

## Notice of Meeting

# Children and Education Select Committee



**SURREY**

**Date & time**

Friday, 17  
November 2017 at  
10.00 am

**Place**

Council Chamber,  
County Hall, Penrhyn  
Road, Kingston upon  
Thames, KT1 2DN

**Contact**

Andy Spragg, Democratic  
Services Officer  
Room 122, County Hall  
Tel 0208 2132673

**Chief Executive**

David McNulty



**We're on Twitter:**  
**@SCCdemocracy**

andrew.spragg@surreycc.gov  
.uk

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**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andy Spragg, Democratic Services Officer on 0208 2132673.**

**Elected Members**

Mr Chris Botten, Mrs Liz Bowes, Mr Mark Brett-Warburton (Chairman), Mr Tim Evans, Mr Jeff Harris, Mrs Julie Iles, Mrs Yvonna Lay, Ms Charlotte Morley, Mrs Marsha Moseley (Vice-Chairman), Mrs Tina Mountain, Dr Peter Szanto and Mr Chris Townsend

**Independent Representatives:**

Mr Simon Parr (Diocesan Representative for the Catholic Church), Alex Tear (Diocesan Representative for the Anglican Church, Diocese of Guildford) and Mr Mike Wainhouse (Parent Governor's Association)

### TERMS OF REFERENCE

The Committee is responsible for the following areas:

Policy development, scrutiny and performance, finance & risk monitoring for children's and education services:

- Looked after children
- Corporate parenting
- Fostering
- Adoption
- Child Protection
- Children with disabilities
- Early Help (including Surrey Family Support Programme)

- Services for Young People (including Surrey Youth Support Service)
- Youth Crime reduction and restorative approaches
- Working together with partners
- Child Sexual Exploitation
- Schools and Learning
- Special Education Needs and Disability (SEND)
- Transition
- Further Education
- Early Years Education
- Services to improve achievements for those children in Surrey's care
- Virtual school
- School places
- School transport
- Participation of young people not currently in employment , education or training
- Apprentices and skills for employment
- Adult and Community Learning

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

### **2 MINUTES OF THE PREVIOUS MEETING: 6 SEPTEMBER 2017**

(Pages 1  
- 8)

To agree the minutes of the previous meeting as a true and accurate record of proceedings.

### **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**

To receive any questions or petitions.

#### **Notes:**

1. The deadline for Member's questions is 12.00pm four working days before the meeting (13 November 2017).
2. The deadline for public questions is seven days before the meeting (10 November 2017)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

**5 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE**

No referrals were made to Cabinet at the last meeting.

**6 INTERIM DIRECTOR FOR CHILDREN'S SERVICES UPDATE**

(Pages 9  
- 10)

**Purpose of the report:**

To receive an update from the new Interim Director for Children's Services.

**7 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN SURREY**

(Pages  
11 - 58)

**Purpose of the report:** Scrutiny of services

This report provides an overview of commissioned Child and Adolescent Mental Health Services (CAMHS) in Surrey. The report will outline:

- national context
- overview of commissioning responsibilities
- overview of key commissioned services
- overview of pathways to services
- key challenges and performance management
- financial summary
- the experience for children, young people and families
- next steps

**8 UPDATE ON SHORT BREAKS RECOMMISSIONING ACTION PLAN**

(Pages  
59 - 68)

**Purpose of the report:**

To scrutinise progress in mobilising new short breaks services in Surrey and implementation of identified actions in the agreed Short Breaks Service Development Action Plan.

**9 EARLY HELP: CASE FOR CHANGE**

(Pages  
69 - 80)

**Purpose of report:** Policy Development and Review

To update the committee on proposals to develop the Early Help services in Surrey.

**10 FORWARD WORK PROGRAMME AND RECOMMENDATIONS TRACKER**

(Pages  
81 - 88)

The Board is asked to review and approve the Forward Work Programme and Recommendations Tracker and provide comment as required.

**11 DATE OF THE NEXT MEETING**

The next public meeting of the committee will be held on 20 February 2018 at 10am in the Ashcombe.

**MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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**MINUTES** of the meeting of the **CHILDREN AND EDUCATION SELECT COMMITTEE** held at 10.00 am on 6 September 2017 at Ashcombe Suite, County Hall, Penrhyn Road, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 17 November 2017.

**Elected Members:**

Mr Chris Botten  
Mrs Liz Bowes  
\* Mr Mark Brett-Warburton (Chairman)  
\* Mr Tim Evans  
Mr Stuart Getty  
Mr Stephen Green  
\* Mr Tim Hall  
\* Mr Jeff Harris  
\* Mrs Julie Iles  
\* Mrs Yvonna Lay  
\* Ms Charlotte Morley  
\* Mrs Marsha Moseley (Vice-Chairman)  
\* Mrs Tina Mountain  
Mr Simon Parr  
\* Dr Peter Szanto  
\* Mr Chris Townsend  
Mr Mike Wainhouse

**Substitute Members:**

\* Mr Tim Hall

**1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Chris Botten, Liz Bowes, Stuart Getty, Stephen Green, Simon Parr and Mike Wainhouse. Tim Hall Substituted for Liz Bowes.

**2 MINUTES OF THE PREVIOUS MEETING: 8 MARCH 2017 [Item 2]**

The minutes of the previous meeting were approved as a true and accurate record of proceedings.

**3 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest received.

**4 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions received.

**5 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

There were no responses from Cabinet.

## 6 CHILDREN, SCHOOLS AND FAMILIES COMMISSIONING PLAN [Item 6]

### Witnesses:

Belinda Newth, Head of Quality & Experience  
Will Balakrishnan, Head of Insight & Innovation  
Frank Offer, Head of Market Strategy  
Clare Curran, Cabinet Member for Children  
Mary Lewis, Cabinet Member for Education

### Declarations of Interest:

None

### Key points raised during the discussion:

1. Officers outlined the Children, Schools and Families Commissioning plan, noting that it set out the challenges and service delivery objectives for SEND services. It was highlighted that this Plan feeds into the work of the Children and Young People Partnership Strategy.
2. It was noted by officers that the service was working closely with a significant number of partners to ensure that the service was working to deliver in a cost effective manner.
3. Several outcomes of the commissioning plan were highlighted by officers as key points of improvement:
  - a. Improving outcomes for children and vulnerable groups; and
  - b. Managing growing demand
4. It was noted that there was an increase in needs based demand, but that the service must work to manage this growing need with the requirement to make budgetary savings. It was stressed that Early Help would be a crucial aspect of ensuring delivery.
5. Officers highlighted that the service was shifting to a strength based model of delivery, highlighting the Safer Surrey practice guide as an example. It was explained that these models would ensure that there was sufficient support available to improve outcomes for service users.
6. The Committee questioned the proposed new approach of working with families. It was highlighted that there was a requirement to change the expectations of families and young people to how services are offered and delivered. Officers and the Cabinet Members stressed that this was a key concern, and that there was a need for a significant culture change in the service to achieve this. However, it was stressed that the service would maintain an in depth level of assessment to determine the needs of a child and what approach is working for the individual child. The Cabinet Member for Children also highlighted that there would be a fundamental change in how the service works with families, but that the service was looking at more inclusive ways of working with them to help resolve this issue.



7. The Committee questioned the disparity between the quality of education in general in comparison with poorer outcomes for vulnerable children. It was stressed that the service recognised the contradiction between these two outcomes and that it was a shortcoming of the service that needed to be addressed as part of this new strategy of commissioning.
8. The Cabinet Member for Education noted that the service, as part of its new Commissioning Plan, was moving to a more data focussed approach. It was highlighted that there was a greater requirement for provision of disadvantaged children and that improved datasets would help the service focus on individual children's needs more effectively and that the service needed to define the datasets used.
9. Officers responded to Member concerns regarding places to meet for families and young people. It was stressed that these were important for the wellbeing of both families and young people, but noted that there was a need to look into new ways of delivering these services. Officers explained that the service was working to build closer networks with partners to deliver services as part of the new commissioning plan.
10. Members highlighted the requirement for stability for disadvantaged children, particularly with relation to school places, but also with the need to ensure that accommodation is appropriate to ensure that children have good outcomes. Officers stressed that there was a need to ensure that school stability was achieved for young people, noting that instability and absence in schools was a key reason for poorer outcomes for disadvantaged children. It was also noted by the Cabinet Member for Children that the service was working closer with Early Help and accommodation providers to ensure that accommodation was appropriate and available for disadvantaged children to provide more positive outcomes and avoid issues in future.
11. Members noted that there was a requirement for £6.4 million in savings in 2018/19 and that this needed to be reconciled with how the service presents its key performance indicators (KPIs), noting that the KPIs for service plans detailed within the overarching CSF Commissioning plan were not outlined in the report. Officers stressed that the Commissioning Plan was a top level strategic document and that there was other data available within the individual commissioning plans which would be offered to the committee.
12. Officers noted that savings planned for 2017/18 were in progress, and that future savings were being identified. Members questioned whether the service could provide additional information to aid in measuring savings and targets set. Officers noted that there was scope to improve the datasets within the strategy. It was also suggested by officers that individual plans highlighted in the report could be looked into more closely in future by the Committee.

13. Officers confirmed that models of good practice in other comparable local authorities and partners had been observed and that officers had undertaken scoping visits to identify these instances of good practice. The Cabinet Member for Children also highlighted that they had been in contact with their peers in other local authorities and had identified instances of good practice and suggested ways to improve the Surrey offer.
14. The Committee suggested several amendments to the report regarding its role as a public facing document noting several areas of focus:
  - a. Members suggested that the language of the report reflect children as individuals as part of the commissioning plan;
  - b. It was noted that there should be a clear definition of Child Sexual Exploitation and suggested that it should be highlighted as unacceptable explicitly in the report;
  - c. It was suggested that the report should be presented as a public facing document and that officers note that there was a requirement to ensure that members of the public understand the commissioning process.

**Recommendations:**

The Committee recommends that:

1. The Chairmen to meet with service leads to scope which Programmes and Commissioning Plans will be considered by the Committee to assess progress against the CSF Strategic Actions.
2. That a summary of findings from these meetings will be circulated with the Committee before the next meeting of the Committee.

**7 YOUTH SERVICES - GOVERNANCE AND BUSINESS MANAGEMENT ARRANGEMENTS FOLLOW UP AUDIT 2016/17 [Item 7]**

**Witnesses:**

Nick Charalambous, Young People and Families Strategic Lead – East  
David John, Audit Performance Manager  
Tasneem Ali, Auditor

**Declarations of Interest:**

None

**Key points raised during the discussion:**

1. Officers outlined the actions undertaken by the service to resolve the recommendations highlighted as a priority. The youth services officers noted improvement in governance arrangements and continued work regarding the resolution of phone contract misuse.
2. The Audit Performance Manager highlighted that the risk register and ratings that had been assigned by the youth services had been

monitored by auditors to ensure progress.

3. Auditors noted that the ongoing self-audit was working to resolve longstanding issues undertaken by the service. It was also noted that internal audit had not yet undertaken a follow up audit, but that there would be one undertaken in future to monitor actions taken. However, auditors noted the positive progress highlighted in the self-audit.
4. Members questioned the misuse of mobile technology within the service. It was queried whether lessons learnt from the recuperating of misuses in mobile technology could be shared with other services to ensure good practice. Youth service officers stressed that they were sharing this good practice data with staff in youth services and with other services. Auditors also noted that they were also highlighting evidences of abuse within other services and ensuring that any irregularities were resolved.
5. The Committee were satisfied the current progress of youth services and highlighted that they welcomed a follow up audit.

#### **Recommendations**

1. That the Committee notes the audit report and Management Action Plan and requests that the follow up audit is shared with the Committee on its publication.

### **8 SEND DEVELOPMENT PLAN (2017 REFRESH) [Item 8]**

#### **Witnesses:**

Julie Stockdale, SEND & School Organisation Strategic Lead

#### **Declarations of Interest:**

None

#### **Key points raised during the discussion:**

1. Officers outlined the background of the Special Educational Needs and Disabilities reforms legislated by central government, noting that there was a requirement for the publication of a local offer in response to reforms in 2014. The SEND 2020 plan was published as an additional to this requirement and detailed the Surrey local offer. Officers followed that the plan put to the select committee was a refresh of this plan to take into account the Ofsted/Care Quality Commission (CQC) inspection of SEND services in October 2016 and the long term recommendations of the Written Statement of Action published in May 2017.
2. It was noted by officers that the SEND Improvement Board and SEND Partnership Board had influenced the changes in the SEND Development Plan. Officers noted that there was a culture of collaboration being developed within the service between the Children's Services and partners. Members highlighted and expressed

appreciation for the collaborative nature of these groups.

3. Officers highlighted opportunities to review the SEND services offer, noting that there was a potential to look into options to reduce costs to these services.
4. Officers highlighted that there were several (remove text) special schools being expanded and 2 successful new specialist free school bids in Surrey as part of the Development Plan. Members questioned where the funding was being allocated from. Officers explained that there was funding awarded by the Department for Education (DfE) to build two special needs Free Schools. It was also noted that specialist, purpose-built "Cullum Centres" have been funded by the Cullum Family Trust, with an SCC contribution, to serve children with high functioning autism, highlighting that the service was innovating to fund new ways of supporting Special Education Needs children.
5. Officers noted that there was demand within schools to deliver inclusive SEND services. Officers noted (remove text) that an index for inclusion had been developed for SCC in conjunction with all schools and partners.
6. Officers highlighted that there was a requirement to balance inclusion with the cost of the service to ensure that there was a quality and cost effective service in future.
7. Officers explained that the refreshed plan was to be published online in conjunction with the local offer.

**Recommendations:**

1. That the Select Committee to endorses the draft SEND Development Plan for publication.

**9 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES IMPROVEMENT TASK AND FINISH GROUP [Item 9]**

**Witnesses:**

None

**Declarations of Interest:**

None

**Key points raised during the discussion:**

1. Members noted the terms of reference of the Task and Finish Group and recommended that they be submitted to the Overview and Budget Scrutiny Board for approval.
2. Members noted that the proposed Membership for the Task and Finish Group was as follows:
  - a. Mark Brett-Warburton

- b. Chris Townsend
- c. Christopher Botten
- d. Tina Mountain
- e. Yvonna Lay

**10 PERFORMANCE MEMBER REFERENCE GROUP [Item 10]**

**Witnesses:**

None

**Declarations of Interest:**

None

**Key points raised during the discussion:**

1. Members noted the terms of reference of the Task and Finish Group and recommended that they be submitted to the Overview and Budget Scrutiny Board for approval with the addition of an emphasis for Key Performance Indicator analysis.
2. Members noted that the proposed Membership for the Task and Finish Group was as follows:
  - a. Mark Brett-Warburton
  - b. Chris Townsend
  - c. Tim Evans
  - d. Jeff Harris
  - e. Charlotte Morley

**11 FORWARD WORK PROGRAMME AND RECOMMENDATIONS TRACKER [Item 11]**

Members noted and approved the forward work programme.

**12 DATE OF THE NEXT MEETING [Item 12]**

The next meeting of the Committee will be held on 17 November 2017 at County Hall.

Meeting ended at: 12.00 pm

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**Chairman**

**Children and Education Select  
Committee  
17 November 2017  
Interim Director for Children's Services**



**Purpose of report:** Scrutiny of Services

**Background:**

1. The Director for Children's Services is a statutory role under section 18 of the Children's Act 2004. The statutory guidance for the role sets out the following:
 

“The DCS is responsible for securing the provision of services which address the needs of all children and young people, including the most disadvantaged and vulnerable, and their families and carers. In discharging these responsibilities, the DCS will work closely with other local partners to improve the outcomes and well-being of children and young people. The DCS is responsible for the performance of local authority functions relating to the education and social care of children and young people. The DCS is responsible for ensuring that effective systems are in place for discharging these functions, including where a local authority has commissioned any services from another provider rather than delivering them itself. The DCS should have regard to the General Principles of the United Nations Convention on the Rights of the Child (UNCRC) and ensure that children and young people are involved in the development and delivery of local services.”<sup>1</sup>
2. The committee will receive a brief update from the newly appointed Interim Director for Children's Services, Rose Durban, regarding service priorities for the next six months.

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**Report contact:** Rose Durban, Interim Director for Children's Services

**Contact details:**

rose.durban@surreycc.gov.uk  
0208 5417216

**Sources/background papers:**

*Directors of children's services: roles and responsibilities*, Department for Education, April 2013

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<sup>1</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/271429/directors\\_of\\_child\\_services\\_-\\_stat\\_guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271429/directors_of_child_services_-_stat_guidance.pdf)

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**Children and Education Select Committee**

**17 November 2017**

**Child and Adolescent Mental Health Services in Surrey**



**Purpose of report:** Scrutiny of Services

**Introduction:**

1. This report provides an overview of commissioned Child and Adolescent Mental Health Services (CAMHS) in Surrey. The report will outline:
  - a. national context
  - b. overview of commissioning responsibilities
  - c. overview of key commissioned services
  - d. overview of pathways to services
  - e. key challenges and performance management
  - f. financial summary
  - g. the experience for children, young people and families
  - h. next steps

**National picture**

2. The importance of good mental health in children and young people has been recognised nationally, for example:
 

Prevention and early identification of Emotional Wellbeing and Mental Health (EWMH) needs in Children and Young People is a key strand of 'Future in Mind' (2015). 'Future in Mind' defined NHS England's programme to transform CAMHS services and encouraged innovation, improved outcomes and service quality. Local Transformation Plans and priorities which resulted in CCGs receiving Transformation funding (2015-2020). The 'Five Year Forward View for Mental Health' (2016) set out the government vision for improving the mental health of children, young people, working-age adults and older people and achieving parity between physical health and mental health.
3. It is well documented that children and young people's EWMH impacts upon every area of their lives, from their educational achievements, their relationships with peers and with the adults with whom they come into

contact and the choices they make. Children and young people with good EWMH are more likely to be able to contribute and achieve, and good mental health is important for optimum physical health. Better outcomes for children and families, prevention and early intervention can contribute to a reduction in public spending. A collaborative, cross-partnership approach to prevention, early and timely access to intervention is essential in order to make a difference.

## Key Commissioners

4. The last re-procurement of CAMHS was an opportunity for Clinical Commissioning Groups (CCGs) and Surrey County Council (SCC) to commission joined up CAMHS and integrated pathways of care from a Lead Provider (with sub-contractors). This is delivered through two contracts: one for CCG specialist services funded by the 6 NHS Surrey CCGs and one contract for targeted services and the Behavioural and Emotional Neurodevelopmental (BEN) pathway managed by SCC and funded from a pooled budget (under Section 75 of the NHS Act 2006) with contributions from SCC and the NHS.
5. This report focuses on the Targeted contract which is led by SCC and funded jointly by SCC and CCGs. Out of scope are universal services, the community health providers contract and the CAMHS specialist contract (led and funded by the CCGs).
6. SCC has contractual control over targeted services for which it is responsible, and NHS contract management procedures ensure robust monitoring and hold the provider to account on behalf of SCC residents, whilst working collaboratively with NHS CCG partners to ensure seamless pathways of support for children, young people and their families. The current contract runs for a period from April 2016 – March 2019 with an opportunity to extend for a further two years.
7. Since these services were commissioned there have been a number of developments around the CAMHS commissioning context including the continuation of transformation funding providing support to enhance services, and the development of Sustainability and Transformation plans for partnership across health and care on a locality basis.
8. The current contract was ambitious with new pathways being commissioned in response to needs identified in the 2012 CAMHS needs assessment. New pathways included the BEN pathway and post order support, as well as pre diagnostic support to provide early intervention. Whilst some services have been well received, overall performance has been mixed which is explored further at paragraphs 24-31.
9. Areas of development being prioritised include:

- transformation funding for additional resource for CAMHS children in care service to support with co-ordinating out of county health and well-being arrangements and interventions for Surrey looked after children
- mapping and communication of local EWMH services that complement commissioned EWMH services followed by the development of communities of practice regular workshops to identify dynamic changes in what is available across the county and identify any gaps,
- further development of the BEN pathway.

### Current Targeted CAMH services

10. Targeted CAMHS provide early intervention work with vulnerable children and young people; sometimes these services are also referred to as 'Tier 2 CAMHS'.
11. Within Surrey a range of targeted services are currently provided by SABP, all of which are listed within **Annex 1**. One of the largest services within the targeted services contract is Primary Mental Health. This service consists of a number of Primary Mental Health Workers (PMHW's) who act as an interface between universal services for children, young people and their families and specialist CAMHS.
12. PMHWs' remit is to improve the capacity of universal services to promote emotional wellbeing and mental health to children, young people and their families. A significant aspect of this work with universal services is PMHWs delivery of Targeted Mental Health in Schools (TaMHS) Training. This training programme for school staff is designed to build upon their understanding of mental health and to enable the early identification and management of mental health difficulties in children and young people by school staff.
13. PMHWs also have the therapeutic skills necessary to deliver brief direct interventions to children and young people who are experiencing mild emotional wellbeing and mental health difficulties. PMHWs are commissioned to spend 60% of their time undertaking their consultation and training function and 40% of their time undertaking direct work with children and young people. Through the targeted services contract the PMHW role has been further sub-divided to provide more specialist input into particular service areas. For example, specifically supporting professionals and young people who work in or access the Family Service or the Learning Disability service.
14. Other services within the targeted contract work with different vulnerable groups. For example, the Parent Infant Mental Health Service (PIMHS) works to ensure optimum relationships between parents and infants where these relationships are at risk. The PIMHS service works collaboratively with expectant parents and parents, to enhance relationships within the family

and prevent a long term disorganised or insecure attachments between parent and child. Additionally, STARS (Sexual Trauma and Recovery Support) is a small service which provides support to children, young people and their families who have been affected by sexual abuse.

15. There are a number of services that specifically support Looked after Children, Post order children and Care leavers. These services focus on providing a range of consultative support to other professionals and therapeutic support to children, young people and their families. Ensuring the impact of trauma, abuse or neglect in the lives of children and young people is properly considered when identifying appropriate interventions. These services aim to improve health and well-being outcomes for some of our most at risk children and can play a key role in reducing placement breakdown.
16. The Post Order Support Service Provides mental health and therapeutic support to best meet the needs of the children and young people who have been adopted or are subject to special guardianship orders (SGOs) to help prevent placement breakdown and improve family relationships.
17. The BEN pathway was commissioned with significant additional funding and provides a single point of referral for the identification and management of children and young people presenting with a broad range of behavioural symptoms. Upon receipt and evaluation of screening children, young people and their families are signposted to appropriate diagnostic assessment and offered pre-diagnostic support i.e. information, guidance, consultation, advice, promotion, capacity building and reduction around stigma
18. The STARS service was commissioned to support Children and Young People who have suffered sexual abuse and support their recovery.
19. HOPE and EXTENDED HOPE – is a multi agency/disciplinary service jointly commissioned to prevent children and young people from having an unnecessary admission to an adolescent psychiatric bed. The Hope service provides an intensive outreach community support package alongside a therapeutic day programme for children and young people whose needs cannot be met by one agency alone and require intensive support. The Hope service helps to prevent or shorten young people being admitted to an inpatient unit or being placed in an out of county placement. Extended Hope provides an out of hours intervention, assessment service and respite beds (for up to 10 days) for children and young people who are experiencing an emotional/mental health crisis.

### **Specialist Services**

20. The Surrey CCG Collaborative funds the contract for Specialist CAMHS Services provision with Surrey and Borders Partnership NHS Foundation Trust (SABP). The contract is led by NHS Guildford and Waverley CCG, on

behalf of the other CCGs as Associates: NHS East Surrey, North East Hampshire and Farnham, North West Surrey, Surrey Downs and Surrey Heath CCGs.

21. The Specialist CAMHS Services (formerly known as Tier 3 services) are: -
- Community CAMHS
  - Children and Young People Learning Disability Service
  - Eating Disorders service
  - Mindful Service (for 16-25 year olds)

### Access to services

22. Targeted services have a single point of contact for referrals and the booking of appointments called CAMHS One Stop. All referrals can be made by phone, website or letter. Referrals can be made by health, social care and education practitioners
23. SABP work with a number of partners to deliver the service. These include :
- **Beacon UK** – deliver the One Stop
  - **Xenzone** offers BACP (British Association of Counselling and Psychotherapy) accredited online counselling, self-help and moderated peer support via the award-winning Kooth.com
  - **Surrey's Family Service** lead the development and implementation of a NoLabels Service to engage with young people who are leading chaotic lives and do not readily engage with services
  - The **National Autistic Society**, children's charity **Barnardo's** and technology from **Brain in Hand** deliver peer support networks, digital health apps and accredited pre/post parenting support programmes for children and young people with behavioural issues, emotional problems and neuro-disability.
  - Other voluntary sector organisations in Surrey including **Heads Together, Learning Space, Eikon, The Lifetrain Trust, Reflex Working, Step by Step** and **Relate West Surrey** will also offer specialist services for groups of children aged six upwards.

### Performance overview and key areas of challenge

24. We are now mid - way through the contract and it is important to review what is working well and what needs to improve.

25. Performance management is carried out in line with the contract management conditions for NHS contracts. This includes a Contract Review Meeting looking at activity levels and performance, and a monthly Contract Quality Review meeting focusing on quality issues including performance around wait times and the experience of children, young people and families. Outcome information is provided on a quarterly basis through subcontracted services.
26. Whilst there are robust arrangements for contract management, obtaining meaningful data has been challenging due to a number of issues including: capability of the data capture system, inconsistent practice in recording activity and limitations of data capture. This has impacted upon the ability to fully understand the performance picture across services.
27. Although some recorded waiting times are due to data difficulties, some service waiting times are still too long, particularly in BEN and Post-Order. Within BEN there are issues around access to support while children wait for a medical diagnosis.
28. A small sample of case studies suggests that while service-users rate the service as good, they are not satisfied with the referral and discharge processes.
29. Further work needs to be done on improving the reputation of CAMHS, particularly among schools, and delivering the message about what support is available and how to access it.
30. To support improvements in performance SCC and the CCG - after seeking to resolve the issue with SABP without success - invoked a formal remedial action plan on SABP in line with contractual measures. The focus on the action plan was on the following areas :
  - a. how and when accurate reports will be developed for activity data against agreed contract levels for referrals, assessments and treatments for each service area ,
  - b. how and when accurate reports will be developed for waiting times from referral to assessment for each service area
  - c. how and when accurate reports will be developed for waiting times from referral to treatment for each service area
  - d. Detailed proposals for efficiency savings in 2018-19, recognising these will not impact on front line delivery
31. This plan is currently monitored on a monthly basis. SABP are working on improving data quality and producing a meaningful dashboard of key performance indicators with the ability to drill down on data. Improvements to data quality are showing an increase in activity closer to agreed contracted levels. However challenges on data showing impact and performance

improvement remain. The plan concluded on 31 October 2017 and will be formally reviewed after all relevant data has been analysed. A meeting for the formal review is scheduled for late December 2017.

The performance dashboard allows commissioners to see a range of data:

- Activity
- Wait times for referral to assessment and treatment
- Caseloads

### Finance and VFM implications

32. The total budget for CAMHS Services in 2017/18 is £8.318m. SCC fund £5.079m of this (including a £0.733m contribution from the Dedicated Schools Grant for Hope), the CCGs fund £2.974m with the balancing amount of £0.265m coming from the Social innovation fund for Extended Hope.

33. The majority of services within SCC are funded via a pooled budget arrangement (S75) between SCC and the 6 CCGs however there are services provided outside this arrangement. The below table sets out the three funding arrangements, alongside the budgets for 2017/18.

**Table 1: Total CAMHS Expenditure 2017/18**

	2017/18 Total CAMHS Budget £m	2017/18 SCC Funding £m	2017/18 CCG Funding £m	2017/18 DfE Innovation Funding £m
S75 Agreement	5.658	2.884	2.774	0.000
Extended Hope*	0.665	0.200	0.200	0.265
Other SCC Funding	1.995	1.995	0.000	0.000
<b>Total Expenditure inc DfE Funding</b>	<b>8.318</b>	<b>5.079</b>	<b>2.974</b>	<b>0.265</b>

\*The CCG contribution is via transformation funding

34. During the budget setting process for 2016/17 SCC agreed £1.9m of additional funding for CAMHS Services with the CCGs contributing an additional £1.0m. This additional funding was invested in the CAMHS Targeted Contract. £1.9m of this additional funding was invested in the BEN pathway, a new service in 2016/17.

35. Table 2 sets out the value of CAMHS Services within SCC that are provided for under the targeted contract and the level of services which sit outside of this contract. £4.155m of funding for the targeted contract comes via the S75 agreement with the remaining £0.997m being funded by SCC outside of this agreement. The targeted contract is not a traditional block contract arrangement, the total contract price is the maximum value that SCC will pay with respect to the services received however if the contract costs less to deliver than the agreed contract price SCC will only reimburse in line with actual spend.

**Table 2: CAMHS Services Breakdown**

	2017/18 Budget £m	2017/18 SCC Funding £m	2017/18 CCG Funding £m	2017/18 DfE Innovation Funding £m
Surrey and Borders Targeted Contract	5.152	3.117	2.035	0.000
Community Providers Contract*	0.286	0.146	0.140	0.000
SCC In-house Services	2.880	1.816	0.799	0.265
<b>Total CAMHS Services</b>	<b>8.318</b>	<b>5.079</b>	<b>2.974</b>	<b>0.265</b>

\*CAMHS Community Nurses for Schools and Parent Mental Infant Health Service Contract

### Inclusion and Experience of CYP and families

36. Including Children, young people and families is key to the ongoing development of the services. Commissioners work closely with the CAMHS Youth Advisors, Family Voice, Healthwatch and others to seek feedback specifically :
- there is representation in the ongoing contract management meetings
  - involvement in the CCG led annual review and
  - involvement in future needs assessment and commissioning strategy Development
37. Feedback from children young people families and practitioners suggests that the experience of CAMHS is **mixed**

It is good for those who

- get timely access
- receive support from sub-contracted pre diagnostic service
- may require crisis care eg HOPE / EXTENDED HOPE



What needs improving:

- timely access to services, and services whilst waiting
- reduce waiting times to assessment and treatment
- parents and carers would like better join up across CAMHS professionals and agencies
- experience and information for parents and carers when referring

<b>Conclusions and next steps:</b>
------------------------------------

Whilst there are challenges with the ongoing perception of CAMHS and mixed performance, the Commissioners and providers and will continue to work together to address challenges and develop the services to meet need. This will be done through:

- Ongoing performance monitoring to see impact of services, and improving experience across all services
- Development of CAMHS needs assessment incorporating views of children, young people and families
- Development of Joint EWMH commissioning strategy to inform future commissioning

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**Report contact:**

Frank Offer - Head of Market Strategy, SCC 020 8541 9507

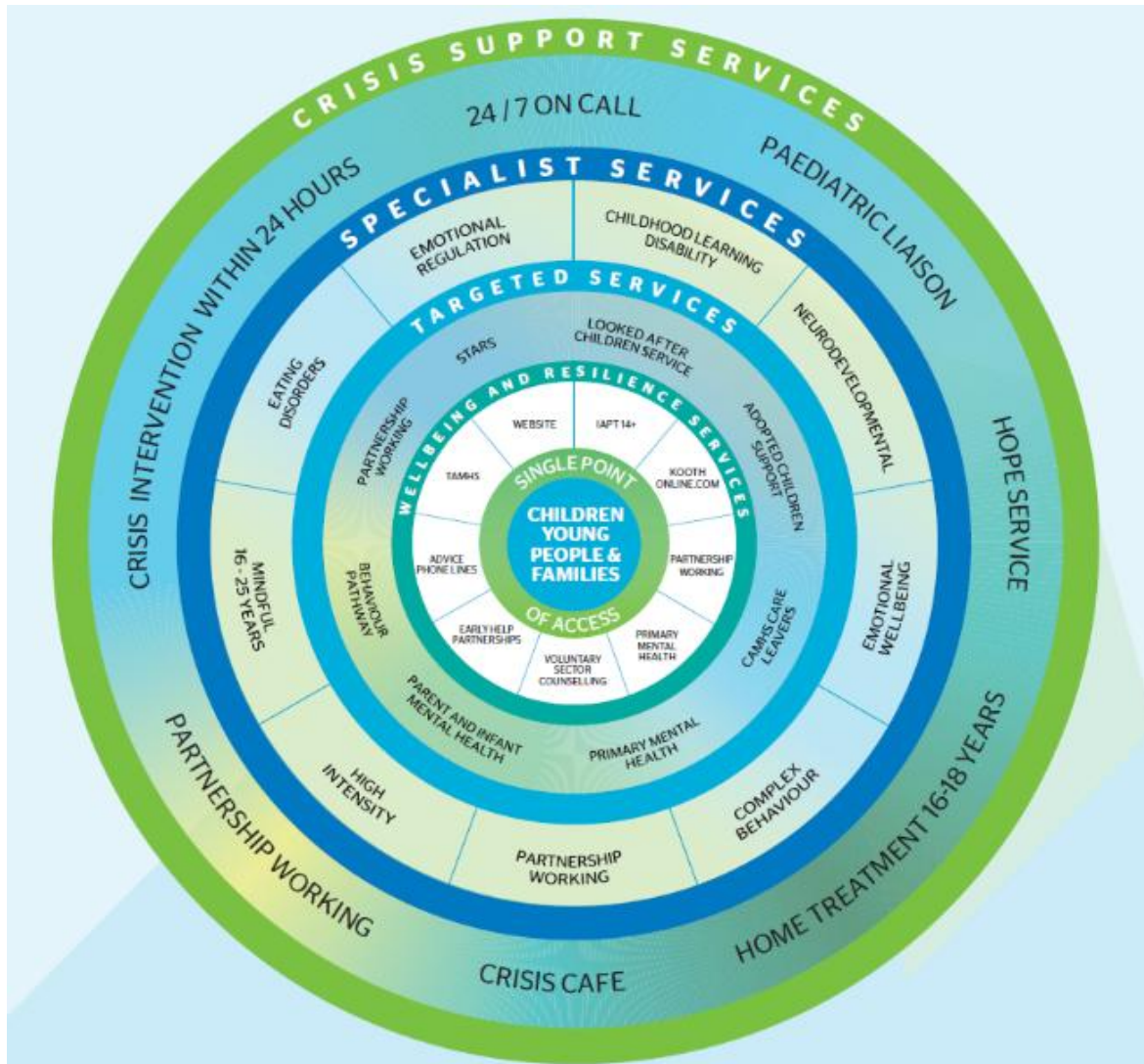
Sam Morrison – Principal Commissioning Manager 020 8541 8627

Sue Robertson – Acting Deputy Director of Children’s Commissioning, Surrey CCG  
Children’s Commissioning Team 07703 885773

Laura Hoyles – CAMHS Service Development Manager 01372 833226

**Contact details:** [frank.offer@surreycc.gov.uk](mailto:frank.offer@surreycc.gov.uk)

Annex 1



Source: SABP CAMHS Service Model<sup>i</sup>

<sup>i</sup> Surrey and Borders Partnership NHS Foundation Trust (2016) *Creating a new vision for Surrey CAMHS* p.4. Available at: <http://www.sabp.nhs.uk/services/mental-health/young-people/camhs-mental-health-services/about/camhs-leaflet> accessed 02/08/17

# Child and Adolescent Mental Health Services in Surrey

Children's and Education Select  
Committee  
November 2017

# CAMHS in Surrey (1)

Estimated that 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.

With a projected growth of Surrey's CYP population and a greater awareness of the need for good emotional wellbeing and mental health there could be an increase in demand on child and adolescent mental health services.

A person can develop poor mental health and lower levels of resilience at any stage of their life however key factors can increase the likelihood of a CYP person. Key vulnerable groups include Looked After Children, Care Leavers, Children in Need, CYP who are being looked after under a SGO or adoption order and CYP who are SEND.

# CAMHS in Surrey (2)

In Surrey Emotional Wellbeing and Mental Health services are commissioned from universal to acute provision with a key focus on early intervention and identification and targeted services for vulnerable groups.

Universal services – eg: School nurses, TAMHS, early help services

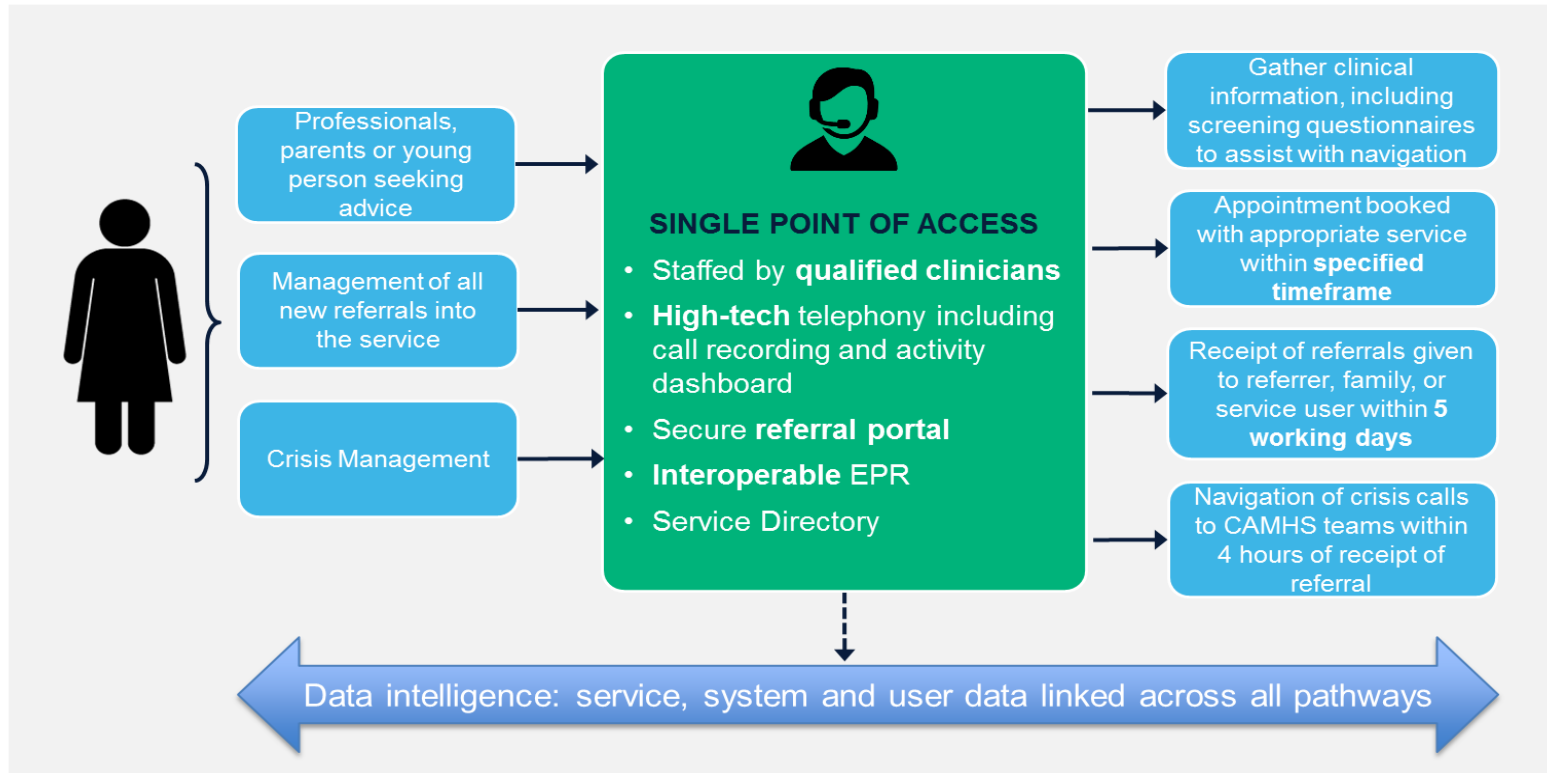
Targeted Services – Jointly commissioned by SCC and the CCG's and focused on vulnerable groups eg Looked after Children, BEN

Specialist Services – Commissioned by the CCG's eg Eating disorders, Mindful

Acute – inpatient care

# Single Point of Access- The One Stop

Beacon's single point of access provides one route for referrers, service users and carers to access a range of mental health needs, meaning there's no wrong door.



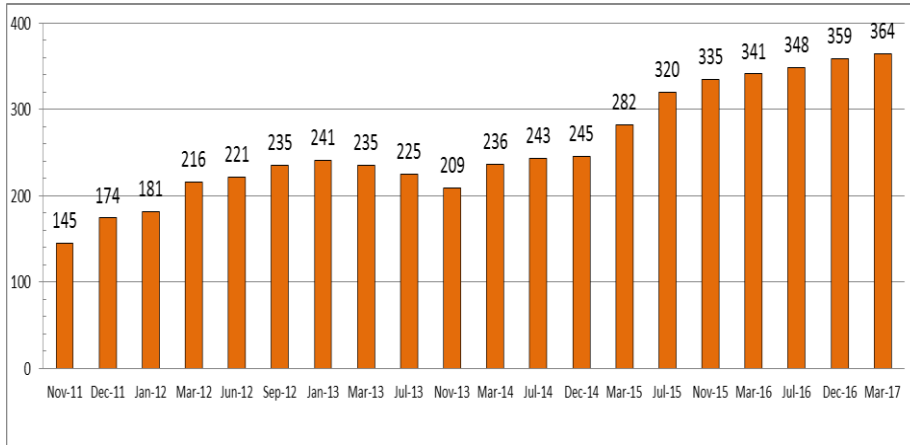
# Targeted CAMHS pathways



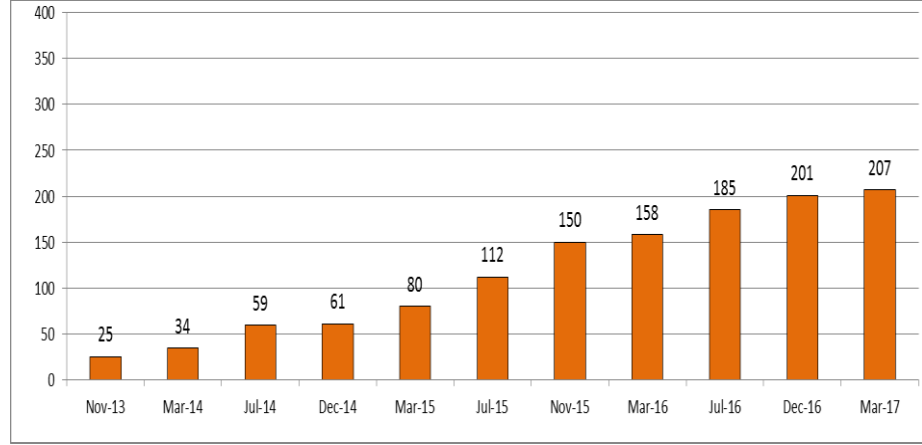
- Primary Mental Health
- 3Cs Looked After Children
- Post Order Children
- CAMHS Care Leavers
- STARS (Sexual Trauma and Recovery Support)
- PIMHS (Parent and Infant MH Service)
- Behaviour Pathway for children with Neurodevelopmental Disorders
- Extended HOPE
- Hope Service Intensive day and outreach service support for 11-18 year olds experiencing complex mental health and social care needs

# Targeted Mental Health in Schools (TaMHS) – March 2017

## Number of schools engaged with TaMHS



## Number of schools engaged with their PMHW



## What is this data telling us?

In March 2017, the TaMHS service was engaged with 364 schools (93% of State schools for 5-18 year-olds). This is another encouraging increase in engagement. The service has engaged with 5 more schools since December and with 23 more schools since March last year.

207 schools now have regular meetings with their Primary Mental Health Worker (PMHW). This is 6 more schools than in December and 49 more schools than in March last year.

## The Context and more information

Source: The information shown in the charts above is from a termly report produced by Babcock 4S. The report includes the number of State schools, for 5-18 year-olds, that are engaged with TaMHS; the number of schools trained; the number that have regular consultation meetings with PMHWs; schools receiving “bespoke” training; and attendance at network meetings.



# Targeted Services (1)

## CAMHS Children in Care Service (3Cs)

- From April 2016 to April 2017 – Over 200 young people and their foster carers received a service from 3Cs.
- 100 specialist therapeutic assessments were completed with 78 going on to further specialist treatment
- 199 Foster carer sessions were provided along- side another 35 facilitated foster carer group sessions
- 3C's devised, planned and delivered 28 tailor-made training events to partner agencies such as Surrey county council, SENCO and education, and the LAC nurses.

## CAMHS Care Leavers Service

- care leavers have been provided monthly training and reflective groups and offered to Surrey social service personal advisors service
- training workshops on self-harm at the annual Surrey residential conference as well as training on PTSD, anxiety management for care leavers personal assistants.

# Targeted Services (2)

## CAMHS Services for Children placed Out of County and unaccompanied asylum seeking children

- The service has recently recruited to 2 entirely new posts that will support young people placed out of county as well as a post dedicated to supporting unaccompanied asylum seeking children funded by Transformation funding.

## STARS (Sexual Trauma And Recovery Service)

- Providing individual and group based interventions for children young people who have been victims of serious sexual assaults
- The team have been invited to run specific training twice a year for the Surrey safeguarding multi-agency programme

# Financial Overview

	2017/18 Budget £m	2017/18 SCC Funding £m	2017/18 CCG Funding £m	2017/18 DfE Innovation Funding £m
Surrey and Borders Targeted Contract	5.152	3.117	2.035	0.000
Community Providers Contract*	0.286	0.146	0.140	0.000
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<b>Total CAMHS Services</b>	<b>8.318</b>	<b>5.079</b>	<b>2.974</b>	<b>0.265</b>

\*CAMHS Community Nurses for Schools and Parent Mental Infant Health Service Contract

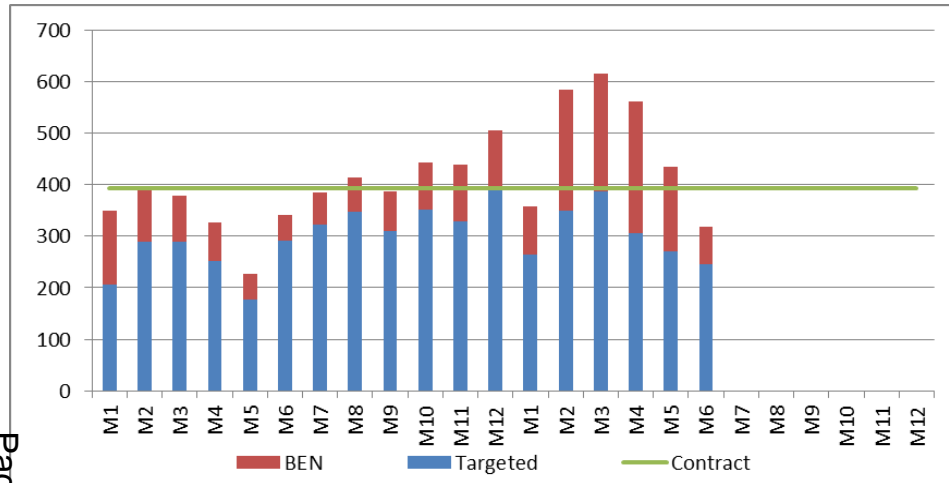
- The total budget for Targeted CAMHS in 2017/18 is £8.318m.
- SCC fund £5.079m of this (including a £0.733m contribution from the DSG for Hope),
- CCGs fund £2.974m with the balancing amount of £0.265m coming from the Social innovation fund for Extended Hope.
- The majority of services within SCC are funded via a pooled budget arrangement (S75) between SCC and the 6 CCGs. However there are services provided outside this arrangement

# Performance Management

- Contract Management Arrangements
- Governance
- Remedial Action Plan

# Performance Summary (SABP)

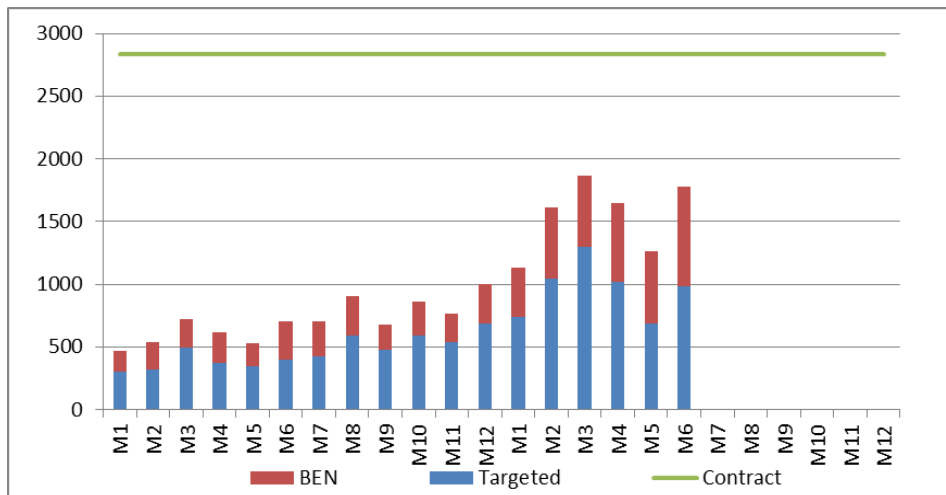
## Referrals



- Referral Levels for the first half of the contract are in the below table.

Referral Levels	Targeted Contract	BEN Pathway
Month 1-6 2017/18	1821	1053
Month 1-6 2016/17	1507	507
Indicative Activity	1134	1227

## Activities



- Recent reporting and data quality improvements have led to increased reported levels of activity, which were previously not visible. Ongoing work is required to ensure data is captured inline with the contractual targets, and those targets are appropriate to the resource level commissioned and the service delivery.

# Waiting Times in Targeted Services

There are **no** waits in the following services:

- **CAMHS Care Leavers**
- **HOPE and Extended Hope**
- **PIMHS (Parent and Infant MH Service)**

In the following services waits are minimal and in response to the choices that young people make about when and where they receive services from:

- **3Cs Looked After Children**
- **STARS (Sexual Trauma and Recovery Support)**

# Waiting Times in Targeted Services

There are waits in the **Behaviour Pathway for children with Neurodevelopmental Disorders (BEN)** and the **Primary Mental Health Team (PMHT)**

- Due to the higher than expected demand on the BEN Pathway, average waiting times from referral to assessment have increased during the first six months of this year from 78 working days in April to 153 working days in September, which equates to 30 weeks.
- The average length of time from referral to treatment for the BEN Pathway has decreased from 140 working days in April to 114 working days in September, which equates to 23 weeks. Work is ongoing to effectively utilise capacity in response to demand.
- The BEN pathway includes support to parents which is provided by Barnados and this is programmed usually within 6 to 8 weeks of referral. The triage and screening contacts include clinical tools that support diagnosis. Audit has demonstrated that 90% of assessments undertaken lead to a diagnosis which suggests effective triage and screening and early identification of children and young people who require different kinds of support for their presenting needs.
- There is a reported wait to the first appointment of 66 days (September 2017) within the Primary Mental Health Team, this has been in part due to workforce challenges which are resolving.
- Wherever appropriate Children and Carers are given access to services provided by our partner organisations which ensures immediate access to a full range of different kinds of support, information and online services.

# Experience of Children Young People and Families

The experience of CAMHS is **mixed**

- It is good for those who
  - get timely access
  - receive support from sub-contracted pre diagnostic service
  - may require crisis care eg HOPE / EXTENDED HOPE
  
- What needs improving
  - timely access to services, and services whilst waiting
  - reduce waiting times to assessment and treatment
  - parents and carers would like better join up across CAMHS professionals and agencies
  - experience and information for parents and carers when referring



# Feedback from Children and Young People



REDHILL CYA



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To Dr Mura  
 I would like to see you again  
 please?  
 Thank you for everything you've  
 done.  
 (from \_\_\_\_\_ age 6)

you  
 The  
 best

# Eikon and Partners Counselling and One-to-one Support

## Satisfaction

Satisfied with service

Recommend to a friend

## IMPACT

Improvement

Same

Worse

250 Respondents

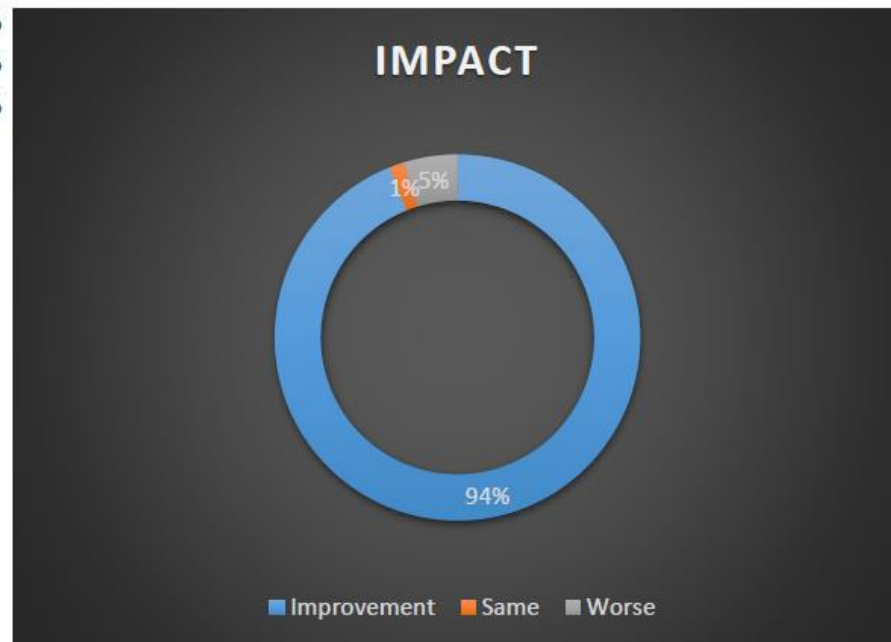
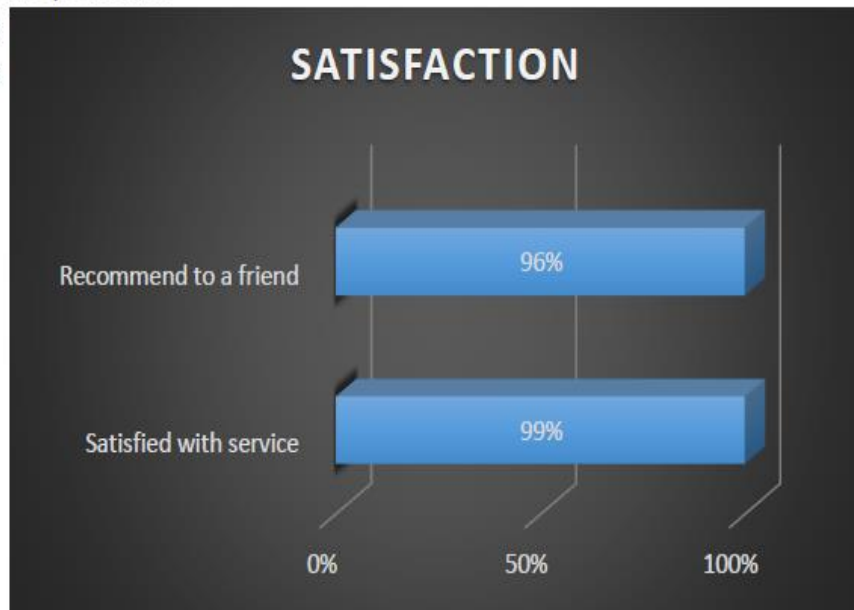
94%

1%

5%

109 Respondents

99%  
96%  
Page 36



# Learning Space :

help CYP with issues such as confidence, self-esteem, anxiety, anger, bereavement, bullying, friendships and family issues.

- Children and young people had a **positive experience** from eight sessions of *Learning Space* intervention
- Mothers in particular saw the greatest **improvement in their children's emotional wellbeing** with one mother stating that angry outbursts were reduced by 50%
- Parents received support with **coping strategies** that helped children and young people's emotional wellbeing
- **Schools also recorded seeing positive outcomes** from intervention with one teacher stating during parents evening that they noticed a positive change in the child's attitude and an improvement in learning

# Learning Space – James' journey

James is a 17-year-old young man studying A Levels

He was referred to Learning Space to help with extreme anxiety.

He wanted to work on managing his anxiety and not to feel as though he was annoying everyone by fidgeting. James was very conscious of bodily reactions which included profuse hand sweating

Initially he found it difficult to walk in the room and any form of communication/movement was a constant struggle for him.

Our sessions largely focused on supporting him to feel as comfortable as possible, for him to feel in control and to monitor, recognise and identify progress made, session by session.

Between us we developed a structure for each of the sessions. We set agreed timings, using an alarm, along with a large scale so that James could monitor and communicate his levels of anxiety and control the length of his session.

We spent some time exploring his understanding of anxiety, his safe space, where he would like to be and what that would look like. He had found this useful and could recognise that coming to our weekly sessions and pushing himself was a brave step forwards in managing his anxiety.

Between us we worked on a report / toolkit that he could share with his school to help them understand and support his anxiety.

We spent a large part of the sessions developing communication skills. We did this using talking games/icebreakers. These enabled him to identify a further goal. He wanted to be able to engage in small talk, particularly with adults. The icebreakers pushed him each week to develop these skills to the point of having lengthier conversations using appropriate skills of enquiry, listening, reflection and explanation. This had been an unexpected positive outcome for him and his evaluation made the following observation;

“The talking activities have been helpful. Practising conversation techniques will be helpful to me in the future. This was unexpected as I didn't think this would happen as part of the sessions. This has been very important to me.”



# Relate West Surrey :

## provide young people's counselling for young people aged 10-18

- Children and young people co-create their own goals and strategies so that they feel empowered to take control of the key issues that are impacting their emotional wellbeing
- One young person said that they felt better equipped to cope with life and that she had strategies to help her cope with challenges
- Improved learning outcomes one young person said that 'his maths grade had improved from a 4 (average) to a 6 (well above average)' during the six weeks counselling sessions

# YMCA East Surrey Heads Together : core service is one-to-one counselling for young people aged 14-25.

- After receiving support one young person reported that they felt really happy after five sessions and that they got what they wanted from counselling and did not need the last session
- A young person who was struggling with workload at sixth form, had low mood and had lost motivation said that after CAMHS intervention that he could not image how his life had felt just six weeks previously
- A young person who was struggling with low self-esteem and anxiety said that she was able to gradually accept that she did not need to be like other people and felt it was ok to

# Josie's Story

- Josie's grandmother was diagnosed with dementia when she was eight years old and passed away when she was thirteen.
- Josie could not stop thinking about her grandmother and started to self harm and the only person she felt she could confide in was her best friend who placed in a clinic for anorexia.
- Josie then began suffering from panic attacks and low moods which impacted on her school attendance and performance at school
- When Josie told her mum how she felt they went to the GP together and was referred onto CAMHS.
- Josie received treatment for two years, which included bereavement counselling, coping strategies for her anxiety and medication. The CAMHS service also helped her to 'understand self harm wasn't the answer and it won't help in the long run.'
- Josie says that she is 'grateful for everything CAMHS did for me as they helped me become a happier person and realise how important I am. They lifted a huge weight off my shoulders. I will never forget the advice they gave me.'

# Transitioning from CAMHS to Adult Mental Health Services

- A young person who was receiving support from CAMHS for intense periods of depression was informed when they were turning 18 that they would be transferred to adult services. The young person said that they felt 'terror' that every appointment they had with their CAMHS worker was closer to losing their support.
- When the young person voiced their fear it was agreed that the transfer would be gradual until they felt ready to leave CAMHS
- As part of the transfer the young person did not have to repeat her story so that she would not have to 'explain everything again' and once the young person 'felt happy and ready to leave CAMHS' they were transferred to adult services
- The young person said that they still have bad periods but is able to attend college regularly. They also said that 'I really get along with my adult services team, and without them I don't think I would have achieved half of what I have done in my adult life.'



# HOPE

- Young Person (YP) was referred to the Hope Service following an increase in her risk, frequent attendances at A&E and being repeatedly detained under section 136 (MHA 1983) by Surrey Police.
- Hope staff assessed YP and devised a joint care plan which provided YP with the appropriate mental health support, provided the family with the support they required and ensured that all professionals involved were working collaboratively with cohesive aims and goals.
- YP started in the Hope day programme a 3 days a week, in conjunction with YSS providing support and encouragement for YP to attend the 'Ready for Work' programme to build her skills and knowledge in preparation for working in the future.
- YP engaged positively with the therapeutic day programme. YP's attendance was 100% which reflects her commitment to the day programme. YP was able to engage with the transition plan to return home with support from the professional network. Parents were also provided with consistent support and clear communication from Hope staff to ensure they were equipped and resourced to be able to manage YP's behaviour safely and effectively at home.
- Parents attended the Parents and Carers Group at Hope and found this helpful. They also had regular meetings with the key professionals involved for updates on YP's behaviour.

# HOPE / Extended HOPE

- Young Person (YP) was referred to the Extended Hope service via the Emergency Duty team (EDT). He had been arrested for ABH and assault earlier that day after an altercation with his mother and had been held at a local police custody suite for most of the day. Police had contacted EDT with concerns for YP's welfare and feeling that he would benefit from a mental health assessment.
- YP had witnessed domestic violence towards his mother; He has a diagnosis of ADHD. YP has a long history of contact with the Police
- On the day that YP was arrested it was alleged that he put his hands round mum's throat and pushed her, it was unclear what had started this altercation but later YP stated that his mum had pushed him too. Mum had felt that she could not manage this behaviour any longer and had called the police.
- At this time mum did not feel able to have him at home. She felt that at this time he was a danger to her and his 2 year old twin siblings. Mum felt that YP's ADHD, particularly since he stopped taking medication, was having a direct impact on his behaviour.
- It was felt that due to his emotional/mental health crisis and his lack of appropriate placement, it would be most appropriate for him to be admitted to Hope house. YP was admitted to Hope house from Monday 25<sup>th</sup> July and discharged on Friday 29<sup>th</sup> July. During this time he was offered a psychiatric review which he engaged in.
- Extended Hope were also able to contact CAMHS community team and ask them to follow up with an ADHD review and possible medication review.
- On leaving Hope house YP was able to return home, instead of there being a complete family breakdown and YP becoming looked after.

Whilst some children and young people have had good experiences there are still some children, young people and families who have not had a positive experience...

# Healthwatch Surrey (1)

Information based on:

- 25 experiences from 13 individuals
- Date of interaction: July 2016 – June 2017
- Source of interaction: Engagement Events(16), CAB (1), Telephone (4)

## Feedback

‘(Late) last year we were referred to Ashford Hospital with my (teenage son) who is Autistic and is experiencing mental health problems. We were told that they would refer us to CAMHS as my son needed to be put on the BEN Pathway urgently...We did not hear anything from CAMHS so at the start of the year I called them to see what was going on. The explained that they had not received the referral...they said that the team had been cut from 12 people to 3, and so my son would be waiting 2 years to be put on the BEN Pathway...It’s absolutely ridiculous and has left us lost in between’

*Parent, June 2017*

# Healthwatch Surrey (2)

‘My daughter is extremely suicidal and does not have the help and support she needs. CAMHS have been okay but it takes weeks and weeks to see someone once they’ve been referred. She waited 9 weeks from referral to initial appointment. In that time she became extremely suicidal and there was nothing in place for her between the GP referral and the initial appointment’

*Parent, November 2016*

‘My son has a mental illness. When he turned 18 CAMHS could no longer support him... The MH (mental health) support shouldn’t stop because of age’

*Parent, November 2016*

‘There are loads of problems with mental health referral times as they are too long and CAMHS are ‘batting back’ referrals deemed not serious enough. This is frustrating as they have no where else to turn’

*Health Visitor, July 2016*

# Family Voice Surrey Survey (1)

## October 2017

96 responses

•All parents except, 1 young person ,1 grandparent Includes 2 adoptive parents

Findings - 1

### Overall – CAMHS NOT PERFORMING WELL

#### Referral

- Mixed response - 64% said process Ok or better, but this conceals a more complex picture: referral difficult for significant numbers due to *a) need to find supportive professionals b) often having to escalate as child worsens*
- GPs (52%) and health dominate referrals at over 73% - why is this?
- Only 14% aware of Single point of Access support for families in waiting time

#### Assessment

- 64% accepted for treatment: 36% rejection even though professionals referring: what happens next under ‘no wrong door’ approach?
- Threshold criteria for having an assessment unclear; concern at needing ‘crisis’ or ‘suicide’ to get seen – does this follow on from rejection?
- Long waiting times – 52% waiting for over 3 months: 23% over 6 months
- Only 8% receiving support or action while waiting (same for Treatment)

October 2017

## Family Voice Surrey Survey (2)

October 2017

### Treatment

- Shorter waiting times than to Assessment - 85% of those offered treatment seen in under 3 months and 46% in under 1 month
- 70% were not aware of Care Plans in place
- Only 11% or less said location, times or facilities not convenient or not suitable - but room for improvement
- 61% said treatment not effective, 6% effective: 52% said not timely, 10% timely
- 57% said not or little involved in setting goals and outcomes and only 19% said fully involved

### Discharge

- 58% said treatment outcomes not achieved at all: 7% mostly achieved
- 88% said transfer to other services not well managed: 2% well managed
- Only 3% aware of Health & Wellbeing Plans being in place
- 81% said not at all satisfied with post discharge support

## Family Voice Surrey Survey (3)

October 2017

### Re-referral

- 80% of re-referrals were to previous service used - possible link here to outcomes / effectiveness feedback?
- 77% said re-referral process not at all straightforward or only a little

### Crisis

- 22% of respondents had at least 1 crisis event in last year
- Many service routes used, but GP route predominated

### General

- 33%/37% said were well to quite well informed/ included and 22%/27% said well to quite well supported/ advised by service staff – so room for improvement
- 80% said staff were sympathetic, 60% helpful but only 50% said knowledgeable and 38% informative – again room for improvement

**No systematic collection of user experience to drive performance and transformation and assure stakeholders.**



# Family Voice Surrey

## Key findings summary

Survey respondents overall say:

- CAMHS NOT PERFORMING WELL – across many aspects of the services
- COMMUNICATION LACKING – in all aspects of service delivery and improvement: with children, young people, families and with wider stakeholders
- Service TRANSFORMATION not delivered

FVS wishes to see:

- Systematic collection of user experience by Mindsight to drive performance and transformation and assure stakeholders
- SaBP embed child and family experience measurement in CAMHS processes to build the evidence base and use to guide/ transform!

## ACTIONS

### Referral

- Clarify/ communicate/ train – who can refer
- Consider move to self-referral - as in CAMHS plan for later in contract
- Make sure SPA support for families available and made known

### Assessment and Treatment

- Reduce waiting times – assessment and treatment
  - with support and treatment while waiting
- Make service ‘child and family centred’
  - timely information and informed decision making
  - continue to improve locations/ facilities/ times / in consultation with users
- Involve children and families - in Care Plan, setting outcomes, agreeing progress, agreeing discharge
- Value and measure family and young person experience/ use to drive change

## ACTIONS

### Discharge

- Improve transfers to other services on discharge
- Ensure Health & Wellbeing Plan in place and 'owned' by child and family

### Re-referral

- Make process straightforward and with timely response

### Crisis

- Improve pathways for crisis – child and family awareness/ services prepared
- Use cases to ID how crises can be reduced, especially admissions

### General

- Improve information/ knowledge sharing from CAMHS staff
- Improve support/ advice/ training for parent carers
- Improve communication to children, young people and families and wider stakeholders

**Overall, embed child and family experience measurement in CAMHS processes – build the evidence base and use to guide/ transform!**

# Family Voice Case study

- Daughter with elective mutism, autism, anxiety and depression, leading to suicidal thoughts.
- Got refused twice from referral by GP and social worker, as another CAMHS team had already rejected so they sided with the previous decision not to support our family despite my daughter being in crisis.
- October 2016: referred to St Thomas' hospital by GP. She is put on medication and starts to make progress.
- The Evelina push hard to get Surrey CAMHS to get the help the daughter needs.
- March 2017: Daughter back in crisis, refusing food, water and sleep, and self-harming. She is admitted to a Tier 4 setting.
- Today: now under Hope service, which parent describes as “fantastic. The weekly mental health visits from the Hope team are very supportive. Lots of help from a dedicated nurse to support [my daughter].”
- She goes on to say: “It’s great but came too late. My daughter was only able to access the Hope service now that she is 11. This should have been available three years ago when she was last discharged.”
- “The referral process was very slow as our daughter was not under any CAMHS and the local CAMHS refused to help. [Practitioners need to] listen to the parents who are acting in their child's best interest and improve communication with all parties. Phone and emails were completely ignored by CAMHS until escalated by another hospital trying to support our daughter.”

# Family Voice case study

- Karen's eldest daughter has multiple complex health issues. She has always had a level of anxiety and claustrophobia but this is getting worse. She attends a very supportive secondary school and has recently been granted an EHCP, though the paperwork hasn't come through. Karen says she is very happy with the support her daughter is getting at school and she has a good relationship with them.
- She sought a referral to CAMHS regarding the escalating anxiety and claustrophobia as these are impacting her day to day life and that of her family significantly. She has a lot of signs of Asperger's and believes that a diagnosis, if appropriate, would ensure she and the school can help her daughter more effectively.
- She describes her GP as 'a fantastic GP' who knows the family and listens and responds to their needs and when they requested a referral, did it right away. This part of the process was easy.
- When the referral was made in February the Online system was down and the GP was told to send in a paper referral. When they hadn't heard anything back they were told that the initial referral had not been received. The secretary at the GP's was great and made sure that the second referral was chased up and got there.
- They have now been told that they are on a waiting list for an appointment for assessment and that this probably won't be until October. They have not been offered anything in the meantime. There is no indication of how long the waiting list will be for diagnostic assessment or treatment.
- **If you could use one word to describe the CAMHS service, what would it be?**
- SLOW

# Schools

- CAMHS thresholds still seem too high
- More earlier intervention required as increase in mental health issues
- Schools encouraging families to refer to GP's as more chance of success
- Negative perception due to wait times in some services even if services are improved

# Next Steps

## Working on improving experience

- Ongoing contract management and development of services
- SABP improvement plan

## Looking to the future

- EWMH needs assessment
- Joint EWMH commissioning strategy

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# Children and Education Select Committee

17 November 2017

## Update on Short Breaks Re-commissioning Action Plan



**Purpose of report:** To scrutinise progress in mobilising new short breaks services in Surrey and implementation of identified actions in the agreed Short Breaks Service Development Action Plan.

### Introduction:

1. High-quality, locally delivered short breaks make a huge difference to over 2,200 children and young people with special educational needs and/or disabilities (SEND) in Surrey each year. Short breaks enable children and young people to achieve better outcomes by having fun, seeing their friends and trying new activities, whilst also giving families a much needed break from caring. Alongside this, Surrey County Council (SCC) has a range of statutory duties and responsibilities that it needs to fulfil in relation to short breaks provision.
2. On 18 July 2017, Surrey County Council's Cabinet approved the award of a range of new contracts and grants for short breaks services, to begin on 1 December 2017. These recommendations were the result of an extensive re-commissioning project which began in January 2016. This project aimed to achieve better outcomes for children and young people with SEND and their families, through to co-designing a new short breaks offer with local families (an overview of the project timeline can be seen in Annex 1).
3. The committee's predecessor, the Social Care Service Board, scrutinised the approach to re-commissioning short breaks on 20 January 2017, prior to the Cabinet decision. It was noted at the time that the Board "strongly supports the approach taken to commissioning short breaks, and notes the endorsement of Ofsted in its approach to co-design with families".
4. Alongside the recommendations for contract and grant award, Cabinet also endorsed a set of actions, captured in a Short Breaks Service Development Action Plan. These included both the key priorities for the effective mobilisation of the new short breaks offer, as well as the Council's proposed response to a number of key areas of feedback from families during the process about their wider experience of short breaks in Surrey.
5. Since Cabinet's decision, the Council's Short Breaks, Market Strategy, Quality and Experience, and Procurement Teams have been working closely together to prepare for the start of the new offer on 1 December and implement the actions identified in the agreed action plan. The purpose of this report is to provide the Select Committee with an update on progress with implementing these actions to date, as short breaks continue to be a key area of focus for the Council.
6. Select Committee Members are encouraged to read the 18 July Cabinet report, which includes detailed background information about the re-commissioning process that

Surrey County Council has undertaken, the extensive engagement with children, young people, families and partners, and the specific recommendations that Cabinet approved.

## **Update on Short Breaks Service Development Action Plan**

### **Summary of progress to date**

7. An updated version of the Short Breaks Service Development Action Plan has been included as Annex 2 to this report. This includes a short assessment of progress for each action and highlights where the action is on track or the action is in progress, but current progress mean the action will take longer to achieve than originally planned. For these “in progress” actions a short assessment of the likely impact on delivery of the project in each case has also been included.
8. Of the 29 actions identified in the Action Plan, 24 are currently “on track” and 5 are “in progress”, but looking as though they will take longer to complete than originally planned. Of the five that are “in progress” three will have a low impact, one will have a medium impact and one has a potentially high impact for a small number of affected families.

### **Overview of progress with mobilisation of the new services**

9. The Short Breaks and Market Strategy Teams have been undertaking a programme of contract mobilisation meetings with all providers that Cabinet has awarded contracts and grants for delivery of short breaks from 1 December 2017. The purpose of these meetings has been to set the direction for the newly commissioned services, clarify delivery proposals for each provider, highlight specific questions or concerns that families have raised during the engagement process, and iron-out any issues that providers have identified in relation to mobilising their new services. As at the 13 October 2017, the Short Breaks Team had held 21 mobilisation meetings, with meetings for some remaining established providers of smaller grants scheduled in during the second half of October and November.
10. At these meetings, the team has given a clear message that 1 December 2017 represents the start of a new commission. This means there are new priorities and service requirements that have been co-designed with families, including a clear focus on the outcomes that services enable children, young people and families to achieve. In particular we have highlighted the key issues that families have told us about during the process. Although the re-commissioning process has meant change for a number of providers, the have responded positively to these messages and are now seeing this as an opportunity to move on and develop their services in line with what families have told us.
11. The particular priorities, based largely on family feedback, that we have communicated to providers include:
  - a) Developing a standard approach to measuring outcomes achieved;
  - b) The need to ensure children and young people with a wide range of needs can access provision, in particular those with complex health needs and behaviours that challenge – including ensuring that the appropriate training is in place for staff;

- c) Requiring providers to work together well to manage any transitions for families where services are changing and transition of young people to Adult Social Care;
  - d) Delivering services as locally as possible in each borough and district or having clear proposals to minimise transport as a barrier for families; and
  - e) The need for providers to collectively revisit their booking systems to improve consistency and transparency for families.
12. So far we have met with all providers who have been awarded contracts for play and leisure and/or overnight short breaks, where the majority of the Council's investment is being made, with a programme of meetings with organisations who are delivering innovation grants also underway. Remaining meetings with a small number of established, grant funded provider will be completed during October and November.
  13. As well as individual meetings with providers, the team has also have been facilitating meetings between providers in areas of most change and drawn together a specific working group of new providers to develop our standard approach to outcomes measurement. The team held a launch event with all providers delivering the new commissions event on 16 October. This event enabled the Short Breaks and Market Strategy Teams to set a clear direction for providers, as well as highlight and agree the new approach to outcomes monitoring that we will be rolling out to all providers from 1 December.
  14. Based on work to date, we are confident that all providers will be in position to start their planned new delivery as commissioned from 1 December. Please note that for some providers the planned approach means they will be focussing their delivery at particular points of the year (for example, Easter or summer holidays).
  15. There are two actions related to mobilisation that are identified as "in progress" in the Service Development Action Plan (Annex 2), where original timescale set out to Cabinet has been revised. Both of these changes will have a low impact on the delivery of the project.

### **Overview of progress with identified areas for service development**

16. Alongside actions related to effective contract mobilisation, there are also a range of actions that are related to wider service development within short breaks. These were in response to feedback from families received during the recommissioning process. This section summarises progress against some of these priorities, although a more specific update against each action is provided in Annex 2. As part of its overall response these, Surrey County Council has initiated a service improvement project, which is being supported by colleagues from the new Quality and Experience Team, working alongside the Short Breaks Team.
17. One of the key issues that families told us about was that Surrey County Council's information about short breaks was not easy to find and sometimes difficult to understand. In response to this we are:
  - a) Redesigning and updating our Short Breaks Statement, drawing on best practice examples and focus groups with families, to ensure it is clear and understandable, as well as developing different approaches for different audiences;
  - b) Re-drafting our short breaks service directory and working with the Family Information Service to ensure that the short breaks information on the Council's Local Offer website is accessible and clear – further work is planned with Family Voice Surrey to engage families in reviewing and improving information further;

- c) We are holding drop-in sessions for families during October and November, to provide an opportunity for providers to talk to families about their services;
  - d) We have been working with providers to ensure they have a clear approach to engaging and communicating with families, particularly in areas of change; and
  - e) We are reviewing the way we communicate social care assessment processes to families, to ensure these are clear, transparent and straightforward.
18. The action to re-draft the short breaks directory is well underway, but we have needed to revise the timescale we put before Cabinet in July. This will have a low impact on the project delivery. This change will allow for additional time to respond to family feedback and make sure it is comprehensive, covering the full offer of all providers.
19. Families also highlighted how they were concerned about the ability of providers to manage complex health needs or challenging behaviour. In response to this we are:
- a) Confirming with all providers that they are providing adequate training to their staff to enable them to support children and young people with a range of needs or agreeing approaches to strengthen training where needed; and
  - b) Developing proposals for a joint-funded nurse trainer role with Health, to provide support and training to settings and build parental confidence.
20. The action to appoint a joint-nurse trainer role is in progress, but we are awaiting a final confirmation of Guildford and Waverley CCG's agreement, so we can formally begin recruiting. This final confirmation has taken more time than anticipated. Whilst we are confident in the new providers' ability to meet more complex needs, we know that the establishment of the nurse trainer was a necessary step to build parental confidence, so we are actively seeking confirmation from the CCG.
21. The decision by Surrey and Borders NHS Foundation Partnership Trust not to bid to continue to provide residential short breaks at Beeches in Reigate was another issue that has had a significant impact on a relatively small number of families, who really valued the support they received from this service. To reflect the significance of this change a specific action was set out in the Service Development Action Plan to ensure families are offered alternative provision that meets their assessed needs. Good progress has been made with this for most of the families who are currently making accessing Beeches, but we are still working to agree future packages for 2 families. This remains a top priority for the Children with Disabilities Teams, realising how vital this support is to families, so they continue to work with affected families to find the best solution from the range of available provision.

<p><b>Conclusions:</b></p>
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22. Overall, good progress is being made to mobilise the new services from 1 December 2017 and with implementing on the identified actions to support service development. The robustly planned approach to contract mobilisation and establishment of a new service improvement project have both been key factors in the progress that has been made.
23. We have highlighted to Select Committee the specific actions where we have needed to revise the original timescales and are clear what needs to happen to prioritise and secure solutions to these.
24. We are looking forward to implementing the new short breaks offer from 1 December and remain confident that the services we have put in place, alongside the areas for

service development that we are addressing, will enable us to provide children, young people and families with a strong offer that enables them to achieve better outcomes.

**Recommendations:**

25. It is recommended that:

- a) The Short Breaks, Market Strategy and Quality and Experience Teams continue with implementing the actions set out in the Short Breaks Service Development Action Plan, with a particular focus on the five actions that have been identified as in progress, but where deadlines have been revised; and
- b) A brief update report is brought to the Children's and Education Select Committee in May 2017, to feedback on first four months of the new commission from December 2017 to March 2018, and a fuller report following the first full financial year of the new services (April 2018-March 2019) in May 2019.

**Next steps:**

In addition to the recommendations above, specific next steps are details in the Short Breaks Service Development Action Plan (Annex 2).

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**Report contact:** Chris Tisdall, Principal Commissioning Manager – Early Help and Early Years, Market Strategy Team, Commissioning and Prevention

**Contact details:** 0208 541 7567 / [chris.tisdall@surreycc.gov.uk](mailto:chris.tisdall@surreycc.gov.uk)

**Sources/background papers:**

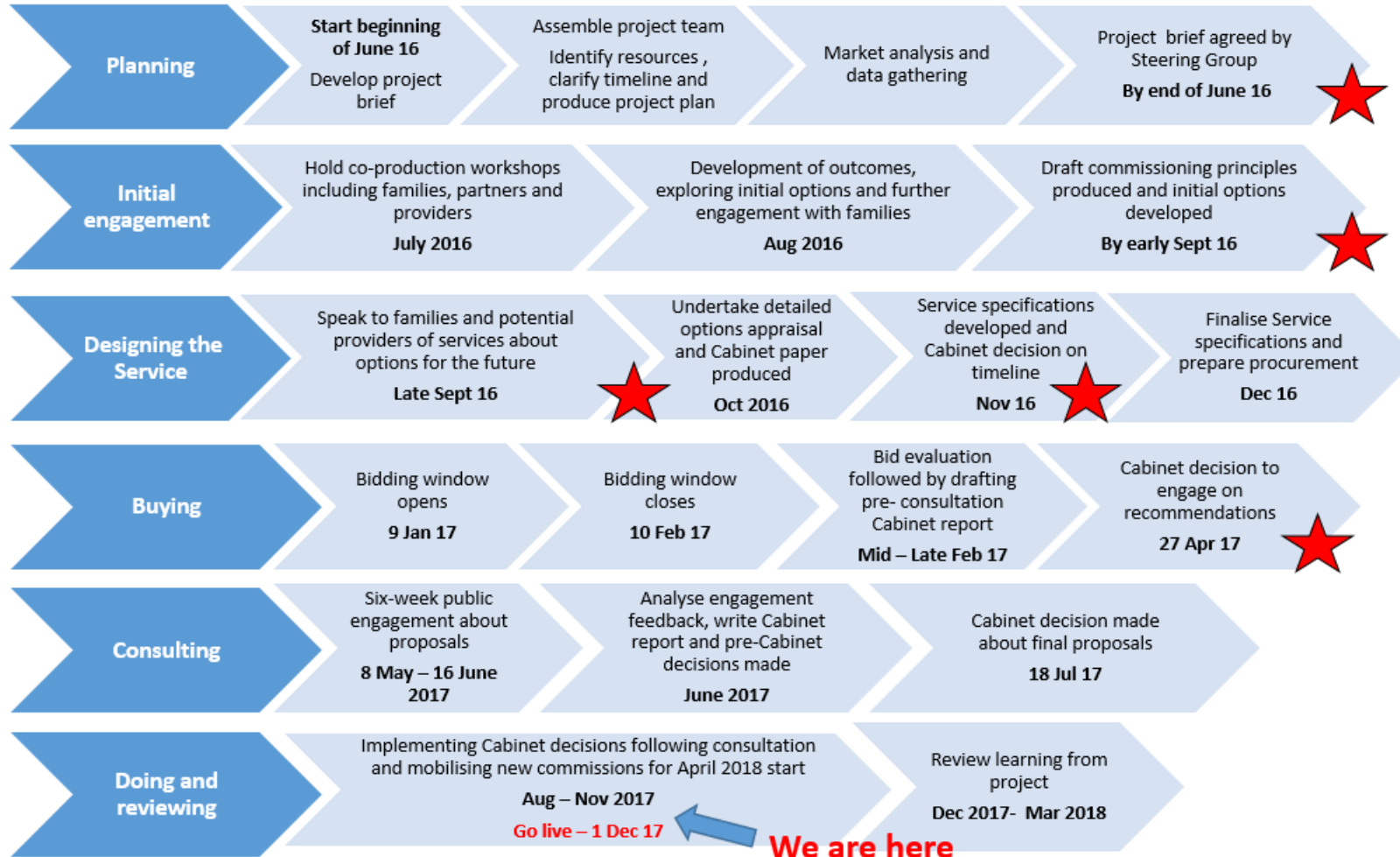
- Cabinet Report, Recommendations for award of contracts and grants for short breaks in Surrey, 18 July 2017
- Cabinet Report, Short Breaks for Disabled Children, 24 May 2016
- Cabinet Report, Re-commissioning Short Breaks for Disabled Children, 22 November 2016
- Cabinet Member Report, Proposals for Public Engagement on Outcome of Short Breaks Procurement Process, 21 April 2017

Annex 1

Short breaks re-commissioning - Project timeline (October 2017)

Review of specialist short breaks and needs analysis (Jan-Apr 2016)  
 Cabinet Report (24 May 2016)

 Key decision



**Annex 5 - Short Breaks Service Development Action Plan – in response to families feedback – 06/07/17**

**We asked, You said, We are planning**

<b>Key issue</b>	<b>Action needed to maximise positive impact or mitigate negative impact</b>	<b>By when?</b>	<b>Update for Select Committee</b>
<b>Change can be stressful for families</b> – as well as disruption to families' established routines there is the potential for loss of friendships and relationships with staff, as well as having to move to new locations and venues which may be unfamiliar.	Foster partnerships and collaborative working between providers (especially new providers), in particular where there is change in services provision, so that transfer of provision is successful for families.	30 Sept 17	<b>On track</b> – Focussed discussions held with or facilitated between providers in areas of greatest change, to ensure a coordinated approach is taken.
	Ensure family feedback is shared with providers and that this is addressed in mobilisation planning	30 Aug 17	<b>On track</b> – Summaries of specific feedback received from parents during engagement work has been shared with providers through mobilisation meetings
	Ensure new providers produce detailed implementation plans, including how they will communicate with and inform families, and that these are monitored during mobilisation period.	30 Aug 17	<b>In progress</b> – All providers were required to submit implementation plans as part of their bid proposals. The Short Breaks Team have contacted all successful providers and, along with the Market Strategy Team, have met with all providers who have been awarded contracts for play and leisure and overnight short breaks, to ensure implementation plans are on track. At the time of report submission we are still in process of meeting with all recipients of innovation grants, but this stage will be completed prior to the Select Committee on 17 November 2017. <b>Assessment of impact of current position – Low impact</b> , as only a small number of established Surrey providers have not yet had grant mobilisation meetings
<b>Lack of family confidence in the newly commissioned offer and lack of focus on the areas that families feel are most important</b> – families would like more involvement in the ongoing monitoring of short breaks	Develop and implement an approach, working with Family Voice Surrey, to give parents a role in oversight of mobilisation of new services	30 Aug 17	<b>On track</b> – Family voice have remained actively involved in Steering Group meetings and have been working with the Short Breaks Team to develop proposals for a new Short Breaks Forum to oversee short breaks in the future, involving parent representation.
	Develop and implement an approach, working with Family Voice Surrey, to give parents an ongoing role in monitoring of short breaks services	31 Oct 17	<b>On track</b> – Terms of reference agreed for a new Short Breaks Forum, which will involve parent representation. This will meet termly to have oversight of the performance and development of short breaks in Surrey.
	Develop and implement an approach to routinely monitor and assess changes in need for short breaks and capacity of services to meet this need	30 Apr 18	<b>On track</b> – Initial discussions held with colleagues in the Council's new Insight and Innovation team, with a view to developing new capacity reporting in early 2018.
<b>Concerns about ensuring and maintaining quality</b> of the new proposed services (wherever possible)	Implement a robust and comprehensive approach to contract mobilisation management to ensure that providers implement their services in line with the requirements in service specifications and their bid commitments.	30 Sep 17	<b>On track</b> – Robust approach to contract and grant mobilisation in place, with clear project plan, programme of mobilisation meetings arranged and standard agenda covering key areas and priorities employed in these meetings.
	Implement a robust and comprehensive approach to contract management, involving standard tools and approaches that are consistently applied, that is proportionate to the value of contracts and grants and includes direct observations of practice	31 Oct 17	<b>On track</b> – Clear and robust approach to contract management established, with standard annual contract management plans being rolled out across all providers. These set-out the dates of key monitoring meetings and reporting deadlines in advance, to ensure approach to contract management is clear to providers from day one of the new commission.
	SCC to update its short breaks information in relation to the new offer and ensure that this is communicated with families during mobilisation	30 Sep 17	<b>In progress</b> – Work is well underway to review and update information that Surrey County Council makes available to families, as part of a short breaks development project, supported by the Council's new Quality and Experience Team. Initial information about changes communicated to families and Surrey's Short Breaks Directory has been updated, as well as providers actively communicating their new offer to families. Revised final deadline of 17 November for completion of this action. <b>Assessment of impact of current position – Low impact</b> , with all providers actively communicating their offer to families, an initial update made to SCC's own information and active work underway to further review and improve this.
	Establish and implement, working with providers, clear approaches to monitoring the impact of services on the outcomes that families have told us are most important	30 Nov 17	<b>On track</b> – A working group of the Short Breaks Team and representative providers has been meeting regularly to co-design a new approach to outcomes measurement to be rolled out across the new short breaks commission. This was shared with all providers at a new commission launch event on 16 October for final feedback and will be implemented from 1 December 2017
	Ensure there are clear mechanisms in place for families to feedback directly	30 Nov 17	<b>On track</b> – The Short Breaks Team is building on its annual survey of parents, with a

	on services as part of the contract management process		new focus on the outcomes set out in the different short breaks service specifications. This will sit alongside the new Short Breaks Forum, which we are establishing with parent representation and local initiatives from providers to gather feedback from parents about their services.
	Ensure that all providers comply with the Surrey Safeguarding Children's Board guidance and procedures in relation to safeguarding, with the appropriate policies, procedures and training in place	30 Nov 17	<b>On track</b> – Safeguarding has been a standard item in all mobilisation meetings and safeguarding policies have been reviewed as part of the re-commissioning process. We have asked all providers to ensure their staff are taking part in Surrey Safeguarding Children Board training. One of Surrey County Council's Local Authority Designated Officers (LADOs) has presented to all providers at the launch event on 16 October 2017.
<b>Provision for complex health and challenging behaviour is hard to find and some may close</b>	Ensure that new services are mobilised in line with the requirements set out in service specifications to increase access for those with complex health needs or behaviour that challenges. This will need support and challenge from SCC, whilst ensuring practical safeguarding and health and safety considerations are taken into account.	30 Nov 17	<b>On track</b> – Training has been a standard item at all mobilisation meetings, with providers ensuring their staff are adequately trained to enable a wide range of children and young people, in particular those with complex health needs and behaviour that challenges, to access provision. A number of providers have agreed to make specific changes to strengthen their training offer in response to feedback from families.
	Maintain current spot purchasing arrangements with specialist providers who can meet the needs of children with the most complex health care needs, where this is required	31 Oct 17	<b>On track</b> – The Council is continuing to spot purchase placements for particular children with complex health needs, where this provision is required.
	Share good practice regarding the management of challenging behaviour and ensure staff attend MAPA training or equivalent	30 Nov 17	<b>On track</b> – As above, training has been a key focus in all mobilisation meetings and all contracted providers have committed to support this.
	Develop proposals for a joint funded nurse trainer role with Health to provide support and training to build parental confidence in the ability of services to manage complex health needs. Please note that budget would need to be identified for this.	30 Sep 17	<b>In progress</b> – Initial discussions underway with Guildford and Waverley CCG to appoint a new nurse trainer post, but final confirmation of CCG agreement is still being sought to enable recruitment to this role. The new revised deadline for this action is 30 November 2017. <b>Assessment of impact of current position – Medium impact</b> - whilst we remain very confident in new providers, the plan for a nurse trainer role was an important step to build confidence of families in the ability of Surrey's short breaks services to meet the more complex health needs of children and young people. It is important that progress is made with this in line with the revised timeline.
<b>Families have told us that booking systems can be a barrier to accessing the service that is needed</b>	Ensure that feedback from families in relation to booking systems is shared with providers and considered as part of mobilisation planning.	31 Oct 17	<b>On track</b> – Feedback from parents in relation to booking systems has been shared at all mobilisation meetings, with providers keen to work together to see how they can continue to improve. We also highlighted booking systems and the need to work together to make these easier to navigate for families at our provider event on 16 October.
	Look to providers to explore simplifying or standardising booking systems across the play and leisure offer	30 Apr 18	<b>On track</b> – In addition to progress above, Surrey County Council will be facilitating work between providers to explore what improvements can be made to improve consistency and transparency of booking processes in during 2018.
<b>Travel to and from the short break can impact on the child's experience of the short break. Increased travel time affects wellbeing and can be stressful for children</b>	Work with providers to ensure families are able to access services locally and transport arrangements are considered, in response to family feedback.	31 Oct 17	<b>On track</b> – Transport and access to services has been a standard item in all mobilisation meetings with providers. Where specific feedback from parents has been received in relation to this issue, this has also been shared with providers. In cases where providers are proposing to deliver short breaks in one area for families in neighbouring boroughs and districts, we have been ensuring they are planning to target and enable families to access these services.
	Work with families affected by Beeches closure on a case by case basis to ensure appropriate support with transport is offered where there is an assessed need for this.	31 Oct 17	<b>In progress</b> – Work is underway with all families currently using accessing short breaks Beeches to support their transition to other provision, in response to Surrey and Borders Partnership NHS foundation Trust's (SABP) decision not to bid to continue to provide short breaks. Concrete proposals have been agreed for 22 families whilst Surrey County Council is still actively working with the remaining 2 families to agree alternative provision. Social workers are actively supporting these families and an offer of support will be in place for 1 December. <b>Assessment of impact of current position – High impact</b> on families who are still seeking to agree of what support they will receive from 1 December and it is an absolute priority to ensure this is in place.



<p><b>Families have told us that information and advice about short breaks needs to improve</b> - it is unclear and does not reflect the full range that is available in Surrey and there is a lack of awareness and help to access overnight short breaks in particular</p>	<p>SCC will work with Family Voice Surrey to refresh the Short Breaks Statement</p>	<p>30 Nov 17</p>	<p><b>On track</b> – Research has been undertaken into best practice examples of how other local authorities present their Short Breaks Statement. Initial focus groups have been completed with families and we have produced a first draft of the Statement, which will be formally agreed by the end of November 2017.</p>
	<p>SCC will update the Short Breaks Directory to reflect provision changes</p>	<p>30 Aug 17</p>	<p><b>In progress</b> – Providers have all provided updated information for the new Short Breaks Directory. This has now been completed and is awaiting final sign-off before it is launched prior to 30 November. It has not however been possible to stick with the timeframe identified in the Cabinet report.</p> <p><b>Assessment of impact of current position - Low impact</b>, with all providers actively communicating their offer to families, an initial update made to SCC's own information and active work underway to further review and improve this.</p>
	<p>Ensure the Local Offer website and Family Information Service are up to date with the latest information</p>	<p>30 Sept 17</p>	<p><b>On track</b> – All providers have been asked at mobilisation meetings to ensure that they update Surrey's Local Offer to reflect their new service provision. We have also been working with the Family Information Service to ensure that information about short breaks has a higher profile on the website and is easier to find.</p>
	<p>Work with Family Voice Surrey to engage with families to review and improve the information offer in relation to short breaks</p>	<p>30 Nov 17</p>	<p><b>On track</b> – As above, short breaks have been established as a clear priority with local offer and FIS team. Work is also started to review the branding of short breaks services, with some ideas for feedback being shared with families at our planned parent market place events during October and November. Longer-term plans are also in place to review the information offer with families, in partnership with Family Voice Surrey.</p>
	<p>Hold new short breaks offer launch events for providers and families by November 2017</p>	<p>30 Nov 17</p>	<p><b>On track</b> – A launch event with all providers was held on 16 October 2017 and three drop-in market place events for parents in locations across the county will have been held by the end of November.</p>
	<p>Work with Family Voice Surrey to ensure that social care assessment process is transparent and clearly communicated to families</p>	<p>30 April 18</p>	<p><b>On track</b> – We have researched examples of good practice and work to respond to this has been planned in as part of the Short Breaks development project to develop some new approaches early in 2018. As a first step we are developing a clearer explanation of this to be included in the revised short breaks statement.</p>
<p><b>Changes within other areas of SEND can affect families</b> and not getting the right support at the right time can increase demand for specialist services.</p>	<p>Ensure that short breaks work closely with other parts of the SEND system to support the improvements set out in the SEND Development Plan</p>	<p>Ongoing</p>	<p><b>On track</b> – Through partnership with Family Voice Surrey and joint working with colleagues across the directorate we are together working to support and promote the role of short breaks in the holistic offer to families of children and young people with SEND.</p>
	<p>Ensure there is a strong focus on SEND with the early help transformation programme</p>	<p>30 Sept 17</p>	<p><b>On track</b> – The lead Surrey County Council commissioner working on short breaks is now taking a lead role in re-commissioning the Council's early help offer, as part of the early help transformation programme, and is working with colleagues to ensure that short breaks are considered as part of plans to develop Local Family Partnerships.</p>
	<p>Surrey County Council work with Family Voice Surrey to work with them to ensure there is a clear pathway within Surrey's new early help system for families of children with SEND. This service aims to support families to get the help they need at the right time.</p>	<p>30 April 18</p>	<p><b>On track</b> – Work is underway to develop this, with proposals planned for early in 2018, linked to the restructure of Family Services and development of Local Family Partnerships.</p>

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**Children and Education Select Committee**  
**Friday 17 November 2017**  
**Early Help: A Case for Change**



**Purpose of report:** Policy Development and Review

## **Introduction**

1. Access to high quality Early Help services is vital to Surrey County Council's plans to improve outcomes for Surrey's children and families and key to the council's financial sustainability. This report outlines Surrey's strategy to transform Early Help and proposes the steps that will be required to re-purpose the county council's Early Help resources in line with the £6.75m medium term financial plan savings requirements in this area by 2019-20.
2. The delivery of preventative support and early help is not exclusive to Surrey County Council and there are a wide range of other agencies across sectors that contribute to the broader mission. Alongside this report (see Appendix) is a visual representation of the circles of support that exist, with the central (blue circle) representing targeted interventions, and the outer (green) circle representing organisations that contribute to community universal support. In addition there is an example case study (see Appendix) of how Surrey County Council works alongside local charities to support children and families. Surrey County Council continues to have a key leadership role in developing the wider system of early help in Surrey and this report describes proposals to transform this system.
3. The success of the Early Help transformation strategy will be judged against the following four outcomes:
  - a. Reduction in the likelihood of children and young people entering care or other acute and specialist services, where this can be prevented, with families receiving whole family help and support at an earlier stage of intervention (Measure: number of children aged 11+ entering care).
  - b. Significantly more families who require support have timely contact with services leading to better family outcomes (Measure: 100% increase from Apr 2017 baseline).
  - c. Families are enabled to help themselves and to build resilience which will be protective for the future (Measure: Outcome Star data)
  - d. The Early Help transformation needs to realise savings as outlined in the MTFP including reductions in Children's Service demand (Measure: MTFP).

## **From Improving to Transforming Early Help for Children and Families**

Early Help means providing support as soon as a problem emerges, at any point in a child's life, from foundation years through to teenage years. Surrey was criticised in

the 2014 Ofsted safeguarding inspection for its fragmented Early Help offer which left too many children waiting too long to receive the help they needed. The subsequent Department for Education Improvement Notice requires the county council to "*develop and implement a cohesive, collaborative Early Help offer delivered jointly by all partners*".

4. To support better safeguarding decision-making and to ensure children receive the right help at the right time Surrey established a **Multi-Agency Safeguarding Hub (MASH)** and **four Early Help Co-ordination Hubs (EHCHs)** in October 2016. As a result of the new arrangements more than **1000 children** are now receiving Early Help following referral to the MASH or step-down from Children's Service's each month. Recent Ofsted monitoring visits have recognised that Early Help has been strengthened. To continue to expand the offer of early preventative support to more children and families in a context of reduced public funding the improvements to the work now must be to fundamentally re-engineer how we provide support to children and families in Surrey.
5. To this end alongside the work to consolidate improvements in the current Early Help system, work has been ongoing with partners to transform Surrey's Early Help offer. An Early Help Transformation Programme Board, chaired by the Lead Member for Children, Schools and Families, was established in April 2017. The Transformation Plan has been informed by an Early Help needs analysis undertaken in late 2016, which has been key to developing the Surrey's 'Child First' Commissioning Plan.

Local Family Partnerships: Surrey's Early Help Model
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6. The Early Help Transformation Programme is working towards implementing a network of local family partnerships across Surrey (previously referred to as 'Family Hubs'). Local family partnerships will bring together a network of key stakeholders in a community who are involved in supporting the health and well-being of children and families. These include statutory, voluntary, faith and community organisations (including businesses) who either provide preventative activities for children and families or are responsible for targeted and specialist interventions. All these organisations contribute to the Early Help offer and by binding them together at a local level it is anticipated that a rich network of integrated provision will be available to children and families in each local family partnership. It is anticipated that each district and borough will be sub-divided into up to five local family partnership areas.
7. The rationale for proposing the local family partnership model is that evidence suggests Early Help is at its most effective at a community level, when local statutory and voluntary organisations work in partnership to support families and professionals build strong supportive relationships between each other and with the families they are supporting. In an operating environment where public finances are constrained it is vital that new ways of working where organisations can more easily share information, resources, skills and knowledge are established to optimise their use and availability, at the same time building upon the assets which are latent in residents and communities. Importantly we have experience in Surrey of the benefits of this community approach through, for example, the Family Support Programme and our successful local partnership delivery of restorative justice.
8. Following a series of partner engagement events, eleven Early Help Advisory Boards have been established, involving all key stakeholders, to oversee the development of local family partnerships and the local Early Help offer in each district and borough.

The Early Help Advisory Boards are currently developing their local Early Help plans and designating their local family partnership reach areas.

9. As part of the transformation programme, work is underway to review the commissioning arrangements around Early Help, recognising the central work that voluntary, community and faith sector partners currently play and will continue to play in the transformed Early Help offer. These services will be commissioned, wherever possible, with partners and at a local (district and borough) level. A core component of the Early Help commissions is Surrey's network of children's centres.

#### Deploying SCC resources in Local Family Partnerships

10. SCC's Early Help budget primarily sits in Family Services and it is from this budget that the £6.57m Early Help savings need to be identified to achieve whole year savings by 2019-20 (approximately 20% of the Family Services budget).
11. **Children's Centres:** One third of Family Services budget (£11m) is currently used to commission Surrey's 58 children's centres. Proposals to SCC Cabinet in December 2017 will reflect a 20% reduction to children centre funding from April 2019 (£2.2m).
12. The aspiration is to improve services to children and families and to work with the providers of children's centres (these are mainly our primary schools) to develop a new model of delivery freed from the requirements of children centre 'designation' as mandated in (now suspended) Department for Education guidance. Many local authorities have chosen this route to give greater freedom and flexibility to provide the services that are required to meet local need; in Surrey this means freedom to shape children's centres to be a key component of the local family partnership model.
13. The commitment is to work with our partners in schools and the voluntary sector who have a track record of delivering high quality early years services in children centres to design a model which continues to fulfil the children's centre core purpose around health, well-being and early education. The ambition will be to make this more available to families with older children and to develop greater flexibility of staffing to provide resilience and more efficient deployment of resources with others in the local family partnership and across a borough/district. Through better integrating the children centre offer with the work of other services, freeing providers to focus upon outcomes rather than process, and by requiring children's centres to work together across a district/borough the reduced SCC revenue resource can go further in providing the Early Help children and families need.
14. The outline proposal for more effective deployment of children's centre resource will be presented to Cabinet in December 2017 which if agreed will be the platform for a period of engagement with existing providers to develop a new specification for Surrey's children's centres. This will then require public consultation before moving to implementation for April 2019. The Children and Education and Select Committee will have the opportunity to scrutinise the proposals for children's centres as the detailed proposals are developed with partners and providers.

15. **Surrey Family Services:** launched in May 2017 Surrey Family Services brought together a number of different services including: Youth Support Service; Community Youth Work; the Family Support Programme; Children's Centres; practitioners from the Early Years and Childcare Service; and the Early Help Co-ordination Hubs, which together coordinate and deliver a significant proportion of the Early Help across the county. Importantly (particularly in relation to demand reduction and financial sustainability) Family Services also has responsibility for young people identified as requiring a Child in Need social work service and those over the age of eleven who require an Edge of Care service. As part of the new Early Help operating model Family Services staffing will reduce by £2.46m in the course of 2017.
16. Family Services has been designed, with a management structure in place, in order to achieve its key outcomes of co-ordinating and delivering Early Help and reducing demand for acute children's services particularly the number of adolescents who come into care. The next step is to shape the practitioner and support workforce to achieve these outcomes.
17. A key consideration is to ensure that Family Services has the right number of staff to meet the predicted future demand. Through combining the findings of independently commissioned research (Transforming Early Help in Surrey Report 2016) and SCC's own data analysis, it has been possible to estimate the future demand and start to develop a staffing model that is equipped to respond. Based on current analysis it is anticipated that Family Services would be required to work with c3000 families with complex needs a year. When we consider the additional support available to families through the Family Support Programme and children centres it is anticipated that a total of c5000 families will be supported through a multi-agency whole family approach. Based on current analysis this would meet future demand and a staffing model has been developed which reflects this need and meets the requirements of the MTFP.
18. In addition to the right number of staff it is recognised that these staff must have the right skills. Families training is already being offered to staff to further develop existing skills with the aim that by the end of December 2018 all staff will have undertaken 14 days of accredited families training.
19. **Preventing children and young people entering care:** Family Services is developing an Edge of Care Service to target children who are already in care and need to return home and those who are identified as being most likely to come into the care of the local authority. The Edge of Care Service is currently being piloted and is demonstrating success in keeping the young people (aged 12 upwards) with whom it is working out of care. The Edge of Care Service is a directorate resource typically working with young people whose allocated social worker is in Children's Services and who also frequently have significant emotional / mental health concerns and / or associated special educational needs. For this reason the Hope Service (joint Children's Services and CAMHS provision), Surrey Outdoor Learning and Development and the Alternative Learning Programme are part of the Edge of Care package of support. In addition to the Edge of Care provision the specialist adolescent resources which are in all the Family Services district and borough teams

are increasingly engaged in supporting the work to ensure young people can remain safely in their family homes in their community, either as part of an Early Help or Child in Need intervention, rather than coming into care.

20. **Youth Work:** Surrey county council retains a commitment to deliver open access youth work. The amount of open access sessions delivered by the county council youth workers has reduced in recent years as it has been particularly affected by the recruitment freeze. As a result the current provision is uneven across the county and does not reflect need. Through engagement with partners and staff as part of the Early Help transformation a new model is emerging which offers the prospect of greater flexibility and consistency in the youth work offer, which is better matched to need.
21. It is now necessary to redefine the allocation of youth work in each district and borough and to ensure that there is a minimum level of county council resource deployed in every area. It is proposed that there is one dedicated full time youth worker in each district and borough to oversee and contribute to delivery of open access youth work supported by a number of staff as determined through the existing resource allocation scheme. The minimum number of county council led youth work sessions per week per district/borough would be 6 with this rising in relation to the resource allocation scheme to a maximum of 12 sessions per week in the district and boroughs with the highest need / demand. This county council resource needs to be seen as one part of the larger mix of provision delivered by partners and needs to be deployed to complement partner delivery. This resource will be flexible allowing for seasonal and local responses to need.
22. Work is ongoing to develop the future youth work offer in each district/borough overseen by a Youth Work Development Group made up of county and district/borough representatives and the voluntary, community and faith sector organisation who deliver youth work in the area and young people who use the services. The Youth Work Development Group would ensure a coordinated response to open access delivery so that high quality youth work is delivered by the organisation most able to respond to need. The Youth Work Development Group (reporting to the Early Help Advisory Board) would also support voluntary and community groups to enhance youth work delivery, identify funding and offer training and support and better align to the Local Family Partnership operating model. This will ensure open access delivery is considered in all areas that need it in a borough and district.
23. **Staffing Re-structure:** A Surrey Family Services staffing consultation will start in January 2018. The staffing model is being designed to ensure there is sufficient capacity within every district and borough team to undertake the range of Early Help and Child in Need work required and to provide for a dedicated Edge of Care Service. Staff will be identified to work to particular Local Family Partnership areas within their district / borough and will be key players, along with children centre and Family Support Programme staff, in bringing together the integrated network of support for children and families in each partnership area.

24. **Other Family Services Savings:** Family Services staffing changes and children centre re-modelling account for just over £4.66m of savings. The remainder of the savings requirement (£1.9m over two years) will come from a combination of re-commissioning supported accommodation (£500K), non-staffing services savings (£1m) and other contracts and income (£400K).
25. **Working across Programmes:** There are many interdependencies between the Early Help Transformation and other change programmes ongoing across Children Schools and Families. Working closely with the SEND Programme in particular will provide an opportunity to ensure SEND services are embedded into the future Early Help System.

#### Conclusions:

26. Early Help is a priority for SCC, with clear benefits for improving long term outcomes for children and families as well as opportunities to better manage demand for services at higher thresholds.
27. Consultation and engagement to date has led to the co-design of the operating model called local family partnerships. The local family partnership is a place based model which will see the development of a more integrated network of targeted, statutory and universal Early Help support across sectors and more readily available at a community level.
28. This report has provided the high level proposals for how children's centre and youth work and other Family Services resources will be re-shaped to ensure they fit the future operating model and also realise the required savings. Further engagement and consultation with staff, elected members and partners is now required to fill in the detail of how the component parts of the SCC contribution to local family partnerships will be deployed before this is shared for public consultation in 2018.

#### Recommendations:

29. That the Children and Education Select Committee:
- a. Supports the strategic direction of Early Help and provides commentary on the Early Help Transformation proposals outlined in the report
  - b. Identifies areas in which the committee and its members can support the Early Help Transformation programme.

#### Next steps:

Early Help Transformation proposals will be submitted for Cabinet for its meeting on Thursday 14 December.



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**Report contact:** Ben Byrne, Head of Early Help and Family Services

**Contact details:**

[ben.byrne@surreycc.gov.uk](mailto:ben.byrne@surreycc.gov.uk)

01483 517000

PA Samantha Hook 01483 519543

**Sources/background papers:** None

**Appendix 1: Example of external partners supporting early help**

**Appendix 2: Organisations involved in local early help**

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## Example of external partners supporting early help

### **What was the concern**

C is 3 year old and there was concern for him and his twin around his father who was at the end of his life and receiving palliative care. Mother was the main carer for father and also caring for the boys. The Palliative Care Nurse Practitioner made the referral for support as the family were struggling.

Early Help team decided Welcare who are a children centre and charity would be well placed to provide support intervention to the family.

### **What happened**

Services were coordinated around the family with a meeting bringing key services together with the mother including the health visitor, portage, Welcare, Homestart and the nursery

The Outreach Worker at Welcare visits the family twice a week and has the support of mother in co-coordinating her support.

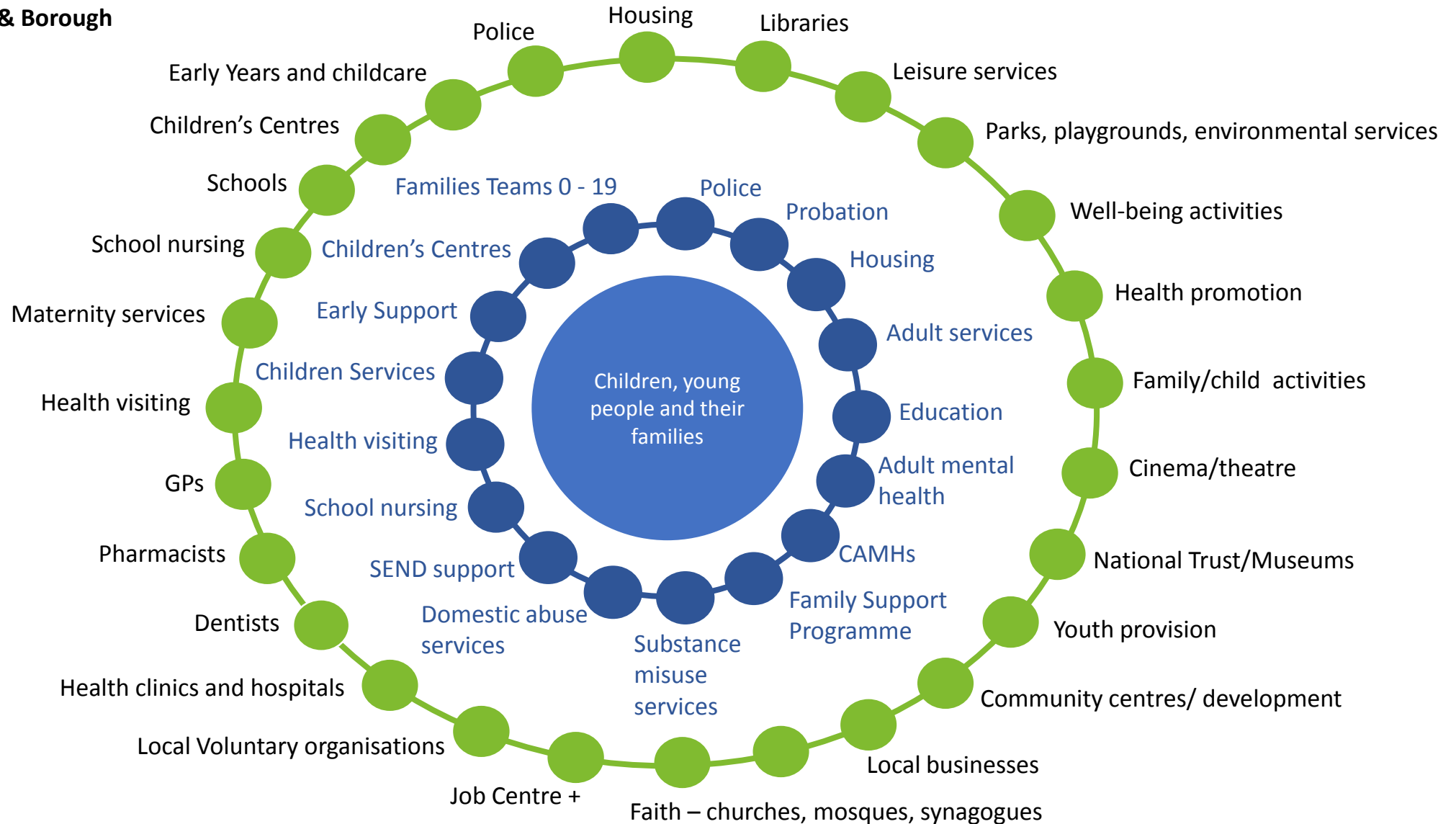
### **What were the outcomes**

1. The intervention helped identify C's speech and language delays and appropriate services are now in place to help him improve through East Surrey Hospital.
2. C is now attending pre-school as he is funded by FEET and attending Speech and Language therapy.
3. Mother is attending Parenting Puzzle and C is cared for by the crèche at Welcare.
4. Mother is booked on a course on behaviour strategies to support autism.
5. Mothers isolation is reduced by attendance to sessions at Welcare
6. Mother isolation is reduced by Homestart supporting her at home and providing opportunities to visit local places e.g. parks.
7. Mother is being supported to manage her finances.
8. Mother is engaging with and taking advice for professionals.

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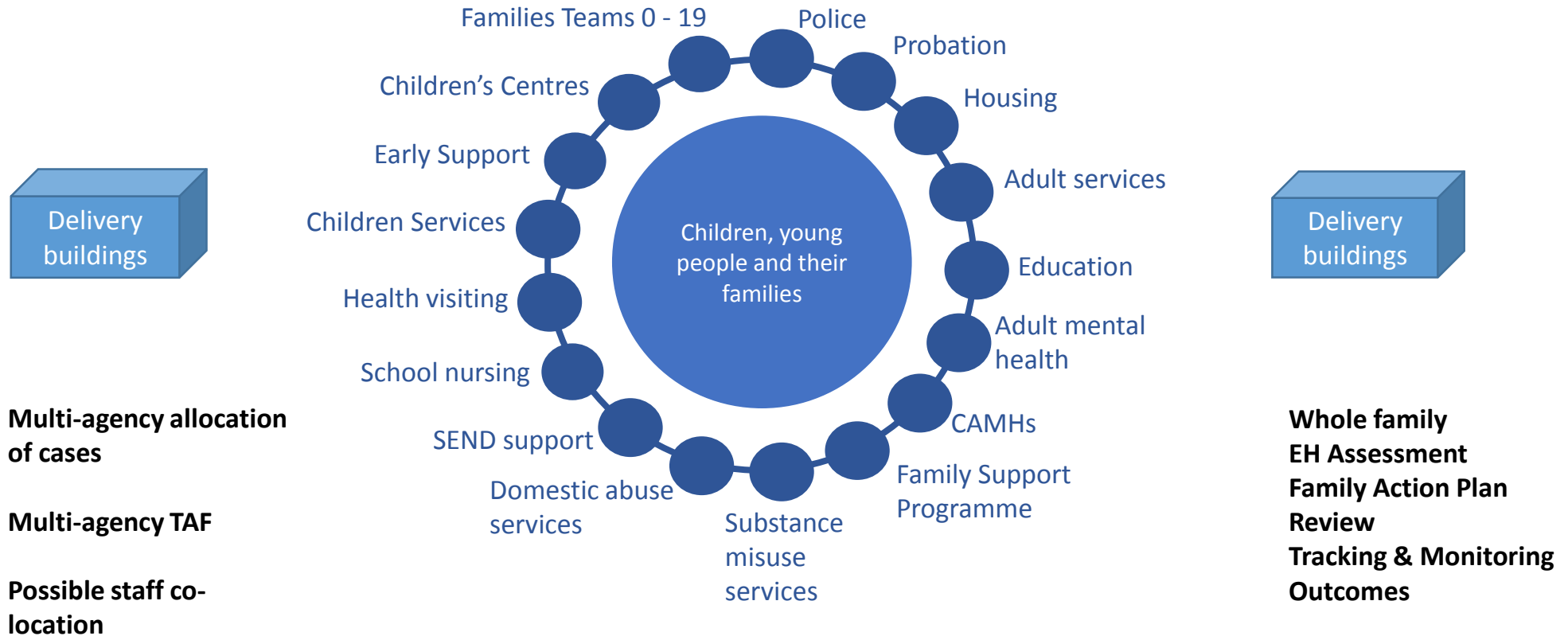
# Local Family Partnership

## District & Borough



# Local Family Partnership Targeted Offer

## Level 2 of need





**Children and Education Select Committee  
17 November 2017**

**Recommendation Tracker and Forward Work Programme**

1. The Forward Work Plan and Recommendation Tracker is attached for the Board's reference.

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**Report contact:**

Andrew Spragg, Democratic Services Officer, Democratic Services

Contact details:

Tel: 020 8213 2673

Email: [andrew.spragg@surreycc.gov.uk](mailto:andrew.spragg@surreycc.gov.uk)

**Annexes**

- Annex 1 – Recommendation Tracker
- Annex 2 – Forward Work Programme

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**CHILDREN AND EDUCATION SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED SEPTEMBER 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. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

<b>KEY</b>			
	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Ref #	Item	Recommendations/ Actions	To	Response	Progress Check On
6 September 2017	6/17	Children, Schools And Families Commissioning Plan	The Chairmen to meet with service leads to scope which Programmes and Commissioning Plans will be considered by the Committee to assess progress against the CSF Strategic Actions and that a summary of findings from these meetings will be circulated with the Committee before the next meeting of the Committee.	Chairman	<p>Early Help, as one of the priority areas set out in the commission plan, is being considered by the Committee at 17 November 2017.</p> <p>A meeting is scheduled with the Assistant Director for Commissioning and Prevention in November to review the other actions and the forward plan will updated at the next meeting.</p>	February 2018

6 September 2017	7/17	Youth Services - Governance And Business Management Arrangements Follow Up Audit 2016/17	That the Committee notes the audit report and Management Action Plan and requests that the follow up audit is shared with the Committee on its publication.	Audit Manager	<p>The service will be undertaking self-audit work against the recommendations, which is ongoing but with a focus on completion in the first tranche by the end of the calendar year.</p> <p>Internal Audit will review the activity early in 2018. A follow up audit will not be required, if it is agreed that processes have been embedded in the service.</p>	February 2018
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# Children and Education Select Committee Forward Work Programme 2017/2018

## Children and Education Select Committee (Chairman: Mark Brett-Warburton)

Date of Meeting	Scrutiny Topic	Description	Outcome	Method
17 November	Children and Adolescent Mental Health Services – targeted services.	To review current performance and contract issues, and scrutinise the proposed plan for recovery.	To scrutinise the cause of issues with performance, and identify next steps to address these.	Agenda item
17 November	Short Breaks Commissioning	To review the final steps of the short breaks commissioning process, and how services received by children and their families are changing.	To understand the changes to services and make recommendations about how this commissioning process can inform future commissioning.	Agenda item
17 November	Early Help	To review proposals going to Cabinet in December 2017 and assess how these will	To test how proposals will deliver savings for	Agenda item

		impact on services such as children's centres and youth centres.	the council and how the impact of changes has been evaluated.	
20 February 2018	Surrey's Pupil Referral Units (PRU)	To receive a report on PRU provision in Surrey, and the educational attainment and outcomes for children that attend them.	To identify whether further support is needed for PRUs and the children that attend them; and if so, how this could be put in place.	Agenda item
20 February 2018	Multi-Agency Safeguarding Hub (MASH)	To review MASH performance and progress to date.	To assess whether implementation of the MASH has delivered planned improvements in demand management and understand what priorities exist in terms of operational delivery.	Agenda item
20 February 2018	Unaccompanied Asylum Seeking Children	To review demand trends and pressures created by the council's responsibilities to unaccompanied asylum seeking children	To seek assurance that the council's corporate parenting responsibilities are being in respect to this cohort, and understand how it impacts on budgets and service delivery.	Agenda item/workshop
TBC	Communication with target audiences			
TBC	Surrey Education in Partnership Programme			

### Task Groups

Topic	Scrutiny Topic	Description	Outcome	Membership
	Special Educational Needs and Disabilities (SEND) Written Statement of Action Task and Finish Group	To follow and monitor the required improvements for Surrey's SEND Services, in line with the conditions set out in the Written Statement of Action.	Assurance regarding the progress of required services improvements as set out in the Written statement action	Mark Brett-Warburton Chris Townsend Christopher Botten Tina Mountain Yvonna Lay
	Performance Member Reference Group	To monitor the performance of school improvement, school attainment and Children's Services to ensure that reasonable quality of service is maintained.	Scrutiny has a clear understanding of performance within the key areas of the Children, Schools and Families Directorate, and supports improvements of services for children and their families across Surrey.	Mark Brett-Warburton Chris Townsend Tim Evans Jeff Harris Charlotte Morley
	Learning Disabilities and Transition	To scrutinise how the council plans care and support for young people with complex needs as they transition into adulthood, and how future demand will be met.	The review will seek to make recommendations in respect to improving the experience of young people and their families/carers, and to optimise public value for the benefit of the council and Surrey residents.	Ken Gulati Chris Botten Robert Evans Mike Wainhouse

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