specialist Commissioning that will enable the delivery of a locally co-ordinated Tier 4 service across Surrey, Sussex and Kent. Subject to approval by NHS England, we expect the delegated serve to mobilise in the autumn of 2017.

5.5 Intensive Support Service (ISS)

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Children and Young People with a Learning Disability, autism and challenging behaviour often struggle to access the health and social support services they need, therefore work has begun on commissioning an Intensive Support Service specifically designed to support this group of CYP and their families.

5.5a What do we need?

In 2015/16 Surrey County Council carried out analysis of the customer experience of children and young people with SEND and their families. While pockets of good practice were identified, the feedback from parents, carers and young people in need of SEND services highlighted an uneven and fragmented experience of the health and social care system. Representatives from Surrey's SEND 2020 Programme also undertook visits to a number of local authorities with a track record in developing effective arrangements for children and young people with SEND, highlighting the need for Surrey to:

- align SEND services to early help and family support services
- ensure robust parent participation and partnership working
- strengthen the 'team around the child/family' approach.

5.5b What have we done?

Surrey County Council (SCC) has committed to implementing the activities set out in Surrey children and young people's SEND Strategy 2015-2017 and SEND Development Plan 2016-20. We are therefore working with SCC, to support a number of key commissioning activities including:

- integrating education, health and care in assessment planning, delivery and review.
- defining new, integrated pathways with seamless transition points
- optimising the system to deliver agreed outcomes
- ensuring service design supports accessibility and an early help approach
- creating more early years' specialist SEN placements, special school and special unit places, college placements and pathways to adulthood
- developing local inclusive networks of schools and sharing and celebrating good practice
- supporting providers to deliver effective SEND intervention and support

5.5c What difference it has made?

The service is in the process of being commissioned and therefore whilst can't what difference it has made, we can set out what difference we expect to make, with this to deliver:

- improved health outcomes including in behaviour for those with moderate to severe learning disabilities, including those with autism by using outcome focused interventions
- improved outcomes for their families by providing early intervention, at times of challenging and escalating behaviours
- maintaining CYP in their home, or local community provision in order to help increase emotional health and wellbeing, thereby aiming to decrease behavioural difficulties
- Provide support to help navigate these CYP to mainstream health services in order to ensure that their needs health are met

5.5d What Next?

We are working with our partners to commission an intensive support service for those CYP with additional complex needs in crisis e.g. exhibiting challenging or severe autistic behaviours, experiencing placement breakdown due to their behaviours or co-morbid mental health problems. The aim is to set the service up in early 2018 and for this service to then form a key part of the umbrella of crises services that we are commissioning.

6. Community Eating Disorder Service

12

We have transformed our Community Eating Disorder Service in Surrey, with the service delivering against the National Access and Waiting Time Standard for Children and Young People with an Eating Disorder (ED), resulting in welcome improvements in the experience of young people and the resultant outcomes.

6.1 What do we need?

To meet the National Institute for Health and Care Excellence (NICE) - concordant guidelines stating that:

- treatment should start within a maximum of 28 days from referral.
- assessment must be within 15 days for routine referrals and within 5 days for urgent referrals.

Research has also shown that the best prognosis requires CYP with Eating Disorders to be treated within first 3 years of presentation of illness, with weight gain within first four weeks of treatment predicting best outcome. Research has also supported the use of FBT as an additional evidence-based therapy for the treatment of eating disorders in adolescents; therefore services need to train their staff.

6.2 What have we done?

Historical limitations on staffing resources had led to a model that restricted access to care, resulting in many CYP having more entrenched ED by the time they were seen and with this resulting in a poorer prognosis. The increase in staffing from 2.3 whole time equivalents to a team of 17 has resulted in:

- an increased number of assessments
- more outreach work
- increased clinical contact
- a greater number of evidenced based treatment options
- an increase in the recording of outcomes.
- a reduction in tier 4 admissions

The Enhanced Pathway that has been commissioned now provides intensive support to young people requiring Tier 4 admission or intensive support following tier 4 discharge; with 88 young people have been treated on the Enhanced Pathway since April 2016. This has:

- reduced hospital admission rates - 32 avoided a specialist ED inpatient admission
- enabled young people to be discharged from hospital sooner
- reduced re-admission rates following discharge

The introduction of the 'Onestop' referrals team, now accepting any referral for suspected eating disorder at any weight. (including self-referrals), means that Eating Disorder services can offer early intervention which offers best prognosis for the young people.

6.3 What difference has it made?

The service now delivers the following:

- 14.6 days average waiting time for assessment of routine referrals
- 3.86 days average waiting time for urgent referrals
- 100% of routine referrals have started NICE-concordant treatment (FBT, FT, CBT) within 28 days and
- all staff have had training in Family-Based Treatment (FBT) of Eating Disorders.

Direct feedback from a number of children, young people and their families demonstrates the improvements that have been made through the following quotes:

"We were from day 1 left in no doubt as to the seriousness of Anorexia. We feel fully educated in the illness. Our daughter was listened to sympathetically and genuinely helped by all involved."

"The support and understanding and being taught how to help our daughter when we had no idea what to do."

"Everyone I came into contact with was so helpful in my daughter's recovery."

"The support group for parents/carers was informative and helpful to support through a difficult period."

"Being able to talk to my child with an expert in the room facilitated conversations that would have been otherwise impossible."

“The knowledge to educate us regarding the eating disorder was perfect. The parents group was an excellent opportunity to see how others are affected.”

“My keyworker made me feel safe and comfortable at a time when I felt alone, attacked and angry. She let me open up without feeling judged and brought such positive energy which made me realise I actually wanted to recover.”

“It helped me stay out of hospital and turn my eating disorder around.”

“All the help I have received has been extremely helpful. I feel they really listened to and cared and helped me get better, healthy and happy again. The work/care I received was appropriate.”

6.4 What next?

Work continues in improving the consistency and quality of eating disorders services, providing new and enhanced community and day treatment care, ensuring that staff are adequately trained and supervised in evidence-based treatment and effective service delivery in order to ensure the best use of inpatient services.

7. Other Transformation Plan Initiatives

This chapter summarises the key schemes for Surrey, together with the engagement work that has and will continue to be undertaken.

7.1 Challenging stigma

7.1a What do we need?

The extensive engagement with all of our stakeholders underpinned the priorities set out in the Transformation Plan, with the need to challenge stigma being one of them. Further work is also being undertaken in order to ensure continued engagement in the process of developing new services in order to ensure that they reflect the needs of CYP and their families. This work also includes ensuring their involvement in the evaluation and feedback processes that are being set up, to ensure that the services do make a real difference to CYP and their families.

7.1b What have we done?

Surrey has a proactive CAMHS Rights and Participation team, which supports CAMHS Youth Advisors (CYA), a network of around 250 young people who all access or have accessed mental health services in Surrey. CYA meet together to make new friends, have a voice in services and undertake a range of children's rights projects. CYA works to ensure that children and young people who use CAMHS have a voice in what goes on in CAMHS through being involved in challenging stigma in mental health, peer support, recruitment, staff training and service development. CYA's aim is to get more children and young people who use services to get more involved with the decisions that are made.

We have worked closely with CYA to involve them in the current work streams, together with the new projects that are underway. One such example is the new Young Person's Haven that opened in May 2017 and has been heavily shaped by the consultations that have been undertaken by CYA. The consultation exercises that CYA undertook, helped ensure that the CYPs Haven would meet the needs of young people and their families and will help ensure ownership, including agreeing the name, branding, opening hours, communications and decor. We have also commissioned a senior supervisor from CYA, to be part of the CYP's Haven staff to provide peer mentoring for CYP attending the CYP's Haven.

Surrey also offer ‘*Everybody’s Business*’ training; an interagency basic child and adolescent mental health awareness for staff and volunteers who work directly with children and young people. This is a two day course which aims to increase mental health awareness for front-line staff and volunteers, improving access to mental health advice and support for children and young people across Surrey. To-date 176 people have attended the course. In addition to CYA and ‘*Everybody’s Business*’ training, Surrey has a cross-sector alliance which recognises Surrey’s challenge to change the stigma surrounding mental health problems. The alliance was established after engaging with individuals, groups and organisations in 2012, who told us more needs to be done to tackle the issue, with Surrey County Council being the first County Council in England to sign up to the national Time to Change pledge, to ensure we challenge stigma across Surrey.

As part of the retendered CAMH service, a voluntary sector partner is training peer wellbeing ambassadors in schools across Surrey. These work in their own schools to promote positive wellbeing and to reduce the stigma associated with poor mental health.

We have consulted with parents of young people with mental health conditions to understand their experience from first concerns through to post diagnosis. Parents reported the isolation and stigma they felt (feel) and the need to be able to share support with other parents in similar positions.

7.1c What difference have we made?

Working closely with children and young people who have experience of mental health problems we wanted to inspire a culture where stigma and discrimination has no place. The CAMHS transformation plan has helped to expand this work, with the addition of funds to support further CYA-led initiatives to tackle and reduce stigma.

7.1d What next?

- Working with CYA to expand their ‘*CYA in Schools*’ programme; a project aimed at reducing stigma and raising awareness of mental health. It includes explaining what mental health is and how CAMHS and CYA can help; exploring common myths, telling their own story of having mental health conditions and explaining how CAMHS can help.
- Working with CYA to review commissioned services against the young people mental health participation standards
- We will co-design and commission with CYA, young people mental health advocacy service models
- Increase the number of professionals from the voluntary, community and faith sector attending *everybody’s business* mental health training for universal services; this includes health visitors, school nurses, allied health professionals and GPs

- All mental health providers are asked to mandate their staff to attend 'Upload training' delivered by young people from CYA. This training aims to change perspectives, practice and culture, promoting a positive awareness of the emotional journey experienced by young people who access mental health services, where professionals experience what it is really like to be 'on the other side'
- Continue to train peer wellbeing ambassadors in more schools across the county and to start to share the work they are doing with other schools.
- Work with voluntary sector partners to set-up, promote, facilitate and support peer-led parent "support" groups.
- Work with CYA to ensure effective communications to all young people and their families e.g. Facebook, twitter

7.2 Building capability and capacity in Surrey's universal services

7.2a What do we need?

We recognise the need to improve both capacity and capability of universal services to support our prevention and early intervention strategy. Providing help and support to CYP at an early stage through Health Visitors, School Nurses, education and youth workers, enables this early intervention and helps reduce the need for more specialist CAMHs. The Healthy Child Programme provides a framework for services to assess and support children and their families. Health Visitors alongside School Nurses and partner organisations ensure the delivery of the Healthy Child Programme. A core aspect of the Healthy Child Programme is to ensure good emotional mental health and wellbeing of children and their families. Ensuring good Maternal Mental (Perinatal) Health is one of the 6 high impact areas for health visiting. The Government's Call To Action has resulted in approximately 70 additional qualified health visitors in Surrey (a total now of 208 WTE). Health visitors undertake additional training and are skilled in assessing mental health, including the use of assessment and screening tools such as the Edinburgh Postnatal Depression Scale or Whooley Questions as recommended by NICE.

7.2b What have we done?

12 The increase in HV numbers has resulted in delivery of the universal elements of the Healthy Child Programme in particular more new birth visits completed within 14 days, improvement in the percentage of completed 2-2.5 year reviews and the percentage of mothers receiving a maternal mood review by the time their infant is 6-8 weeks old. The proportion of maternal mood reviews completed by the time a child is 6-8 weeks of age varies across Surrey from 40-90%. Health Visitors are key to supporting the maintenance of breast feeding which can help with early attachment. They also link and refer to services and groups at children centres that can help mothers access the support they require in the early days of parenting.

Babcock 4 S and CAMHS have delivered Targeted Mental Health in Schools (TaMHS). The Surrey TaMHS offer takes a whole school approach, focusing upon mental health awareness and attachment training. Currently there are 320 (82% of maintained and academy) schools engaged in the TaMHS approach. Between December 2014 and July 2015, engagement has risen by 19%. Whilst this shows really good engagement this demonstrates that there is demand for further support to schools to increase capability.

Surrey hosted a mental health and education conference to support schools to promote resilience and mental health through PSHE lessons, safeguarding work, their 'prevent' agenda and pastoral care systems. The conference aims to reduce risk and increase protective factors and resilience, as well as enabling practitioners and schools to work together to share best practice.

Eikon has developed and rolled out a programme called Smart Moves that trains school teachers in year 6 and year 7 to help students build resilience. It is based on the Hart and Blincow Resilience framework. The training covers the theory of resilience and classroom approaches to handling the material. The programme includes extensive teacher guides and workbooks for each student in year 6 and year 7. Over 70% of state schools have been trained in the programme and 11,500 students are using the materials.

7.2c What difference it has made?

We want to ensure that all mothers and their children receive the support they need to maintain good emotional mental health and wellbeing. The variation in maternal mood assessments will continue to be addressed through Surrey's Community Health Providers. Sign posting and support for mothers, from the outcome of this assessment can then be further improved. All 391 maintained and academy primary, secondary and special schools, colleges and 20% of independent schools are active participants in the Surrey TaMHS approach, with teaching and non-teaching staff confident and better equipped to support children and young people effectively. Our intention is to strengthen and extend our statutory Special Educational Needs and Disability (SEND) Local Offer to include a mental health and emotional well-being offer which would enable access to a continuum of support for children and families in and around schools; with 95% of schools publishing their own offer in the course of this plan.

Smart Moves is being evaluated by Royal Holloway University. Teacher and student feedback is very positive, with teachers reporting that they are much more confident to discuss emotions in class settings.

7.2d What next?

The CAMHS transformation plan will help to expedite this work with the addition of funds to support the further expansion of TaMHS.

- Close working with public health regarding improving training and advice on mental health for health visitors
- Working with Surrey County Council Area Education Officers and voluntary sector partners to support schools to enhance their emotional wellbeing and mental health offer to children and young people.
 - Eikon will run and evaluate a pilot to support schools to develop a Whole School Approach to wellbeing based on the Public Health England “8 Principles” model.
- Working to support schools develop and expand their SEND local offer to include organisations who are accredited through the Analysis, Comparison, Evaluation, and Verification (ACE –V) tool
- Match fund with schools additional mental health training focusing on evidence based classroom interventions.
- Schools identify a named strategic mental health lead to develop whole school approaches with an operational mental health leads who would be responsible for mental health in schools, signposting to expertise and support where concerns about individual children and young people could be discussed and to identify issues and make effective referrals.
- Provide on-going funding for delivery of the Smart Moves programme to future cohorts of year 6 and year 7 students.
- We will support the training and deployment of Children’s Wellbeing Practitioners who will provide early evidence based short interventions for low mood, anxiety and common behavioural difficulties

7.3a What do we need?

Universal services work with women in the perinatal period and some roles and pathways have been developed to respond as a priority such as IAPT services. The CCGs and Council jointly commission a parent and infant mental health service to support expectant parents and parents working with health visitors. Additionally we have Family Nurse Partnership working closely with midwives in maternity services. However we recognise that there is no dedicated local specialist perinatal mental health services commissioned in Surrey and are planning to access the transformation funds in order to establish a Perinatal Mental Health service in Surrey.

We want to bridge our gaps to ensure that individuals receive equitable access to the right treatment at the right time by the right service. We want a seamless, integrated, comprehensive care across the whole clinical pathway and across organisational and professional boundaries. This requires us to establish close working relationships and collaborative commissioning between mental health services and maternity services, children’s services and social care, primary care and voluntary organisations.

7.3b What have we done?

We have established a Surrey network for perinatal mental health services, managed by a coordinating board of professionals, commissioners including NHS England specialist commissioning, managers, and service users and carers. This network provides:

- Input from each of the different elements across our county that make up the whole clinical pathway ensuring integration and a seamless experience is designed
- A clear integrated referral and care pathway with protocols so that all management secondary primary and professionals healthcare women during pregnancy and the postnatal period know how to access, specialist advice, assessment and treatment from a preventative level up to specialist perinatal mental health in-patient admission

- Specification for the commissioning of a local perinatal psychiatrist and community perinatal mental health nurse service for the county which provides direct services, consultation and advice to maternity services, other mental health services and community services
- Perinatal training strategy for the workforce involved
- During 2015 we allocated CAMHS transformation money to establish the network and a bursary was successful for training of a psychiatrist to specialise in perinatal work
- We are working with our commissioning and provider leaders in maternity, mental health and paediatric services to further develop the network and establish agreements over the administration and coordination of this network.
- The network continues to implement the development plan with key tasks and milestones.
- Bids were submitted to the wave 1 central money for community specialist mental health services. East Surrey and NEHF CCGs were successful through the Sussex and East Surrey and Frimley STP bids Surrey Heartlands bid was not successful and so will bid in wave 2 in autumn 2017.

7.3c What difference has it made?

The network has brought together key partners across the system and this will enable us to agree a model that best meets the needs in Surrey. The East Surrey service is due to be initiated in September and NEHF service has gone live and will be contributing to increasing the number of women accessing the services.

7.3d What next?

The network is supporting the writing of a bid for the second wave of national funding for a community mental health specialist service covering Surrey Heartlands and Surrey Heath CCG's. The network will support and oversee the delivery of perinatal services that we need in Surrey.

7.4a What do we need?

The national Improving Access to Psychological Therapies (CYP IAPT) programme is one of the enablers that supports the development and improvement of care delivered by the children and young people's mental health and wellbeing services. The evidence-based training programmes will up-skill staff enabling them to adopt and embed the key CYP IAPT principles, values and standards of participation, evidence-based practice, accessibility, accountability and awareness in every day practice.

7.4b What have we done?

To date, we have supported a total of ten staff from both statutory and voluntary organisations attend a range of courses, including cognitive behavioural therapy (CBT), counselling and supervision. A steering group was set up to support this process, enabling the sharing of learning and issues arising from the programmes. In September 2017, a major workshop brought together staff from across the system, including the voluntary sector and SCC. The workshop enabled professionals to share their experience, what they have learnt from the training and how to embed the use of outcome measures in therapeutic sessions with CYP. This formed the first part of the IAPT work programme detailed in appendix 4.

7.4c What difference has it made?

Feedback from participants confirmed that the evidence based training has not only helped organisations up skill their staff, but to also embed the core principles of the IAPT programme; namely:

- Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service
- Provide **evidence-based practice** and are flexible and adaptive to changes in evidence
- Are committed to **raising awareness** of mental health issues in children and young people, and are active in decreasing stigma around mental ill-health
- Demonstrate that they are accountable by adopting the **rigorous monitoring of the clinical outcomes** of the service, and
- Actively work to **improve access** and engagement with services

7.4d What next?

In order to further our ambition for collaboration, participation and engagement with this programme, we have agreed an over-arching IAPT programme for Surrey, that that will promoting and **accelerate** the implementation of the IAPT principles across our multiple stakeholders over the next three years. This will further support our aim of raising the profile of children's services, aligning partners and pathways and delivering more effective and evidence based interventions for our children and young people. We are working with our commissioning colleagues in Sussex, to share learning, implementation and best practice, as this shared learning will help ensure that the implementation addresses the varied needs of our Children and Young People e.g. Looked After Children (LAC), under 5s, Learning Disabilities LD etc. In order to deliver this, we have set out a detailed programme of work (see Appendix 3).

7.5 Early Intervention in Psychosis (EIP)

7.5a What do we need?

In Surrey we have a well-regarded EIP service that is commissioned within the adult mental health services contract, held by Surrey and Borders Partnership NHS Foundation Trust (SABP). Surrey CCGs invested in both 2015/16 and 2016/17 into the EIP service in order to increase the numbers of workforce in the service and access training on CBT Assessment and Formulation, Family Therapy, and CALMS assessment tool training to develop the workforce. In 16/17 the service also expanded their age range so that now the service is compliant with the national requirement of up to 60 years of age.

We have remained committed to this service past the National Service Framework (NSF) mandate and have seen very positive outcomes for the people that have used the service. The service is currently for people from 14 – 35 years of age and offers a multi-disciplinary team of psychiatrist, psychologists, nurses and therapists. Surrey is well represented on the Regional Programme Preparedness Board and work continues on aligning the EIP data across CCGs for reporting on the access and wait standards.

7.5b What have we done?

The Surrey CCG Collaborative hosted a local workshop on EIP Preparedness, providing an overview on Surrey's position in regional preparedness around dataset development and what the self-assessment matrix indicated were our staff challenges in reaching accreditation as a NICE compliant service.



We agreed to utilise our allocation by investing in increasing the staff against the gaps identified from the matrix, ensuring that all staff were trained to the required level and to gain accreditation as a service. The extension of the age access to the service is something that in Surrey we agreed to develop gradually and build from a position of learning and evidencing as we go with the exploration of models of service delivery for this.

Working with Adult mental health commissioners and stakeholders, we have identified and agreed some key improvements and set these out with timescales to be achieved over the next year. These have been set out in a service development improvement plan that is a formal schedule of our adult mental health trust's contract with the CCG's across Surrey. The contract will be monitored on a monthly basis by the CCG's. There will also be twice yearly stakeholder workshops to review the progress and achievements.

7.5c What difference it has made?

The specialist Cognitive Behavioural Therapy for Psychosis (CBTp) training commenced in September 2016 and is 2 years in length and so will be completed September 2018 and deliver improved evidence based services to CYP in Surrey.

7.5d What next?

The 2017/18 target of delivering the NICE recommended packages of care within 2 weeks of referral for 50% of those diagnosed is being exceeded across the Surrey CCGs; therefore work will continue in order to further improve this. The automated data submission commenced in April and work continues with NHS England (NHSE) to ensure this develops and is validated.

7.6a What do we need?

We need to ensure that the over-arching strategy, designed to commission a range of inclusive services designed to support all children and young people (CYP) experiencing mental health issues, includes the provision of early support to CYP who may have mental health issues and who are on the verge of entering the youth justice service.

Children and Young People within, or at risk of entering the secure estate are amongst the most vulnerable and disadvantaged people in our community. National research indicates that outcomes are considerably worse compared to most other children and young people despite the fact that children at risk of secure provision very often share presenting needs equivalent to other cohorts of vulnerable people i.e. they are more likely to have suffered the impact of parental abuse, smoke, drink alcohol and take drugs; engage in unprotected sex and become teenage parents. Specific work is being undertaken with Winchester University to look at the characteristics of young people from Surrey placed in secure settings in the last 5 years (youth justice, welfare secure or mental health). This will look at their health, social care, education and criminal justice experience in order to understand common and potentially contrasting characteristics and trajectories in order to inform improved responses. The preliminary findings from 30 young people from Surrey who were sentenced to youth justice custody (all male – as with the national picture custody is almost never used for girls), is as follows:

- **47%** (14/30) have had a bereavement of a close relative in their childhood.
- **80%** (24/30) have witness either domestic abuse at some point in their childhood.
- **57%** (17/30) have evidence of alcohol or drug misuse/abuse within their family.
- The average age that Social service were first aware of the young person is **5.6 years old**
- **42%** (12/30) of the young people have an identified mental health condition.
- **47%** (14/30) of the young people have learning or behavioural difficulties e.g. dyslexia, ASD or ADHD.
- **57%** (17/30) were under the influence or misuse alcohol around the time of the crime leading to custodial sentence.
- **87%** (26/30) have misused illegal drugs (all of this 87% regularly smoked cannabis)

This data indicates the high correlation between adverse childhood experiences (notably bereavement and domestic abuse) and emotional ill health and subsequent involvement with the upper end of the youth justice system. These findings suggest that we need to augment the pathways for children and young people exhibiting the early signs of offending behaviour to ensure there is an early and effective therapeutic responses to address their adverse childhood experiences.

7.6b What have we done?

Work has been undertaken with Surrey County Council in developing integrated pathways and this has started to yield positive results, having also been recognised by the Taylor review; suggesting that it was at the forefront of best practice:

‘I have been encouraged to find a number of innovative models for delivering youth offending services which seek to strengthen these links. In Surrey, for example, the YOT¹ has been successfully integrated into the local authority’s wider youth services. This means that a child in the youth justice system can access the same broad spectrum of provision as a child who is homeless, not in education, employment or training (NEET), or has other welfare needs. This provides a more comprehensive response to children who offend and increases the opportunity to divert them from the youth justice system and into other suitable services, while allowing greater flexibility in the length and intensity of support provided.’

‘Finally, we are concerned by the continued over-representation in the youth justice system of both looked after children and those from some black and minority ethnic (BAME) groups. One contributor to this problem is the criminalisation of children in care homes for conduct which would never result in a similar response if it happened in a school or family home. Some areas, such as Surrey and Sussex, have trained care home workers to improve their management of such behaviour, and have established protocols for when it is right to call the police.’

¹ Note YJ responsibilities in Surrey are undertaken by the integrated Family Services.

We have submitted a bid for funding that will enable us to develop services that support these CYP, encouraging them to engage in more mainstream activities and helping to prevent them from following a pathway to more serious offending. This will be delivered by working closely with the youth restorative intervention scheme, which diverts young people from the formal youth justice system and provides preventative responses, together with augmenting the therapeutic work done within the Edge of Care Service.

7.6c What difference has it made?

Reducing children's involvement in the formal criminal justice system is identified as a key contributor to longer-term desistance from offending which is itself associated with improvement in mental health and emotional well-being. Surrey's integrated health, justice and welfare responses with their strong emphasis upon non-labelling early intervention have delivered:

- The lowest rate of first time entrants (criminalisation) to the youth justice system of any local authority area in England and Wales over the last five years. The rate fell to below 1:1000 children in the Surrey population in 2015/16. This is the lowest rate of criminalisation yet recorded in Surrey or anywhere else in England and Wales
- Surrey has continued very low use of youth custody with fewer than 10 young people sentenced to custody in each of the last three years and performs within the top decile of local authorities in relation to youth custody. 2015/16 saw 70% reduction in the use of custody since 2010.
- Surrey has reduced arrests of children and young people from 1955 in 2010 to 889 in 2016 with Surrey Police pursuing a 'child first, offence second' approach supported by input from Liaison and Diversion Services and the County Council's Family Services.
- Re-offending rates amongst the small number of complex and vulnerable children and young people who do still enter the formal justice system are reducing and are below the national average.
- Her Majesty's Inspectorate of Probation's August 2017 inspection concluded that "the operational partnership works well, delivers well and produces positive outcomes for children and young people and victims".

7.6d What next?

Based upon the above information, we intend to commission additional services that are targeted at young people with the combination of risks highlighted above and who are at the onset of a potentially serious offending career as a result. We therefore propose working closely with Surrey County Council and our partner organisations to focus on:

- The youth restorative intervention scheme (Family Services / Surrey Police) which is responsible for diverting 800 young people from the formal youth justice system each year and providing preventative responses including pathways into therapeutic and specialist services.
- Augmenting the therapeutic work done within the Edge of Care Service (which is working in tandem with Extended Hope) which already includes a multi-systemic therapeutic

approach. The Edge of Care Service (within Family Services) responds to young people at greatest risk of coming into public care and incorporates responses to children arrested at home, homeless teenagers and rapid responses to children and families in crisis, all of whom are likely to both appear in the youth justice system and require emotional / mental health intervention. The Edge of Care Service will also make use of the CYP Haven in Guildford.

- Surrey has successfully bid for circa £130k additional funding in order to develop services that will support vulnerable children and young people who present in 'unconventional ways' such as contact with the criminal justice system or welfare system e.g. police custody, sexual assault referral centre, A&E, place of safety etc. These services will aim to provide support that will help prevent these CYP from becoming young offenders.

7.7 Unaccompanied Asylum Seekers (UASC)

7.7a What do we need?

Surrey has increasing numbers of unaccompanied asylum seekers (UASC) and therefore we have identified a need for a Specialist Mental Health Practitioner to work with UASC open to Surrey Looked After Teams and Care Leaver Teams. This will help improve engagement and access for UASC needing support with Emotional Wellbeing and Mental Health. The numbers of UASC have continued to rise in Surrey and it has been identified that children and young people who struggle with mental health issues can need specialist help in a timely manner to support with a range of needs. There can be stigma and reluctance to ask for help and lack of identification of how experience and isolation can impact on mental health. A dedicated mental health Practitioner will be able to work closely with the network whilst engaging and promoting resilience and wellbeing and providing timely mental health assessments and therapeutic interventions when required, which can be delivered locally.

7.7b What have we done?

We have reviewed the updated SCC needs assessment analysis (JSNA) around the needs of UASC. We have visited and consulted with the Tavistock Clinic in London and spent a day with their refugee team and made links. We have reviewed information from Kent, around therapeutic work being undertaken in the county.

We have also engaged with Surrey's Designated Doctor for Looked After Children and a teacher in the Virtual School for Looked After Children with responsibility for UASC, to look at how this role

can be integrated to work alongside other professionals. We have started to look at a training/development package to support this new innovative and exciting Specialist Mental Health Practitioner role. We have recruited into this role and have identified a team within Surrey and Borders Partnership where the person will be based with appropriate clinical governance and supervision to further develop the role. The practitioner is expected to start in the role by the end of October 2017.

7.7c What difference has it made?

The post has just been appointed to and we now look forward to the role being operational. There is great support within health and social care for this post and have offers of support and joint working, including peer support, offered from other authorities. The post holder will aim to reduce stigma around seeking help with emotional and mental health issues, improving outcomes for UASC in Surrey and be able to offer consultation to foster carers and other professionals to improve care overall.

7.7d What next?

Once in post, the person in role will look to work alongside schools, care placements and with health colleagues, set up groups, involve young people in the development of the role, and eventually be able to share the model with other authorities. We will put in place clinical outcome measures to demonstrate the difference this role makes to young people and professionals involved in their care.

7.8 Looked After Children placed out of county

7.8a What do we need?

We identified the need for a specialist mental health practitioner to offer consultation, assessment and approval for mental health referrals and interventions to CAMHS, local to where young people are placed out of the county of Surrey. We also recognised the need to use appropriate evidence based therapeutic interventions in order to provide young people with enhanced SDQ scores or emotional/mental health crisis with appropriate therapy delivered at a local level. This will enabled us to then monitor and review regularly any interventions being offered, together with length of delivery.

7.8b What have we done?

We met with a range of professionals including dedicated doctor for Looked After Children, Looked After Children's social workers, CAMHS colleagues and Clinical Commissioning Group Colleagues to consider how outcomes for some of Surrey's most vulnerable children can be improved to deliver evidence based, helpful interventions which are cost effective in providing the best care and therapeutic support in a timely manner.

We have secured for the post a 2-year seconded therapist who has a vast experience of working with Surrey's Looked After Children and has experience of working as a therapist for over 2 years in Surrey's Assessment Consultation and Therapy Service.

7.8c What difference has it made?

Professionals have expressed a real passion for this role to be in place and want to start consulting with the therapist to ensure best outcomes. The CAMHS Children in Care Team will be working alongside the therapist and offer peer support and reflection. Expected outcomes will be for Surrey's most vulnerable young people to be provided with a dedicated worker who will be able to ensure young people receive evidence based interventions to reduce risk, placement and school breakdown and form therapeutic relationships to support their emotional wellbeing, mental health and attachment and trauma symptoms

7.8d What next?

Once in post the person in role deliver evidence based specialist mental health consultation, assessment and approval for mental health referrals and interventions to CAMHS that will be local to where these young people are placed out of the county of Surrey. We will also put into place clinical outcome measures in order to demonstrate what difference this role makes to young people and professionals involved in their care.

8 Summary of Investments and financial plan

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The CYP Mental Health Transformation Board, supported by the Surrey CCGs' Children's Team CAMHS Transformation Manager, oversees the planning and implementation of the transformation programme. Governance and reporting arrangements are set out in Section 13. The following tables summarise the investments we have made in core CAMHS and Transformation services.

Table 1 CAMHS NHS Expenditure; Actual 14/15, 15/16, 16/17 & Forecast 2017-2021

Service	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
¹ CAMHS Specialist Contract	£8,004,340	£7,644,186	£7,586,578	£7,879,346	£7,879,346	£7,879,346	£7,879,346
CAMHS Transformation		£2,033,922	£2,166,604	£3,410,000	£4,012,000	£4,413,000	£4,894,000
² CAMHS Targeted (Pooled)	£1,696,460	£1,855,743	£2,784,170	£2,773,850	£2,773,850	£2,773,850	£2,773,850
CAMHS NCA	£89,829	£101,541	£196,582	£156,920	£156,920	£156,920	£156,920
Total	£9,790,629	£11,635,392	£12,733,934	£14,524,441	£14,822,116	£15,223,116	£15,704,116

¹ 2015/16 budget for specialist services rebased thereby transferring monies into the Targeted budget

² In addition to the NHS funding, SCC invest circa £3.9m per year into the CAMHS budget

The financial plan for CAMHS Transformation funding in the current year is shown in Table 2.

Table 2 CAMHS Transformation Funding: Annual Plan 2017/18

Category	2017/18
Eating Disorder services	
Improvements in access times	£580,000
Eating disorder pathway	£326,000
Sub-total	£906,000
Crisis services	
HOPE and Extended HOPE	£260,000
CYP Haven	£350,000
Intensive Support services	£350,300
Learning Disability support	£115,000
Paediatric psychiatric liaison	£534,000
Additional capacity	£234,000
Sub-total	£1,843,300
Other transformation projects	
Looked after children	£130,000
Perinatal Mental Illness	£50,000
Transition	£85,600
Additional IAPT support	£50,000
Reducing anxiety and stigma	£63,200
Raising awareness	£27,000
Counselling and support	£85,000
Training and education	£23,400
Improving resilience	£61,000
Additional support	£85,500
Sub-total	£660,700
Total	£3,410,000

In section 4, we outlined our transformation journey, highlighting the redesign and retendering of our £13m per annum CAMH service in 2015; with a redesigned and ambitious whole systems service plan that was jointly commissioned with Surrey County Council. The plan aimed to deliver a prime provider model, with our CAMHs provider (SaBPT) responsible for sub-contracting work with voluntary sector organisations to deliver a service that focused on early intervention and delivered the year in year increase in capacity and planned reductions in access times as well as delivering on a number of national policies (see Appendix 6).

The CCGs and SCC have just completed a formal year-end review of the first year of the contract, with input from a wide range of commissioning partners and stakeholders, holding a workshop with SABPT and partners on 9th October 2017. The workshop acknowledged several issues that the services were striving to deal with; the lengthy waiting lists for some services, notably the behavioural pathway, whilst also recognising the increase in referrals:

- 6,000 referrals in 14/15
- 8,000 referrals in 16/17
- Projecting 11,000 referrals in 2017/18

SABP also highlighted the work they were undertaking with their partners, highlighting the signposting of approximately 20-25% of activity to their voluntary sector partners and other specialist teams.

SABPT are continuing to review their services to make further improvements and as part of this, they asked Beacon (the organisation managing their One Stop service) to provide them with a detailed ground-up review, and they identified several key changes:

- Implementing the CAPA model
- Full implementation of utilisation management
- Implementation of central diary management
- Revised clinical processes for assessment, streamlined clinical pathway management and revised clinical practices for delivering care in some areas
- Greater clarity on resource allocation of BEN vs. CAMHS Community Teams
- Improved outcome reporting
- Improved communication and internal reporting structures

SABPT are also working with us to devise quality standards that accurately reflect the quality of service and changing clinical practice to ensure that they deliver the agreed standards:

- Provide monthly reports on progress and by calendar year end
- Demonstrate significantly improved waiting times with trajectories for ongoing improvement
- People will experience pathways in a more consistent manner
- Clarity on the demand and types of interventions for the behavioural pathway
- Ability to consistently report outcomes
- Achievement of quality standards

Further details can be found in Appendix 5 and 7.

Family Voice Surrey (FVS) were closely involved in the retendering process for the CAMHs service in 2015, identifying 13 aims for the new provider. FVS undertook a survey from June to early October 2017 that sought to establish the extent to which these aims had been met. The following summarises the key messages from the 96 responses:

- 64% stated that the referral process was ok or better
- 14% were aware that the Single Point of Access (One Stop) offered a support service for parents and carers while waiting for a CAMHs appointment
- 52% said that they had to wait 3 months or longer for assessment, with 23% stating that they had waited longer than 6 months
- 64% stated that they were offered treatment after assessment
- 85% of those offered treatment stated that they were seen within 3 months and 46% within 1 month
- 89% stated that the location/appointment times/facilities were very or somewhat convenient/suitable
- 58% said that the treatment outcomes were not achieved at all
- Feedback on Mindsight staff stated that 84% of staff were sympathetic and 38% were informative

In summary, whilst recognising the achievements made, further work is required, notably:

- Improvements required to
 - Access times
 - Communications
- Improved communications with children, young people, families and with wider stakeholders
- A greater focus on transformation of services
- Systematic collection of user experience by Mindsight to drive performance and transformation and assure stakeholders
- To embed child and family experience measurement in CAMHS processes to build the evidence base and use to guide/ transform services

The Surrey Collaborative recognised the recruitment challenges that would be faced in delivering this plan, as all providers nationally would be seeking additional staff to deliver the transformation work. The challenge is compounded in Surrey by its proximity to London and the additional allowances paid to staff who choose to work in London. The Collaborative therefore developed an integrated community paediatric model that included CAMHs and made it an exciting and attractive place for staff to work. This is starting to yield some success, with our CAMHs providers recently managing to recruit a number of community paediatricians in a market where they are incredibly scarce and with the candidates giving the new integrated model as one of their main reasons for wishing to join the provider.

In addition, the Collaborative's plan and commissioning model, is built upon a multi-agency workforce plan that aimed to maximise the use of the voluntary sector, recognising the resources and flexibility within this sector that has provided significant additional capacity including work being undertaken that is funded by waiting list monies. The work being undertaken by this sector has also enabled a number of innovative projects to be undertaken that are making a real difference to CYP's mental health and are in line with the national drive to transform these services.

Work is now underway to develop a comprehensive Children & Young People's Mental Health & Wellbeing Workforce Plan that will ensure:

- The development of a capable and competent workforce required in order to continue the modernisation and expansion of evidence-based services across the whole pathway for children and young people's mental health and wellbeing needs;
- In 2021 every child, young person and young adult will have their mental health and emotional wellbeing supported and developed according to their needs;
- To support people earlier when they experience poor mental health or emotional wellbeing and provide a responsive service when a person is in crisis;
- To meet their holistic needs (mental health, social and physical);
- To ensure that we have a workforce with the right number of people with the right skills and delivered in the right place;
- To develop a comprehensive long-term Workforce Strategy that provides innovative and affordable creative solutions to bridge the workforce gaps identified in each STP geographical area.

In recognition of the scale and importance of this issues, Surrey is working with partner CCGs in Sussex and Kent to agree a joint project that will develop a co-ordinated approach that addresses both national and local needs, aiming to deliver:

- A CYP mental health and wellbeing workforce with the right number of people with the right skills deployed in the right place;
- Uniformity of approaches to CYP's mental health and wellbeing across all sectors in the South East; identify high level similarities and local differences;
- The collective identification of skills, knowledge and behaviour required to deliver our vision of transformation for CYP mental health and wellbeing across the system;
- Full engagement with all partners to collectively identify the challenges, overcome barriers and maximise opportunities by working collaboratively across services;
- Innovative local solutions to increase capacity and capability within the workforce.

A joint project plan is being produced, with suggested governance arrangements and a timeline set out in appendix 8.

Surrey is also currently supporting the training and development of new and existing staff; including supporting staff from a range of organisations to attend IAPT courses and also ensuring that CYA worked closely with providers both as part of the recruitment process and in providing staff education and information; this also included providing education to staff in other organisations, including hospital EDs and work that is currently being planned with GPs and their staff.

This work will be aligned to the priorities and targets set out in the 'Stepping forward to 2020/21 'Mental health workforce plan for England':

https://www.hee.nhs.uk/sites/default/files/documents/CCS0717505185-1_FYFV%20Mental%20health%20workforce%20plan%20for%20England_v5%283%29.pdf

Further detailed workforce planning is underway. This section will therefore be updated as an addendum to the plan, as the work progresses.

11.1 Sustainability

As part of the local criteria to access the transformation funds, all of the projects and services are required to provide an evaluation to be undertaken that quantifies what difference they made, both quantitatively and qualitatively to the CYP and their families who accessed the services. This information will enable CCGs and STPs to include these in their commissioning intentions; the process by which they allocate funds. The CCGs are committed to sustained investment in early intervention, as well as the need for longer term contracts required to transformation services to and beyond 2020.

11.2 Service engagement

We recognise that in delivering a transformation in CAMHS in Surrey, we must also transform how CYP and their families/carers engage with the services we commission, in a way that meets their needs and circumstances. We have spoken to our service users, their families and the professionals that work closely with them and will continue to actively pursue alternative ways of engaging with all services that provide help and support for CYP who suffer from autism, mental health conditions and learning disabilities e.g.

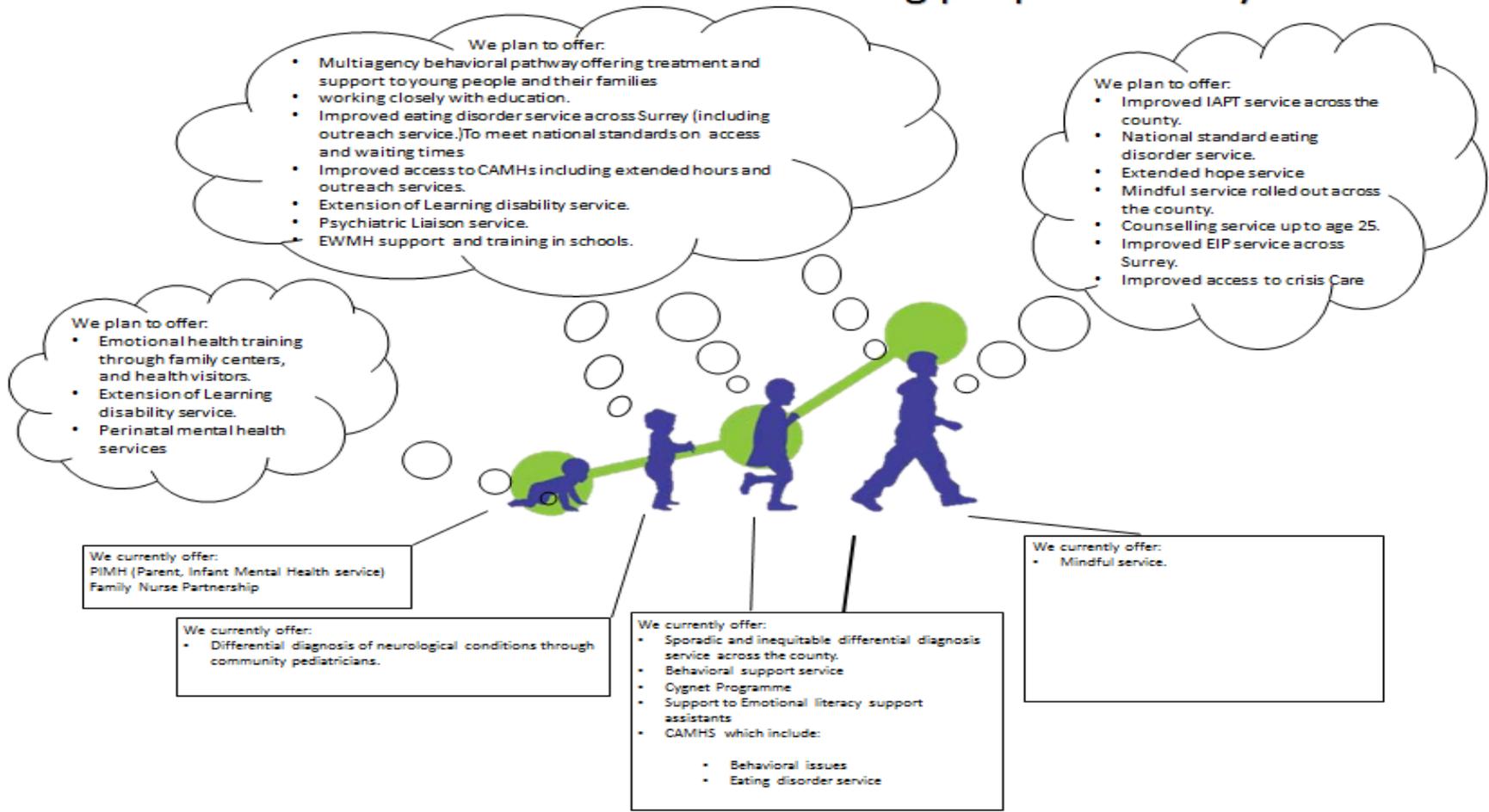
- We have commissioned Kooth.com as an online system that allows young people to access support within their own home at a time that is convenient for them with access to counsellor support 365 days a year.
- We have commissioned brain in hand, which offers tailored support to young people through an app available on mobile devices. Which at a push of a button a young person can access support at times of crisis.
- The Summary of our transformation, written by the CYP themselves, section (iii) at the start of the document, demonstrates their own commitment to continued engagement and joint working to deliver services that meet their needs.

11.3 Local Priorities

Engagement has and will continue to underpin the transformation work that is underway, ensuring that we remain focussed on delivering services that meet local priorities, listening to CYP and their families/carers at all stages in order to ensure that these new services do meet their needs and making changes to services where they are not working as planned or where needs have changed. The following summarises the high level local priorities that have been identified and the work being undertaken.

Transformation Plan Priorities Summary

EWMH services for Children & Young people in Surrey



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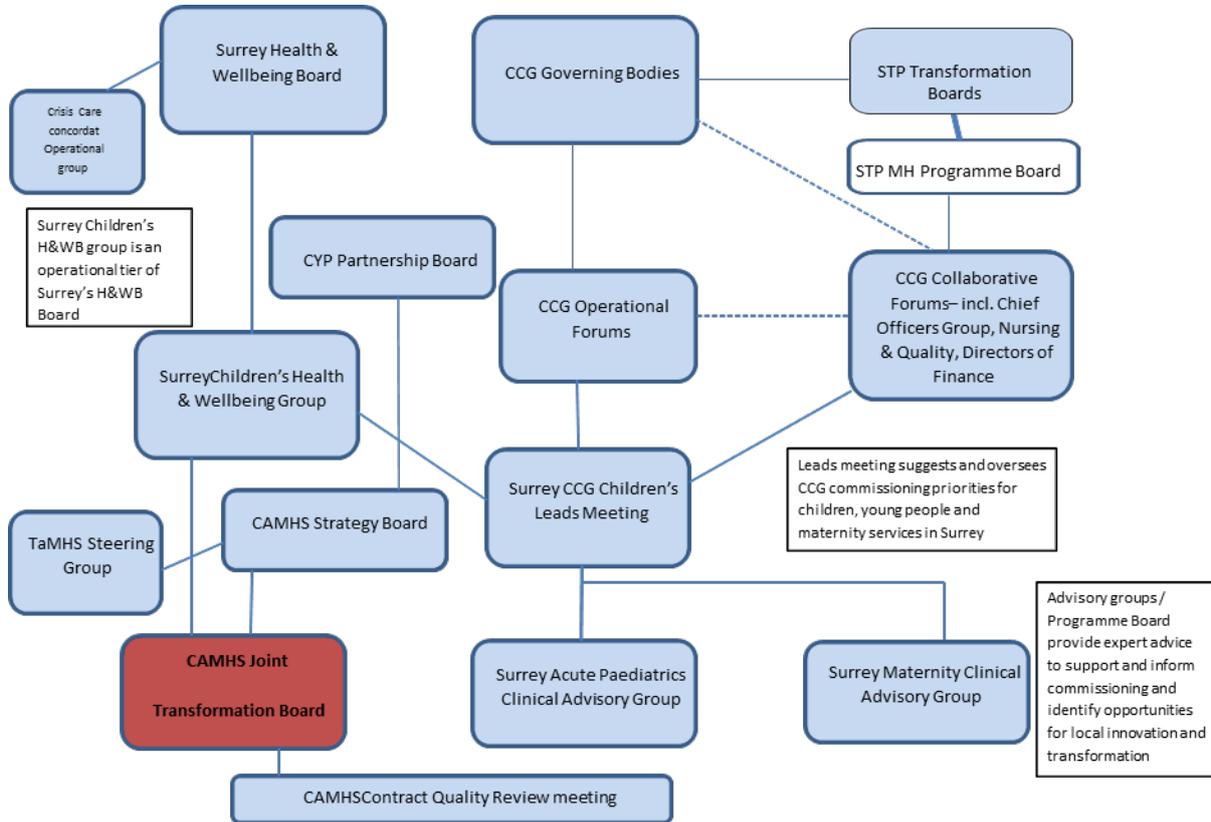
12 Managing Risk

The transformation process in Surrey is transforming services and redesigning pathways in order to deliver more innovative ways of meeting the needs of Surrey's CYP and their families. Surrey will manage these risks and minimise delays, via the Transformation Board, continuing to use a flexible and collaborative approach to quickly address these and ensure that we remain focussed on the needs of Surrey's CYP. The table below summarises the key risks of delivering the LTP.

No.	Description of risk	Impact 1-5	Probability 1-5	RAG	Mitigating actions
1	Quantifying and reporting the impact across a number of projects	3	2	6	Work with prime provider to help co-ordinate this. Use qualitative reports directly from individual components to help measure the outcomes
2	Recruiting staff	4	4	16	Continue to seek new staff, develop existing staff and maximise the use of voluntary sector capacity Develop a comprehensive workforce plan including SABPT staffing plans
3	External and unforeseen changes in other service provision that may adversely impact upon commissioned services	4	4	16	Horizon scanning of local services and health economy. Seek to include elements within the existing service model.
4	Increase in demand as new services raise expectations	3	3	9	Continue to work with providers to ensure a single point of access and a no-wrong door service remains in place, whilst continuing to develop the preventative model and working with voluntary sector providers to maximise the use of existing capacity
5	Inaccuracies of cost and time estimates for individual projects	2	3	6	Continued flexibility in working with project leads to adapt and support the pilot projects, recognising that these are pilots and the models will need to adapt to lessons learnt as they are implemented
7	Lack of suitable venues required to deliver more local services	2	3	6	Work with providers to maximise the use of existing estate and to look at all potential venues with an open mind
8	Pressure to revert back to historical models of provision	3	2	6	Continue to focus on the need to innovate, focus on the longer term outcomes and maintain the focus on early intervention and prevention

13 Leadership and Governance

Surrey has an effective partnership that supports oversight of performance, delivery and opportunities to improve CAMHS services across the system:



Our governance structure (above) enables system oversight of the implementation of the Surrey CAMHS Transformation Plan. There is wide representation from voluntary and third sector organisations, together with CYP and their families in order to ensure that we fully involve them at all stages. The Health and Wellbeing Board provides executive leadership in regard to the delivery of the Surrey Transformation Plan with the operational implementation of the plan directed by the CAMHS Transformation Board. The CAMHS Joint Transformation Board has the responsibility for commissioning services against the identified priorities within this plan and report progress to the Surrey Health and Wellbeing Board via the Children’s Health and wellbeing Group and the CYP Partnership Board.

There are a number of 'business as usual' groups where advice is sought or information provided to support effective decision-making. These include subgroups of Surrey's CCG Strategic Collaborative (Children's Clinical Leads; Quality and Nursing; Directors of Finance Group and a Commissioning Operational Group), CAMHS contract meetings, a CAMHS Joint commissioning Group and a wider partnership CAMHS Strategy Board.

The refreshed Transformation Plan has been consulted on widely with system partners and stakeholders. The final version will be approved by Surrey Clinical Leads in November 2017 and the Surrey Health and Wellbeing Board in December 2017.

14 Five Year Transformation Plan – Key milestones

Transformation plan Priorities	Milestones			
	April 2017 – March 2018		2018-2021	
	Milestone	Date	Milestones	Date
Crisis care	Hope and Extended Hope	September 2017	Evaluate the impact of the services	Q1 2018
	<ul style="list-style-type: none"> Skills workshops 		Further develop links to other services including tier 4	Q2/3 2018
	Establish CYP Havens in Surrey		Evaluate the impact of the CYP Havens	Q2 2018
	<ul style="list-style-type: none"> Guildford CYP Haven <ul style="list-style-type: none"> Opening Formal Opening 	May 2017 June 2017	Review opening times and access	
	<ul style="list-style-type: none"> Open Epsom CYP Haven <ul style="list-style-type: none"> Opening Formal Opening 	November 2017 December 2017	Explore access by key 'at risk' groups	Q1 2018
	<ul style="list-style-type: none"> Open Staines CYP Haven <ul style="list-style-type: none"> Opening Formal Opening 	January 2018 February 2018	Further develop links with schools and colleges	Q2/3 2018
			Explore joint funding opportunities and opportunities for outreach services	Q3 2018
	Paediatric Psychiatric Liaison services		Set up clinical network across the services to share learning and further develop links with existing services e.g. CYP Havens	Q1 2018
	<ul style="list-style-type: none"> Each acute Trust to start appointing staff Agree KPI's All staff recruited Additional training sessions for ward staff 	June 2017 October 2017 November 2017 January 2018	Agree an educational programme	
			Evaluate impact of services against the KPIs across the five acute Trusts	Q1 2018
Inpatient commissioning		Continue to support and refine the model		
<ul style="list-style-type: none"> Support mobilisation of services as part of the tier 4 delegated commissioning responsibility bid by SABPT 	November 2017		On-going	
Intensive Support Services		Fully staffed service		
<ul style="list-style-type: none"> Agree service model 		Undertake initial evaluation		
		Review potential changes or		

Transformation plan Priorities	Milestones			
	April 2017 – March 2018		2018-2021	
	<ul style="list-style-type: none"> Agree commissioning arrangements Appoint staff Commence initial service 	October 2017 October 2017 December 2017 February 2018	improvements to the service	Q1 2018 Q2 2018 Q3 2018
Community Eating Disorder Service	Deliver NICE-concordant treatment for 100% of routine referrals Increase the number of assessments Deliver more outreach work Ensure that all staff have training in Family Based Treatment Increase the number of evidence based treatment options	September 2017 September 2017 December 2017 December 2017 January 2018	Improve the consistency of the service ensuring equity of access across Surrey Ensure that all new staff are adequately trained in evidence based treatment Evaluate the service and report on KPIs	Ongoing 2021 Ongoing 2021 Q2 2018
Challenging stigma	Expand education programme in schools All mental health providers to mandate their staff to attend 'Upload Training' delivered by CYA Expand Everybody's Business Training	February 2018 Ongoing Ongoing	Review commissioned services against young people mental health participation standards	On-going 2021
Building capability and capacity	Work with schools to identify named strategic mental health leads Work with SCC Public Health to improve training and advise on mental health for health visitors	March 2018 On-going	Explore the options of joint funded posts linked to existing services	Q2 2018
Perinatal Mental Health services	Explore opportunity to fund projects targeted at this group	October 2017	Support work planned with Surrey Heartland if success with their bid	On-going 2021
IAPT	Reinvigorate the IAPT programme in Surrey Appoint an interim programme manager to drive this work Support a launch workshop for staff	Ongoing September 2017 September 2017	Support the shared learning from staff on the IAPT courses Ensure that all children's needs are addressed, including LAC, LD, under 5's et	Ongoing 2021 Ongoing 2021
EIIP	Continue to deliver the target of 100% of young people (aged 14-18) who experience a first episode of psychosis being treated with a NICE approved care package within two weeks of referral.	On-going	Explore opportunities to further improve the service, seeing what has work well elsewhere	On-going 2021
Youth Justice	Undertake the preparatory work for setting up a new service following a successful bid in September 2017 Start the initial service	December 2017 January 2018	Develop the service in line with the bid Undertake an initial evaluation Agree and implement potential changes following the evaluation Monitor outcomes against agreed KPIs	March 2018 June 2018 September 2018 On-going 2021

Transformation plan Priorities	Milestones			
	April 2017 – March 2018		2018-2021	
Unaccompanied Asylum Seekers	Recruit to posts Implement agreed service model Undertake an interim evaluation against agreed KPIs	September 2017 October 2017 February 2018	Agree and implement any changes following the interim evaluation Monitor outcomes against agreed KPIs	April 2018 On-going 2021
Looked After Children	Recruit to posts Implement agreed service model Undertake an interim evaluation against agreed KPIs	September 2017 October 2017 February 2018	Agree and implement any changes following the interim evaluation Monitor outcomes against agreed KPIs	April 2018 On-going 2021

15 Summary

Through the additional funding and investment, we are delivering new and innovative services that genuinely transform services that support children and young people's mental health. This will involve continuing to work with SABPT (our CAMHS provider) to deliver new models of care, ensuring that the services link together to deliver against the national access targets and meet local needs, enabling us to:

- Further challenge stigma associated with mental health
- Build capability and capacity within universal services to increase resilience amongst all children and young people in Surrey
- Ensure that the most vulnerable children are supported to improve their mental health including those with additional complex needs and children looked after
- Cross organisational cultural shift - moving away from a system defined in terms of what the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families.
- Further improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
- Improve access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
- Developing a local eating disorders service that effectively supports children with moderate and milder difficulties, enhancing services already available for children and young people with severe eating disorders; addressing the whole spectrum of eating disorders from anorexia to obesity.
- Develop our ambitions to have more involvement in or directly lead the commissioning of inpatient services for our children including those with eating disorders.

We recognise that our full ambitions will take time to implement and embed and view our CAMHS Transformation Plan as a living document over the next five years. To demonstrate our ability to deliver, this plan is supported by a number of documents (see Appendices) that demonstrate our work and our partnership journey to date.

ACE-V	Analysis, Comparison, Evaluation, and Verification
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BEN	Behaviour and Neurodevelopment
CALMS	Cognitive, Affective, Linguistic, Motor and Social
CAMHs	Child and Adolescent Mental Health services
CAPA	Choice And Partnership Approach
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group
CGAS	Children's Global Assessment Scale
CiN	Children in Need
CORE	Clinical Outcome Routine Evaluation
CYA	CAMHS Youth Advisors
CYP	Children and Young People
EIKON	Surrey based charity for vulnerable young people
EIPP	Early Intervention In Psychosis Programme
EWMH	Emotional Wellbeing and Mental Health
FBT	Family Based Treatment
FT	Family Treatment
FVS	Family Voice Surrey
GRT	Gypsy Roma Traveller Families
HONOSCA	Health Of the Nation Outcome Scale Child and Adolescent
IAPT	Improving Access to Psychological Therapies
ISS	Intensive Support Services
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators
LAC	Looked After Children
LGBT+	Lesbian Gay, Bisexual, Transgender and Questioning
LTP	Local Transformation Plan
Mindsight Surrey CAMHs	Health and social care partnership for children and young people with mental health problems and learning disabilities living in Surrey
NHSE	National Health Service England
NSF	National Service Framework
NICE	National Institute for Health Care Excellence
SaBPT	Surrey and Borders Partnership Trust
SCC	Surrey County Council
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Orders
STP	Sustainability and Transformation Plan
TaMHS	Targeted Mental Health in Schools
UASC	Unaccompanied Asylum Seeking Children

- Appendix 1** **Key changes to the core CAMHS contract in support of the transformation agenda**
- Appendix 2** **JSNA Chapter: Emotional Wellbeing and Mental Health**
- Appendix 3** **Further supporting information**
- Appendix 4** **IAPT Programme of Work**
- Appendix 5** **Components of CAMHS Contracts**
- Appendix 6** **Key strategic documents**
- Appendix 7** **Mindsight Surrey CAMHS System Partnership Workshop 9 Oct 2017**
- Appendix 8** **Draft workforce governance and timeline plan**

Key changes to the core CAMHs contract from April 2016 in support of the transformation agenda

- A Single Point of Access and No Wrong Door approach, ensuring support and advice to all
- Commissioning a behaviour, emotional and neurodevelopmental (BEN) service for children/young people with anxiety or depression as part of conditions such as ADHD, high functioning autism, Asperger's syndrome etc. This service will support and interface with services or internal CAMHS teams who provide differential diagnostic services supporting identification, successful diagnosis and both individual and family based advice and direct intervention
- Greater accessibility in the community via schools, GP practices, youth clubs and the Voluntary Community and Faith Sector
- Reduced waiting times for assessment and treatment
- Establishing Professionals and parent/carers advice and consultation lines from 8am - 8pm Monday to Friday and 9 - 12pm on Saturday
- Keeping GPs better informed of child's/young person's mental health needs and progress
- Improving performance reporting, at educational quadrant and CCG level with stronger contract management

Appendix 2 JSNA Chapter: Emotional Wellbeing and Mental Health

<http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=1801>

Appendix 3 Further supporting information

- CAMHs Youth Advisors (CYA) <https://www.healthysurrey.org.uk/your-health/mental-wellbeing/camhs/children-and-young-people/cya>
- The CYP Haven <https://www.cyphaven.net/>
- EIKON <http://eikon.org.uk/>
- Extended HOPE <https://www.healthysurrey.org.uk/your-health/mental-wellbeing/camhs/parents-and-carers/support-for-parents-and-carers/extended-hope>
- HOPE <http://www.hopeservice.org.uk/>
- Surrey And Borders Partnership Trust <http://www.sabp.nhs.uk/>

Appendix 4 IAPT Programme of Work

	Programme	Deliverables
1	Core Operational Team <ul style="list-style-type: none"> - Project Plan - Deliverables - Resource allocation - Stakeholder analysis/communication plan - Reporting 	<ul style="list-style-type: none"> - Programme Manager - Clinical Lead - Outline programme of work - Agreed deliverables - Project Plan - Stakeholder map/communication plan
2	Surrey-wide CYP IAPT Programme Board <ul style="list-style-type: none"> - ToR - Surrey-wide approach to delivering CYP IAPT - Project Workbook 	<ul style="list-style-type: none"> - Establish Surrey-wide CYP IAPT Programme Board (2017-2020) - Project Workbook (Project Plan, risk log) - LDNSE Collaborative Agreements (strengthening and extending applications across all sectors)
3	Surrey-wide CYP IAPT Community of Practice <ul style="list-style-type: none"> - Workshops - Events 	<ul style="list-style-type: none"> - Support SABP launch event (13 September 2017) - Organise and deliver Community of Practice Launch (Nov 2017) - Workshop schedule: <ul style="list-style-type: none"> a) January 2017 b) March 2017 c) May 2017 - Outreach support package (from LDNSE CYP IAPT Collaborative) - Masterclass (bespoke subjects) - CAPA support to teams
4	Training Provision (Log) <ul style="list-style-type: none"> - LDNSE Curricula - LDNSE New Curricula (U5s, LD/ASD, Counselling & Combination) + EBBP - PWP (HEE) - LA - HEIs - CAPA - Commissioning Development Programme (NELCSU) <ul style="list-style-type: none"> - Voluntary Sector - Independent Sector - MIND Ed <p>Course registrations (and funding)</p> <p>Future planning</p>	<p><i>Phase 1 (August 2017 - January 2018):</i></p> <ul style="list-style-type: none"> - Training Log - Course registrations (CYP IAPT) and salary support - Course registrations (outside CYP IAPT) <p><i>Phase 2 (February - July 2018):</i></p> <ul style="list-style-type: none"> - Accreditation/validation/quality assurance of non-CYP IAPT courses; - Developing training strategy to commission and sustain CYP IAPT training for local providers once central funding ceases in 2018; - Estimate costs and funding streams for proposed courses (taking into consideration salary support and other incidentals); <p><i>Phase 3 (mid 2018-2020):</i></p> <ul style="list-style-type: none"> - Procure training from local HEIs and other training providers to deliver agreed curricula from 2019; - Facilitate and promote courses across all sectors/provider services; - Monitor take-up of courses and modify plans/budgets for future years.

5	<p>Workforce Planning - to identify training needs (and gaps in service provision)</p> <ul style="list-style-type: none"> - National audits - SECN/HEE workforce audit - Barry Nixon - LA audits - Local workforce plans/groups 	<ul style="list-style-type: none"> - Facilitate workforce planning assessment (HEE) - - Outreach support package (from LDNSE CYP IAPT Collaborative) - Draw up implementation plan from recommendations made for Sussex from the workforce planning report - Workforce plans for STP
6	<p>Participation & Young Advisors</p> <ul style="list-style-type: none"> - Participation worker groups - Young Advisors - Parents/Carers - National Participation Support Programme - YoungMinds 	<ul style="list-style-type: none"> - Launch 'Participation' Surrey-wide via Community of Practice Forum - Collaborate with CYA, Family Voice etc. to ensure participation is fully embedded in commissioning of children's mental health services - Create a Surrey-wide Participation Hub to bring together those people involved in 'Participation' to share and pool their work and ideas for engaging and involving young people, their parents and carers in the development of new and existing mental health and wellbeing services.
7	<p>Quality Monitoring & Data Flow</p> <ul style="list-style-type: none"> - Quality monitoring returns (quarterly) - Completeness of data flow to MHSDS - Review and feedback on returns - Provider response/actions - CORC dashboard & Paperless Outcome System 	<ul style="list-style-type: none"> - Quarterly monitoring returns (for SABP and each sub-contractor and additional member of the partnership e.g. LA) - Quality & Outcomes Masterclass - Revised/agreed key intervention outcome measures - Shared learning (Surrey-wide) via Community of Practice
8	<p>Assurance & delivery</p> <ul style="list-style-type: none"> - Local Transformation Plans (annual refresh) - AWT standard compliance - STP (IAF) - Ad hoc requests (including meeting attendance and progress updates) 	<ul style="list-style-type: none"> - Estimate LTP reserve allocations for courses/salary support (18/19) - Achieve STP compliance with CYP IAPT IAF - Achieve CYP IAPT compliance against AWT standards - Provide content for both LTP and/or STP reports (on request)
9	<p>Meeting Attendance Schedule</p> <ul style="list-style-type: none"> - 4-Way Core Team (monthly) - Surrey-wide CYP IAPT Programme Board (monthly) - Surrey-wide CYP IAPT Community of Practice (bi-monthly) - Surrey Contract Meetings (on request) - London & SE CYP IAPT Collaborative Programme Board (quarterly) - SECN CYP IAPT Steering Group (quarterly) - Surrey Transformation Board Meetings (on request) 	<ul style="list-style-type: none"> - Promote wider engagement across Surrey - Share learning and best practice across Surrey - Ensure organisational sign up to support this programme and deliver the improvements in care to CYP - Provide oversight and governance in order to ensure compliance against AWT standards - Increase awareness within Surrey and with the STPs

Appendix 5 Components of CAMHs Contracts

Universal

Targeted

Specialist

Acute

Community Health Providers

Contract

- Emotional Wellbeing and Mental Health Community Nurses
- Universal 0-19 Healthy Child Programme Service
- Community Nursing for Children's Emotional Wellbeing and Mental Health
- Parent Infant Mental Health Service (PIMHS)
- Special School Nursing
- Paediatric Occupational Therapy (OT)
- Paediatric Physiotherapy Service
- Early Years (0-5 years) and acute intervention (0-19) Speech and Language Therapy Service
- Safeguarding Children
- Looked After Children Health Services
- Children's Community Nursing
- Children and Young People's Continuing Healthcare
- Developmental Paediatrician Service
- Community Paediatric Audiology Service
- Tongue Tie (Ankyloglossia) Service
- Provision of Services for Child Victims of Sexual Abuse in Surrey
- Integrated Enuresis & Continence Assessment and Treatment Service
- Paediatric Nutrition and Dietetics Service for Children and Young People with Neurodisability
- 0-19years community and school-age immunization service Surrey

Beacon UK – One Stop

Brain in hand

Catch 22

National Autistic Society

Surrey Youth Support Service

Xenzone - Kooth.com

Voluntary Youth Services

Eikon

Heads Together

Learning Space

The Lifetrain Trust

Relate West Surrey

Reflex Woking

Step by Step

Windle Valley Youth Project

Early Help Offer

- Education Welfare Service
- Family Information Service
- Pre-school Settings
- School's Support Team
- Early Years Safeguarding Service
- Out of School Providers
- Sure Start Children's Centers
- Nurture Groups
- Stop Smoking Service
- Condom distribution scheme and Chlamydia screening
- GUM and contraception services
- Children's weight management services

General Support Services

- GPs
- Occupational Therapy
- Family Information Service
- Community Youth Work Service
- Police
- Midwives
- Health visitors
- School Nurses
- Educational Psychology
- Education Welfare Service
- Surrey Online Service
- School/Early Years: SENCO, HSLW
- Children's Centers
- PSHE Curriculum/TaMHS

TargetedTargeted Contract

- Primary Mental Health Service
- Special Schools and specialist Centres
- Learning Disabilities
- Youth Support Service
- CAMHS Extended Hours Service
- Looked After Children (3Cs)
- Adopted Children and Special Guardianship Order (Post Order Service)
- Care Leavers Service
- HOPE Services (Epsom & Guildford)
- Extended HOPE Service
- STARS (Sexual Trauma and Recovery Service)
- Parent Infant Mental Health Service
- Behavioural, emotional neurodevelopmental (BEN) Pathway
 - Barnardo's - Parenting Programme for parents of children and young people with Attention Deficit Hyperactivity Disorder (ADHD).

Early Help Offer

- Homestart Surrey
- Oasis Family Centre
- Leatherhead North and Walton North Early Help Volunteer Support
- Welcare South East Surrey (Redhill)
- Sandy Hill Estate Volunteer Support (Waverley)
- Out of School Providers
- Family Information Service
- Pre-school Settings
- Sure Start Children's Centres
- Early Years Safeguarding Service
- Health Eating in the Really Young (HENRY)
- Education Welfare Service
- School's Support Team
- Year 11/12 Transition Service
- Carer's Break Grants
- Merlin Pass lottery
- Play & Leisure services (community based)
- Play & Leisure services (school based)
- Personal Support
- Autism Outreach Service
- Learning Disability Outreach Service
- Cygnet autism parenting programme
- Portage service
- Earlybird autism parenting programme
- Nurture Groups
- Early Support Service
- Early Years Language Team
- Catch 22 Substance Misuse Service
- Stop Smoking Service
- Condom distribution scheme and Chlamydia screening
- Emergency Hormonal Contraception and Chlamydia treatment
- GUM and contraception services
- Sexual Health Advisors
- One to one prevention
- Neighbourhood prevention
- Community Youth Work Service (CYWS)
- YMCA Open House (Guildford)
- Paediatric physiotherapy
- Children's weight management services
- School nursing team
- child, young person and family weight management pilot

SLT

- Social Care
- Voluntary sector providers
- Social care transition team
- Health
- Occupational Therapy (U,S)
- Speech and Language Therapy (U,S)
- Physiotherapy (S)
- Primary Mental Health Workers (CAMHS community service)
- School nurses (U,S)
- Home start
- Neighbourhood local prevention
- One to one local prevention
- Surrey Domestic Abuse Support Service
- Safe Havens
- Community Youth Work Service
- Surrey Family Support Programme
- Youth Support Service
- Young carers
- Education Welfare Service (U,S)
- Education
- Educational Psychology (U,S)
- Portage (S)
- Surrey Online School
- Nurture groups
- Cygnet
- Early Bird
- Specialist Teachers (S)
- Outreach

<u>Specialist</u>	<p><u>Specialist Contract</u></p> <ul style="list-style-type: none"> • Community Child and Adolescent Mental Health Services - Specialist • Children and young people Learning Disability Service- Specialist • Eating Disorder Service - Specialist • Hard to engage 16-25 year old service– known locally as the Mindful Service – Targeted 	<p><u>Early Help Offer</u></p> <ul style="list-style-type: none"> • Oasis Family Centre • Welcare • Family Nurse Partnership • Education Welfare Service • School's Support Team • Play & Leisure services (community based) • Residential short breaks (in house) • Residential short breaks (community based) • Personal Support • Surrey Domiciliary Care Service • Surrey Short Break Carers • Autism Outreach Service • Learning Disability Outreach Service • Cygnet autism parenting programme • Portage service • Earlybird autism parenting programme • Early Support Service • Catch 22 Substance Misuse Service • Paediatric physiotherapy • Surrey Domestic Abuse Support Service • Sure Start Children's Centers 	<ul style="list-style-type: none"> • Community Youth Work Service • Surrey Domestic Abuse Support Service • Youth support service • Early years language team • Primary Mental Health Workers (CAMHS community service) • Occupational Therapy • Looked after children • Social Care • Ruth house • Hope (+ Health) • Residential short breaks • Personal support Direct payments • Extended HOPE • Education Welfare Service (U,T) • Education • Portage • A2E - medical • A2E - non medical • Cygnet • Early Bird • Speech and Language Therapy (U,T) • Specialist Teachers (U,T) • Surrey Online School • Educational Psychology (U,T) • School nurses (U,T) • Early Support Service • Leap • Physiotherapy (T) • Physiotherapy • Surrey Domiciliary Care Service • CYP Haven

<p><u>Acute</u></p>	<ul style="list-style-type: none"> • HOPE • Extended HOPE • 365 / 24 / 7 psychiatrist on call • Paediatric liaison • Home treatment team for 16-18 year olds • Safe Haven model for children and young people <p>In Surrey we do not have any acute beds and are low users of national acute beds, due to Hope and Extended Hope Provision crisis beds which keep young people out of hospital paediatric wards and A&E.</p>	<p><u>Early Help</u></p> <ul style="list-style-type: none"> • Medical Access to Education • Specialist Teaching Teams • Education Welfare Service • Access to Education Non-Medical • School's Support Team • Play & Leisure services (community based) • Residential short breaks (in house) • Residential short breaks (community based) • Personal Support • Surrey Domiciliary Care Service • Surrey Short Break Carers • Catch 22 Substance Misuse Service • Paediatric physiotherapy 	
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Appendix 6 Key strategic documents

Nationally associated policy documents:

- [Closing the Gap. Department of Health \(2014\)](#)
- [Children and Families Bill \(2013\)](#)
- [Mandate to Health Education England](#)
- [Chief Medical Officer's Annual Report on State of Public Health \(2014\)](#)
- [Behaviour and Discipline in Schools, Department of Education \(2014\)](#)
- [Public Services \(Social Value\) Act 2012](#)
- [Achieving Better Access to Mental health Services by 2020](#)
- [Five Year Forward View](#)
- [Forward View into action: Planning for 2015/16 guidance](#)
- [Mental health and behaviour in schools Department of Education \(Mar 2015\)](#)
- [Future in Mind \(2015\)](#)

Health and Social Care

- <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=675&cookieC heck=true&JScript=1>
- [Surrey Health and Wellbeing Strategy](#)
- [Surrey Emotional Wellbeing and Mental Health Commissioning Strategy](#)
- [CAMHS Engagement report](#)
- [CAMHS Recommendations paper](#)

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413129/2902452_Early_Years_Impact_2_V0_1W.pdf,

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional Health and Wellbeing pathway Interactive FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf))

Children and young people

- [Surrey Children and Young People's strategy](#)
- [Surrey lifecourse Outcomes](#)
- [Surrey Safeguarding Children's Board](#)
- [Surrey Multi agency information sharing protocol](#)
- [Surrey's multi agency level of need](#)

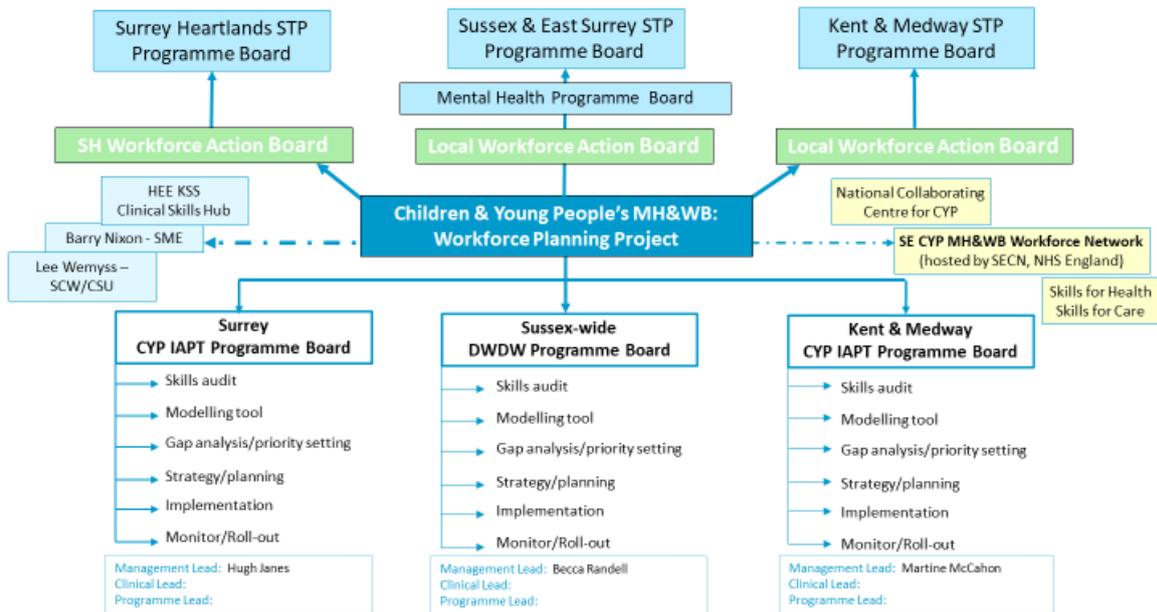
Equalities and Diversity

<https://www.surreycc.gov.uk/your-council/equality-and-diversity>

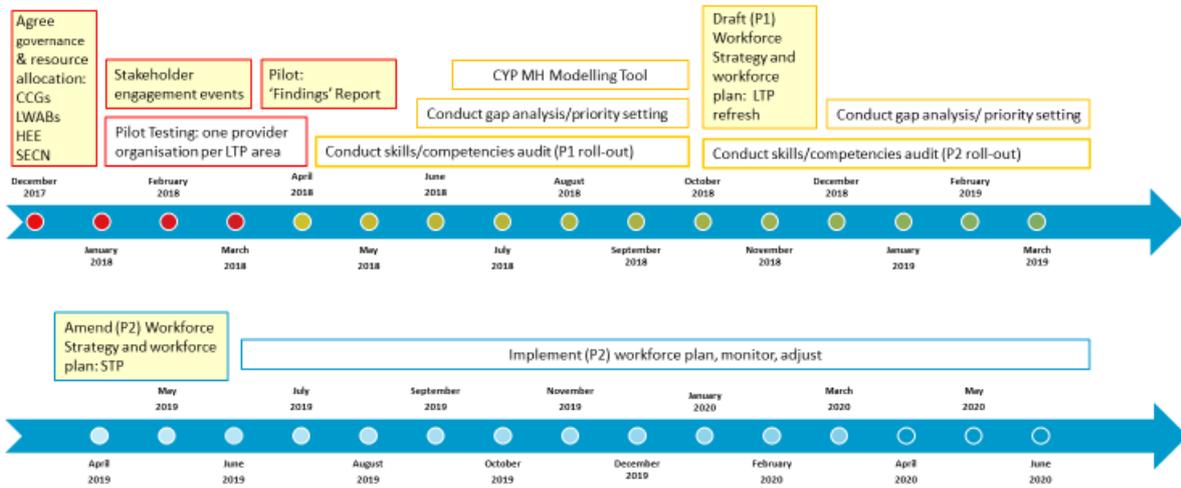
<http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=31>

Appendix 7 Minsight Surrey CAMHS System Partnership Workshop 9 Oct 2017

http://www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/171101-Minsight_Surrey_CAMHS_System_Partnership_Workshop_Oct2017_SABP



Children & Young People's Mental Health & Wellbeing: Workforce Planning Project - Timeline 2018-2020



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Health and Wellbeing Board
07 December 2017

Surrey Health and Wellbeing Board communications and engagement update

Purpose of the report:

To update the Health and Wellbeing Board on activity and progress relating to communications and engagement, to receive support from Board Members for overcoming current challenges and to secure endorsement for the next steps.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note the progress made on communications and engagement since June 2017;
- ii. identify solutions to key challenges; and
- iii. endorse the activity of the Communications and Engagement Sub-Group for the next six months.

Introduction:

1. The vision of Surrey's Health and Wellbeing Board is: "Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people". Communications and engagement are essential to the delivery of this vision.
2. The Surrey Health and Wellbeing Board has a Communications Sub-Group who work together to communicate and engage with Surrey people to encourage and support them to improve their health and wellbeing in a consistent and co-ordinated fashion.
3. This report provides an update on the activity of the Health and Wellbeing Board Communications Sub-Group since the last update received by the Board in June 2017. This includes:
 - highlights of the summer 2017 campaign;
 - a summary of the current winter 2017/18 campaign;

- co-ordination of general health communications and engagement; and
 - an update on the communications and engagement channels request from previous meeting
4. This report also outlines activity the Communications Sub-Group has planned for the next six months and highlights current and future challenges.

Surrey Summer 2017 Communications Campaign:

5. As with winter campaigns in previous years summer campaign messaging has been disjointed and vast. Various organisations run different campaigns, meaning there are too many messages being communicated to residents.
6. Following the successfully co-ordinated winter campaigns of 2015/16 and 2016/17, the Surrey Health and Wellbeing Board Communications and Engagement Sub-group adopted a similar approach in summer 2017.
7. The aim of the campaign was to raise awareness of the importance of keeping safe and well during summer months, particularly older people and the very young by having a consistent approach to the messages being communicated. In the absence of a single co-ordinated national campaign, the group agreed which of the national campaigns to promote based on the needs of Surrey residents and produced a campaigns overview document which summarised the key campaign messaging.
8. Just like the winter campaign, which covers a range of key issues and messages, the summer campaign aimed to align many of the Surrey initiatives and priorities under an umbrella heading – Safe and Well This Summer. The campaign had three key areas of focus:
- **Hydration** – Targeting vulnerable groups, such as over 65s and their carers, particularly care homes (Surrey has a large older adult population with a high incidence of hospital admission for Urinary Tract Infections UTIs) and the very young.
 - **Skin cancer prevention** - Cover Up Mate (A NHS England and Public Health England initiative) a campaign targeting men and outdoor workers) – Surrey is an outlier for the incidence of skin cancer and therefore we built on this campaign and extended the messaging wider.
 - **Safe Day Out** – Covering water safety, food safety, bites, and allergies. There have been a number of deaths and near misses in water in the county and local authorities are planning water safety campaigns.
9. To support this campaign a volunteer from Healthwatch Surrey designed materials to be used for the campaign at no cost. An example of these can be seen below:



What did we do and what difference did it make?

10. **Campaign activity.** All members of the Surrey Health and Wellbeing Board supported the Summer campaign from June to August 2017 and its core messages around keeping safe in hot weather (#safewellsummer), food safety, water safety and prevention against skin cancers (#coverupmate). They did this mainly through social media and web updates, as the most cost effective channels with far-reaching, interactive audience demographics. We know at least 278,500 Twitter users saw our campaign posts, in addition to 12,000+ Facebook users, which comprised original content and retweeted or shared content from central campaign communications e.g. NHS England or Public Health England.
11. Where opportunities existed to include summer health and wellbeing messaging in public-facing stakeholder newsletters these were capitalised upon, with one insertion reaching in excess of 10,000 people with disabilities or caring responsibilities. Website and intranet copy, banners and images were also used to increase awareness, along with news updates to staff using internal communications channels.
12. Opportunities to raise awareness and spread the message widely also took place via groups and partnership presentations and meetings which helped to raise awareness amongst stakeholders and frontline staff to ensure that those who have contact with residents had the correct information to pass on.
13. **Campaign awareness.** 1646 residents were surveyed as part of the Surrey residents' survey between July and September 2017 to determine their awareness of the campaign. They were asked if they remembered seeing the campaign and if so, where they saw or heard about it. The results are outlined below.
 - 13.2% of Surrey residents were aware of the campaign
 - 26.1% of residents heard of the campaign on the TV or radio
 - 13.8% of residents saw the campaign in Surrey Matters e-magazine
 - 19.7% of residents received a leaflet through the door
 - 14.2% of residents had heard about the campaign from a health professional
14. No data was available at the time of writing this report that would demonstrate the impact on health outcomes and a full evaluation report will be written when this is available.

Stay Well This Winter campaign 2017/18:

15. The current campaign is Stay Well This Winter which aims to keep people healthy during winter. This continues with the same branding and messaging as the 2016/17 winter campaign and nationally has a highly target media plan being delivered in two phases:



- **1. Phase 1 - Flu Vaccination:** 9 October to 29 October 2017
 - **2. Phase 2 - Winter:** 6 November to 17 December 2017
16. In Surrey, once again, our messages are consistent with the national campaign and we are adding value by promoting local offers and services. The Winter Wellness Toolkit outlines the key messages and is a local signposting resource for front line staff.
17. The aim of the campaign locally is to deliver a co-ordinated campaign across Surrey that encouraged residents to:
- **Prepare for winter** – such as stocking up on medications, having a boiler check, join the priority services register
 - **Keep warm during winter** – keep rooms heated to a minimum of 18°C, advice on how to keep warm, winter warm packs
 - **Keep well during winter** – such as getting flu vaccinations, getting early help, using NHS 111, eating well, keeping active
18. Subject to approval, £10,000 has been allocated to the winter campaign from the Surrey Heartlands transformation fund. This will be used to promote the core Stay Well This Winter national campaign messages of vaccination against flu, self-care, proper use of A&E and NHS 111 and the role pharmacies play in maintaining winter wellness, including good prescriptions management, through a series of Eagle Radio adverts and social media advertising. Phase two of the campaign will cover off additional urgent communications around expected peaks in system activity in the new year.

Other communications and engagement activity:
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Working with Sustainability and Transformation Partnerships (STPs) communications

19. The group recognises it is part of the STPs and continues to link with all aspects of the plans and workstreams to ensure consistent messaging is provided across the county, avoiding duplication in the system. We receive regular updates at the meetings and will be having an in-depth look at the next meeting as to how we can continue to strengthen this.

Communications and engagement channels

20. At the June Health and Wellbeing Board the communications sub-group was asked to demonstrate in one page the channels that are used to communicate with residents. This is currently being produced and will be tabled at the meeting.

Current and future challenges:

21. Resources remain a challenge for communications and engagement activity in the county. As a result, the group very much supports national campaigns to ensure that the most impact can be made to benefit

residents. National information often is late to arrive and has mixed or unclear messaging which has impacted on our recent activity. We manage this as best we can and continue to do so by being proactive, creating local campaigns such as the wheel of wellbeing and the summer campaign.

22. Changes to local commissioning of services has been a challenge both in receiving communications in a timely fashion and the ability to communicate messages as planned.

Conclusions:

23. The Health and Wellbeing Board Communications Sub-Group continues to provide a consistent and co-ordinated approach to communications and engagement across the health and social care system in Surrey. The seasonal campaigns continue to be successful and learning is used to inform future campaigns.
24. The challenge remains to maintain co-ordination as changes occur and resources are reduced.

Next steps:

25. Over the next six months the Health and Wellbeing Board Communications Sub-Group will:
- Complete the evaluation of the summer campaign and begin preparations for next summer
 - deliver and evaluate the winter 2017/18 campaign
 - look to support national campaigns locally such as One You, Change 4 Life when we have NHS England's campaign plan
 - prepare and begin delivery of the winter 2017/18 campaign; and
 - continue to communicate consistent messages as part of the STPs

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Health and Wellbeing Board
07 December 2017

Commissioning Intentions

Purpose of the report: To fulfil the Board's duty of the Health and Social Care Act (2012) to ensure that commissioning intentions are aligned to the Surrey Joint Health and Wellbeing Strategy.

Recommendations:

It is recommended that the Health and Wellbeing Board;

- i. notes and discusses the commissioning intentions ensuring alignment to the Surrey Joint Health and Wellbeing Strategy; and
- ii. agrees any further actions required to support the development and alignment of commissioning intentions to the Surrey Joint Health and Wellbeing Strategy.

Introduction:

1. Each year commissioners are required to set out their priorities for the coming year and how they will improve the health of the communities they serve. Each public serving commissioning organisation is required to do this.
2. The Health and Wellbeing Board (the Board) is required to consider these commissioning intentions and discuss how they are aligned to the Surrey Joint Health and Wellbeing Strategy. This is a duty of the Board as set out in the Health and Social Care Act (2012).
3. This item will look at intended commissioning intentions under the priorities of the Surrey Joint Health and Wellbeing Strategy. This will enable the Board to see all intended priorities to improve the health and wellbeing of the residents of Surrey at once and to ensure that they are aligned to the Surrey Joint Health and Wellbeing Strategy.

4. Here is a reminder of the five priorities outlined in the Surrey Joint Health and Wellbeing Strategy to which plans should be aligned:
 - a) Improving children and young people's health and wellbeing
 - b) Developing a preventative approach
 - c) Promoting emotional wellbeing and mental health
 - d) Improving older adults' health and wellbeing
 - e) Safeguarding the population

5. The principles that underpin the Board's work together on these priorities are outlined below and can provide a reference point for discussion:
 - a) Centred on the person, their families and carers
 - b) Early intervention
 - c) Opportunities for integration
 - d) Reducing health inequalities
 - e) Evidence based
 - f) Improved outcomes

Commissioning Plans

6. Each commissioning organisation represented on the Board has outlined their commissioning priorities for 2018/19 in line with the Surrey Joint Health and Wellbeing Strategy and these have been combined to give a Surrey-wide picture. These can be found in Annex A.

7. The following organisations have provided their commissioning intentions:
 - a) Borough and District Councils
 - b) NHS East Surrey CCG
 - c) NHS Guildford and Waverley CCG
 - d) NHS North East Hampshire and Farnham CCG
 - e) NHS North West Surrey CCG
 - f) NHS Surrey Downs CCG
 - g) NHS Surrey Heath CCG
 - h) Surrey County Council – Adult Social Care & Public Health and Children, Schools and Families

8. Analysis of these commissioning intentions demonstrates that all outcomes and priorities stated in the Surrey Joint Health and Wellbeing Strategy are being addressed, thus supporting delivery of this joint strategy across the health and social care system.

9. Please note, the timings and context for the production of final NHS commissioning plans is different from previous years, with the final draft of commissioning plans not required until 2018. Therefore, the intentions are likely to be amended from what is included in this document. Efforts will be made to ensure these plans remain aligned to the Joint Health and Wellbeing Strategy.

10. Sustainability and Transformation Partnerships (STPs) are also required to submit a single operating plan to NHS England. The content of this will reflect the STP priorities, which are aligned to the Surrey Joint Health and Wellbeing Strategy, and may impact upon the local commissioning

plans. An early draft of these plans is due to be submitted in December 2017. The local STP Joint Boards and Committees will have an opportunity to engage with the development of these system plans, with representation from the Surrey Health and Wellbeing Board sitting on these. The Surrey Health and Wellbeing Board will receive updates on this as part of the regular STP update at each meeting.

Conclusions:

11. Commissioning intentions appear to be aligned to the Surrey Joint Health and Wellbeing Strategy. Each priority outcome stated in the Surrey Joint Health and Wellbeing Strategy is being addressed and the principles that underpin the Board's work together on these priorities are evident.
12. As plans progress it will be important that this alignment continues for improved health and wellbeing outcomes for people living in Surrey. In order to achieve this, it is important for the Board to remain updated on the plans to ensure consistency across the varying footprints that the plans in Surrey cover.

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Annexes:

Annex A – Commissioning intentions to improve health in Surrey

Sources/background papers:

Health and Social Care Act (2012)

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Health and wellbeing commissioning intentions in Surrey - 2018/19

Surrey Health and Wellbeing Board
Thursday 7 December 2017

This document sets out the commissioning intentions from health and wellbeing commissioners in Surrey. This allows the Surrey Health and Wellbeing Board to see how the commissioning intentions across all organisations in Surrey align to the Surrey Joint Health and Wellbeing Strategy – a requirement of the Health and Social Care Act (2012).

The organisations whose intentions are included in this report are:

- NHS East Surrey Clinical Commissioning Group (CCG)
- NHS Guildford and Waverley CCG
- NHS North East Hampshire and Farnham CCG
- NHS North West Surrey CCG
- NHS Surrey Downs CCG
- NHS Surrey Heath CCG
- Surrey Borough and District Councils
- Surrey County Council – Adult Social Care and Public Health; and Children, Schools and Families

Each commissioner on the Board submitted their intentions which were then collated together to produce this report.

Please note: Some commissioning intentions will realise improvements for more than one Surrey Joint Health and Wellbeing Strategy priority, however to avoid repetition these have only been included once within this document.

Joint commissioning intentions are **bold** in this report

Priority 1: Improving Children and Young People's Health and Wellbeing

If we get this right we hope to see the following outcomes:

- ✓ More children will have a healthy weight
- ✓ We will develop and deliver an integrated SEND (Special Education Needs and Disability) educational offer with and for Surrey's children and families.

Joint Commissioning Plans

- Health services for children are commissioned Surrey wide by the Children's collaborative Commissioning team hosted by NHS Guildford and Waverley CCG. The collaborative have reviewed the commissioning intentions for 2018-2020 and headlines are included in this document.
- Joint commissioning of children's community services is hosted by NHS Guildford and Waverley CCG
- Surrey County Council has developed a Commissioning Plan – Child First. This sets out the authorities intentions for 2017-2020.

Sustainability and Transformation Partnerships

The three STPs in Surrey prioritise workstreams which aim to impact positively upon children and young people's health and wellbeing within its plans. We will Align, where possible, service delivery, workforce and key enablers including estates and digital platforms across Early Help (local Family Partnerships), STP and Children and Families Health Surrey transformation programmes.

Commissioning intention (relating to priority 1)	Area covered	Timescale
Ensuring women are able to make safe and appropriate choices of maternity care for them and their babies, through achievement of the Better Births and Local Maternity System Transformation Plan.	Surrey	CCG Collaborative Intentions 2018-2020
Develop better ways of engaging with all parents and families about their children’s health, including helping families to understand how to support their children when they are unwell.	Surrey	CCG Collaborative Intentions 2018-2020
<ul style="list-style-type: none"> • Ensure sustained delivery of the children’s community health service transformation plan. • Reduce inequalities in health for people with Learning Disabilities. • Reduce the gap in health outcomes for Looked after Children through achievement of the specified standards and effective partnership working. • CCGs will continue to support children with complex needs including further development of our offer in regard to personal health budgets, encouraging an increase in uptake. 	Surrey	CCG Collaborative Intentions 2018-2020
Through the joint commissioning arrangements agreed between Health and Surrey County Council, commissioning intentions will on-going focus on the key priorities set out within the Surrey SEND Development Programme and the SEND Written Statement of Action.	Surrey	CCG Collaborative Intentions 2018-2020
<ul style="list-style-type: none"> • Develop a positive experience of SEND services and support for children, young people and families • Develop educational opportunities for children and young people with SEND in local schools or colleges that offer the best value for money including increased participation for post 16 children and young people in vulnerable groups. • Secure the right early support to promote good emotional wellbeing, physical and mental health. 	Surrey	Child First (CSF) 2017 - 2022
Substance Misuse - Review and continue provision of substance misuse treatment for young people		
<p>Surrey Heartlands Partnership Prevention Programme Prevent the increase in child and adult obesity through system-wide place based and behaviour change approaches. Healthy weight services - Review provision of programmes for very young and families with the potential scope to integrate current services and extend current contract</p>	Surrey Heartlands	2018/19

Priority 1: Improving Children and Young People's Health and Wellbeing

Commissioning intention (relating to priority 1)	Area covered	Timescale
Support the Alive N Kicking programme in RBBC and promote referrals.	All District & Boroughs (D & Bs)	18-19
Support "What a Healthy Weight Looks Like" campaign January 2018.	Reigate and Banstead BC	18-19
R&Be active – Continue to offer low cost and free activities, promote the R&Be active message and produce a booklet to help families on lower incomes	Reigate and Banstead BC	18-19
Promoting increased Physical activity working with local schools	Reigate and Banstead BC	18-19
Specsavers Surrey Youth Games – increases opportunities for young people to take part in physical activity and organised sports (up to 8 weeks of free coaching across 15 different sports)	All D & Bs	18-19
Family Support Programme – supporting families to access services through a single coordinated family plan.	Tandridge DC, Reigate and Banstead and Mole Valley DC and Spelthorne BC	18-19
Xplorer - family orienteering events	Spelthorne BC	18-19
Establish park run and junior park run – free 5k run set in open parkland aimed at encouraging every ability to take part	All D & Bs	18-19
Sportability Festival – Promoting activities and sports for children with disabilities	Runnymede BC	18-19
provide free sports sessions for vulnerable young people that they work with through their youth services. Located in areas of deprivation	All D & Bs	18-19
LD & Autism: Continue to work with children and their families of children whose behaviours present as challenging	Surrey Heath	Ongoing
MH: Improve access to 24/7 Crisis Response and Liaison for Children and Young People	Surrey Heath	2020/21
MH – Improved access to evidence based psychological services for anxiety and depression (IAPTS)	Surrey Heath	April 2019
MH – Eating disorder services to be in place with target waiting time standards.	Surrey Heath	2017-19
All - Implement the national maternity services review Better Births through local maternity systems	Surrey Heath	2017-19
All – Improve integrated approach to physical and mental care via shared provider of SPA for children's mental health and community services	Surrey Heath	2017-19
All- Deliver the benefits of the new community service procurement	Surrey Heath	2017-19

Commissioning intention (relating to priority 1)	Area covered	Timescale
East Surrey CCG is working with Surrey Nurturing Links on the HENRY project, which is an intervention to protect children under the age of 5 from the physical and emotional consequences of obesity. HENRY meets the need for community and health practitioners to develop confidence and skills in working with families of young children to promote a healthy lifestyle and address issues of overweight	East Surrey	November 2017
Support the Active Surrey Strategy to support 20,000 more children and young people to have an active start in life	East Surrey	April 2019
Support Surrey County Council Public Health to develop and roll out a multi-agency child and family healthy weight strategy	East Surrey	April 2019
Explore co-commissioning a healthy weight pathway for children requiring treatment, supporting referral into the Tier 2 service	East Surrey	April 2019
Exercise on prescription at East Surrey YMCA	East Surrey	April 2019
The Surrey-wide provider developed a SEND Written Statement of Action that was discussed with commissioners in March 2017 and followed up with a SEND Improvement Report in October 2017. Significant progress has occurred in the areas of patient-centred care, patient engagement in the development of services and transformation and cultural approach.	East Surrey	April 2019
Continue to review and enhance support for young carers and their families in line with requirements of the Children and Families Act	Surrey	April 2019
Implement new requirements outlined in the Children and Families Act (2014) for a whole system approach to the identification and support for young carers including: <ul style="list-style-type: none"> • Promoting collaboration by NHS providers and GP practices to identify and refer young carers to support services • Support Surrey Schools in identifying and supporting pupils with caring responsibilities 	Surrey	March 19

Priority 1: Improving Children and Young People’s Health and Wellbeing

Commissioning intention (relating to priority 1)	Area covered	Timescale
Implement the recommendations of the National Maternity Review and deliver the Better Births Pioneer Programme	North East Hampshire & Farnham	2017-19
Working with key partners to increase breast feeding rates		On going
Improve access to Perinatal mental health services		Ongoing
Implementation of locally led transformation plans for children and young people's mental health and wellbeing		2017- 2018
Review the current provision of psychiatric liaison within hospital emergency departments		2017-2018
Ensure participation with Children and Young People to support co-production around service re-design		Ongoing
Personal Health Budgets		Ongoing
Working in partnership to reduce childhood obesity levels		2017-2019
Review the impact of the Children’s Safe Haven		2017-2018

If we get this right we hope to see the following outcomes:

- ✓ The gap in life expectancy across Surrey will narrow
- ✓ The gap in outcomes between children and adults with multiple vulnerabilities and the Surrey average will narrow, particularly for looked after children and care leavers
- ✓ More children, young people and families will lead a healthy lifestyle
- ✓ More children, young people and families will get the right support at the right time
- ✓ The environment in Surrey will promote health. More people will travel actively, air quality in Surrey will improve and health will be embedded in planning.

Joint Commissioning Plans

- This priority is led by the Surrey Public Health team. All six Surrey Clinical Commissioning Groups (CCGs) has a local prevention plan aligned to this priority, developed and delivered in partnership with the Surrey County Council Public Health team.
- Borough and district councils in Surrey have produced health and wellbeing plans aligned to the CCG prevention plans and Surrey Joint Health and Wellbeing Strategy prevention priority

Sustainability and Transformation Partnerships

The three STPs in Surrey prioritise workstreams which aim to prevent ill health and disability within its plans.

Priority 2: Developing a preventative approach

Commissioning intention (relating to priority 2)	Area covered	Timescale
Long Term Conditions <ul style="list-style-type: none"> Continue to support access to advice and training that supports self-management of long term conditions and community based interventions which eliminates unnecessary use of unplanned hospital care 	Surrey	2018/19
Management of acute and emergency care <ul style="list-style-type: none"> Support our hospitals in effective management of acute and emergency care reducing unnecessary lengths of stay; including unplanned attendances for both mental and physical health emergencies and admissions for self-harm 	Surrey	2018/19
Surrey Heartlands Partnership Prevention Programme: <ul style="list-style-type: none"> Prevent the increase in child and adult obesity through system-wide place based and behaviour change approaches. Prevent the development of long term conditions through primary prevention programmes focussed on the major causes of ill health. Improve health outcomes for people with long term conditions (LTCs) through a staged approach of early detection, support for self-care and robust and consistent management of LTCs. Improve the health of working people through the development of workplace health and wellbeing programmes. 	Surrey Heartlands	2018/19
<ul style="list-style-type: none"> Improving public health outcomes for children and young people with a focus on prevention and early identification. 	Surrey	CCG Collaborative 2018-2020
Sexual Health - Continue to embed the new model of provision with development of relevant pathways across the county	Surrey	March 19
Substance Misuse - Establish the Adult Integrated Substance Misuse service and continue provision of e.g. high impact complex drinkers programme	Surrey	March 19
Primary Care Public Health Services -Review and continue the provision of Public Health Agreement Services in GP practices and Pharmacy including - Sexual health, - NHS Health Checks, Stop smoking, Shared care (substance misuse), Homeless care, Needle Exchange and supervised consumption	Surrey	March 19
Smoking cessation - Review performance and prioritised groups to inform continuation of provision into 2019/20	Surrey	Sept 19
Public Health STP prevention objectives -Working with partners and as part of the STPs, align and explore programmes and funding opportunities to support the STP prevention workstream objectives including: <ul style="list-style-type: none"> - develop a common model of social prescribing - Implementation of the Wheel of Wellbeing within STP organisations 	Surrey	March 19

Commissioning intention (relating to priority 2)	Area covered	Timescale
<p>Develop an urgent and emergency care system which actively seek to reduce attendance and non-elective admissions.</p> <ul style="list-style-type: none"> • Developing an integrated admission avoidance ‘virtual team’ approach around in-reach GPs - working to standardised operating guidance and focused on managing frail and elderly patients at the front door of A&E to avoid admissions and expediting rapid reablement to avoid over medicalization of conditions and diminished independence skill • Removing technology and resources barriers preventing timely and or effective information flows between staff in A&E departments, GPs and community providers to optimise the prevention of attendances and non-elective admissions across multiple care groups and care pathways; particularly frailty, older people, care homes, frequent attenders and end of life-care. • Explore opportunities to establish minor illness education opportunities for families of children who are multiple users. • Explore opportunities to develop a communication strategy with the children’s and young people’s workforce and education establishments, including preschools, about extended access in primary care and access to on the day urgent care for managing minor illness and preventing seasonal peaks of high volume conditions e.g. respiratory disorders. • Explore opportunities for further development of locally commissioned services to support case finding e.g. for Atrial Fibrillation (AF) which can lead to strokes; and the Proactive Anticipatory Care Plans as strategies to reduce urgent and emergency care demand. 	<p>Guildford and Waverley</p>	<p>2018/19</p>
<p>Children and Family Health Surrey (new service) The CCG will oversee the transfer of the Kingston Paediatric Audiology service and the Epsom Hospital Looked After Children Health Assessments service to the new Children and Family Health Surrey service.</p>	<p>Surrey Downs</p>	<p>2018/19</p>
<p>Flu vaccination and respiratory care: We are working with providers to improve respiratory care, with a particular focus on flu and increasing uptake of the flu vaccine for ‘at risk’ groups</p>	<p>Surrey Downs</p>	<p>2018/19</p>
<p>Shared Care: The CCG will continue to move forwards with plans to implement shared care plans, where patient consent has been given. Sharing care plans can improve communication between patients and agencies, ensure the appropriate treatment is initiated quickly and ultimately improve outcomes and avoid the need for future hospital care.</p>	<p>Surrey Downs</p>	<p>2018/19</p>
<p>Advice and Guidance: Plans are underway to implement a system for primary care clinicians (principally GPs) to access prompt, remote advice from specialists working in acute trusts and local providers. This scheme will support GPs in making better referrals by minimising unnecessary referrals and exploring alternative treatments.</p>	<p>Surrey Downs</p>	<p>2018/19</p>

Priority 2: Developing a preventative approach

Commissioning intention (relating to priority 2)	Area covered	Timescale
<p>Community Hubs and risk stratification: The CCG will continue to integrate and develop community services to support localities, including the commissioning of core services and specialist services, where appropriate. This will include expansion of the Community Hub model to achieve a more proactive approach and earlier identification of patients who are at risk of hospital admission. This will include consideration of the working age population and any interventions required to specifically target this population.</p>	Surrey Downs	2018/19
<p>Expansion of Locality Hubs (Strategic Operational Group) (SOG): The CCG will work with provider partners across the system on the review, development and expansion of integrated care models. This will include the development of Locality Hub services for those with complex needs ensuring equitable geographical coverage, delivery of services at scale as well as a reactive and outreach service offering.</p>	North West Surrey	2018/19
<p>Making best of our community assets by working more collaboratively with and investing in the voluntary and community sector to help support residents, families and communities to make healthier choices.</p> <p>We recognise the negative impact of wider social factors on health and well- being. We will design services/interventions with our partners that concentrate on those individuals, families and communities most adversely affected. Our ambition is to embed a preventative approach across local health, public health and local authority services in East Surrey in order to reduce premature mortality and health inequalities.</p> <p>East Surrey CCG is committed to ensuring that immunisation programmes are incorporated within the cycle of business particularly amongst the vulnerable and hard to reach groups as stipulated within the NHSE health promotion strategy.</p>	East Surrey	April 2019
<p>Work with Surrey County Council to support schools in their approach to health and wellbeing by providing support in the Personal, Social, Health and Economic (PSHE) curriculum</p>	East Surrey	April 2019
<p>Well Being Advisors in every ESCCG GP practice – allowing in depth interviews with people whose health is being adversely affected by social determinants.</p> <p>Social Isolation and Falls Prevention prototypes (being piloted in GP networks with MCP)</p>	East Surrey	April 2019
<p>Working with Public Health in promoting the ‘Air Alert Scheme’ among people with long term respiratory or cardiovascular disease; supporting implementation of the ‘sustainable hospitals’ model that we are developing (model to include acute trusts having travel plans to encourage active travel, offering sites for Electric Vehicle charge points, reducing emissions from their fleet vehicles, and looking at where they source goods from e.g. food in restaurant); and inputting into local planning applications to help shape local environment</p>	East Surrey	April 2019

Priority 2: Developing a preventative approach

Commissioning intention (relating to priority 2)	Area covered	Timescale
Continued provision of the Wellbeing Prescription Service, service established in RBBC, Tandridge and Mole Valley. Different models on offer across the county and CCG areas	East Surrey CCG, SDCCG & Borough and District Councils	18-19
Social isolation & loneliness project provision via the MCP groups – local provision	Reigate and Banstead BC	18-19
Increased social and physical activity sessions and projects across leisure Centres, Community Centre, Sports Clubs, Parks and Open Spaces	All D & Bs	18-19
Development of the falls prevention - Otago strength and balance training in line with the SCC approach	All Ds & Bs	18-19
Ageing Well Festivals promoting local services and opportunities for improved wellbeing	All D & Bs	18-19
Promotion of The National Diabetes Prevention Programme	All D & Bs	18-19
Continue to develop and market Centres for the Community to encourage Health and Wellbeing	Epsom & Ewell, Elmbridge & Mole Valley District Council.	18-19
Smoke Free Playparks – Voluntary ban on smoking within selected play parks within the Borough :	Epsom & Ewell Borough Council	18-19
Continue to provide and develop a comprehensive Community Alarm and Telecare Care service this will further increase the number of residence to benefit from Community Alarm/ Telecare Care	Epsom & Ewell, Elmbridge Mole Valley District Council: (MVDC continuing to provide Community alarm/Telecare for Reigate and Banstead)	18-19
Further developing initiatives around TECS following the success of the GPS watches and Canary system	Epsom, Elmbridge and Mole Valley DC	18-19
Continue to provide hot meals service and daily check along with tea time services:	Epsom, Elmbridge and Mole Valley DC	18-19
Continue to provide Community Transport/dial a ride to further enhance vulnerable peoples access to the communities	Epsom, Elmbridge and Mole Valley DC	18-19
Provide Community Taxi Voucher service to support vulnerable older people	Reigate & Banstead BC & Tandridge DC	18-19
Continue supporting the delivery of Heart start courses and provision of Community Defibrillator programme with promotion in schools and youth groups	Mole Valley District Council	18-19

Priority 2: Developing a preventative approach

Commissioning intention (relating to priority 2)	Area covered	Timescale
<ul style="list-style-type: none"> Prevent problems escalating by identifying issues early and ensuring children, young people and families needing extra help receive timely, preventative support. Increase the school readiness of children and reduce the gap in both healthy development and attainment between disadvantaged groups and their peers in early years. Champion the educational achievement progress, health outcomes and engagement of vulnerable children and young people throughout their life course (looked after children, children in need, free school meals, SEND, vulnerable groups). Secure the right early support to promote good emotional wellbeing, physical and mental health. 	Surrey	Child First (CSF) 2017-2022
LD: Improve access to healthcare for people with learning disability so that 75% of people on a GP register receive an annual health check and improving access to mainstream health services	Surrey Heath	2020
All: Through STP workstream create resilient communities and individuals through social prescribing, prevention, early intervention & self management	Surrey Heath	2017-19
Reduce prevalence of LTC through action on leading causes (Primary prevention: focus on weight & physical activity, alcohol control/high risk drinking & smoking . Secondary prevention: Diabetes and hypertension)	Surrey Heath	2017-19
Prevention social isolation & loneliness – placed based approach to befriending	Surrey Heath	2017-19
Support general practice in early diagnosis and treatment of suspected cancers (focus colorectal, lung, prostate)	Surrey Heath	2017-19
Accommodation with care & Support- The Accommodation with Care and Support Programme are working towards the following Strategic aims: Nursing Care - delay the age at which people on average enter care homes, aiming to broadly maintain the current ratio of nursing beds that SCC purchases per 1,000 of population. Residential Care - aim to avoid all non-dementia or other non-specialist residential care and in doing so reduce the ratio of residential beds that SCC purchases per 1,000 of population by 10% over the next 10 years.	Surrey	On-going til March 19
As part of the High Impact Change Models continue to explore the development of Integrated multidisciplinary teams of health & social care staff	Surrey	March 19

Priority 2: Developing a preventative approach

Commissioning intention (relating to priority 2)	Area covered	Timescale
Making Connections (social prescribing model) with the focus on social isolation	North East Hampshire & Farnham	Started in June 2016 - ongoing
Carers support – Develop a carers Commissioning Plan		2017
Healthy Weight Focus – working with public health and district council partners to increase the level of activity and reduce obesity		2017 - 19
Support Lifestyle changes – smoking cessation and alcohol consumption		2017 - 19
Implement the National Diabetes Prevention Plan		2017 - 19

Priority 3: Promoting emotional wellbeing and mental health

If we get this right we hope to see the following outcomes:

- ✓ More children, young people and families will have good emotional wellbeing and mental health
- ✓ The provision of perinatal mental health services will improve
- ✓ Fewer people will die as a result of suicide by accelerating the implementation of the Suicide Prevention Plan

Joint Commissioning Plans

- There is a Surrey-wide Joint Commissioning Strategy for Mental Health and Emotional Wellbeing
- There is a Mental Health Collaborative for Surrey Heartlands and East Surrey which is hosted by Guildford and Waverley CCG

Sustainability and Transformation Partnerships

The three STPs in Surrey prioritise workstreams which aim to impact positively upon the emotional wellbeing and mental of residents within its plans.

Commissioning intention (relating to priority 3)	Area covered	Timescale
<p>Continue to improve access to and scope of mental health services in-line with the new Child and Adolescent Mental Health Service (CAMHS) contract commissioned from April 2016 and the Surrey CAMHS Transformation Plan. Decision will also be required to enact 2 year extension to the current CAMHS contract or to re-tender services.</p> <p>Champion more local and timely access to tier 4 CAMHS beds, through the delegated commissioning model led by SABP.</p>	Surrey	CCG Collaborative 2018-2020
Secure the right early support to promote good emotional wellbeing, physical and mental health	Surrey	Child First 2017-2020
<p>Increasing Mental Health integration</p> <ul style="list-style-type: none"> Ensuring that integrated care teams designed to support people with complex and ongoing care needs can make full use of mental health expertise, with mental health capacity and capabilities sufficient to meet the needs that exist. Making new forms of mental health support and local services commissioned a core component of enhanced models of primary care, so that primary care teams are better equipped to address the wide range of mental health needs in general practice, ensuring earlier identification and recording of mental health and to meet the physical health care needs and checks of people with long-term mental health problems. Further strengthening mental health components of urgent and emergency care pathways in accident and emergency (A&E) departments and elsewhere – making public mental health and wellbeing central to population health management approaches, including through a focus on perinatal mental health, children and young people, where some of the greatest opportunities for prevention lie. We will be working with the Surrey IAPT providers to integrate the delivery of psychological therapies into the LTC services and increasing the number of people accessing the service. 	Surrey	2018/19
Mental Health – Commission activity on anti-stigma / time to change along with mental health and suicide prevention training.	Surrey	March 19
Implementation and review of the preventative carers support and breaks services to promote carers health and wellbeing	Surrey	March 19
As part of the High Impact Change Models continue to explore the development of Integrated multidisciplinary teams of health & social care staff	Surrey	March 19

Priority 3: Promoting emotional wellbeing and mental health

Commissioning intention (relating to priority 3)	Area covered	Timescale
<p>Accommodation with care & Support- The Accommodation with Care and Support Programme are working towards the following Strategic aims: Nursing Care - delay the age at which people on average enter care homes, aiming to broadly maintain the current ratio of nursing beds that SCC purchases per 1,000 of population.</p> <p>Residential Care - aim to avoid all non-dementia or other non-specialist residential care and in doing so reduce the ratio of residential beds that SCC purchases per 1,000 of population by 10% over the next 10 years.</p>	Surrey	On-going til March 19
<p>Safe Haven and Haven.</p> <ul style="list-style-type: none"> The CCG will continue to promote the safe haven service for our residents and local partners e.g. police, A&E. We will continue to monitor suite of performance indicators and evaluation of the return on investment with our commissioning partners in Surrey. We will ensure the safe haven service is fully integrated within the crisis response services. The CCG will continue to promote the haven service for our Children and Young people. Key performance indicators will be monitored and an evaluation of the return on investment with our commissioning partners in Surrey will be undertaken. 	Guildford and Waverley	2018/19
<p>Suicide Prevention</p> <ul style="list-style-type: none"> Recent published figures show that the North West Surrey CCG rate of mortality from suicide is higher than the England average and the Surrey average. Local work will take place with Surrey Public Health to develop a plan that looks to reduce this by a higher percentage than the national 10% target. 	North West Surrey	2018/19
<p>CAMHS</p> <ul style="list-style-type: none"> Surrey Downs CCG plans to commission the Behaviour Pathway for children with Neurodevelopmental Disorders (BEN) following the completion of a business case by Surrey and Borders Partnership NHS Foundation Trust. 	Surrey Downs	2018/19
<p>Safe Haven</p> <ul style="list-style-type: none"> We will review the Safe Haven service at Epsom to ensure the service is effective and meeting local needs. 	Surrey Downs	2018/19
<p>Increasing Access to Psychological Therapies (IAPT)</p> <ul style="list-style-type: none"> To increase the number of people using IAPT services in line with NHS England requirements, the CCG is developing plans to integrate these services with other patient pathways including cancer and long-term conditions, where people may also experience mental health issues. 	Surrey Downs	2018/19
Raising awareness of mental health in young people with local schools and the Youth Council	Reigate and Banstead BC	18-19

Priority 3: Promoting emotional wellbeing and mental health

Commissioning intention (relating to priority 3)	Area covered	Timescale
Work with Surrey County Council (SCC) to develop an emotional resilience pathway that includes a preventative approach	East Surrey	April 2019
Better perinatal mental health through new service delivering improved mental health and wellbeing outcomes for mothers and their babies; we will be exploring enhanced community provision	East Surrey	April 2019
Support a good start in life, including delivering a whole systems approach to healthy weight and promoting emotional wellbeing and good mental health in children	East Surrey	April 2019
Supporting work on the enhancement of the Surrey suicide prevention plan through primary care training on MH and suicide prevention, acute hospital and mental health trusts suicide prevention training and on groups with higher risk factors	East Surrey	April 2019
Improving the physical health for those people living with Severe and Enduring Mental Health problems – to prototype work in GP network	East Surrey	April 2019
Review and further development locally acute psychiatric liaison, and 24 hour crisis response including Safe Haven with learning from service models across Surrey (including CORE24) and work on SPA (single point of access)	East Surrey	April 2019
Redhill Safe Haven and Community Connections to help reduce suicide numbers Improved Primary care access will include Mental Health support Crisis Concordat with police and local authorities to reduce number of people with mental health conditions being held in police cells	East Surrey	April 2019
Developing ways to increase the number of people using IAPT services and integrating these services with other patient pathways including diabetes, COPD and other LTC pathways, including self-referral and choice of providers	East Surrey	April 2019
Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.	Surrey Heath	2017-19
Maternal: Increase the number of women receiving specialist perinatal care in a community team.	Surrey Heath	2020/21
Psychological therapies: Continue to show improvement in access, waiting times and recovery	Surrey Heath	
Continue to enhance the integration between general practice & adult MH services including co-location options for MH therapists	Surrey Heath	2017-19
Review & resolve access issues to specialist ADHD and severe autism services provided by SABP	Surrey Heath	2017-19
Implement SPA for Crisis Care and ensure appropriate service model in place	Surrey Heath	2017-19
Deliver reductions in OAP in line with local plans. Elimination by 2021	Surrey Heath	2017-2021

Priority 3: Promoting emotional wellbeing and mental health

Commissioning intention (relating to priority 3)	Area covered	Timescale
Continued roll out of dementia friendly practice ISPACE	North East Hampshire and Farnham CCG	2017-19
Learning Disability awareness training to GP surgeries		2017-19
Integration of mental and physical health within our locality hubs		2017-19
Continue to implement Improving Access to Psychological Therapies programme		2017-19
Expand access to adult autism service		2017-19

If we get this right we hope to see the following outcomes:

- ✓ Older adults will stay healthier and independent for longer
- ✓ More communities and care homes will be more dementia friendly
- ✓ More carers will be identified and supported
- ✓ A Surrey-wide end of life care strategy will be developed

Joint Commissioning Plans

- The Surrey Better Care Fund Plan sets out how much of this priority will be commissioned. The current 2017-19 plan is available on www.healthysurrey.org.uk.
- Each locality in Surrey uses this overarching framework to guide local approaches and action plans for local joint commissioning – tailoring local solutions to meet local needs and system characteristics

Sustainability and Transformation Partnerships

The three STPs in Surrey prioritise workstreams which aim to impact positively upon older adults' health and wellbeing within its plans.

Priority 4: Improving older adults health and wellbeing

Commissioning intention (relating to priority 4)	Area covered	Timescale
<p>Helping Frail and Older People live healthier longer lives</p> <ul style="list-style-type: none"> Continue to roll out hubs to help frail and older people stay healthy and independent, avoiding hospital stays where possible. The establishment of Accountable Care Systems at the localities underpinned by the integration of services provided by Primary Care, Community health, Mental health and Hospital services, as well as more joined up working. 	Surrey	2018/19
<p>Dementia</p> <ul style="list-style-type: none"> A Surrey Heartlands and East Surrey Dementia Strategy has been developed and will set out milestones through the year. The increase in dementia diagnosis and working towards a 6 week referral to treatment goal standards are planned. Work to ensure that the pathways for specialist dementia areas that are linked to alcohol acquired brain injury, Huntingdon's Disease and Parkinson's Disease and local pathways will take place. This will include specific strategy for people with learning disabilities. The Dementia Strategy has been developed with partners to ensure services are optimised for improved patient outcomes and experience. This will enable a shift of provision to an increased out of hospital model with a focus on primary care and third sector provision. East Surrey CCG is also progressing work at a local level, focusing on increasing the number of GP Practices that are dementia friendly, establishing dementia leads in Practices, mapping the dementia pathway in East Surrey and increasing knowledge across the system about dementia resources and how to support carers and people with early on-set dementia more comprehensively. ESCCG Dementia Alliance - Accredited Dementia Friendly organisation The Dementia Strategy has been developed with partners to ensure services are optimised for improved patient outcomes and experience. This will enable a shift of provision; to an increased out of hospital model with a focus on primary care and third sector provision. It is expected that the programme includes: <ul style="list-style-type: none"> ➤ Review Dementia and wellbeing advisor posts in primary care ➤ Scope community based memory service including memory clinics ➤ Revised model of inpatient provision ➤ Services provided to meet and go beyond national diagnosis rates ➤ Primary Care Dementia champions ➤ Implementation of Namaste care programme in care homes. We will continue to commission Mental Health Practitioners (MHP) based in the Community Hubs to screen for new cases of dementia to increase diagnose rates in line with national targets, The CCG is also working with Surrey and Borders Partnership Foundation NHS Trust and Epsom Hospital to improve the referral pathway and the assessment process for dementia. We are also working to improve the number of annual care plan reviews completed in primary care, working with CCG clinical leads and the localities. 	<p>Surrey Heartlands and East Surrey</p> <p>East Surrey</p> <p>Guildford and Waverley</p> <p>Surrey Downs</p>	<p>2018/19</p> <p>2019</p> <p>2018/19</p> <p>2018/19</p>

Commissioning intention (relating to priority 4)	Area covered	Timescale
<p>Accommodation with care & Support- The Accommodation with Care and Support Programme are working towards the following Strategic aims: Nursing Care - delay the age at which people on average enter care homes, aiming to broadly maintain the current ratio of nursing beds that SCC purchases per 1,000 of population.</p> <p>Residential Care - aim to avoid all non-dementia or other non-specialist residential care and in doing so reduce the ratio of residential beds that SCC purchases per 1,000 of population by 10% over the next 10 years.</p>	Surrey	On-going til March 19
<p>As part of the High Impact Change Models continue to explore the development of Integrated multidisciplinary teams of health & social care staff</p>	Surrey	March 19
<p>As part of the High Impact Change Model continue to review the commissioning of Discharge to Assess – different approaches in each area to ensure timely discharge and re reduced admission via improved skills gain in the right place at the right time</p>	Surrey	March 19
<p>Technology Enabled Care Service future commissioning opportunities with partners. Working to explore and develop effective ways to use Technology in care.</p>	Surrey	March 19
<p>Review and recommissioning, where appropriate, services that help facilitate hospital discharge e.g. Home from Hospital services</p>	Surrey	March 19
<p>Implementation and Embedding of recently commissioned Home Based Care services. Working with partners and providers on the effective implementation of the new contract including changes and improvements. This will be critical the ongoing effective delivery of these services across Surrey.</p>	Surrey	March 19
<p>Equipment and Adaptations services - Working with partners to review options for the future delivery of a number of services that could have beneficial links. To review the current delivery of these services and seek opportunities for efficiency and explore future efficient and effective delivery models.</p>	Surrey	March 19
<p>Review and recommissioning, where appropriate, Dementia services including Dementia Navigators</p>	Surrey	March 19
<p>Housing Related Support Implementation. Following on from the review of Housing Related Support, the implementation of the changes agreed in delivery of support.</p>	Surrey	July/August 18

Priority 4: Improving older adults health and wellbeing

Commissioning intention (relating to priority 4)	Area covered	Timescale
Carers' support and breaks services <ul style="list-style-type: none"> Re-commission preventative carers' support and breaks services to promote carers health and wellbeing by April 2018. 	Surrey	2018/19
Carer's needs and views <ul style="list-style-type: none"> Ensuring carers' needs and views are an integral part of the core service provision. 	Surrey	2018/19
Carers Commissioning and Service Development Strategy <ul style="list-style-type: none"> Continue the Implementation of renewed Carers Commissioning and Service Development Strategy to reflect requirements of Care Act and Children and Families Act relating to carers. 	Surrey	2018/19
Develop an urgent and emergency care system which actively seek to reduce attendance and non-elective admissions <ul style="list-style-type: none"> Developing an integrated admission avoidance 'virtual team' approach around in-reach GPs - working to standardised operating guidance and focused on managing frail and elderly patients at the front door of A&E to avoid admissions and expediting rapid reablement to avoid over medicalization of conditions and diminished independence skill Removing technology and resources barriers preventing timely and or effective information flows between staff in A&E departments, GPs and community providers to optimise the prevention of attendances and non-elective admissions across multiple care groups and care pathways; particularly frailty, older people, care homes, frequent attenders and end of life-care. 	Guildford and Waverley	2018/19
End of life care <ul style="list-style-type: none"> Engaging with End of Life care specialists to support quality provision throughout the End of Life Pathway. 	Surrey	2018/19
Implement a "home first" approach to older person's care: preventing admission to bed based care & facilitating early, supported discharge	Surrey Heath	2017-19
Scheme 1: Continue to develop Integrated Care Teams focusing on: interface with hospital & early management of frailty	Surrey Heath	2017-19
Scheme 2: Introduce new Intermediate Care Service (reablement & rapid response)	Surrey Heath	2018-19
Scheme 3: Review bed based care requirements across health & social care	Surrey Heath	2017-19
Scheme 4: Review clinical support model to care homes	Surrey Heath	2017-19
Scheme 5: Improve work force availability within care support provision to match demand	Surrey Heath	2017-18

Commissioning intention (relating to priority 4)	Area covered	Timescale
<p>Managing Cancer within Primary Care: As part of local implementation of the NHS England Cancer Five Year Forward View the CCG will continue its work on three main areas: early detection and screening, risk stratified follow up pathways and living with and beyond cancer). We will continue our work on the roll out of risk stratified follow-up pathways of stable cancer patients post treatment to primary care for further management of their symptoms .The Prostate pathway of transferring stable patients to primary care has already been launched in 2017 and will continue to be monitored in 2018/19. In addition, development and implementation of an Anaemia pathway working with local community providers is being scoped. Other pathways for the transfer of stable patients to primary care to be launched in 2018/19 include breast and colorectal. Thyroid, head and neck and haematology pathways are additional opportunities for the CCG to launch as a transfer of patients to primary care during 2018/19.</p>	Surrey Downs	2018/19
<p>Diabetes: Surrey Downs will be working with the wider Surrey Heartlands STP on a transformation project to improve Diabetes care. The project is focussed on three areas: Structured education , Increasing the number of patients who attend education, Diabetic Inpatient Specialist Nurses. The CCG will continue with on-going work to review policies, procedures and thresholds on a rolling review to ensure first line treatments are being fully explored before more invasive procedures are being considered. To ensure equity across Surrey Heartlands, the CCG will review its weight management and smoking cessation related requirements with those of the other Surrey Heartlands CCGs.</p>	Surrey Downs	2018/19
<p>List of Procedures with Restrictions and Thresholds: The CCG will continue with on-going work to review policies, procedures and thresholds on a rolling review to ensure first line treatments are being fully explored before more invasive procedures are being considered. To ensure equity across Surrey Heartlands, the CCG will review its weight management and smoking cessation related requirements with those of the other Surrey Heartlands CCGs.</p>	Surrey Downs	2018/19
<p>New models of care in residential and nursing homes: The CCG will develop and implement new models of care for our population in residential and nursing homes ensuring they have equitable access to health and care services. This will build on the learning of the national Vanguard programme and the new models for care in care homes supported by NHS England.</p>	North West Surrey	2018/19
<p>A single Intermediate Care Team: This will provide a full spectrum of support in the community when someone deteriorates or after admission to hospital. Brings together expertise from health, social care, District and Borough council services and the voluntary sector to aid recovery and maintain independence.</p>	North West Surrey	2018/19

Priority 4: Improving older adults health and wellbeing

Commissioning intention (relating to priority 4)	Area covered	Timescale
<ul style="list-style-type: none"> Coordinating care effectively for people with the most complex health and social care needs, including those at the end of life. Using Health and Well Being Advisors to help advice and support people with type 2 diabetes around diet and exercise and refer on to IAPT if required. 	East Surrey	April 2019
Improve the health and wellbeing of working people through the development of workplace health and wellbeing programmes	East Surrey	April 2019
Embed referrals to Mental Health and Wellbeing Services, including exercise referral and IAPT (Increasing Access to Psychological Therapies) in primary care pathways for chronic disease including carers with LTCs/chronic disease	East Surrey	April 2019
Carers prescriptions-GPs can write prescription for Carers to address specific needs GP Carers breaks – fund of £300 made to a carer in need for immediate relief ESCCG carers currently supported by 2 support organisations , 1 jointly commissioned (Action for Carers Surrey) and 1 (East Surrey Carers Support Association)) voluntary organisation not currently public funded	East Surrey	April 2019
ESCCG MCP EOL Prototyping Workgroup is to review, redesign and reconfigure services- from this have set up <u>Carers Focus Group</u> . This aims to listen to the views of Carers and establish from them what their awareness is of EOLC, in what context is their experience, what they feel could be improved, what's most important to them and what their main fear is when it comes to talking about end of life. This feedback will inform the work of the Prototyping Workgroup. Will also improve identifying people who are in their last 12 months of life and widening the conversation around End of Life with these patients.	East Surrey	April 2019
Improved provision of health related services across all community centres	Reigate & Banstead BC	18-19
In partnership with Staywell, increased provision of support services in the community for people with Dementia and their Carers	Reigate and Banstead BC	18-19
Development of home from hospital domiciliary/ care services with age concern	Reigate and Banstead BC	18-19
Develop opportunities for older residents to participate and engage with local services, inline with the Wellbeing Prescription Service		18-19
Supporting older people with housing e.g. housing options		18-19
Encourage Dementia Friendly communities via the Local Dementia Alliance Groups	All D & Bs	18-19
Walking and Cycling for Health	All Ds & Bs	18-19
Continuation of Get Active 50+	Spelthorne BC	19

Priority 4: Improving older adults health and wellbeing

Commissioning intention (relating to priority 4)	Area covered	Timescale
Build on locality hub model focussing on keeping people at home and supporting early discharge	North East Hampshire & Farnham CCG	2017 - 19
Enhance the Care Homes Forum to identify what support is required to our care homes		2017 - 19
Improve post diagnostic support for people, carers and families living with dementia		2017 - 19
Risk stratification to identify patients at risk and integrated care team plans to plan and wrap care around them		Ongoing
Review stroke services within Surrey to improve outcomes for our local population.		2017-18

Priority 5: Safeguarding the population

If we get this right we hope to see the following outcomes:

- ✓ The Safer Surrey strengths-based model of practice for children's safeguarding will be extended
- ✓ A multi-agency response to keeping children safe from harm will be built and embedded, focusing on child sexual exploitation, missing children and domestic abuse and neglect
- ✓ The MASH (Multi-agency safeguarding hub for adults) will be embedded

Joint Commissioning Plans

- Services are commissioned Surrey-wide by the children's and adults collaborative Commissioning teams hosted by Guildford and Waverley CCG

Sustainability and Transformation Partnerships

The three STPs in Surrey prioritise workstreams which aim to safeguard the population within its plans.

Commissioning intention (relating to priority 5)	Area covered	Timescale
<p>Commissioning Services</p> <p>Contracts with health providers will ensure delivery of both national safeguarding children priorities and the priorities of the Surrey Safeguarding Children Board, Health and Wellbeing and other local strategies, and Surrey Safeguarding Adult Board</p>	Surrey	2018/19
<p>Multi Agency Safeguarding Hub (MASH)</p> <p>Contribute to the effective multiagency safeguarding arrangements delivered through the MASH.</p>	Surrey	2018/19
<p>Primary care</p> <p>CCGs will monitor and support primary care in discharging their safeguarding responsibilities through training and audit.</p>	Surrey	2018/19
<p>Looked after Children</p> <p>Ensure CCGs have a clear pathway for young people when they enter care and their transition into adult services by working with partners in creating an improved system for Looked after Children.</p>	Surrey	2018/19
<p>CCG's Safeguarding Compliance</p> <p>CCG's have comprehensive and robust roles, systems and processes in place to protect and safeguard vulnerable children and adults and there is a safeguarding strategy and policies available. The CCGs' safeguarding quality governance roles and committees oversee reporting and monitoring of compliance with provider safeguarding requirements. CCG's compliance will be monitored and assurance given through the Safeguarding Assurance Framework.</p>	Surrey	2018/19
<p>East Surrey CCG will have trained practice lead to support and embed the safer Surrey strengths based model with our providers</p>	East Surrey	March 2018
<p>Training has been delivered to East Surrey CCG staff around Child Sexual Exploitation</p>	East Surrey	Done
<ul style="list-style-type: none"> • Reduce the impact to children of hidden crimes – child sexual exploitation, children who go missing from home and care, domestic abuse and neglect and those at risk of radicalisation. • Prevent and reduce the impact of abuse (including domestic abuse) and neglect 	Surrey	Child First (CSF) 2017-2022

Priority 5: Safeguarding the population

Commissioning intention (relating to priority 5)	Area covered	Timescale
Ensure that contracts clearly define the requirements to undertake health assessments and develop plans to prioritise and meet the health needs of looked after children	Surrey CCGs and SSCB	ongoing
Fully contribute to multi-agency suicide prevention plans following latest evidence & PHE guidance.	Joint	2017/19
Safeguarding is everybody's business and all staff will respond and act to raise safeguarding awareness and address any emerging issues	Surrey	CCG Collaborative 2018-2020
Technology Enabled Care Service future commissioning opportunities with partners. Working to explore and develop effective ways to use Technology in care.	Surrey	March 19
Implementation and Embedding of recently commissioned Home Based Care services. Working with partners and providers on the effective implementation of the new contract including changes and improvements. This will be critical the ongoing effective delivery of these services across Surrey.	Surrey	March 19
Implementation and review of the preventative carers support and breaks services to promote carers health and wellbeing	Surrey	March 19

- Health and Social Care Integration
 - Progress integration arrangements during 2018-19 building on existing S75
 - Design and build a support workforce that is fit for the future
 - Transform the social care support market
 - Finalise local approach to model for increased integration (Accountable Care Organisation)
- Sustainable model for general practice
 - Sustainable Care, Business and Workforce Models
 - Implementation of Five Year Forward View for General Practice
 - Delegated commissioning for GP from 1st April 2018
- Procure new Urgent and Emergency Care Model (NHS 111, GPOOH and Clinical Hubs,) Go live June 2019
- Reduce hospital discharge delays & achieved DTOC trajectory
- Right Care Approach for elective services, reducing variation in quality and costs.
- Implement a shared care record across Frimley system