

Notice of Meeting

Health and Wellbeing Board



Date & time

**Thursday, 5 December
2019
at 1.00 pm**

Place

Ashcombe Suite, County
Hall, Penrhyn Road, Kingston
upon Thames, KT1 2DN

Contact

Amelia Christopher
Room 122, County Hall
Tel 020 8213 2838
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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 Amelia Christopher on 020 8213 2838.

Board Members

Siobhan Kennedy
Dr Andy Brooks

Dr Charlotte Canniff

Dave Hill

Jason Gaskell
Dr Russell Hills

David Munro
Mr Tim Oliver (Chairman)
Kate Scribbins
Dr Elango Vijaykumar (Deputy
Chairman)
Simon White

Ruth Hutchinson

Dr Claire Fuller
Fiona Edwards
Joanna Killian
Helen Griffiths

Sue Littlemore

Mrs Sinead Mooney

Housing Advice Manager, Guildford Borough Council
Chief Officer, Surrey Heath and East Berkshire Clinical
Commissioning Group
Clinical Chair, North West Surrey Clinical
Commissioning Group
Executive Director for Children, Families and Learning,
Surrey County Council
CEO, Surrey Community Action
Clinical Chair, Surrey Downs Clinical Commissioning
Group
Surrey Police and Crime Commissioner
Leader of Surrey County Council
Chief Executive, Healthwatch Surrey
Clinical Chair, East Surrey Clinical Commissioning
Group
Executive Director of Adult Social Care, Surrey County
Council
Interim Director of Public Health, Surrey County
Council
Senior Responsible Officer, Surrey Heartlands
Chief Executive, Surrey and Borders Partnership
Chief Executive, Surrey County Council
Executive Dean of the Faculty of Health and Medical
Sciences, University of Surrey
Head of Partnerships and Higher Education, Enterprise
M3
Cabinet Member for Adults and Public Health, Surrey

Mrs Mary Lewis	County Council Cabinet Member for Children, Young People and Families, Surrey County Council
Ruth Colburn Jackson	Managing Director, North East Hampshire and Farnham Clinical Commissioning Group
Giles Mahoney	Director of Integrated Care Partnerships, Guildford and Waverley Clinical Commissioning Group
Rob Moran	Chief Executive, Elmbridge Borough Council
Rod Brown	Head of Housing and Community, Epsom and Ewell District Council
Borough Councillor Caroline Reeves	Leader of Guildford Borough Council
Borough Councillor John Ward	Leader of Waverley Borough Council

TERMS OF REFERENCE

The Health and Wellbeing Board:

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

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 3 OCTOBER 2019

(Pages 1
- 2)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*29 November 2019*).

b Public Questions

The deadline for public questions is seven days before the meeting (*28 November 2019*).

c Petitions

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

5 HEALTH AND WELLBEING BOARD STRATEGY PRIORITY IMPLEMENTATION PLANS AND REVISED METRICS

(Pages 3
- 70)

This paper summarises the development of the priority implementation plans for each of the three priorities for consideration collectively along with the revised metrics that area also proposed. The summary plans for each priority are intended to be an additional appendix to the published

strategy. The implementation plans provide a current view on the activity that is planned within the system to positively impact upon the individual focus areas identified in the strategy and the associated outcomes.

6 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19

(Pages
71 - 102)

The Surrey Safeguarding Adults Board (SSAB) is a statutory Board with responsibilities set out in the Care Act 2014.

The Board is chaired by an independent chair, Simon Turpitt. It is a statutory duty for all Safeguarding Adult Board's to publish an annual report. To support the transparency of the work of the Board, the Annual Report is presented to the Health and Wellbeing Board.

7 SURREY CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) WHOLE SYSTEM TRANSFORMATION PLAN

(Pages
103 -
214)

The Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan, updated October 2019, is presented for approval by the Surrey Health and Wellbeing Board.

8 TIME FOR KIDS

For the Health and Wellbeing Board to note the report. Time for Kids is a new perspective for all agencies working with children, young people and their families in Surrey.

9 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board will be on 5 March 2020.

**Joanna Killian
Chief Executive
Surrey County Council**

Published: Wednesday 27 November 2019

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

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

Please note:

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

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 3 October 2019 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 Thursday, 5 December 2019.

Elected Members:

- * Siobhan Kennedy
- Dr Andy Brooks
- * Dr Charlotte Canniff
- Dave Hill
- * Jason Gaskell
- * Dr Russell Hills
- * David Munro
- * Mr Tim Oliver (Chairman)
- * Kate Scribbins
- * Dr Elango Vijaykumar (Deputy Chairman)
- * Simon White
- * Ruth Hutchinson
- * Dr Claire Fuller
- * Fiona Edwards
- Joanna Killian
- * Helen Griffiths
- Sue Littlemore
- * Mrs Sinead Mooney
- * Mrs Mary Lewis
- Ruth Colburn Jackson
- * Giles Mahoney
- * Rob Moran
- * Rod Brown
- * Borough Councillor Caroline Reeves
- * Borough Councillor John Ward

Substitute Members:

Edmund Cartwright
Barbara Peacock

38/19 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Andy Brooks, Ruth Colburn Jackson, Dave Hill and Joanna Killian. Barbara Peacock acted as a substitute for Dave Hill and Edmund Cartwright substituted for Dr Andy Brooks and Ruth Colburn Jackson.

39/19 MINUTES OF PREVIOUS MEETING: 5 SEPTEMBER 2019 [Item 2]

The minutes were agreed as a true record of the meeting.

40/19 DECLARATIONS OF INTEREST [Item 3]

None received.

41/19 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

None received.

b PUBLIC QUESTIONS [Item 4b]

None received.

c PETITIONS [Item 4c]

None received.

42/19 2019/20 BETTER CARE FUND [Item 5]**Witnesses:**

Chris Tune, Policy and Programme Manager (Health and Social Care Integration)

Key points raised during the discussion:

1. The Policy and Programme Manager introduced the report and explained that the proposed Better Care Fund plan had been approved by all six clinical commissioning groups (CCGs) and wider partners. He asked the Board to note that the planning conditions had been met and requested that the proposed plan was approved so it could be submitted to NHS England.
2. It was highlighted to the Board that the proposed Better Care Fund plan had been discussed and recommended at the most recent meetings of the Surrey Strategic Health and Care Commissioning Collaborative and Surrey-wide Commissioning Committees-in-Common.

Actions/further information to be provided:

None.

Resolved:

The Health and Wellbeing Board:

1. Noted that the national planning conditions had been met, including the minimum CCG funding contribution, the minimum funding allocation to NHS Commissioned Out of Hospital Spend, and minimum funding allocation to Adult Social Care services.
2. Signed off the 2019/20 Better Care Fund plan.

43/19 DATE OF THE NEXT MEETING [Item 6]

The Board noted that its next public meeting would be held on 5 December 2019.

Meeting ended at: 1.08 pm

Chairman

Health and Wellbeing Board

1. Reference Information

Paper tracking information	
Title:	HWB strategy priority implementation plans and revised metrics
Related Health and Wellbeing Priority:	Priority One, Two and Three
Author (Name, post title and telephone number):	Phill Austen-Reed, Principal Health and Wellbeing Lead, Tel: 07813538431
Sponsor:	Tim Oliver
Paper date:	5 December 2019
Related papers	Summary Plan for each priority Implementation Plan for each priority

2. Executive summary

This paper summarises the development of the proposed priority implementation plans for each of the three priorities for consideration collectively along with the revised metrics that are also proposed. The summary plans for each priority are intended to complement the published strategy. The implementation plans provide a more detailed current view on the activity that is planned within the system to positively impact upon the individual focus areas identified in the strategy and the associated outcomes.

3. Recommendations

3.1 The Health and Wellbeing Board is asked to:

- a) Approve the summary plans for incorporation into a refreshed published strategy to reflect the further refinement and development that has taken place since the publishing of the strategy.
- b) Approve the revised set of metrics, where they have been finalised, for incorporation into an online public dashboard to be published early in 2020.
- c) Agree the mechanism for reporting and reviewing activity taking place within each priority area and the progress being achieved against the selected outcomes.
- d) Support the continued engagement and awareness of strategy, metrics and activity as currently described in the implementation plans by the constituent organisations and wider partners in Surrey

4. Reason for Recommendations

4.1 Following engagement with stakeholders involved with the priorities and focus areas identified in the strategy, the summary plans outline the developing activity taking place and link to the more detailed programme management structure, as is described in the associated implementation plans. As these continue to be populated, these are intended to enable the clear identification of work leads locally and the monitoring of key milestones in order to regularly assess the progress that is being made.

Such an approach will enable key achievements and issues to be raised for discussion at the Board as the plans progress.

4.2 In approving the plans and metrics, the Health and Wellbeing Board recognises the need for ongoing engagement in these and additional areas of work in order to further embed the partnerships necessary in the delivery of the strategy.

5. Detail

5.1 Since the publishing of the HWB strategy in June 2019, officers from organisations within the Board have engaged to enable the development of the summary plan and implementation plans. These follow the initial workshop discussions for each of the priority areas and the subsequent approval of the draft plans that have been considered.

May	June	July
Priority 1 workshop	Priority 1 Draft plan	Priority 2 workshop
September	October	November
Priority 2 Draft plan Priority 3 workshop		Priority 3 Draft plan

5.2 The summary plans outline the key difference that each priority is trying to achieve along with information on the named sponsors, accountable executive and programme manager. They indicate what will be delivered and also what outcome measures will be used to assess how people will know if the activity is making a difference.

5.3 The implementation plans provide further detail on other lead individuals and key milestones that are being developed within each of the focus areas of the priorities. These additional milestones will enable more regular review of the activity taking place as the higher level outcome measures will largely only be updated annually. Also included are some of the risks and issues currently being identified within the various areas of work.

5.4 Engagement with key stakeholders and partnerships has taken place to move the plans forward in this initial phase, however in doing this, it has identified the need for further and ongoing engagement throughout the life of the strategy. For example, opportunities need to be explored to use existing system engagement methodologies such as the multi-practitioner panels developing within Surrey Heartlands Academy to support further development and testing of the activity within the implementation plans.

5.5 Feedback during the initial engagement period in March 2019 highlighted the need to review and develop the metrics further alongside the development of more detailed plans and activity. This has been done and resulted in a revised set of 38 indicators being identified for possible inclusion in a [HWB strategy online dashboard](#)¹ to be publicly published early in 2020. Detail on the process that was followed and the proposed changes is provided in **Appendix 1**.

5.6 A key proposed addition is the inclusion of healthy life expectancy, along with potential years of life lost, including geographical variation. This will help provide an important overarching view of

¹ Current [draft of the proposed online dashboard](#) is available for viewing however it is subject to additional work and development during December and January.

progress and variation across Surrey to support the principle of no-one left behind. These would complement the pre-existing higher level indicator for face-to-face outpatient attendances².

1. For the individual metrics it is proposed that of the 28 original metrics (excluding outpatient attendances as described above):
 - a. 16 metrics will be maintained as is – of these, 1 requires development as good quality indicators do not yet exist (capturing fulfilment for people who are carers).
 - b. 12 metrics will be removed as not fit for purpose – of these 4 have direct replacements.
 - c. 21 metrics will be added:
 - a. 17 to capture areas not proposed in the original strategy – of these, 3 require development as obvious indicators do not yet exist, and 14 have indicators that are already collected nationally.
 - b. 4 to replace metrics that were not fit for purpose.
- 5.7 All these changes result in a total set of 37 indicators, of which 33 have data available currently though not necessarily for all target population groups which is an identified area of development.
- 5.8 As part of the development of the implementation plans, the mechanisms available to provide governance for each priority within the plans have also been reviewed. This has led to the governance arrangements being further developed, as outlined in figure 1.
- 5.9 For priority one, the pre-existing Prevention Board that existed for Surrey Heartlands has broadened its function to incorporate the focus of priority one and take a Surrey-wide view. For priorities two and three, it has been agreed that for the short to medium-term, a small coordinating group will link with existing board structures across Surrey to enable oversight of the various areas of activity that are in scope.

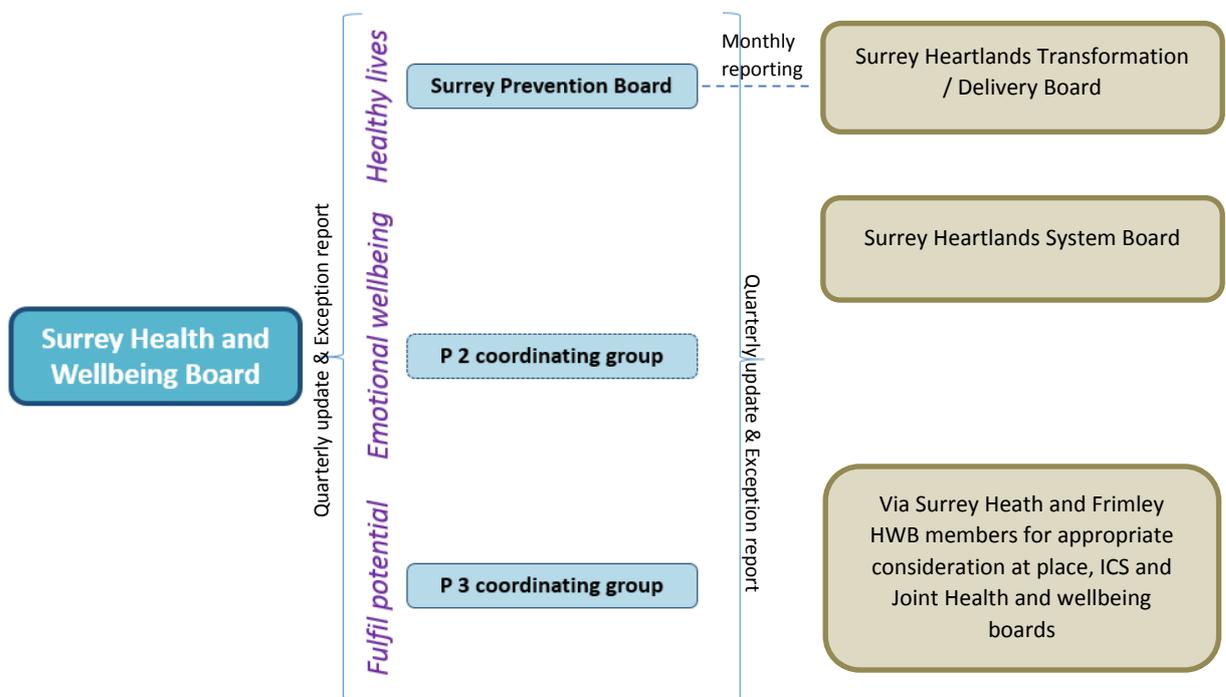


Figure 1. HWB strategy governance and additional system reporting

² Subject to alignment with Surrey Heartlands assurance dashboard

6. Challenges and dependencies

- 6.1 Additional work will be needed should the merger of the Health and Wellbeing Board and Community Safety Partnership be approved to ensure any additional activity and outcomes measures are fully represented.
- 6.2 The implementation plans and proposed outcome metrics link strongly with, and have been considered in, the development of the local five year plan with opportunity to further align around the four priority populations identified in the HWB strategy.
- 6.3 The current implementation plans represent work that is at a wide range of stages with regards to planning and delivery; and organisational support will be important to ensure activity identified is resourced and delivered, and that plans are developed in areas where they are not currently apparent.
- 6.4 It will be important to ensure the implementation plans continue to develop and expand in terms of their ownership across the health and wellbeing partnership, and that the allocation or re-allocation of resources, particularly where delivery is joined up and in partnership, can significantly enable positive change and outcomes for individuals.
- 6.5 Alignment will need to continue to progress with the developing wider transformation programmes to enable resource to be appropriately allocated in support of the priorities and system capabilities.
- 6.6 As originally stated in the strategy, the priorities, focus areas, metrics and activity coming together within the implementation plans clearly link and are interdependent. This is represented in figure 2 below and highlights the need for close collaboration both within and across the activity described in the implementation plans.



Figure 2– Summary examples of interdependencies of activity in each priority

7. Timescale and monitoring

- 7.1 Whilst the Health and Wellbeing Strategy covers a 10-year period, the current implementation plans are largely intended to cover activity and further development work for the coming year. These will be regularly reviewed by the appropriate priority board/group during this period. It is then proposed that issues, risks or performance are reported by exception via this structure on a quarterly basis where awareness of, or discussion by, the board is needed.
- 7.2 Reviewing of activity happening against each system capability is to be considered for inclusion alongside the priorities into the Board forward plan by drawing on identified leads where identified. This is currently scheduled for March 2020.
- 7.3 As the proposed outcome metrics identified in the strategy are high level and consequently are largely updated annually, it is proposed that these are considered in June of each year to identify any areas of significant progress or concern that could then be addressed and incorporated into future planning.

8. How is this being communicated?

- 8.1 Following the previous discussion and decision at the board in September, the Health and Wellbeing Communications group is considering how it can better support key messages that are being identified within the priority implementation plans to enable a more coordinated approach between partner organisations.
- 8.2 This will result in a proposed draft supporting communications grid that aligns with key elements of the implementation plans for consideration by the board in February/March 2020.

9. Next steps

Should the board approve recommendations key next steps will include:

- December 2019- refresh strategy to incorporate implementation plans, revised metrics and proposed merger of community safety board
- December 2019 – communications workshop to identify key communications messaging that can be coordinated through the communications sub-group in 2020/21.
- January-February 2020 –Online public dashboard to reflect revised metrics developed for review and publishing.
- March 2020 – HWB review and consider coordinated communications plan with key messages supported.
- March 2020 – Initial quarterly update
- June 2020 - Review of outcomes metrics at HWB

Appendix 1: Health and Wellbeing Strategy Metrics – Detail of process and changes proposed

Purpose

1. To inform the Health and Wellbeing Board of the process that has been followed in reviewing the Health and Wellbeing Strategy (HWS) metrics and summarise the updated set of metrics including proposed changes and additions for approval.
2. Identify where developmental work is still needed for metrics within certain focus areas/target populations under the priorities.

Background

3. The HWS was published in May 2019 and included 29 metrics, relating to the 3 priorities and which also sought to reflect the 5 target population (See appendix 1a for summary). It also described a number of focus areas and intended outcomes for each priority. Specific metrics were organised by population group and included current and target performance based on an “intervention model” developed by PwC.
4. The PwC model used financial and activity information from health and social care work to estimate how costs and outcomes could change with interventions in the health and social care system. It included assumptions made to forecast changes from the baseline year (2017/18) considering population growth, demographic changes and expected cost inflation (for both commissioners and providers). It broke down impacts into population groups, timing of impact and recurrent and non-recurrent costs.
5. The published strategy built on previous engagement and this resulted in wide support of the priorities and population groups that were identified. However, feedback during the engagement period early in 2019 highlighted the need to review and develop these metrics further. A commitment was made in the HWS to continue to review and develop the metrics to ensure they more robustly assess progress against each priority
6. A task and finish group was therefore set up to review the metrics within the HWS, taking account of the model developed by PwC that informed the outcome targets and proposed financial savings. The principles for this review were:
 - a. To change or add metrics to the original set only where required e.g. where a proposed metric was not fit for purpose or where a focus area for the strategy was not being measured at all
 - b. To use metrics that could be benchmarked against other local areas to understand how Surrey compares and what good performance could like
 - c. To use metrics that have high quality collection and reporting processes in place
 - d. To select metrics that will show at a high level how the health and wellbeing strategy overall is changing outcomes within Surrey, recognising many additional measures will be required at implementation plan level tracking delivery

Review process

7. The review group comprised the Principal Health and Wellbeing lead, a public health registrar, lead public health analyst and the relevant programme manager for each of the three priorities with additional engagement with relevant partners from across the Council and NHS.
8. During August and September, the group

- a. Completed a desk-based review of the HWS and PwC model
- b. Reviewed comments on outcome metrics from the engagement work
- c. Engaged relevant stakeholders within Surrey County Council and NHS partners regarding specific metrics relevant to their areas of responsibility.
- d. Reviewed potential sources of indicator data
- e. Set out the detail for all proposed metrics
- f. Worked with the health and wellbeing strategy programme managers supporting each of the three priorities to produce these recommendations for change

Key findings of the review

9. Some of the original metrics are very high-level and outcome-focused (e.g. reducing outpatient face to face appointments) and could reflect delivery of a number of interventions across the strategy. Others are very specific and process-focused and may not be appropriate if delivery plans do not intend to specifically address these (e.g. rates of supported working age adults whose accommodation status is severely unsatisfactory).
10. The baseline data used for the metrics was not the latest data in all cases. This has been updated to ensure all baseline data is the latest available along with the confirmation of source and frequency to ensure the current picture is accurate and can be reviewed consistently going forwards over the timeline of the strategy.
11. In reviewing the metrics and targets that were drawn from the model, a number of opportunities for improvement and development were highlighted. For example, adopting a consistent model for the setting of targets would make the approach more coherent. A comparison to CIPFA nearest neighbours provides a ready comparison group. The existing targets vary in their relation to best CIPFA neighbour. For example, the original target reduction in excess winter deaths was to halve the level of the current CIPFA neighbour best performance, which is already a third less than Surrey's performance and is therefore very challenging. On the other hand the target for rates of people with learning disabilities living in settled accommodation is less than the *current* best performing CIPFA neighbour, which may be less than we could achieve over 10 years.
12. The outcomes described for priority area 3 are currently:
 - a. No one is left behind
 - b. People feel fulfilled in life
13. These are referenced in the introduction to the strategy and are part of the Surrey 2030 vision. They are very broad and contrast with the more specific and measurable focus areas for the other two priorities (e.g. "substance misuse is low", or "people with depression and anxiety are identified early and supported"). It is difficult to envisage how they could be measured or how activities could be designed to achieve them – many aspects of the strategy and indeed the broader work of the council and the local health and care system will contribute to individuals not being left behind, or to them feeling fulfilled in life. As previously discussed at the HWB therefore, two new headline outcomes for priority three are proposed which will be more in keeping with the other two priorities.
14. In summary, the group has proposed changes to the headline metrics to address the issues identified, while keeping those that continue to fit.

Proposed changes

The changes below are proposed to allow a similar approach to be taken within each of the three priorities and can be broken down into the more specific focus areas. These will then have metrics that will reflect progress in achieving the overall outcomes but also which relate to the more detailed focus areas whilst also identifying how these are being monitored against the priority population groups. The implications for the original financial modelling of these changes have been identified as part of the process and may require further work in some areas.

A. Priority 3 – Fulfilling Potential

15. To bring priority three in line with the other two priorities, It is recommend to refine the outcomes to the following:

- **Children develop skills for life** – ensuring everyone has skills for life will contribute to people being able to live fulfilled lives; and to reducing the gap between groups by enabling everyone to reach their aspirations without being prescriptive about what those aspirations should be; this clearly includes academic achievement but is broader, touching on, for example, emotional wellbeing and resilience
- **People have access to opportunities for personal fulfilment** – recognising that fulfilment comes in different forms for different people; the council’s role is around identifying and removing barriers and providing enablers than determining what fulfilment should like for individuals; in the short-term this is likely to focus on enabling people to access education, training and employment, but this could be broadened in later years depending on needs assessment and evidence gathering

B. Overarching Outcomes

It is useful to have a headline measure(s) to indicate how progress is being made overall with the HWS. It is therefore recommended to include one or both of the following two metrics at an overarching level.

- a. Healthy life expectancy should be included at an overarching level along with geographical variation to provide an important view of variation across Surrey and support the principle of no-one left behind. We may need to use potential years of life lost due to avoidable mortality as a proxy measure to be able to show improvement year on year. Healthy life expectancy tends to change relatively slowly.
- b. Reduction in face to face outpatient attendances as already stated in the original JHWS.

C. Changes to Individual Metrics

16. The review proposes that, of the 28 original metrics (excluding outpatient attendances as described above):

- d. 16 metrics will be maintained as is – of these, 1 requires development as good quality indicators do not yet exist (capturing fulfilment for people who are carers).
- e. 12 metrics will be removed as not fit for purpose – of these 4 have direct replacements.
- f. 21 metrics will be added:
 - a. 17 to capture areas not proposed in the original strategy – of these, 3 require development as obvious indicators do not yet exist, and 14 have indicators that are already collected nationally.

b. 4 to replace metrics that were not fit for purpose.

17. All these changes result in a total set of 37 indicators, of which 33 have data available currently; though not necessarily for all target population groups. Full details are available in Appendix 2a.

D. Proposal for revised targets and trajectories

18. Given the HWS has a 10-year lifespan, we should be ambitious with our targets, but also realistic to ensure motivation is not squandered on unachievable aims. As there is variation within the currently published targets and it is not immediately apparent as to how they have been set, we recommend using current 'best in class' (CIPFA³) performance for all metrics as the starting point for the absolute target, unless there is a good reason not to (e.g. Surrey already best in class; or there is a national target or we agree to a greater ambition). It may be appropriate to introduce a dynamic target as well, that takes into account the difference between Surrey and the best performing neighbour as well as existing trends. Once targets have been set, we propose to set "flat" trajectories (i.e. equal improvement year on year) to then discuss in the first half of 2020 with partners or existing stakeholder groups taking forward work in relevant areas. Trajectories can then be amended to reflect, for example, projects coming 'on-stream' at different points in time.

19. Targets and the rationale for them are included in Appendix 1b.

20. For some of the current metrics, financial savings were allocated based on achieving the targets. Where this is the case and a change to the target has been proposed due to the above process, it is recognised that a review of the savings figure will be needed to ensure the indicative savings can reasonably be forecast. An example of this is the original metric for rates of older people still at home 91 days after discharge from hospital which in the initial metrics had an ambitious target and a financial saving figure of £29.3m. Engagement with partners has identified a number of issues with this, not least that it likely to be removed from future ASCOF reporting. Whilst a replacement is proposed (see Appendix 1b ref: A005), further work will be needed to confirm the savings figure.

E. Making the metrics relevant for all target population groups

21. Some metrics only apply to specific target groups, such as "Proportion of adults with learning disabilities who are in paid employment". Others could theoretically be measured for all target population groups. For example, "Unplanned hospitalisation for long term conditions that should not require hospitalisation, rate per 100,000" is currently measured for the whole population but could be measured for vulnerable communities or for people with learning disabilities if the data becomes available. This will be a further area for development across all such metrics for possible consideration by colleagues within Surrey Office of Data Analytics over the longer term, to ensure we can track the extent to which all our target population groups do as well as the overall population on all metrics.

³ Chartered Institute of Public Finance and Accounting – statistically similar local authority areas

Appendix 1a: HWB strategy priorities and population groups

Priority areas and population groups

Surrey will focus on three interconnected priorities: *fulfilling potential*, *leading healthy lives* and *having good mental health and emotional wellbeing*. To avoid any groups of the population being left behind, Surrey will focus on tackling these priorities across the entire population, as well as within four specific target groups of people which are often overlooked or most at risk. We will consider groups with protected characteristics within all these population groups as we implement the strategy.

These priorities and target groups have been identified based on extensive data and benchmarking analysis as well as stakeholder engagement across the county. They focus on prevention in its earliest form, and on providing the right 'place' for the population to thrive and reach their full potential.

Our three priorities

Helping people in Surrey to lead healthy lives

Empowering our citizens to lead healthier lives. This includes individual lifestyle factors, but also considers built environments and how that impacts on health. This priority area is entirely focused on prevention, and about creating healthy and proactive people who take ownership of their health.

Supporting the mental health and emotional wellbeing of people in Surrey

Enabling the emotional wellbeing of our citizens by focusing on preventing poor mental health and supporting those with mental health needs. Empowering people to seek out support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.

Supporting people in Surrey to fulfil their potential

Enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This is not only related to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamental to fulfilling potential - this priority builds on this by empowering citizens locally.

Our five population groups

ONE

Children with special education needs and disabilities, and adults with Learning Disabilities and/or Autism. The focus is on improving the outcomes for this cohort and on providing opportunities for them to achieve their potential.

TWO

Those people living in deprivation, or those who are vulnerable across Surrey. This includes children in care and care leavers. The aim is to place a focus on this cohort which based on indicators has been left behind in the past, and improve their health outcomes.

THREE

Those people living with illness and / or disability, including long term conditions, multi-morbidities, people who require support to live independently, and people who require support to die well. Our focus is to promote self-management where possible, independence, and use of community assets and resources.

FOUR

All young and adult carers in Surrey. The focus is on supporting this population cohort and creating opportunities for this cohort to be part of their local community and as a result avoid feeling isolated.

FIVE

The general population - this refers to the entire population of Surrey. This plan aims to address the wider determinants of health and wellbeing for all of Surrey, with a strong focus on prevention and enabling self-care.

Appendix 1b: Detail of metrics for the Joint Health and Wellbeing Strategy

This appendix includes tables as follows:

- Table 1a: priority area 1, metrics proposed to retain
- Table 1b: priority area 1, metrics proposed to add
- Table 2a: priority area 2, metrics proposed to retain
- Table 2b: priority area 2, metrics proposed to add
- Table 3a: priority area 3, metrics proposed to retain
- Table 3b: priority area 3, metrics proposed to add
- Table 4: metrics proposed to remove

Table 1A: priority area 1, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
A008	Obesity attributable hospital admissions rate per 100,000	Working to reduce obesity and excess weight rates and physical inactivity	664 per 100,000	REVIEW CIPFA: 656	The original metric was not defined and it is unclear where performance figures were drawn from. Recommended to use HES rates where obesity is recorded as primary (cause) or secondary (relevant to care) issue. This is a relatively downstream measure, but should demonstrate the impact of upstream interventions (e.g. increasing healthy weight and physical activity) and it captures the impact of obesity on NHS care and costs. Recommended to review target as best in class is not very ambitious.
A012	Smoking rates among adults employed in routine and manual occupations	Supporting prevention and treatment of substance misuse, including alcohol	21.5%	11.0%	None proposed. NB: the target is very ambitious (the current CIPFA best in class is 17%) however we recommend retaining the target given the national strategy to reduce overall population smoking to 12% or less by 2022 and to 5% or less in the years following ⁴ .
A001	Proportion of adults with learning disabilities living in settled accommodation	Ensuring that everyone lives in good and appropriate housing	66.3%	CIPFA: 87%	None
A004	Excess winter death index	Ensuring that everyone lives in good and appropriate housing	21.3	REVIEW: 8.7	This is an extremely challenging target – current best in class CIPFA is 14.2. There are also savings associated with this target (£0.7m). Recommended to review target and associated savings.

⁴ [Department of Health \(2017\). Towards a smokefree generation: a tobacco control plan for England.](#)

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
A016	Percentage of people expected to have diabetes locally who have a diagnosis of diabetes	Promoting prevention to decrease incidence of serious conditions and diseases	70.2%	CIPFA: 80.1%	AKA: estimated diabetes diagnosis rate. None
A017	Bowel cancer screening coverage	Promoting prevention to decrease incidence of serious conditions and diseases	60.2%	CIPFA: 65.0%	None
A013	Coverage of vaccination - percentage of 5 year old children with 2 doses of MMR	Promoting prevention to decrease incidence of serious conditions and diseases	81.7%	CIPFA: 93.8%	None
A006	Percentage of deaths in usual place of residence (65 years +)	Helping people to live independently for as long as possible and to die well	48.8%	CIPFA: 55.7%	Requests were made to change this metric to measuring deaths in preferred place; however, this is not an existing measure (data collection ceased in 2015) and it would not be possible to benchmark against comparators if a local measure were developed. The system-wide Surrey End of Life Care Roundtable are consider developing the metric to reflect preference in due course. Recommended to support development of the metric to look at preferred location of death.

Table 1b: priority area 1, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A009	Proportion of year 6 pupils measuring a healthy weight	Working to reduce obesity and excess weight rates and physical inactivity	72.0%	REVIEW	This is an upstream measure of interventions to increase healthy weight and relates to childhood obesity – a major opportunity for preventive action/early intervention. Recommended to add this upstream metric. Recommended to review target as best in class is not very ambitious.
A011	Hospital admissions related to alcohol for under-18 year olds, rate per 100,000 over 3 years	Supporting prevention and treatment of substance misuse, including alcohol	32.7	CIPFA: 19.7	Surrey is 10 th out of 16 on this measure compared to CIPFA neighbours. Younger people will be targeted under the new drug and alcohol strategy as part of a greater prevention focus. Alternative measures around % 15 year olds drunk in the last 4 weeks and % adults drinking more than 14 units per week are no longer recorded (latest data from 2015 and 2011-2014, respectively) so are not suitable measures. Recommended to replace percentage of adults receiving alcohol treatment achieving success.
A003	Number of rough sleepers	Ensuring that everyone lives in good and appropriate housing	0.1%	TBC	The homeless population are not currently reflected within metrics and as a group are significantly vulnerable on a number of fronts due to the lack of housing. Recommended to add this metric.
A018	Cervical screening coverage	Promoting prevention to decrease incidence of serious conditions and diseases	72.0%	CIPFA: 77.7%	Requested to add in light of ongoing projects to improve screening coverage. Recommended to add this metric.

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A014	Measles incidence rate per 100,000	Promoting prevention to decrease incidence of serious conditions and diseases	3.5	CIPFA: 0	Failure to achieve adequate immunisation rates results in outbreaks of disease. Measuring outbreaks focuses the strategy on outcomes and implications of policy. Recommended to add this metric.
A019	Domestic abuse - PLACEHOLDER	Preventing domestic abuse and supporting and empowering victims	TBC	TBC	No existing metrics readily available but this is recognised as an important area with emerging possibilities for tracking and monitoring. Recommended to support development of metric.
A020	Active travel - walking	Improving environmental factors that impact people's health and wellbeing	22.2%	CIPFA: 26.5%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. Recommended to add this metric.
A021	Active travel - cycling	Improving environmental factors that impact people's health and wellbeing	3.0%	DOUBLE : 6.0%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. The CIPFA best in class comparator (Cambridge, 11.1%) is very different in terms of cycling accessibility of the main city and a more realistic target is required. We have taken a pragmatic approach – to double the level of cycling. Recommended to add this metric and agree the pragmatic target.
A022	Air quality - PLACEHOLDER	Improving environmental factors that impact people's health and wellbeing	TBC – being developed nationally	TBC	Public Health England are developing an appropriate metric for air quality. When this is available it would be helpful to include within this framework. Recommended to include this metric when available.

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A005	Effectiveness of short-term reablement services leading to nil or lower level ongoing support	Helping people to live independently for as long as possible and to die well	75.1%	CIPFA: 92.7%	This is to replace a “rates of older people still at home 91 days after discharge from hospital” which is regarded as having poor data quality, focuses only on hospital-related support and on older adults, and is likely to be removed in the upcoming ASCOF ⁵ review. Recommended to replace people at home 91 days after discharge metric.
A007	Unplanned hospitalisation for long term conditions that should not require hospitalisation, rate per 100,000	Helping people to live independently for as long as possible and to die well	616	CIPFA: 534	Added to enhance our understanding of and focus on preventable admissions, beyond readmissions. Recommended to add this metric.
A010	Percentage of adults who engage in less than 30 minutes of physical activity per week	Working to reduce obesity and excess weight rates and physical inactivity	16.2%	REVIEW	This is to capture a key driver of health overall and healthy weight specifically. Currently Surrey is 2 nd best in class on this measure. A stretching target will be agreed as part of the physical activity strategy refresh in 2020. Recommended to add this metric.
A015	Percentage of GP registered patients who have diagnosed hypertension	Promoting prevention to decrease incidence of serious conditions and diseases	13.1%	CIPFA: 17.0%	CVD is a major cause of premature mortality. Identifying people at risk and providing appropriate treatment and control for their conditions reduces the morbidity and mortality associated with underlying health conditions. Hypertension is known to be undiagnosed and is a key risk factors for strokes and heart attacks. Recommended to add this metric.

⁵ [Adult Social Care Outcomes Framework](#)

Ref.	Title	Focus area	Current performance	Target	Rationale for adding metric
A023	Utilisation of outdoor space for exercise/health reasons	Improving environmental factors that impact people's health and wellbeing	20.5%	CIPFA: 24.4%	No metrics were included for this focus area. This metric also supports the reducing physical inactivity focus area. Recommended to add this metric.
A002	Proportion of adults in contact with mental health services living in stable and appropriate accommodation	Ensuring that everyone lives in good and appropriate housing	71.0%	CIPFA: 81.0%	This is an important vulnerable group to capture housing needs for. Recommended to add this metric.

Table 2A: priority area 2, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
B002	Emergency admissions of those with dementia, rate per 100,000 population	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	3,379	REVIEW: 2,496	This is more relevant to priority 2. Recommended to move metric to priority area 2.
B004	Self-reported wellbeing - people with a high anxiety score	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	20.1%	CIPFA: 15.6%	This metric was associated with £8.0m savings by PwC and a target of 14.1%. It does not relate to diagnosed/treated ill health but to self-reported anxiety on the previous day to taking the questionnaire. Recommended to change target to best in class CIPFA and review the associated savings.

Table 2B: priority area 2, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Changes proposed and rationale
B001	Percentage of people expected to have dementia locally who have a diagnosis of dementia	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	65.2%	CIPFA: 70% (Review)	This upstream metric captures work we know is important to change outcomes in the longer-term. By combining admissions and diagnosis rates, a more accurate picture of which local areas need to take action will emerge. Recommended to add this metric.
B003	Access to IAPT services	Enabling children, young people, adults and elderly with mental health issues to access the right help and resources	TBC	TBC	This metric captures the proportion of people accessing appropriate services for common mental health disorders. The data is produced monthly and for each CCG area. The public health team are working to annualise the data and to calculate a Surrey-wide figure for current and target performance. Recommended to replace reduction in GP-recorded depression prevalence metric.
B005	Proportion of children receiving a 12-month review with their Health Visitor	Supporting the emotional wellbeing of mothers throughout and after their pregnancy	68.8%	94.0%	There are currently no metrics proposed or existing metrics in use nationally for this important area. Ongoing contact with health visitors provides opportunities for identification of mental health problems as well as prevention and support. Recommended to add as a proxy measure.
B006	Employment of people with mental illness	Preventing isolation and enabling support for those who do feel isolated	56.6%	77.6%	There are no general population level measures for reducing isolation. However, we know that people with mental health illness are more at risk of experiencing isolation, and that employment is an effective way of reducing isolation through regular social contact and interaction. This measure therefore aims to drive a reduction in isolation for one of our most vulnerable groups. Recommended to add this metric.

Table 3A: priority area 3, metrics proposed to retain

Ref.	Title	Focus area	Current performance	Target	Updates to the metric and rationale
C002	Proportion of adults with learning disabilities who are in paid employment	Supporting adults to succeed professionally and/or through volunteering	9.0%	CIPFA: 16.8%	None
C007	Unemployment rate	Supporting adults to succeed professionally and/or through volunteering	2.4%	CIPFA: 1.7%	None
C003	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	Supporting children to develop skills for life	53.5%	CIPFA: 61.3%	None
C004	Percentage of children with free school meal status achieving 5A*-C or equivalent GCSEs	Supporting children to develop skills for life	31.4%	CIPFA: 35.3%	None
C005	Percentage of children in care achieving 5A*-C or equivalent GCSEs	Supporting children to develop skills for life	17.2%	CIPFA: 23.9%	None
C008	PLACEHOLDER – Carers.	Supporting adults to succeed professionally and/or through volunteering	TBC	TBC	There are currently no metrics proposed or appropriate existing metrics in use nationally for this important area. Recommended to develop appropriate local metric.

Table 3B: priority area 3, metrics proposed to add

Ref.	Title	Focus area	Current performance	Target	Changes proposed and rationale
C006	Proportion of 16-17 year olds recorded in education or training	Supporting adults to succeed professionally and/or through volunteering	4.4%	CIPFA: 3.2%	Aka participation rate. The NEET rate was originally proposed and focuses on a very small group whereas the participation rate emphasises strengths/assets of the community and can help to target strength-based interventions, such as apprenticeship programmes. Recommended to replace to NEET rate.
C001	PLACEHOLDER - SEND children develop skills for life	Supporting children to develop skills for life	TBC	TBC	There are currently no metrics proposed or appropriate existing metrics in use nationally for this important area. Recommended to develop appropriate local metric.

Table 4: metrics proposed to remove

Ref.	Metric title	Priority area	Rationale
D3002	Proportion of supported working age adults with learning disabilities whose accommodation status is severely unsatisfactory	1	This metric is not fit for purpose – it sets an extremely low bar (not being in severely unsatisfactory accommodation) to aim for in terms of adequate housing for people with learning disabilities. Locally there is no room for improvement against this metric – latest figures indicate performance 0.0%.
D2006	Obesity rates (deprived/vulnerable population)	1	Source of original data not stated and could not be identified and does not match with any known indicators for obesity. This metric is also specifically included for vulnerable and deprived communities, for which existing metrics are not available. All metrics will be broken down by relevant inequalities (e.g. deprived communities) where this data is available.
D2007	Excessive alcohol consumption rates (deprived/vulnerable population)	1	Source of original data not stated and could not be identified and does not match with any known indicators for alcohol consumption. This metric is also specifically included for vulnerable and deprived communities, for which existing metrics are not available. All metrics will be broken down by relevant inequalities (e.g. deprived communities) where this data is available.
D5003	Successful completion of alcohol treatment	1	This could inappropriately skew focus onto alcohol treatment services instead of broader work, though it will remain an important performance indicator for local alcohol services which are reviewed at other system wide performance boards. Comparatively, Surrey has lower levels of dependent drinkers. Most alcohol ill-health is not found among dependent drinkers but among heavy drinkers. To be replaced by a wider-population and prevention focused measure.
D2009	Percentage of homes classified as overcrowded	1	The baseline data is from 2011 census and is not useful in being able to design or target interventions. It is unlikely to be updated during the lifetime of the strategy with only 1 further census to take place (2021 – results due out 2022/23). Engagement has suggested overcrowding is not a big issue compared to other elements of housing within the county.
D5004	Percentage of 2 year old children with up to date vaccination status for primary immunisation "6 in 1" vaccine	1	The most challenging immunisation agenda within Surrey is MMR and measuring the MMR rate plus the measles outbreak rate will provide an adequate outcome across all immunisations while focusing design and targeting of interventions appropriately.

Ref.	Metric title	Priority area	Rationale
D5005	Vaccination rates: Pertussis	1	
D5007	Percentage of 1 year old children with 1 dose of rotavirus vaccine	1	
D3003	Percentage of older people still at home 91 days after discharge from hospital	1	The PwC target for this metric was 91.2% with associated savings of £29.3m. This is extremely ambitious and currently not in line with Better Care Fund for the first two years of the strategy's lifetime. There are indications it may be removed from ASCOF as the data quality is regarded as relatively poor in terms of comparability between local areas.
D2004	Proportion of 16-17 year olds not in education, employment or training (NEET)	3	In line with Surrey County Council's participation strategy, we will replace the NEET rate with the participation rate – a measure of 16-17 year olds in education or training.
D5001	Reported low life satisfaction	3	This measure is not fit for purpose as too few respondents making a score against this part of the Annual Population Survey to allow for statistical calculations of confidence, or to provide Borough/District breakdowns. The Social Progress Index which will be developed during 2020/21 will better capture opportunities for and barriers to fulfilment within Surrey.
D5010	GP practice recorded depression prevalence	2	This measure is not fit for purpose as reducing GP recording of depression prevalence (as per the original targets) does not mean people are accessing the right resources to manage their mental health. Indeed, it could create a perverse incentive to reduce attempts to identify and appropriately treat people with mild to moderate common mental health disorders (CMHD). It is recommended this metric is replaced with access to IAPT services, which are a first-line treatment for CMHD (including depression and anxiety).

Health and Wellbeing Strategy: Priority 1 Helping People Live Healthy Lives

IMPACT SUMMARY



Improved health and wellbeing

OUTCOMES

By 2030:

- People have a healthy weight and are active
- Substance misuse (drugs/alcohol) is low
- Everyone lives in good and appropriate housing
- Serious diseases are prevented through vaccination and early diagnosis
- Domestic abuse is reduced by ensuring identification, early intervention and support is provided at the earliest opportunity
- People's health and lifestyle is positively affected by the environment
- People with a disability or lifelong limiting illness are supported to live independently for as long as possible

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WHO IS LEADING THIS?

Priority sponsor:

Rod Brown, Head of Community and Housing, Epsom and Ewell District Council

Accountable Executive:

Ruth Hutchinson, Acting Director of Public Health, Surrey County Council

Programme Manager:

Amy Morgan, Policy and Programme Manager, Surrey County Council

What will be different for people in Surrey?

The community vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the community vision and the vital role people and organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. And outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority one of the Health and Wellbeing Strategy focuses on enabling and empowering our citizens to lead healthier lives. This priority area is entirely focused on prevention, removing barriers, addressing the wider determinants of health and supporting people to become proactive in improving their health.

Priority one cuts across seven focus areas including:

- Housing
- Living independently and dying well
- Domestic abuse
- Substance misuse and alcohol
- Preventing serious conditions and diseases
- Excess weight and physical inactivity
- Healthy environment

In 10 years, we will have:

- Improved healthy life expectancy among residents, focusing in particular on tackling existing health inequalities in Surrey by focusing on prevention and the wider determinants of health.
- Worked with communities to build a greater awareness and commitment among Surrey residents of ways to maintain a healthy lifestyle, supporting residents to make healthy choices preventing the onset of major diseases such as diabetes and cardio vascular disease.
- Enabled people to tackle risky drinking and recreational drug use, preventing addiction, by focusing more support on alcohol prevention
- Supported those experiencing multiple and severe disadvantage in Surrey to engage with services to recover from mental ill-health and substance misuse, and to settle in their own home
- Enabled Surrey residents to access integrated reablement services and technology to enable those with a disability or illness to live as independently as possible, and supported those at the end of their life to die a dignified death
- Tackled environment around us to support healthy choices through access to green space, healthy high streets, appropriate housing options and cleaner air
- Strengthened partnerships across Surrey to ensure every child and adult experiencing domestic abuse will be seen, safe and heard and free from harm of perpetrator behaviour, ensuring both victims and perpetrators of domestic abuse access the right services at the right time.



WHAT WILL PRIORITY ONE DELIVER?

Excess weight and physical inactivity

- A Whole Systems Approach to physical activity including improving green spaces, transport initiatives, and healthy planning
- A Whole Systems Approach to tackling childhood obesity
- A 'Healthy Food Environment approach with a focus on the most deprived areas and residential care

Substance misuse and alcohol

- A refreshed Substance Misuse strategy and partnership, with a new Alcohol and Tobacco Alliance to increase focus on alcohol prevention (including trading standards, licensing, etc)
- Targeted approaches to vulnerable groups to support them to stop smoking
- A programme to address access to substance misuse and mental health service for those with Serious Mental Illness

Housing

- A programme to provide better support to people experiencing severe and multiple disadvantage in Surrey, including homelessness and a system approach to eliminate rough sleeping in Surrey
- A fuel poverty offer for those living in crisis and a project to support people who hoard in Surrey
- Specialist housing to enable independent living

Living independently and dying well

- An integrated Technology Enabled Care service
- A system-wide communication and financial strategy for End of Life Care
- A robust, integrated, and preventative Intermediate Care offer for residents, including a Surrey-wide home adaptations offer to Surrey residents to improve hospital discharge and prevent avoidable admissions

Domestic abuse

- Early Intervention and approaches for young people
- Support to enable people to recover effectively from domestic abuse
- Rehabilitation Programmes, including couples affected by situational violence

Preventing serious conditions and diseases

- A Surrey-wide CVD and Diabetes testing programme, improving the diabetes prevention pathway and targeting engagement with key geographies and groups to improve diagnosis and awareness
- A bowel and cervical screening preventative health approach rather than purely for those at high risk
- Targeted engagement with key geographies and groups to improve understanding and uptake of childhood immunisations

Healthy environment

- Promotion of healthy, inclusive and safe places through planning policies/ including transport/highways policy
- Improved air quality and awareness of the impact of poor air quality
- Embedded environmental sustainability within public sector organisations
- Reduce death and injury on Surrey roads, increased active travel and improved connection of people with the natural environment

HOW WILL WE KNOW IT IS MAKING A DIFFERENCE?

The following areas will be measured to ensure that priority one is on-track to meeting its deliverables:

- Proportion of adults with learning disabilities living in settled accommodation
- Proportion of adults in contact with mental health services living in stable and appropriate accommodation
- Number of rough sleepers
- Excess winter death index
- Effectiveness of short-term reablement services leading to nil or lower level ongoing support
- Percentage of deaths in usual place of residence
- Unplanned hospitalisation for long term conditions that should not require hospitalisation
- Obesity attributable hospital admissions
- Proportion of year 6 pupils measuring a healthy weight
- Percentage of adults who engage in less than 30 minutes of physical activity per week
- Hospital admissions related to alcohol for under-18 year olds
- Smoking rates among adults employed in routine and manual occupations
- Coverage of vaccination - percentage of 5 year old children with 2 doses of MMR
- Measles incidence rate
- Percentage of GP registered patients diagnosed with hypertension
- Percentage of people expected to have diabetes locally who have a diagnosis of diabetes
- Bowel cancer screening coverage
- Cervical screening coverage
- Domestic abuse - PLACEHOLDER
- Active travel - walking
- Active travel - cycling
- Air quality - PLACEHOLDER
- Utilisation of outdoor space for exercise/health reasons
- Carers – PLACEHOLDER

IMPACT SUMMARY



Improved health and wellbeing

FOCUS AREAS

- Enabling children, young people, adults and elderly with mental health issues to access the right help and resources
- Supporting the emotional wellbeing of mothers and families throughout and after their pregnancy
- Preventing isolation and enabling support for those who do feel isolated

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WHO IS LEADING THIS?

Priority sponsor: Giles Mahoney, Director of Integrated Care Partnerships - Guildford and Waverley CCG

Accountable Executive(s): Andy Erskine, Director of Effectiveness, Innovation and Social Work – Surrey and Borders Partnership NHS Foundation Trust

Programme Manager: Chris Tune, Policy and Programme Manager, Surrey County Council

What will be different for people in Surrey?

The community vision for Surrey describes what residents and partners think Surrey should look like by 2030: *By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.*

In light of the new community vision and the vital role people and organisations in the health and care system play in its delivery, the strategy sets out Surrey’s priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. And outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority two of the Health and Wellbeing Strategy focuses on enabling the emotional wellbeing of our citizens by focusing on preventing poor mental health and supporting those with mental health needs. It sets out to empower people to seek out support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.

Priority two cuts across three focus areas including:

- Access and resources for people with mental health issues
- Emotional wellbeing of mothers and families throughout and after pregnancy
- Social isolation

In 10 years, we will have:

- Identified and supported more people with dementia and anxiety earlier
- Supported people to reduce levels of mental ill health
- Improved access to good information, advice, and support that is relevant and timely
- Reduced stigma around mental health
- Supported people to recover and live well in the community
- Fostered partnerships that ensure employee health and wellbeing is valued in the workplace
- Supported an environment whereby mothers and families feel safe, positive, and empowered throughout and after pregnancy
- Supported the protection of mothers and families from Domestic Abuse
- Reduced the number of people in Surrey feeling isolated
- Given people easier access to good and relevant information
- Helped tackle the stigma of speaking up about loneliness
- Supported people so that they feel they have social capital that they can contribute to the area in which they live



WHAT WILL PRIORITY TWO DELIVER?

Accessing the right help and resources

- Develop preventative mental health in-reach offer with schools
 - Map and develop preventative mental health support access for Older People
 - Scale up anti-stigma work, including rollout of the Time for Change training programme
 - Expand work to improve the links between physical and mental health
 - Supporting wellbeing at work through the development of a Wellbeing Charter for businesses
 - Develop new integrated models of care to support people at risk of admission to secondary mental health services
 - Mapping of Dementia services and develop partnership responses to system opportunities, to support people and carers to live independently for as long as possible
 - Develop system-wide aligned plans for people with mental health issues who need support in prisons or the criminal justice system
- Enable effective system-wide planning, ensuring safe discharge into suitable accommodation for people upon hospital discharge
- Suicide prevention work to be scaled up with existing partners, supporting out zero suicide ambition

Emotional wellbeing of mothers and families throughout and after pregnancy

- Develop offer around the emotional wellbeing of mothers through First 1000 days planning lens
- Develop a pregnancy Healthy Behaviours framework
- Further development of wraparound care and support through Perinatal services
- Support the new, targeted provision delivered through Family Centres
- Domestic Abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy
- Alcohol and Substance Misuse prevention offer in place prior to pregnancy
- Evaluation and implementation of family support tools

Social isolation

- Further develop and accessible community transport offer that supports people's social connections
- Develop youth social isolation approach, including bullying prevention and social media offer, with schools
- Support for Surrey Dementia Action Alliances in establishing Dementia Friendly communities
- Establish business links to prevent isolation and unlock the potential of underutilised community space
- Undertake engagement to scope out partnership project supporting the emotional wellbeing of Carers
- Develop a wraparound, holistic bereavement support offer
- Ensuring meaningful work and volunteering opportunities for those at risk of mental ill health and social isolation

HOW WILL WE KNOW IT IS MAKING A DIFFERENCE?

The following areas will be measured to ensure that priority two is on-track to meeting its deliverables:

- Percentage of people expected to have dementia locally who have a diagnosis of dementia
- Emergency admissions of those with dementia, rate per 100,000 population
- Percentage of those estimated to have anxiety or depression who are entering IAPT (improving access to psychological therapies) services
- Self-reported wellbeing - people with a high anxiety score
- Proportion of children receiving a 12 month review with their health visitor (proxy measure for mothers' mental health)
- Reducing isolation through employment of people with mental illness or disability

IMPACT SUMMARY



Improved health and wellbeing

FOCUS AREAS

1. Supporting children to develop skills for life
2. Supporting adults to succeed professionally and/ or through volunteering

WHO IS LEADING THIS?

Priority sponsor: Rob Moran, Chief Executive, Elmbridge Borough Council

Accountable Executive: Michael Coughlin, Executive Director for Transformation- Surrey County Council and Dave Hill, Executive Director for Children, Life Long Learning and Culture- Surrey County Council

Programme Manager: Victoria Berry, Policy and Programme Manager, Health and Social Care Integration- Surrey County Council

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In light of the new community vision and the vital role people and organisations in the health and care system play in its delivery, the strategy sets out Surrey's priorities for improving health and wellbeing across the population and with targets for the next 10 years. It identifies specific groups of people who suffer higher health inequalities and who may therefore need more help. And outlines how we need to collaborate so we can drive these improvements at the pace and scale required.

Priority 3 is all about enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This is not only related to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamental to fulfilling potential- this priority builds on this by

empowering citizens locally.

In 10 years time, we want to ensure that no one is left behind and people feel fulfilled in life.

Priority Three has two focus areas which have strong interdependencies across all priorities:

- Skills for life
- Succeeding professionally and/or through volunteering

In 10 years, we will have:

- An increased proportion of adults with learning disabilities who are in paid employment
- More children with free school meal status achieving a good level of development at the end of reception
- Increased number of children with free school meal status achieving 5A*-C or equivalent GCSEs
- Increase in the number of children in care achieving 5A*0-C or equivalent GCSEs
- Greater proportion of 16-17 year olds recorded in education or training
- Reduced unemployment rate



WHAT WILL PRIORITY THREE DELIVER?

Children and young people develop skills for life

- Improved school readiness rates for children with free school meal status
- Surrey will be grounded in best practice to support unaccompanied asylum seekers
- Strengthened infrastructure to best support children missing education due to social, emotional and mental health needs
- Analysis of current mentoring schemes offered to children and young people across Surrey to identify gaps and opportunities
- Joint health and wellbeing approach to explore a 'living independently' programme for both 16/17 year olds and care leavers

Supporting adults to succeed professionally and/ or through volunteering

A Social Progress Index for Surrey as a way to measure true, inclusive growth and help us to better understand the social wellbeing of our residents in a more holistic way. This will help decision makers, businesses, charities and the general public understand how individuals are living and progressing and who is at risk of being left behind.

- An increased range of employability programmes, work placements and supported internships that recognise and reduce disadvantage and inequality.
- Support to access apprenticeships and employment through established programmes designed for unsuccessful job applicants, such as CV writing, functional skills and interview prep.
- Apprenticeship Levy maximised across the system, to reduce underspend, and to ensure that small organisations and non-levy paying organisations can access the benefits.
- A Surrey-wide campaign to raise the profile of apprenticeships, ensuring that Surrey organisations understand how apprenticeships can support the development of their workforce and residents are aware of the opportunities that apprenticeships can bring.
- An increased range of programmes that support access to apprenticeships and employment.
- A coordinated partnership approach to participation in training and education focusing on the most vulnerable young people.

HOW WILL WE KNOW IT IS MAKING A DIFFERENCE?

The following areas will be measured to ensure that Priority Three is on-track to meeting its deliverables:

- SEND children develop skills for life [placeholder]
- The proportion of adults with learning disabilities who are in paid employment
- School Readiness: the percentage of children with free school meal status achieving a Good Level of Development at the end of reception
- Percentage of children with free school meal status achieving 5A*-C or equivalent GCSEs
- Percentage of children in care achieving 5A*-C or equivalent GCSEs
- Proportion of 16-17 year olds recorded in education or training
- Unemployment rate

Workstream: Priority One: Help people live healthy lives

Executive Sponsor: Rod Brown, Head of Housing and Communities at Epsom and Ewell Borough Council

Strategy lead: Ruth Hutchinson, Acting Director of Public Health, Surrey County Council

Programme manager: Amy Morgan, Policy and Programme Manager, Surrey County Council

N.B: Please note this document has been converted from its original Microsoft Excel format so it can be printed in A3.

Focus Area 1: Working to reduce obesity and excess weight rates and physical inactivity																
Ref	Activity	Accountability	Dependencies										Start date	End date	RAG	
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development	HWB Comms Plan				
Refer to definitions on guidance tab																
Campbell Livingston, Active Surrey: Project 1 - Develop a Whole Systems Approach to physical activity including improving green spaces, transport initiatives, and healthy planning																
MILESTONE 1: Secure strategic leadership support for a whole systems approach to physical activity.																
1.1	Review KPIs and milestones for project 1	Campbell Livingston, Active Surrey		x										19/11/19	31/12/19	Green
1.2	Identify a H&W Board Champion for Physical Activity.	Campbell Livingston, Active Surrey						x						05/09/19	05/09/19	Green
1.3	Gain support from the Surrey Senior Leisure Officers Group.	Campbell Livingston, Active Surrey						x						25/09/19	25/09/19	Green
1.4	Gain support from the Active Surrey Board.	Campbell Livingston, Active Surrey						x						14/10/19	14/10/19	Green
1.5	Agree (with Champion) the process and timescales to develop a whole system approach.	Campbell Livingston, Active Surrey						x						01/01/20	31/01/20	Green
1.6	Communicate plans to organisations involved with/represented on the H&W Board.	Campbell Livingston, Active Surrey										x		01/02/20	29/02/20	Green
1.7	Identify/train suitable physical activity champions to support/attend sectoral network groups (e.g. Surrey Planners; Parks & Countryside Forum; etc.) and key teams (e.g. SCC Transport; SCC Spatial Planning; SCC Public Health; etc.).	Lawrie Baker, Active Surrey							x					01/01/20	31/03/20	Green
1.8	Identify key stakeholders and sectoral groups that could be involved in a whole system approach.	Lawrie Baker, Active Surrey							x					01/12/19	31/01/20	Green
1.9	Gain strategic sign up to include physical activity within the whole system approach by all organisations involved with/represented on the H&W Board.	Campbell Livingston, Active Surrey							x					01/01/20	30/06/20	Green
MILESTONE 2: Develop the Surrey Physical Activity Strategy 2020-29.																
2.1	Produce needs assessment on infrastructure including green spaces	Jamie Fagg, SCC	x											01/10/19	01/01/20	Green
2.2	Develop access strategy for parks and green spaces with Districts and Boroughs to remove perceived and actual barriers to access.	David Greenwood, SCC	x											02/01/20	30/03/20	Green
2.3	Review NCMP data to inform targeted approaches to work with schools and young people.	Charlotte Long, SCC	x											01/11/19	29/02/20	Green
2.4	Review physical inactivity data to inform targeted approaches of the strategy.	Mark Sherwood, Active Surrey	x											01/01/20	29/02/20	Green
2.5	Review needs assessments for areas of greatest need and gaps in provision.	Mark Sherwood, Active Surrey	x											01/01/20	29/02/20	Green
2.6	Provide workshops, briefing notes and other communications to partners and stakeholders about adopting a whole system approach.	Campbell Livingston, Active Surrey	x											01/01/20	31/12/20	Green
2.7	Consult with partners and stakeholders on the priorities for the Strategy ensuring it will - deliver activity across the life course - target intervention in areas with the greatest need - deliver a Surrey-wide approach for the general population - be innovative, including the use of digital solutions.	Campbell Livingston, Active Surrey										x				Green
2.8	Develop and publish the Strategy.	Campbell Livingston, Active Surrey										x		01/01/20	31/07/20	Green
2.9	Develop full partnership implementation plans for the Strategy including accountable leads and timescales.	Campbell Livingston, Active Surrey	x											01/09/20	31/10/20	Green
2.10	Develop implementation plans for District & Borough Councils with the Health Leads Partnership.	Charlotte Long, SCC	x											01/09/20	31/12/20	Green
MILESTONE 3: Support all NHS organisations, local authorities and schools (via completion of the Healthy Schools Evaluation Tool) to have a physical activity development plan (PDAP) - approved by their Board, Cabinet or Governing Body - as part of the Workplace Wellbeing Framework.																
3.1	Work with partners to ensure physical activity is a key element of the Workplace Wellbeing Charter Framework.	Charlotte Long, SCC							x					01/11/19	31/01/20	Green
3.2	Provide workshops, briefing notes and other communications to raise awareness of physical activity and the importance of having a PADP.	Charlotte Long, SCC										x		01/01/20	31/12/20	Green
3.3	Develop (in partnership with MECC - Make Every Contact Count) a module to enable the workforce to deliver brief intervention advice on physical activity.	Charlotte Long, SCC and Gail Hughes, SCC	x											01/01/20	31/12/20	Green
3.4	Support NHS organisations to develop a PADP (as part of the Workplace Wellbeing Charter) through the NHS CEX Group.	Charlotte Long, SCC						x						01/06/20	31/12/20	Green
3.5	Support local authorities to develop a PADP (as part of the Workplace Wellbeing Charter) through the Surrey Senior Leisure Officers Group and Workplace Wellbeing Group.	Lawrie Baker, Active Surrey						x						01/06/20	31/12/20	Green
3.6	Support schools to implement the Physical Activity element of the Healthy Schools Self Evaluation Team (as part of the PALSS - Physically Active Learning in Surrey Schools - scheme) through the Active Schools Strategy Group.	Sarah Lyles, Active Surrey	x											01/06/20	31/12/21	Green
3.7	Set targets and monitor uptake on PADP through completion of the Surrey Schools Self Evaluation Tool.	Sarah Lyles, Active Surrey	x											01/06/20	01/09/21	Green
MILESTONE 4: Implement the whole system approach (across the life course) through the Surrey Physical Activity Strategy 2020-29.																
4.1	Quarterly review of progress against the Strategy.	Campbell Livingston, Active Surrey	x											01/10/20	31/03/29	Green
4.2	Annual report on progress against the Strategy.	Campbell Livingston, Active Surrey	x											01/04/21	31/03/29	Green
4.3	Ensure all programmes use the Sport England Evaluation Framework.	Mark Sherwood, Active Surrey	x											01/10/20	31/03/29	Green
4.4	Organise a biennial conference to review progress and maintain momentum.	Nic Fraser, Active Surrey	x											01/04/21	31/03/29	Green
Jenn Smith, SCC: Project 2 Implementing a Healthy Food Environment approach with a focus on the most deprived areas and residential care																
MILESTONE 5: Identify priority areas and approach																
5.1	Review KPIs and milestones for project 2	Jenn Smith, SCC		x										19/11/19	31/12/19	Green
5.2	Identify the areas for targeted intervention for obesity/Indices of multiple deprivation	Lynn Sawyer, SCC	x											01/01/20	01/05/20	Green
5.3	Identify EHOs and Trading Standards members from target areas	Kate Bailey, Trading Standards and Jenn Smith, SCC	x											01/05/20	01/10/20	Green
5.4	Review uptake of the Eat out Eat Well Model, evaluating those (900 organisations) who have Eat out Eat well uptake and sustained use in Surrey	Kate Bailey, Trading Standards and Jenn Smith, SCC	x											01/05/20	01/10/20	Green
5.5	Eat out Eat well Action Planning with EHOs, Trading Standards, PH and Prevention Member Champion	Kate Bailey, Trading Standards and Jenn Smith, SCC	x											01/10/20	01/03/21	Green
5.6	Explore opportunities with EHOs and Trading Standards to progress uptake of Eat out Eat Well	Kate Bailey, Trading Standards and Jenn Smith, SCC	x											01/03/21	01/10/21	Green
5.7	Finalise communications plan for Eat Out Eat Well and revise milestones	Shannon Mulkerrins, SCC and Jen Smith, SCC										x		01/10/21	31/12/21	Green
MILESTONE 6: Place-Based Healthy Foods																
6.1	Ensure inclusion of healthy food environment in the workplace standards for Surrey	Jane Semo, SCC							x					01/11/19	01/03/20	Green
6.2	Identify key groups who are at risk of poor health outcomes as a result of unhealthy eating	Jenn Smith, SCC												01/11/19	01/03/20	Green
6.3	Review healthy eating training options for carers	Jenn Smith, SCC	x											01/03/20	01/05/20	Green
6.4	Develop a training module/plan for supported living and residential care	Jenn Smith, SCC	x											01/03/20	01/05/20	Green
6.5	Implementation of Phase 1 training for supported living and residential care	Jenn Smith, SCC	x											01/05/20	01/09/20	Green
6.6	Evaluation Plan on Phase 1 training plan	Jenn Smith, SCC	x											01/08/20	01/09/20	Green
6.7	Develop programme for scaled roll out of training programme for supported living and residential care	Jenn Smith, SCC	x											01/09/20	31/03/21	Green
6.8	Work with leisure to implement eat out eat well	Jane Semo, SCC and Kate Bailey, Trading Standards	x											01/03/20	01/03/21	Green
Jenn Smith, SCC: Project 3 - Develop a Whole Systems Approach to tackling childhood obesity																
MILESTONE 7: Secure strategic leadership support for a whole systems approach to childhood obesity																
7.1	Review KPIs and milestones for project 3	Jenn Smith, SCC		x										19/11/19	31/12/19	Green
7.2	Re-establish the healthy weight alliance	Jenn Smith, SCC						x						19/11/19	28/02/20	Green
MILESTONE 8: Refresh Family Healthy Weight Strategy																
8.1	Engage key partners and communities to refresh the existing strategy	Jenn Smith, SCC	x											01/01/20	01/04/20	Green
8.2	Engage partners in the draft healthy weight strategy post 2022	Jenn Smith, SCC	x											01/04/21	01/10/21	Green
8.3	Consultation on the draft healthy weight strategy	Jenn Smith, SCC												01/10/21		Green
8.4	Final strategy produced	Jenn Smith, SCC												01/02/22		Green

MILESTONE 9: Implementation of the Family Healthy Weight Service													
9.1	Engage local communities in the development of the Family Healthy Weight Service	Charlotte Long, Active Surrey	x								01/11/19	27/01/20	Green
9.2	Family Healthy Weight Service is live	Charlotte Long, Active Surrey	x								27/01/20	01/12/22	Green
9.3	Evaluation of the family healthy weight service	Charlotte Long, Active Surrey	x								01/05/22	01/08/22	Green
MILESTONE10: Implement Eat Out Eat Well in early years settings													
10.1	Explore ways of using local planning policy to reduce number of Fast Food Outlets near schools	Rachel Gill, SCC	x								01/01/20	01/11/20	Green
10.2	Identify Funding for Phase 2 Eat Well Start well in Early Years Settings	Jenn Smith , SCC	x								01/10/19	31/12/19	Complete
10.3	If financed, roll out phase 2 of Eat Well Start well into additional 15 early years settings located in areas of higher deprivation.	Tracey Moore, Trading Standards	x								01/01/20	01/04/20	Green
10.4	Roll out Eat Well Start Well to all local authority early settings, implementing action plan with Trading Standards, EHOs and PH as outlined in project 3	Tracey Moore, Trading Standards	x								01/04/20	01/04/21	Green
MILESTONE 11: Tackling maternal obesity													
11.1	Develop maternal obesity business case	Jenn Smith, SCC	x								01/08/19	01/09/19	Complete
11.2	Identify funding for maternal obesity service	Jenn Smith, SCC	x								01/09/19	01/11/19	Green
11.3	Develop the service specification for maternal obesity	Jenn Smith, SCC and Clare Cardu, Surrey Heartlands	x								20/11/19	31/01/20	Green
MILESTONE 12: Working with partners to tackle childhood obesity													
12.1	Embed the Healthy Schools Self Evaluation Framework for Schools	Sarah Lyles, SCC	x								01/09/19	31/12/19	Green
12.2	Review the healthy schools evaluation framework and standards in schools for Healthy schools	Sarah Lyles, SCC			x						01/09/19	31/12/19	Green
12.3	Review milestones on school obesity work	Sarah Lyles, SCC	x								01/09/19	31/12/19	Green
12.4	Target implementation of workforce standards to areas of high obesity	Jane Semo, SCC				x					01/01/20	01/01/21	Green
12.5	Workshop with healthy weight alliance to discuss approach to childhood obesity	Jenn Smith, SCC	x								01/03/20	01/04/20	Green
Lucy Gate, SCC: Project 4 - Develop a health behaviour framework													
MILESTONE 13 Scope the content and engagement for behaviour change framework													
13.1	Review milestones and add KPIs for project 4	Lucy Gate			x						19/11/19	31/12/19	Green
13.2	Scope evidence base, project outline and core principles	Lucy Gate	x								02/01/21	01/06/21	Green
13.3	Scope Universal Digital Offer - Healthy Surrey	Lucy Gate	x								02/01/21	01/06/21	Green
13.4	Scope Place Based Interventions (i.e. infrastructure, transport, planning, arts, parks, night time economy, licensing, trading standards, police, traders)	Lucy Gate/Rachel Gill	x								02/01/21	01/06/21	Green
13.5	Scope Community Interventions (include i.e. workplace, educations, neighbourhoods, care homes, social prescribing, community empowerment, arts)	Lucy Gate/Rebecca Brooker								x	02/01/21	01/06/21	Green
13.6	Scope Individual-Targeted Level Interventions – including commissioned interventions and access points (supported by the system and scale required)	Lucy gate	x								02/01/21	01/06/21	Green
13.7	Develop engagement plan for Health Behaviour Framework	Lucy Gate	x								02/01/21	01/06/21	Green
13.8	Develop Phase II action plans with targeted areas	Lucy Gate	x								02/01/21	01/06/21	Green
13.9	Engagement of key partners in development of plans for implementation	Lucy Gate	x								02/01/21	01/06/21	Green
MILESTONE 14: Develop an aligned behavioural insights capability													
14.1	Stocktake capacity, dataflow, software and datasets including qualitative insights	Steve Bowe/N Kilvington Team	x								01/03/20	30/04/20	Green
14.2	Gap analysis and alignment of above	Steve Bowe/N Kilvington Team	x								01/03/20	30/04/20	Green
14.3	Develop a protocol for data flow with partnerships (i.e. ICP) including community insights	Steve Bowe/N Kilvington	x								01/03/20	30/05/20	Green
MILESTONE 15: Universal Digital Offer (Healthy Surrey)													
15.1	Develop an Standard Operational Procedure for Healthy Surrey Content	Negin Sarafranz-Shekary	x								01/09/19	31/12/19	Green
15.2	Baseline Behavioural Insights Report of Healthy Surrey to be published	Negin Sarafranz-Shekary	x								01/09/19	30/09/19	Complete
15.3	Review and add Universal Digital Intervention Offer a) Health and Wellbeing Management/Self-Care	Lucy Gate	x								03/03/21	03/09/21	Green
15.4	Review and make recommendations for Universal Digital Intervention Offer b) Referral pathways	Lucy Gate	x								03/03/21	03/09/21	Green
15.5	Review and develop plans for Universal Digital Intervention Offer c) Workforce Development	Lucy Gate	x								03/03/21	03/09/21	Green
15.6	Develop a business case for development of digital platform as required	Lucy Gate	x								03/03/21	09/09/21	Green
15.7	Interim evaluation of healthcare professional engagement with website and identify other areas	Negin Sarafranz-Shekary	x								01/02/21	28/02/21	Green
15.8	End of Year Evaluation of healthcare professional engagement with website	Negin Sarafranz-Shekary	x								01/09/21	30/09/21	Green
MILESTONE 16: Develop a strategic commissioning framework across all healthy behaviour services to link across the life course													
16.1	Gap analysis existing work programmes and system approach	Lucy Gate/Jenn Smith	x								01/07/19	30/12/19	Green
16.2	Identify key stakeholders involved in these and supporting strategies	Jenn Smith	x								01/07/19	30/12/19	Green
16.3	Identify all JSNA and behavioural insight intelligence	Negin / Jenn Smith	x								01/07/19	10/10/19	Green
16.4	Develop an action plan for addressing gaps in primary, secondary and tertiary interventions across target populations for accessing commissioned services	Lucy Gate/Jenn Smith	x								01/12/19	30/12/19	Green
16.5	Review existing training offer for prevention	Lucy Gate/Jenn Smith	x								26/09/19	26/09/19	Green
16.6	Explore and Develop a How are you Surrey training Hub	Jenn Smith						x			01/11/19	30/03/20	Green
16.7	Develop an action plan for addressing gaps in place and community level interventions (including healthy schools, workplace health and communities System capability	Lucy Gate	x								01/04/20	30/04/20	Green
16.8	Review options for integrated lifestyle services and develop a long term commissioning plan for lifestyle services	Jenn Smith	x										

Focus Area 2: Supporting prevention and treatment of substance misuse, including alcohol

Ref	Activity	Accountability	Dependencies											Start date	End date	RAG		
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development	HWB Comms Plan						
Kanchan Bhanage, SCC: Project 1 - Refresh the Substance Misuse strategy and partnership																		
MILESTONE 1: Develop five year Drug & Alcohol Strategy for Surrey (2020-2025)																		
1.1	Review milestones and KPIs	Kanchan Bhanage, SCC		x												01/11/19	31/12/19	Green
	Develop new joint Drug & Alcohol Strategy for Surrey based on alcohol-related need identified in the Joint Strategic Needs Assessment, reviewing existing priorities, objectives and outcomes:- Theme 1 - Prevention & Early Identification Theme 2 - Treatment & Recovery Theme 3 - Safer & Stronger Communities Produce final draft strategy for consultation.	Kanchan Bhanage, SCC														01/09/19	31/01/20	Green
1.2	Ensure Surrey's Alcohol CleaR self-assessment is used to inform development of new Drug & Alcohol Strategy	Kanchan Bhanage, SCC	x													14/10/19	31/01/20	Green
1.3	Run 12 week consultation on draft strategy	Kanchan Bhanage, SCC	x													17/02/20	04/05/20	Green
1.4	Publish/launch Drug & Alcohol Strategy	Kanchan Bhanage, SCC	x													31/07/20	15/08/20	Green
1.5	Develop robust implementation action plans for delivery of strategy	Kanchan Bhanage, SCC	x													10/08/20	30/09/20	Green
1.6	Produce annual report on progress and implementation of strategy	Kanchan Bhanage, SCC	x													01/02/21	31/03/21	Green
1.7	Ensure prevention and treatment of substance misuse for young people is part of Drug & Alcohol Strategy	Heather Ryder, SCC	x													01/11/19	31/01/20	Green
MILESTONE 2: Engagement for the Substance Misuse Partnership																		
2.1	Identify and prepare two focused task and finish sub groups as part of the SM partnership annual programme.	Martyn Munro, SCC						x								13/11/19	31/03/20	Green
2.2	The partnership will develop aligned action plans for phase II of the HWBB Strategy	Martyn Munro, SCC		x												13/11/19	15/12/20	Green
Jenn Smith, SCC: Project 2 - Develop an Alcohol and Tobacco Alliance to increase focus on alcohol prevention (Inc: trading standards, licensing etc.)																		
MILESTONE 3: Develop the Alliance																		
3.1	Review milestones and KPIs	Rachael Taylor, SCC		x												01/11/19	43830	Green
3.2	Identify key stakeholders and update ToR for the Alcohol & Tobacco Alliance	Rachael Taylor, SCC						x								01/02/20	0/06/20	Green
3.3	Launch Alcohol & Tobacco Alliance	Rachael Taylor, SCC						x								01/03/20	0/06/20	Green
3.4	Agree the reporting governance arrangements with the Substance Misuse Partnership	Rachael Taylor, SCC		x												01/03/20	0/06/20	Green
3.5	Agree ToR for Alcohol & Tobacco Alliance	Rachael Taylor, SCC						x								01/03/20	0/06/20	Green
3.6	Agree the reporting governance arrangements with the Substance Misuse Partnership	Rachael Taylor, SCC						x								01/03/20	0/06/20	Green
3.7	Work with Alcohol & Tobacco Alliance to identify opportunities to increase delivery of alcohol and tobacco screening and brief advice, including promotion of national online e-learning training for staff, linking with MECC Programme	Rachael Taylor, SCC	x													01/03/20	0/06/20	Green
3.8	Review alcohol screening (AUDIT-C) data from One You Surrey to inform future planning	Rachael Taylor, SCC	x													01/03/20	0/06/20	Green
3.9	Review alcohol screening (AUDIT-C) data from Health Checks to inform future planning	Jason Ralphs, SCC	x													01/01/20	01/09/2020	Green
3.10	Support National Alcohol Campaigns and delivery through the Alcohol and Tobacco Alliance	Rachael Taylor, SCC														01/03/20	Ongoing	Green
MILESTONE 4: Tobacco Strategy Refresh																		
4.1	Update Tobacco Control Strategy and action plan, reviewing priorities and outcomes. Produce final draft strategy for consultation.	Rachael Taylor, SCC	x													01/02/20	30/09/20	Green
4.2	Launch updated Tobacco Control Strategy	Rachael Taylor, SCC	x													01/03/20	30/09/2020	Green
Jenn Smith, SCC Project 3: Implement targeted approaches for vulnerable groups to stop smoking																		
MILESTONE 5: Identify Areas of Greatest need																		
5.1	Develop KPIs and review milestones	Rachael Taylor, SCC		x												01/11/2019	31/12/2019	Green
5.2	Monitor stop smoking service provider KPIs identifying priority groups for targeting	Rachael Taylor, SCC	x													01/04/2019	31/03/2020	Green
MILESTONE 6: Targeted Smoking Cessation and access for PCNs																		
6.1	Review and write report with recommendations for updated Delivery Model for Smoking	Rachael Taylor, SCC	x													01/08/19	20/09/19	Green
6.2	Smoking Cessation in the workplace - Targeting R&M and Mental Health Services. Working closely with Stoptober to launch telephone based support service, 28 day challenge.	Rachael Taylor, SCC	x						x							01/08/19	Ongoing	Green
6.3	Deliver Stoptober to launch telephone based support service, 28 day challenge.	Rachael Taylor, SCC	x													01/08/19	30/10/19	Complete
6.4	Evaluation of reach of 28 day challenge, working with OneYou Surrey.	Jen Smith, SCC	x													30/10/19	30/11/19	Green
6.5	Review development of PCN delivery model with provider	Rachael Taylor, SCC	x													01/11/19	31/12/19	Green
MILESTONE 7: Review and Development of next plan																		
7.1	See Focus Area 1 - 2.14 review commissioning plan for health behaviour services	Jen Smith, SCC	x													01/01/22	30/03/22	Green
Kanchan Bhanage, SCC: Project 4 - Preventing and reducing alcohol misuse and alcohol-related harm																		
MILESTONE 8: Preventing Ill Health CQUINS - (Identification and Brief Advice)																		
8.1	Monitor CQUIN performance and provide feedback where areas for improvement including links with the MECC programme	Jenn Smith, SCC	x													01/11/2019	31/03/2020	Green
MILESTONE 9: Increased delivery of system-wide Alcohol Identification & Brief (IBA) for increasing risk drinkers																		
9.1	Continue to commission DrinkCoach Alcohol Test - online alcohol Identification & Brief Advice	Kanchan Bhanage, SCC	x													01/01/20	01/03/21	Green
9.2	Identify opportunities to embed alcohol IBA into health settings and clinical pathways across primary and secondary care (i.e. PCN social prescribing, therapies/outpatient deps, mental health services, sexual health services). Work in partnership to establish this	Kanchan Bhanage, SCC / Substance Misuse Partnership & Tobacco Alcohol Alliance	x													01/01/20	01/03/21	Green
9.3	Identify opportunities to embed alcohol IBA in non-NHS settings; DA outreach services, social care, job centres, housing services, education establishments, leisure centres, voluntary orgs). Work in partnership to establish this	Kanchan Bhanage, SCC / Substance Misuse Partnership & Tobacco Alcohol Alliance	x													01/01/20	01/03/21	Green
9.4	Review performance of Alcohol Care Teams in Surrey	Kanchan Bhanage, SCC	x													01/01/21	01/03/21	Green
MILESTONE 10: Increased delivery of Alcohol Extended Brief Interventions (EBIs) for higher risk drinkers																		
10.1	Review delivery DrinkCoach Coaching Service and develop proposal for delivery of alcohol EBI for higher risk drinkers via i-access	Gail Hughes, SCC	x													01/08/19	01/10/19	Complete
10.2	Work with i-access and Catalyst to commence delivery of new model	Martyn Munro, SCC	x													21/10/19	30/11/19	Green
10.3	Produce full evaluation of pilot service with Centre for Public Innovation	Martyn Munro, SCC / Centre for Public Innovation	x													30/06/19	30/04/20	Green
10.4	Review uptake of EBI model	Martyn Munro, SCC	x													02/01/20	30/04/20	Green
10.5	Develop plan for sustainable model for Surrey	Martyn Munro, SCC	x													01/11/19	30/04/20	Green
10.6	Implement Model for Surrey	Martyn Munro, SCC	x													30/06/19	11/12/19	Green
MILESTONE 11: Improve data sharing for alcohol-harm reduction - Information Sharing to Tackle Violence (ISTV)																		
11.1	Establish processes for police, community safety and licensing partners to routinely review and utilise ISTV intelligence to inform coordinated response to violence prevention	Gail Hughes, SCC / Substance Misuse Partnership	x													01/04/20	01/10/20	Green
11.2	Identify key data sources that can be shared between partners to reduce alcohol-harm (i.e. ASB, Community Safety, Domestic Abuse, Suicide and ISTV data)	Gail Hughes, SCC and Martyn Munro, SCC	x													01/01/20	01/10/20	Green
11.3	Develop data sharing agreement using MAISP as appropriate and ensure systems in place to routinely share data across local alcohol partners and strategy groups	Gail Hughes, SCC and Martyn Munro, SCC	x								x					01/10/20	31/12/20	Green
Martyn Munro: Project 6 - Develop a programme to address access to substance misuse and mental health service for those with SMI																		
MILESTONE 15: Review partnership arrangements																		
15.1	Review co-existing conditions MH & SM profile at SM programme board, SI panel and CQRM	Martyn Munro, SCC	x													01/11/19	01/11/20	Green
15.2	Evaluation of HIC-D service and exploration of options for delivery with system partners and the SyH transformation board	Martyn Munro, SCC	x													01/02/20	31/03/20	Green
15.3	Identify gaps and challenges, adding additional milestones and KPIs to reflect new activity required	Martyn Munro, SCC	x													01/02/20	31/03/20	Green
15.4	Develop a response under the proposed co-operative agreement with SABP	Martyn Munro, SCC	x													01/01/20	31/03/20	Green
15.5	Share and consult outcomes of sub group with partner via MHCCC, Surrey Adults Matter and CQRM	Martyn Munro, SCC	x													01/11/20	01/01/21	Green
MILESTONE 16: Tackling drug misuse deaths																		
16.1	Implementation of the drug misuse death plan and Naloxone roll-out to high-risk populations	Lisa Byrne, SCC	x													01/04/19	01/04/20	Green
16.2	Review milestones and KPIs	Lisa Byrne, SCC		x												13/11/19		Green

Refer to definitions

Focus Area 3: Ensuring that everyone lives in good and appropriate housing

Ref	Activity	Accountability	Dependencies		HWB Comms Plan	Refer to definitions on g... U		RAG
			System Capability: Community development			Start date	End date	
Lead tbc: Project 1 - Tackling fuel poverty in Surrey								
MILESTONE 1: Engaging communities								
1.1	Engage with key leads to develop understanding of existing activity and challenges	Amy Morgan, SCC and Rod Brown, Epsom and Ewell Borough Council				01/10/19	31/03/20	Complete
1.2	Engage with community partners incl Surrey Energy and Sustainability Partnership, Action Surrey and Heat Surrey	Amy Morgan, SCC and Rod Brown, Epsom and Ewell Borough Council				01/10/19	31/03/20	Complete
1.3	Discuss fuel poverty data and activity with LCGs	Fuel poverty lead (TBC)				31/12/19	31/03/20	Green
1.4	Discuss health engagement in fuel poverty with ICPs and identify an approach for each area	Fuel poverty lead (TBC)				31/12/19	31/03/20	Green
1.5	Explore fuel poverty with local deprived communities (working with food banks, etc.)	Fuel poverty lead (TBC)	x			31/12/19	31/03/20	Green
MILESTONE 2: Partnership governance								
2.1	Develop governance and reporting via Surrey Energy and Sustainability Partnership	Fuel poverty lead (TBC)				17/07/19	31/03/20	Green
2.2	Identify key project lead for fuel poverty	Fuel poverty lead (TBC)				17/07/19	31/03/20	Green
2.3	Develop KPIs and confirm with Surrey Energy and Sustainability Partnership	Fuel poverty lead (TBC)				17/07/19	31/03/20	Green
2.4	Agree governance approach with Runneymede	Fuel poverty lead (TBC)				17/07/19	31/03/20	Green
MILESTONE 3: Develop data and understand existing impact								
3.1	Map existing approaches and capacity across Surrey	Fuel poverty lead (TBC)				31/12/19	31/03/20	Green
3.2	Develop heat map of fuel poverty hotspots	Fuel poverty lead (TBC)				31/12/19	31/03/20	Green
3.3	Develop detailed data to demonstrate areas most fuel poor	Fuel poverty lead (TBC)				31/12/19	31/03/20	Green
MILESTONE 4: Develop and agree activity								
4.1	Develop fuel poverty partnership campaign	Fuel poverty lead (TBC)		x		31/03/20	31/07/20	Green
4.2	Develop a fuel poverty offer for those living in crisis	Fuel poverty lead (TBC)				31/03/20	31/07/20	Green
4.3	Develop targeted approaches to fuel poverty	Fuel poverty lead (TBC)	x			31/03/20	31/07/20	Green
4.4	Build fuel poverty into MECC approach	Fuel poverty lead (TBC)	x			31/12/19	31/03/20	Green
MILESTONE 5: Winter deaths review								
5.1	Workshop to review winter death causes and agree priorities	Amy Morgan, SCC and fuel poverty lead (TBC)				31/10/19	31/03/20	Green
5.2	Develop KPIs and milestones	Amy Morgan, SCC and fuel poverty lead (TBC)				31/10/19	31/03/20	Green
Lead tbc: Project 2 - Reducing rough sleeping								
MILESTONE 6: Homeless mapping								
6.1	Map existing rough sleeper/single homeless provision, key gaps and challenges	Amy Morgan (SCC)				30/09/19	31/12/19	Green
6.2	Refresh the Homeless Health Needs Audit	Aboyowa Popo, SCC				01/02/20	01/05/20	Green
6.3	Explore options for joint data gathering on rough sleeping across all Ds and Bs	Amy Morgan (SCC)				31/12/19	01/04/20	Green
6.4	Align activity with Surrey Adults Matter	Amy Morgan (SCC)				31/12/19	01/04/20	Green
6.6	Agreement of activity with housing needs managers, SCHOA and Chief Executives Group	Rough sleeping lead (TBC)				31/12/19	31/03/20	Green
6.7	Confirm project lead, confirm metrics (KPIs) and reporting	Rough sleeping lead (TBC)				31/12/19	01/08/20	Green
MILESTONE 8: Improving health access								
8.1	Raise awareness of rough sleeping referral pathways and existing hospital discharge protocols through primary care, substance misuse and mental health services	Rough sleeping lead (TBC)				31/12/19	31/12/20	Green
8.2	Create greater understanding among staff across homelessness and other sectors about the impact of trauma and adverse childhood experiences on rough sleepers.	Rough sleeping lead (TBC)				31/12/19	31/12/20	Green
8.3	Provide rough sleeper awareness training to community mental health and substance misuse services	Rough sleeping lead (TBC)				31/12/19	31/12/20	Green
8.4	Support GPs signed up to the PHA and increase % of homeless people accessing these GPs	Phill Austen-Reed (SCC)				31/12/19	31/12/20	Green
MILESTONE 9: Homeless Friendly Surrey								
9.1	Explore opportunities with services users, experts by experience, voluntary and community providers to develop initiative to make Surrey homeless friendly	Rough sleeping lead (TBC)				30/09/19	31/12/19	Green
9.2	Identify lead and resource to take forward initiative	Rough sleeping lead (TBC)				30/09/19	31/12/19	Green
9.3	Develop Surrey homeless friendly offer	Rough sleeping lead (TBC)		x		31/12/19	31/03/20	Green
9.4	Roll out across Surrey	Rough sleeping lead (TBC)				31/03/20	31/03/21	Green
MILESTONE 10: Housing First								
10.1	Develop Guildford Housing First model	Siobhan Kennedy (GBC)				01/01/20	01/01/22	Green
10.2	Evaluate impact	Siobhan Kennedy (GBC)				01/01/20	01/08/22	Green
10.3	Share learning across Surrey	Siobhan Kennedy (GBC)		x		01/08/22	01/01/22	Green
10.4	Explore options to roll out model in other areas	Rough sleeping lead (TBC)				31/12/21	31/03/22	Green
Ruth Hutchinson, SCC and Jon Savell, Surrey Police: Project 3 - Supporting people with severe and multiple disadvantage (Surrey Adults Matter)								
MILESTONE 11: Data Sharing								
11.1	Ensure all relevant partners signed up to MAISP	Amy Morgan (SCC)				31/05/2019	31/10/2019	Amber
11.2	Agree data sharing between key partners including all Surrey hospitals (dependant on client consent) through MAISP	Amy Morgan (SCC)				31/10/2019	30/11/2019	Amber
MILESTONE 12: Stakeholder engagement								
12.1	Surrey Adults Matter communication and engagement plan agreed by Steering Group	Amy Morgan (SCC)				01/07/19	31/10/19	Amber
12.2	Surrey Adults Matter launch event	Amy Morgan (SCC)				01/10/19	31/01/20	Green
12.3	Surrey Adults Matter engagement roadshow	Amy Morgan (SCC)				01/07/19	31/01/20	Amber
12.4	Stakeholder mapping	Amy Morgan (SCC)				01/07/19	31/10/19	Green
12.5	Engagement with HWB comms group	Amy Morgan (SCC)		x		01/07/19	31/10/19	Amber
12.6	Agree reporting for all key stakeholders	Amy Morgan (SCC)				01/07/19	31/10/19	Amber
MILESTONE 13: Induction								
13.1	Organise national Surrey Adults Matter induction (including meetings with other navigators and local service leads)	Amy Morgan (SCC)				16/09/19	31/10/19	Green
13.2	Organise meetings between SPM and key service leads	Amy Morgan (SCC)				16/09/19	31/10/19	Green
13.3	Attend MHCLG navigator event 30th October	Julie Shaw (SCC)				30/10/19	30/10/19	Green
13.4	Organise Outcomes Star training if required	Amy Morgan (SCC)				16/09/19	31/10/19	Green
13.5	Organise SCC training	Phill Austen-Reed (SCC)				16/09/19	31/10/19	Green

MILESTONE 14: Referral routes									
14.1	Develop a process for seeking referrals from direct services	Amy Morgan (SCC)				01/08/19	31/10/19	Amber	
14.2	Develop a process for seeking referrals from MASH	Amy Morgan (SCC)				01/08/19	31/10/19	Amber	
14.3	Receive pen portraits and discuss with service lead	Amy Morgan (SCC)				01/12/19	31/10/19	Green	
MILESTONE 15: Cohort identification									
15.1	Agree a methodology with the steering group for identifying individuals facing multiple disadvantage in the local area	Amy Morgan (SCC)				01/10/19	31/10/19	Green	
15.2	Delivery group agree the initial cohort (10 people) with the SPM using agreed methodology	Julie Shaw (SCC)				31/10/19	31/01/20	Green	
15.3	Delivery group agree the secondary cohort (additional 10 people) with the SPM using agreed methodology	Julie Shaw (SCC)				31/01/20	28/02/20	Green	
15.4	SPM agrees use of the Outcomes Star with all Surrey Adults Matter clients through liaising with key services	Julie Shaw (SCC)				31/12/19	31/01/20	Green	
15.5	SPM establishes baseline data with case workers and services engaged with client group	Julie Shaw (SCC)				31/12/19	31/01/20	Green	
15.6	SPM works with peer mentors to get client consent for information sharing	Julie Shaw (SCC)				31/12/19	31/01/20	Green	
MILESTONE 16: Evaluation									
16.1	Refresh the Surrey Health Needs Audit to include Surrey Adults Matter measures	Phill Austen-Reed (SCC)				01/02/20	01/05/20	Green	
16.2	Establish monthly reporting for Prevention Board and Steering Group	Amy Morgan (SCC)							
16.3	Establish quarterly reporting for national MEAM	Amy Morgan (SCC)				31/01/20	01/04/20	Green	
MILESTONE 17: Scope and set up peer network									
17.1	Initial meeting with peer mentors to explore opportunities	Julie Shaw (SCC)	x			01/07/19	31/08/19	Complete	
17.2	Peer network established (to include those with lived experience and peer mentors)	Julie Shaw (SCC)	x			31/08/19	30/09/19	Complete	
17.3	Expand Surrey Action Group into other areas	Julie Shaw (SCC)	x			01/10/19	01/08/20	Green	
17.4	Engage with other peer groups across England to learn and build approach	Amy Morgan (SCC)	x			31/08/19	31/10/19	Amber	
MILESTONE 18: Peer mentor delivery									
18.1	Agree approach for peer mentors to support referrals	Julie Shaw (SCC)	x			31/08/19	31/10/19	Amber	
18.2	Agree approach for peer mentors to deliver the Outcomes Star	Julie Shaw (SCC)	x			31/08/19	31/10/19	Amber	
18.3	Agree approach for peer mentors to co-produce service response to specific challenges/barriers	Julie Shaw (SCC)	x			31/08/19	31/10/19	Amber	
MILESTONE 19: Peer mentor training									
19.1	Outcomes star training delivered	Julie Shaw (SCC)	x			31/10/19	31/12/19	Green	
19.2	Accreditation scheme starts	Sue Murphy (Catalyst)	x			31/08/19	30/09/19	Complete	
Lead for: Project 4 - Supporting people who hoard in Surrey									
MILESTONE 20: Partnership governance									
20.1	Set up Surrey Hoarding Taskforce	Julie Meme (WBC)				01/09/19	30/11/19	Green	
20.2	Agree project scope and membership	Julie Meme (WBC)				30/11/19	31/12/19	Green	
20.3	Agree adult safeguarding position and role	Clement Guerin (SCC)				30/11/19	31/12/19	Green	
20.4	Agree mental health position and role	Mental health lead (TBC)				30/11/19	31/12/19	Green	
20.5	Agree role and position of Surrey Fire and Rescue service	Fire safety hoarding lead (TBC)				30/11/19	31/12/19	Green	
20.6	Discuss mental health involvement at priority two mental delivery board	Amy Morgan (SCC) and Julie Meme (WBC)				30/11/19	31/01/20	Green	
MILESTONE 21: Produce a multi-agency hoarding protocol for Surrey									
21.1	Agree to use the Clutter image guidance and explanation	Surrey Hoarding Taskforce				01/09/19	30/11/19	Green	
21.2	Agree referral routes	Surrey Hoarding Taskforce				01/09/19	30/11/19	Green	
21.3	Agree Homes Risk Assessment	Surrey Hoarding Taskforce				01/09/19	30/11/19	Green	
21.4	Agree approach to data sharing on client group	Surrey Hoarding Taskforce				30/11/19	31/01/20	Green	
MILESTONE 22: Develop data and understand existing impact									
22.1	Research good practice on hoarding	Julie Meme (WBC)				30/11/19	31/01/20	Green	
22.2	Develop case studies to demonstrate impact and costs	Julie Meme (WBC)				30/11/19	31/01/20	Green	
22.3	Provide overview of key legislation or sector practices, providing clarity about the expectations and legal powers of statutory organisations	Julie Meme (WBC)				30/11/19	31/01/20	Green	
22.4	Explore personal experiences of hoarding to develop deeper understanding of barriers and challenges	Catalyst	x			31/12/19	31/03/19	Green	
MILESTONE 23: Develop and agree activity									
23.1	Develop information advice and training for staff involved with hoarding	Training lead (TBC)				31/03/19	31/07/20	Green	
23.2	Agree hoarding disorder treatment pathway with partners	Mental health lead (TBC)				31/03/19	31/07/20	Green	
23.3	Agree further priority areas	Surrey Hoarding Taskforce				31/03/19	31/07/20	Green	
23.4	Co-produce programme plan	Surrey Hoarding Taskforce				31/03/19	31/07/20	Green	
Mike Boyle, SCC and Steve Hook, SCC: Project 5 - Specialist housing									
MILESTONE 24: Developing extra care housing									
24.1	Define essential design specification for all developments	Mike Boyle, SCC				01/11/19	31/03/20	Green	
24.2	Define tender specification for the former Pond Meadow School	Mike Boyle, SCC				01/11/19	31/03/20	Green	
24.3	Complete design brief for schemes delivered with our joint venture partner	Mike Boyle, SCC				01/11/19	31/03/20	Green	
MILESTONE 25: Developing independent living									
25.1	Define design specification, engagement approach and route to market for new schemes	Steve Hook, SCC				01/11/19	31/03/20	Green	
25.2	Design scope for deregistration programme	Steve Hook, SCC				01/11/19	31/03/20	Green	
25.3	Deliver improved void management	Steve Hook, SCC				01/11/19	31/03/20	Green	

Focus Area 5: Preventing domestic abuse (DA) and supporting and empowering victims

Ref	Activity	Accountability	Dependencies										HWB Comms Plan	Start date	End date	Rag	
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development						
Jason Ralphs, SCC: Project 1 - Establish a Surrey-wide CVD and Diabetes screening and testing programme																	
MILESTONE 1: Identify High Priority Populations and Locations for Screening																	
1.1	Agree project 1 KPIs and review milestones	Jason Ralphs, SCC		x											19/11/19	31/12/19	Green
1.2	Complete a review to understand if current NHS HC enhanced groups should be updated	Jason Ralphs, SCC	x												01/11/19	31/12/19	Green
1.3	Complete a review to identify priority locations for screening and identify any gaps	Jason Ralphs, SCC	x												01/11/19	31/12/19	Green
1.4	Confirm priority populations for screening	Jason Ralphs, SCC	x												01/01/20	31/03/20	Green
1.5	Confirm priority locations for screening	Jason Ralphs, SCC	x												01/01/20	31/03/20	Green
1.6	Develop plan to address gaps in delivery locations	Jason Ralphs, SCC	x												01/01/20	31/03/20	Green
MILESTONE 2: Review access to screening programmes																	
2.1	Review workforce requirements to deliver screening programmes	Jason Ralphs, SCC	x												01/11/19	01/01/20	Green
2.2	Identify voluntary groups to deliver checks	Jason Ralphs, SCC										x			01/11/19	01/01/20	Green
2.3	Identify specific locations to deliver checks (workplaces, job centres etc.).	Jason Ralphs, SCC										x			01/12/19	01/02/20	Green
2.4	Set targets and create an evaluation plan	Jason Ralphs, SCC										x			01/12/19	01/02/20	Green
2.5	Deliver checks in locations identified as high priority	Jason Ralphs, SCC										x			01/01/20	01/01/21	Green
2.6	Evaluate impact following changes to methods	Jason Ralphs, SCC	x												01/04/20	01/10/20	Green
MILESTONE 3: Improve uptake of health checks in high priority groups																	
3.1	Work with CCG's to promote uptake of SMI Health checks and align with NHS HC	Neil Manrai, Surrey Heartlands	x												01/12/19	01/06/20	Green
3.2	Work with CCG's to promote uptake of LD Health checks and align with NHS HC	Kathryn Fisher, Surrey Heartlands	x												01/12/19	01/06/20	Green
3.3	Set targets and create an evaluation plan	Jason Ralphs, SCC	x												01/06/20	01/08/20	Green
3.4	Evaluate impact of aligned health checks approach	Jason Ralphs, SCC	x												01/01/21	01/05/21	Green
MILESTONE 4: Review Quality Assurance Processes for Screening																	
4.1	Explore best practice QA principles	Jason Ralphs, SCC	x												01/11/19	01/12/19	Green
4.2	Review POCT requirements for NHS HC	Jason Ralphs, SCC	x												01/11/19	01/01/20	Green
4.3	Review data collection approaches for NHS HC to identify gaps or issues in quality	Jason Ralphs, SCC	x												01/12/19	01/02/20	Green
4.4	Develop a plan to improve NHS HC data collection	Jason Ralphs, SCC	x												01/02/20	01/04/20	Green
4.5	Launch QA framework for Surrey screening programme	Jason Ralphs, SCC	x												01/04/20	20/04/20	Green
4.6	Set targets and create an evaluation plan	Jason Ralphs, SCC	x												01/04/20	01/07/20	Green
4.7	Evaluate impact of QA framework on success of screening programme	Jason Ralphs, SCC	x												01/09/20	01/12/20	Green
MILESTONE 5: Review evaluation																	
5.1	Adapt Pharmacy outcomes to include follow up survey for NHS HC	Jason Ralphs, SCC	x												01/12/19	01/02/20	Green
5.2	Complete BP+ 1 Year evaluation	Jason Ralphs, SCC	x												01/12/19	01/03/20	Green
5.3	Understand if changes are required for BP+ following year one evaluation	Jason Ralphs, SCC	x												01/04/20	01/05/20	Green
Tracey Fossaluzza, Surrey Heartlands: Project 2 - Improve the diabetes pathways across identification, prevention, treatment and management																	
MILESTONE 6: Review and Update Diabetes Pathways																	
6.1	Agree project 2 KPIs and review milestones	Tracey Fossaluzza, Surrey Heartlands		x											19/11/19	31/12/19	Green
6.2	Complete a review of the current T1 & T2 diabetes pathways to identify gaps & opportunities	Amrit Cheema - NWS CCG	x												01/12/19	01/09/20	Green
6.3	Propose a best practice diabetes pathway for T1 & T2	Amrit Cheema - NWS CCG	x												01/09/20	01/12/20	Green
6.4	Implement revised diabetes pathways in North West Surrey	Amrit Cheema - NWS CCG	x												01/12/20	01/12/21	Green
6.5	Evaluate approach	Amrit Cheema - NWS CCG	x												01/12/21	01/04/21	Green
6.6	Explore roll out with other parts of Surrey	Amrit Cheema - NWS CCG	x												01/12/21	01/12/22	Green
MILESTONE 7: Establish a Surrey-wide diabetes testing programme																	
7.1	National Diabetes Prevention Programme Monthly review of progress and action planning for areas for improvement	Anita Nowak - Surrey Downs	x												30/09/19	30/07/21	Green
7.2	National Diabetes Prevention Programme Oversight committee and development of action plans for areas for improvement	Anita Nowak - Surrey Downs	x												02/01/20	30/07/21	Green
MILESTONE 8: Develop the Diabetes UK (DUK) Champions Programme to target key communities																	
8.1	DUK champions: Engagement and recruitment from Traveller community	Amrit Cheema - NWS CCG										x			02/01/20	30/06/20	Green
8.2	DUK Champions: Refresher courses for the existing champions	Amrit Cheema - NWS CCG										x			01/12/19	01/12/20	Green
8.3	DUK champions: Engagement and recruitment from University Students	Amrit Cheema - NWS CCG										x			01/10/19	28/02/20	Green
8.4	DUK Champions: Evaluation of project successes	Amrit Cheema - NWS CCG										x			01/11/20	30/11/20	Green
8.5	DUK Champions Programme. Evaluation Project - Type 1 with Surrey University	Jason Ralphs, SCC										x			12/12/19	30/06/20	Green
Jason Ralphs, SCC: Project 3 - Agree a Surrey-wide CVD prevention approach																	
MILESTONE 9: Align Surrey CVD Programme with NHS Long Term Plan																	
9.1	Agree project 3 KPIs and review milestones	Jason Ralphs, SCC		x											19/11/20	31/12/19	Green
9.2	Review the options available for a Surrey wide CVD prevention group and propose options for review	Jason Ralph, SCC and Cyril Haessig, Surrey Heartlands	x												01/11/19	01/01/20	Green
9.3	Following review of options ensure PH CVD links with Surrey NHS LTP	Jason Ralphs	x												01/01/20	01/04/20	Green
MILESTONE 10: Embed Lifestyle services across the system to prevent CVD																	
10.1	Review how providers currently refer/signpost to lifestyle services	Jason Ralphs, SCC	x												01/01/20	01/04/20	Green
10.2	Review clinical pathways to understand where lifestyle services feature	Jason Ralphs, SCC	x												01/04/20	01/08/20	Green
10.3	Create a plan to improve access and impact to lifestyle services	Jason Ralphs, SCC	x												01/09/20	01/11/20	Green
10.4	Evaluate impact of changes on referrals to lifestyle services and CVD outcomes	Jason Ralphs, SCC	x												01/04/21	09/04/21	Green
MILESTONE 11: Optimise CVD Medication for CVD patients																	
9.1	Scope out the feasibility of a case finding project for Hypertension & AF	Negin Sarafranz-Shekary, SCC	x												01/11/19	01/04/20	Green
MILESTONE 10: Identify and support people with FH (Familial hypercholesterolemia)																	
10.1	Explore impact of FH (Familial hypercholesterolemia) service in Surrey Heath and Farnham	Cyril Haessig, Surrey Heartlands	x												01/11/19	31/01/20	Green
10.2	Create a business case outlining the need for an FH (Familial hypercholesterolemia) service in Surrey	Cyril Haessig, Surrey Heartlands	x												31/01/20	01/04/20	Green

Rachel Gill: Project 4 - Promote bowel and cervical screening as a preventative health measure rather than purely for those at high risk

MILESTONE 11: Understand the challenges to uptake and develop a survey-wide response

11.1	Agree project 4 KPIs and review milestones	Rachel Gill, SCC	x								19/11/19	31/12/19	Green
11.2	Undertake an evidence review to explore barriers/attitudes to cervical screening	Rachel Gill, SCC		x							01/01/20	01/03/20	Green
11.3	Design a local survey and focus group work to test national evidence and explore barriers/attitudes with local residents	Rachel Gill, SCC	x								01/03/20	01/04/20	Green
11.4	Use evidence from review and survey/focus group work to inform future bids through the Sussex and Surrey Cancer Alliance for local initiatives to increase uptake of cancer screening	Chrissie Clayton, Surrey Heartlands	x								01/03/20	01/04/20	Green
11.5	Develop a robust evaluation framework for cancer screening programmes, including inequalities of access	Negin Sarafraz-Shekary, SCC	x								01/03/20	01/04/20	Green
11.5	Develop a multi-stakeholder action plan through the Surrey Cancer Screening Forum to improve uptake of cancer screening, focusing initially on the cervical screening programme	Chrissie Clayton, Surrey Heartlands	x								01/03/20	01/04/20	Green

Rachel Gill: Project 5 - Targeted engagement with key geographies and groups to improve understanding and uptake of childhood immunisations

MILESTONE 12: Scoping Coverage of immunisations and opportunities to address gaps

12.1	Agree project 5 KPIs and review milestones	Rachel Gill, SCC		x							19/11/19	31/12/19	Green
12.2	Undertake an evidence review to explore barriers/attitudes to immunisations	Rachel Gill, SCC	x								01/09/19	01/10/19	Complete
12.3	Design a local survey and focus group work to test national evidence and explore barriers/attitudes with local residents and health professionals	Rachel Gill, SCC	x								01/09/19	01/01/20	Green
12.4	Hold a 'Call to Action' Workshop for front line staff to raise awareness and develop a multi-stakeholder action plan to increase uptake of childhood immunisations (0-5 year olds)	Rachel Gill, SCC		x							01/02/20	01/03/20	Green
12.5	Hold a 'Call to Action' Workshop for front line staff to raise awareness and develop a multi-stakeholder action plan to increase uptake of school based immunisations (5-19 year olds)	Rachel Gill, SCC		x							01/09/20	01/12/20	Green
12.6	Review of PCN data to identify gaps in MMR uptake in Surrey Heath	Nicola Airey, Surrey Heath	x								01/09/20	01/12/20	Green

Gail Hughes: Project 8 - Making Every Contact Count

MILESTONE 13: Delivery of MECC Programme (2018-20)

13.1	Agree project 3 KPIs and review milestones	Gail Hughes, SCC		x							19/11/19	31/12/19	Green
13.2	Delivery and promotion of Level 2 MECC training to workforce (phase 1)	Gail Hughes, SCC							x		01/03/19	31/03/20	Green
13.3	Delivery and promotion of Level 2 MECC training to workforce via train the trainers (phase 2)	Gail Hughes, SCC							x		31/03/20	31/03/21	Green
13.4	Delivery and promotion of MECC Train the Trainer (TtT) Programme	Gail Hughes, SCC							x		01/10/19	01/04/20	Green
13.5	Development of ongoing support mechanism and Community of Practice for TtTs and establish peer support network	Gail Hughes, SCC							x		01/01/20	01/04/21	Green
13.6	Review of organisational plans for the roll-out of MECC by Train the Trainers and retarget approaches where necessary, including whether the alcohol IBA is delivered routinely	Gail Hughes, SCC							x		01/01/20	01/04/20	Green
13.7	Produce full evaluation of MECC Programme with Surrey University	Gail Hughes, SCC							x		01/01/20	01/04/20	Green

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MILESTONE 14: Incorporate MECC approaches into the domestic abuse 'Change that Lasts' agenda

14.1	Integrate MECC training, principles and philosophies into existing DA outreach services; embedding these into Surrey's new DA outreach service provider during mobilisation period	Gail Hughes, SCC and Charisse Monero, SCC									01/11/19	01/04/20	Green
14.2	Deliver MECC training to Community Ambassadors	Gail Hughes, SCC and Louise Gibbins, SCC							x		14/10/19	01/04/20	Green
14.3	Develop DA-focused MECC training to be delivered by MECC TtTs specifically targeted at DA workforce, maternity services, and other high risk groups	Gail Hughes, SCC							x		01/04/20	01/06/20	Green

MILESTONE 15: Workforce development - Increase awareness, knowledge, skills and delivery of MECC and alcohol IBA across the system

15.1	Input into consultation and user research on development of new national MECC e-learning, commissioned by Health Education England	Gail Hughes, SCC							x		01/11/19	01/02/20	Green
15.2	Promote new national MECC e-learning programme to partners / frontline staff	Gail Hughes, SCC								x	01/03/20	30/06/20	Green

MILESTONE 16: Incorporate MECC and alcohol IBA into diabetes and other NHS & non-NHS pathways

18.1	Develop joint work plan with Diabetes Leads to embed MECC within diabetes pathways (i.e. via diabetes champions, and diabetes programme board)	Gail Hughes, SCC and Jason Ralphs, SCC							x		01/11/19	01/10/20	Green
18.2	Review milestones to incorporate delivery of joint diabetes work plan	Gail Hughes, SCC and Jason Ralphs, SCC							x		01/10/20	31/12/20	Green
18.3	Identify opportunities and settings to embed MECC and alcohol IBA into pathways and systems (i.e. DA outreach services, social care, job centres, housing services, education establishments, leisure centres, voluntary orgs). Work in partnership to establish this. SEE SUBSTANCE MISUSE SECTION	Gail Hughes, SCC							x		01/11/19	01/04/20	Green

MILESTONE 17: Develop reciprocal pathways between screening and preventative health behaviour services, and embed MECC at all key stages of the patient pathways

17.1	Develop a plan for embedding MECC into screening programmes and pathways. Work with Screening Leads to implement this.	Gail Hughes, SCC and Sarah Tomkinson, Public Health England and NHS England South East							x		30/10/19	30/06/20	Green
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MILESTONE 18: Implement MECC and the preventative offer across the wider frontline workforce (communities for example)

18.1	Develop proposal and business case to continue roll out of MECC inc TtT Programme	Gail Hughes, SCC									01/11/19	01/01/20	Green
18.2	Explore and agree approach to extend of existing MECC programme into communities, linking with Community Development System Capability Strategy (development of preventative volunteer workforce)	Gail Hughes, SCC and Rebecca Brooker, SCC							x		01/01/20	01/05/20	Green
18.3	Create a sustainability plan for MECC inc setting up communities of practice, delivery of MECC training by PH TtTs and bank staff, and establishing a buddy system for MECC TtTs post March	Gail Hughes, SCC							x		01/11/19	01/02/20	Green

Focus Area 4: Promoting prevention to decrease incidence of serious conditions and diseases

Ref	Activity	Accountability	Dependencies									Start date	Refer to definitions on guidance tab	
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development		End date	RAG

Charisse Monero, SCC: Project 1 - DA Transformation programme set up and governance

MILESTONE 1: Establish Membership and Objectives of DA partnership

1.1	Produce DA Catalyst Paper and Design Programme	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
1.2	Present draft Objectives extraordinary meeting of CSB and H&WB boards	Charisse Monero, SCC						x				01/09/19	31/12/19	Green
1.3	Establish one DA Executive Steering Group, ToR and forward plan	Charisse Monero, SCC						x				01/09/19	31/12/19	Green
1.4	Finalise and agree outcomes, KPIs and milestones	Charisse Monero, SCC		x								01/09/19	31/12/19	Green

MILESTONE 2: Establish metrics

2.1	Rapid research and data to inform Surrey DA needs assessment/ service gaps	Charisse Monero, SCC								x		01/09/19	31/12/19	Green
2.2	Establish metric and baseline for measurement	Charisse Monero, SCC								x		01/09/19	31/12/19	Green
2.3	Agree key metrics for agreement with the DA steering group	Charisse Monero, SCC								x		01/09/19	31/12/19	Green

Charisse Monero, SCC: Project 2 - DA Prototype Design & Development

MILESTONE 3: Multi-agency design

3.1	Design Development Workshops for Multiagency Design Teams	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
3.2	Identification of System Design Leads from across partnership & formation of Multiagency Design "Pods" for each DA prototype work stream	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
3.3	DA Inaugural Partnership Event	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
3.4	District & Borough analysis to determine location of DA prototype sites	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
3.5	Prioritisation of Domestic Abuse Prototype development workstreams (prioritising 5 key areas from the identified areas)	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
3.6	Scoping of each prototype model cross referencing against best practice evidence based models & local demographic needs assessment	Charisse Monero, SCC	x									01/09/19	31/12/19	Green

MILESTONE 4: Design Sprints

4.1	Set up detailed Design Sprints Timetable	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
4.2	Development of Business Case investment proposals for each DA prototype model	Charisse Monero, SCC	x									01/09/19	31/12/19	Green
4.3	Delivery of Multiagency Design Sprints –co designing each DA prototype model	Charisse Monero, SCC	x									01/12/19	31/03/20	Green
4.4	Delivery of Design Sprint Events –Prototype 1 to 6	Charisse Monero, SCC	x									16/12/19	13/03/20	Green
4.5	Develop specification for Evaluation Partner to evaluate prototype areas	Charisse Monero, SCC	x									13/03/20	31/03/20	Green
4.6	Agreed procurement model for commissioning DA prototypes	Charisse Monero, SCC	x									13/03/20	31/03/20	Green

Charisse Monero, SCC: Project 3 - Prototype Implementation & Mobilisation

MILESTONE 5: Prototype Implementation

5.1	Design evaluation framework for evaluation of prototype workstreams	Charisse Monero, SCC	x									13/03/20	31/03/20	Green
5.2	Develop framework for Ethnographic Research to form part of evaluation of Prototypes	Charisse Monero, SCC	x									13/03/20	31/03/20	Green
5.3	Market Engagement Events	Charisse Monero, SCC	x									31/03/20	30/04/20	Green

MILESTONE 6: Prototype Implementation

6.1	Prototype 1 Mobilisation: Early Intervention and Young People Approaches	Lead tbc	x									30/04/20	31/07/20	Green
6.2	Prototype 2 Mobilisation: Recovery and Coping	Lead tbc	x									30/04/20	31/07/20	Green
6.3	Prototype 3 Mobilisation: Young Offenders and Domestic Abuse	Lead tbc	x									30/04/20	31/07/20	Green
6.4	Prototype 4 Mobilisation: Rehabilitation Programmes	Lead tbc	x									30/04/20	31/07/20	Green
6.5	Prototype 5 Mobilisation: Couples affected by Situational Violence	Lead tbc	x									30/04/20	31/07/20	Green
6.6	Prototype 6 Mobilisation: Health Sector	Lead tbc	x									30/04/20	31/07/20	Green
6.7	Agree milestones and KPIs for each prototype	Charisse Monero, SCC		x								01/06/20	01/09/20	Green
6.8	Commence delivery and implementation of DA prototype models in each locality	Charisse Monero, SCC	x									31/07/20	31/08/20	Green
6.9	Commence evaluation programme of prototype work streams	Charisse Monero, SCC	x									31/07/20	31/08/20	Green
6.10	First draft evaluation	Charisse Monero, SCC	x									31/08/20	28/02/21	Green

Charisse Monero, SCC: Project 4 - Final Service Model

MILESTONE 7: Procure service

3.1	Procurement Process for full DA service	Charisse Monero, SCC	x									01/05/21	30/04/22	Green
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MILESTONE 8: Deliver service

3.3	New Model goes live	Charisse Monero, SCC	x									01/03/22	30/04/22	Green
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Workstream Programme 5 year plan															Refer to definitions on guidance tab		
Ref	Activity	Accountability	Dependencies										HWB Comms Plan	Start date	End date	RAG	
			Internal to workstream	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: community development						
Rachel Gill, SCC: Project 1 - To promote healthy, inclusive and safe places through planning policies/decisions																	
MILESTONE 1: Develop guidance to support health and local planning in Surrey																	
1.1	Finalise <i>Creating healthier built environments: strategic guidance for health and local planning in Surrey</i>	Rachel Gill, Public Health, SCC	x												01/08/19	31/12/09	Green
1.2	Launch the guidance at the first Health and Planning Forum meeting	Rachel Gill, Public Health, SCC	x												30/09/19	31/12/19	Green
1.3	Monitor/evaluate number of local authorities using the guidance	Rachel Gill, Public Health, SCC	x												31/12/2019	01/04/2020	Green
1.4	Develop technical air quality planning development guidance	Rachel Gill, Public Health, SCC/Surrey Air Alliance	x												01/04/2020	01/04/2021	Green
MILESTONE 2: Establish a Planning and Health Forum to improve collaborative working across planning and health and maximise opportunities for health to influence Local Plans and draw on available funds, such as the Community Infrastructure Levy																	
2.1	Write Terms of Reference for the Planning and Health Forum	Rachel Gill, Public Health, SCC									x				12/08/19	16/09/19	Complete
2.2	Set up the first meeting and send out invitations to health and planning colleagues	Rachel Gill, Public Health, SCC									x				16/09/19	30/09/19	Complete
2.3	Agree the ToR and set future dates for the Planning and Health Forum	Rachel Gill, Public Health, SCC									x				30/09/19	31/12/19	Green
2.4	Identify outcomes/process measures to monitor effectiveness of the Forum	Rachel Gill, Public Health, SCC					x								31/12/19	31/03/20	Green
MILESTONE 3: Embed Health Impact Assessment approach																	
3.1	Explore opportunities to embed Health Impact Assessment in planning process e.g. Environment Impact Assessment, Sustainability Appraisal and Strategic Environmental Assessment	Rachel Gill, Public Health, SCC	x												01/04/2020	31/03/2021	Green
3.2	HIA in council policies/strategies and commissioning process	Rachel Gill, Public Health, SCC	x												01/04/2020	01/10/2020	Green
MILESTONE 4: Engage in the Development Consent Order process for airport expansion application at Heathrow																	
4.1	Review and provide comments on the Preliminary Environment Information Report (PEIR)	Spatial Planning, SCC	x												18/06/19	18/09/19	Complete
4.2	Draft response for the statutory Airport Expansion consultation to be submitted in September 2019	Spatial Planning, SCC	x												01/08/19	18/09/19	Complete
4.3	Liaise with Heathrow Airport Holdings (HAL) to determine mitigation for airport expansion through bilateral subtopic meetings	Spatial Planning, SCC	x												Ongoing	31/12/20	Green
4.4	Work with Heathrow Strategic Planning Group (HSPG) to determine mitigation and develop a joint position	Spatial Planning, SCC	x												Ongoing	31/12/20	Green
4.5	Await Development Consent Order (DCO) submission in 2020	Spatial Planning, SCC	x													31/12/20	Green
MILESTONE 5: Engage in the Development Consent Order process for the airport expansion application at Gatwick																	
5.1	Respond to Gatwick's Statement of Community Consultation	Spatial Planning, SCC	x												TBC	31/12/20	Green
5.2	Liaise with other local authorities through the subtopic groups to determine mitigation and develop a joint position	Spatial Planning, SCC	x												TBC	30/06/20	Green
5.3	Respond to Gatwick's statutory consultation	Spatial Planning, SCC	x												TBC	31/12/20	Green
Rachel Gill, SCC: Project 2 - To promote healthy, inclusive and safe places through transport/highways policy, projects and operations																	
MILESTONE 6: Implement actions within Surrey Transport Plan that contribute to improved health and wellbeing																	
6.1	Develop Surrey County Council's on-street Electric Vehicle charging policy	Lyndon Mendes, Transport Policy, SCC	x												01/01/20	31/12/20	Green
6.2	Explore opportunities to incorporate emissions standards for council fleet vehicles within Surrey Greener Futures Strategy, as well as in procurement guidelines	Lyndon Mendes, Transport Policy, SCC	x												01/12/19	01/04/20	Green
6.3	Explore opportunities to review signal timings of traffic junctions in Air Quality Management Areas (and areas at risk of becoming AQMAs) as part of future major transport schemes	Lyndon Mendes, Transport Policy, SCC	x												01/01/20	ongoing	Green
6.4	Transport and Public health teams to jointly design/shape transport infrastructure proposals to embed health and wellbeing into transport schemes, including greener spaces	Lyndon Mendes and Rachel Gill	x												01/12/2019	01/04/2020	Green
6.5	Develop health prioritisation tool for transport schemes to prioritise schemes in relation to the Health and Wellbeing Strategy priorities	Lyndon Mendes and Rachel Gill	x												01/10/2019	01/12/2019	Green
Rachel Gill, SCC: Project 3 - People who live and work in Surrey have an increased awareness of the health impact of poor air quality and take action to improve air quality																	
MILESTONE 7: Deliver Schools Air Quality Programme (runs until July 2019) and Eco Schools																	
7.1	Complete delivery of the Schools Air Quality Programme 2018/19	Duncan Knox, Safer Travel Team, SCC	x												01/09/19	31/12/19	Green
7.2	Complete evaluation of the Schools Air Quality Programme 2018/19	Duncan Knox, Safer Travel Team, SCC	x												01/09/19	31/12/19	Green
7.3	Seven district/boroughs have signed up to continue the Schools Air Quality Programme into 2019/20, these include: Waverley, Woking, Mole Valley, Spelthorne, Runnymede, Surrey Heath and Guildford. Therefore the programme will continue to be delivered into 2019/20	Duncan Knox, Safer Travel Team, SCC	x												01/10/19	31/07/20	Green
7.4	Submit bid for DEFRA Air Quality Grant Fund 2019/20	Rachel Gill, SCC/Surrey Air Alliance	x												23/10/19	31/11/19	Complete
7.5	Submit bid for DEFRA Air Quality Grant Fund 2020/21	Rachel Gill, SCC/Surrey Air Alliance	x												01/10/20	31/11/21	Green
MILESTONE 8: Surrey wide communications campaign to raise awareness of the importance of good air quality																	
8.1	Work with communications colleagues to re-run the successful air quality comms campaign	Rachel Gill, Public Health, SCC	x												01/01/20	01/07/20	Green
8.2	Share communication messages with district/borough colleagues to support consistent messages across Surrey to support national Clean Air Day	Rachel Gill, Public Health/Surrey Air Alliance	x												01/03/20	01/07/20	Green
8.3	Develop air quality communications campaign element for the DEFRA Air Quality Grant Fund bid for 2020/21	Rachel Gill, Public Health/Surrey Air Alliance	x												01/10/19	31/12/19	Complete
Rachel Gill, SCC: Project 4 - People who live and work in Surrey have an increased awareness and take actions to support environmental sustainability																	
MILESTONE 9: Surrey's Greener Future Design Challenge/Call for Evidence																	
9.1	Deliver the Surrey's Greener Future Design Challenge: enable local communities to develop and test 10 prototypes in response to the declared Climate Emergency	Strategic Commissioning Team, SCC													01/07/19	31/12/19	Green
9.2	Incorporate the information received from residents and community groups through the call for evidence through the Greener Future's work to inform witness sessions with Surrey County Council members	Strategic Commissioning Team, SCC													01/07/19	31/12/19	Green
MILESTONE 10: Implement the Surrey Single Use Plastics Strategy																	
10.1	Support implementation of the Surrey Single Use Plastics Strategy, which is being taken forward through the Surrey Environment Partnership	Surrey Environment Partnership/ Joint Waste Solutions'													01/07/19	31/03/20	Green
MILESTONE 11: Surrey wide communications campaign to raise awareness of the importance of environmental sustainability																	
11.1	Develop messages for environmental sustainability and work with communications colleagues to promote key messages to local residents, aligning with Surrey Greener Futures	Rachel Gill, Public Health, SCC										x			01/07/19	01/04/20	Green
11.2	Add pages to the Healthy Surrey website to raise awareness of environmental sustainability and impacts on health	Rachel Gill, Public Health, SCC										x			01/09/19	01/04/20	Green
MILESTONE 12: Promotion of passenger transport services, including park & ride																	
13.1	Promotional campaign to highlight health benefits of switching private car journeys to public transport journeys (including linking with relocation work - discount on public transport)	Passenger Transport Projects Team, SCC											x		01/01/20	31/03/21	Green
Rachel Gill, SCC: Project 5 - Public Sector across Surrey embed environmental sustainability within their organisations																	
MILESTONE 13: Support local authorities across Surrey to embed sustainability																	
13.1	Working with Surrey University to take forward initial work to baseline carbon emissions across the council of Surrey, including specific work to benchmark Surrey County Council's emissions from own estate and operations	Strategic Commissioning Team, SCC	x												01/10/19	31/12/19	Green
13.2	Research the relevant strategies of SCC and partner organisations to determine whether our current commitments will achieve a carbon neutral future by 2050 and make recommendations about additional commitments that might be needed	Strategic Commissioning Team, SCC	x												01/10/19	31/12/19	Green
13.3	Working together strategically with Surrey Environment Partnership authorities on a strategy / action plan to reach a common sustainability aim	Surrey Environment Partnership/ Joint Waste Solutions'	x												01/12/19	31/12/19	Green
13.4	Work with partners to develop Surrey Greener Futures Strategy	Strategic Commissioning Team, SCC	x												01/07/19	31/12/19	Green
13.5	Deliver the Tree strategy and facilitate the planting of 1.2M trees by 2030 (100,000 per annum)	Environment Team, SCC	x												01/08/19	01/08/30	Green

MILESTONE 14: Support all NHS organisations across Surrey to have a Sustainable Development Management Plan approved by their Board													
14.1	Support NHS organisations to develop a SDMP through the Surrey Heartlands Sustainability Network	Rachel Gill, Public Health, SCC	x								01/01/20	01/01/21	Green
14.2	Provide workshops to raise awareness of sustainability and the importance of having a SDMP	Rachel Gill, Public Health, SCC	x								01/01/20	31/03/21	Green
14.3	Monitor the number of NHS organisations to develop a SDMP	Rachel Gill, Public Health, SCC	x								01/01/20	01/01/21	Green
Rachel Gill, SCC: Project 6 - Reduce death and injury on Surrey roads													
MILESTONE 15: Deliver the Drive SMART Road Safety Strategy 2019-2021													
15.1	Deliver the Drive SMART Road Safety Strategy 2019-2021	Duncan Knox, Road Safety & Active Travel Team, SCC	x								01/04/19	31/03/21	Green
Rachel Gill, SCC: Project 7 - Increase active travel across Surrey													
MILESTONE 16: Provide cycle training, pedestrian training and promotion of active travel to schools													
16.1	Develop a Sustainable School Transport Strategy	Duncan Knox, Safer Travel Team, SCC	x								01/09/19	01/01/20	Green
16.2	Implement the Sustainable School Transport Strategy	Duncan Knox, Safer Travel Team, SCC	x								01/01/20	01/01/21	Green
MILESTONE 17: Improving quality of walking, cycling, public transport and EV infrastructure in Surrey													
17.1	Identify prospective schemes that address known weaknesses or omissions in current walking, cycling and public transport infrastructure for inclusion in 'Transport Futures' long-listing exercise	Lyndon Mendes, Transport Policy, SCC	x								01/08/19	15/09/19	Green
17.2	Submit funding bids for prioritised major schemes that encompasses walking, cycling and passenger transport measures	Lyndon Mendes, Transport Policy, SCC	x								01/04/20	01/04/21	Green
17.3	Submit funding bid for a pilot of Electric Vehicle charge points on Surrey highways, to evaluate feasibility and viability of various technological and operational options	Lyndon Mendes, Transport Policy, SCC	x								01/09/19	01/04/20	Green
17.4	Explore opportunities to develop a Walking Strategy for Surrey, aligning with the Physical Activity Strategy being developed as part of Priority 2 of the Health and Wellbeing Strategy	Lyndon Mendes, Transport Policy, SCC	x								01/01/20	01/01/21	Green
17.5	Explore opportunities to develop Local Cycling & Walking Infrastructure Plans (LCWIPs) for priority locations in Surrey	Lyndon Mendes, Transport Policy, SCC	x								01/01/20	01/01/21	Green
Rachel Gill, SCC: Project 8 - Connect people with the natural environment													
MILESTONE 18: Promote health benefits of Surrey's countryside and green space, building on Explore Surrey													
18.1	Identify good practice and learning from initiatives that link countryside/green space and health	David Greenwood, SCC	x								01/01/20	31/05/20	Green
18.2	Collate and commission evidence base to understand people's use the countryside and the barriers to their participation	David Greenwood, SCC	x								01/01/20	31/12/20	Green
18.3	Identify opportunities to strengthen links between the countryside/green space and health sectors and activities	David Greenwood, SCC	x								01/03/20	31/07/20	Green
18.4	Develop an Action Plan to deliver future projects and campaigns that promote the health benefits of Surrey's countryside, including considering how to support under-represented groups accessing the countryside	David Greenwood, SCC							x		01/06/20	31/12/20	Green
18.5	Deliver a campaign to promote the health benefits of visits to the countryside and greenspace	David Greenwood, SCC								x	01/01/21	30/09/21	Green
MILESTONE 19: Make rights of way more useful/suited for every day journeys to work and school and encourage contact with the natural environment through the Rights of Way Improvement Plan (Countryside Access Team, SCC)													
19.1	Review Plans to ensure desired routes are flagged up as projects for funding through CIL/s106 /London Marathon Trust	Transport team and Countryside Access Team, Surrey Nature Partnership	x								01/04/20	TBC	Green
19.2	Employ Project Officer to review Plans and deliver these projects(Zero Hours Contract)	Countryside Access Team	x								01/04/20	TBC	Green
19.3	Seek funding to upgrade routes to make them suitable to all abilities	Countryside Access Team	x								01/10/19	ongoing	Green
19.4	Ensure suitable routes are promoted so people know where to they go and that they are suitable for all abilities	Countryside Access Team	x								01/10/19	ongoing	Green
Rachel Gill, SCC: Project 9 - Local residents and strategic partners understand the importance of seasonal health and wellbeing and undertake interventions to reduce the impact of hot/cold weather on health													
MILESTONE 20: Provide information and advice regarding seasonal health and wellbeing													
20.1	Public health to provide seasonal health information and advice to relevant organisations and partners to support effective action to protect the health of the local population, including messaging through the Healthy Surrey website	Rachel Gill, Public Health, SCC								x	01/08/2019	ongoing	Green
20.2	HWB Communications and Engagement Subgroup to co-ordinate and plan summer/winter 2020 campaigns	HWB Communication and Engagement Subgroup								x	01/08/2019	ongoing	Green
20.3	Work together and with communities to plan and prepare for potential emergencies through Surrey Prepared forum	Sarah Goodman, Community Projects Support Team, SCC									01/08/2019	ongoing	Green
Rachel Gill, SCC: Project 10 - Review environmental impacts on health and local priorities													
MILESTONE 21: Review local health protection/environment priorities and effective actions to address them													
21.1	Publish a health protection report to identify local health protection priorities and support effective action to protect the health of the local population	Rachel Gill, Public Health, SCC									01/10/2019	01/04/2020	Green
21.2	Develop an evidence base for environmental impacts on health	Rachel Gill, Public Health, SCC									01/10/2019	01/04/2020	Green
21.3	Review Terms of Reference for the Health Protection Forum to support environmental priorities being taken forward	Rachel Gill, Public Health, SCC									01/10/2019	01/04/2020	Green
21.5	Support development of the Social Progress Index, being taken forward as part of Priority 3 of the Health and Wellbeing Strategy	Rachel Gill, Public Health, SCC									01/08/2019	ongoing	Green

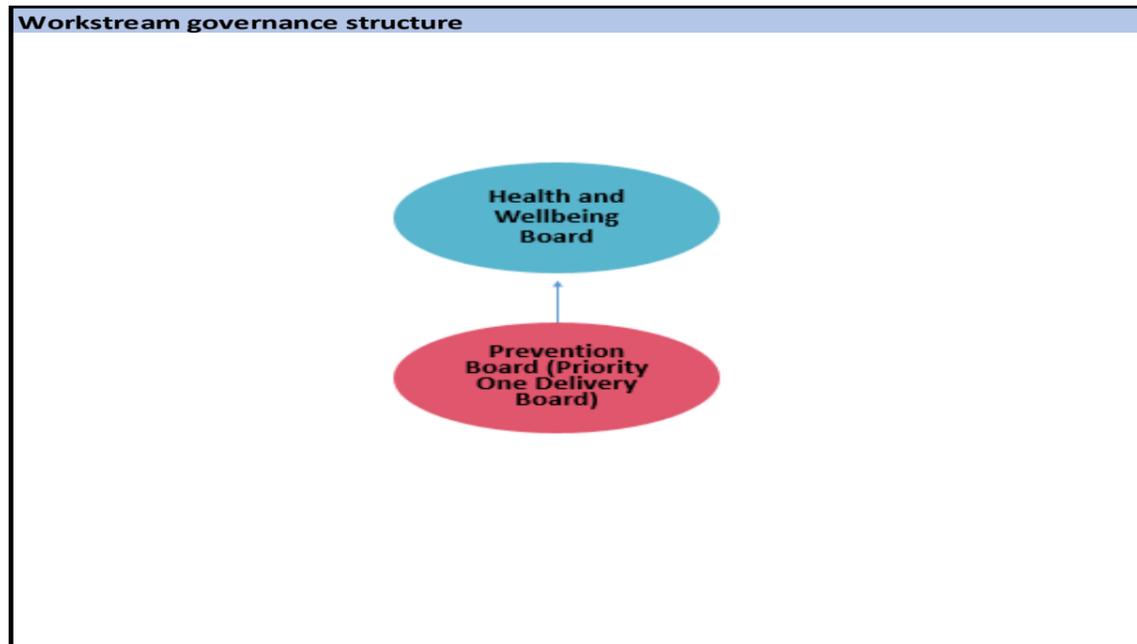
Focus Area 7: Helping people to live independently for as long as possible and to die well

Ref	Activity	Accountability	Dependencies										HWB Comms Plan	Refer to definitions on guidance tab		RAG		
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development	Start date		End date				
Debbie Hustings, Surrey Heartlands: Project 1 - Supporting carers																		
MILESTONE 1: Scoping and Mapping																		
1.1	Develop and agree a carer metric for Health and Wellbeing Strategy using the Zarit Burden Scale	Debbie Hustings, Surrey Heartlands														01/04/2019	01/04/2020	Green
1.2	Agree KPIs for measuring performance	Debbie Hustings, Surrey Heartlands and John Bangs, SCC														01/04/2019	01/12/2019	Green
1.3	Confirm governance structure for Surrey Carers Commissioning Group and link to Prevention Board	Debbie Hustings, Surrey Heartlands and John Bangs, SCC							x							01/04/2019	01/12/2019	Complete
1.4	Identify and engage with Frimley carers leads	Debbie Hustings, Surrey Heartlands and John Bangs, SCC							x							01/10/2019	31/12/2019	Green
1.5	Co-produce priorities for priority one plans with the Surrey Carers Commissioning Group	Debbie Hustings, Surrey Heartlands and John Bangs, SCC														01/10/2019	01/08/2020	Green
1.6	Complete carers programme plan for priority one	Debbie Hustings, Surrey Heartlands and John Bangs, SCC														01/08/2020	01/09/2020	Green
MILESTONE 2: Supporting carers in the workplace																		
2.1	Develop working carers section of workplace charter	Debbie Hustings, SyH and Lucy Gate, SCC														01/06/2019	01/05/2020	Green
2.2	Map recommendations from Surrey Working Carers survey into HWBS programme plan	Debbie Hustings, Surrey Heartlands														01/10/2019	01/05/2020	Green
MILESTONE 3: Develop carer supportive communities																		
3.1	Explore MECC training for carers	Gail Hughes, SCC														01/10/2019	01/05/2020	Green
3.2	Explore social prescribing offer to carers	Rebecca Brooker, SCC														01/10/2019	01/05/2020	Green
3.3	Develop carers MoU, governance and action plans in all Surrey District and Borough Councils	Jamie Gault, Action for Carers and Debbie Hustings, SyH														01/04/2019	01/04/2020	Green
3.4	Develop carers MoU, governance and action plans across Surrey County Council	Jamie Gault, Action for Carers and John Bangs, SCC														01/04/2019	01/04/2020	Green
3.5	Develop carers MoU, governance and action plans in all Surrey Police	Jamie Gault, Action for Carers and Surrey Police lead (tbc)														01/04/2019	01/04/2020	Green
3.6	Develop carers MoU, governance and action plans in all Surrey Fire and Rescue	Jamie Gault, Action for Carers and Fire and Rescue Lead (tbc)														01/04/2019	01/04/2020	Green
MILESTONE 4: Supporting carers through Surrey providers																		
4.1	Tier 1 established providers implement their carer plans	Debbie Hustings and Ron Critcher, SyH														01/04/2019	01/04/2020	Green
4.2	Tier 2: Start-ups develop a carer strategy	Debbie Hustings and Ron Critcher, SyH														01/06/2019	01/04/2020	Green
4.3	Tier 2: Start-ups complete implementation of their carer strategy	Debbie Hustings and Ron Critcher, SyH														01/06/2019	01/04/2020	Green
4.4	Carer KPI included in all Surrey contracts	Debbie Hustings, SyH and Heads of Contracts														01/07/2019	01/10/2019	Green
4.5	All Surrey hospitals complete implementation their carer plans	Debbie Hustings, SyH and Heads of Contracts														01/10/2019	01/04/2020	Green
4.6	Run pilot on social prescribing - PCN to host a carer support worker	PCN Lead (TBC)														tbc	tbc	Green
4.7	Develop carer quality marker in secondary care	Debbie Hustings and Ron Critcher, SyH with NHS England														tbc	tbc	Green
MILESTONE 5: Developing an offer to young carers																		
5.1	Young Carers/Young Adult Carers Event	Debbie Hustings and Livy Shaw (G&W CCG)														01/10/2019	31/10/2019	Complete
5.2	Work with stakeholder to develop understanding of young carers' needs	Debbie Hustings and Livy Shaw (G&W CCG)														01/10/2019	28/02/2019	Green
5.3	Co-produce priorities for young carers	Debbie Hustings and Livy Shaw (G&W CCG)														01/10/2019	28/02/2019	Green
5.4	Refresh Surrey Young Carers/Young Adult Carers Strategy	Debbie Hustings and Livy Shaw (G&W CCG)														31/12/2019	01/04/2020	Green
5.5	Pilot between CCGs/School Nursing Service/SYCs and School young carers champions to improve young carer registration.	Debbie Hustings and Livy Shaw (G&W CCG)														01/10/2019	01/04/2020	Green
5.6	Map recommendations for young carers into HWBS programme plan	Debbie Hustings and Livy Shaw (G&W CCG)														tbc	tbc	Green
Chris Tune, SCC: Project 2 - Aligning the Better Care Fund to the Health and Wellbeing Strategy																		
MILESTONE 6: 2019/20 BCF plan implementation																		
6.1	Agree KPIs for measuring performance	Chris Tune														01/11/2019	31/12/2019	Green
6.2	Implement agreed High Impact Change Model action plans	Local A&E Delivery Boards and Local Joint Commissioning Groups														01/10/2019	01/03/2020	Green
6.3	Alignment of Technology Enabled Care offer with BCF plan	Tim Cowles														01/10/2019	01/06/2020	Green
6.4	Pilot top slice innovation fund to align to Health and Wellbeing Strategy priorities	Anna Bruin														01/10/2019	01/03/2020	Green
MILESTONE 7: Future planning																		
7.1	Agree 'at scale'/'at place' commissioning	Chris Tune and Local Joint Commissioning Groups														01/04/2020	01/03/2021	Green
7.2	Agree Better Care Fund four-year plan including evaluation of existing schemes	Chris Tune														01/04/2020	01/03/2021	Green
Toni Carney, SCC: Project 3 - Developing a Technology enabled care offer in Surrey																		
MILESTONE 8: Governance																		
8.1	Agree governance via the Prevention Board	Toni Carney and Tim Cowles, SCC														01/10/2019	31/01/2020	Green
8.2	Agree KPIs for measuring performance	Toni Carney and Tim Cowles, SCC														01/10/2019	31/01/2020	Green
8.3	Confirm full programme plan	Toni Carney and Tim Cowles, SCC														01/10/2019	31/01/2020	Green
8.4	Link to Priority Two to explore actions to use TEC to enable independence for people to maintain social connections	Toni Carney and Tim Cowles, SCC														01/10/2019	31/01/2020	Green
MILESTONE 9: Market engagement																		
9.1	Market engagement event for TEC	Tim Cowles, SCC														01/05/2019	01/10/2019	Complete
9.2	Engagement with key partners to explore what's worked	Tim Cowles, SCC														01/10/2019	28/02/2020	Green
9.3	Bring together TEC workstreams with SyH and Frimley	Toni Carney, SCC, Giles Mahoney, SyH and Chris Tune, SCC														01/10/2019	31/01/2019	Green
9.4	Agree programme plan for digital system capability	Toni Carney, SCC, Giles Mahoney, SyH and Chris Tune, SCC														31/01/2019	31/03/2020	Green
MILESTONE 10: TEC procurement																		
10.1	Paper for collaborate on tender exercise for TEC	Toni Carney and Tim Cowles, SCC														01/10/2019	31/01/19	Green
10.2	Paper for Committees in Common for approval of tender exercise	Toni Carney and Tim Cowles, SCC														01/10/2019	28/02/20	Green
Amy Howard, SCC: Project 4 - Developing a reablement framework for Surrey and integrating intermediate care																		
MILESTONE 11: Governance																		
11.1	Agree governance via the Prevention Board	Amy Howard, SCC														01/10/2019	31/01/2019	Green
11.2	Agree KPIs for measuring performance	Amy Howard, SCC														01/10/2019	31/01/2019	Green
11.3	Confirm full programme plan	Amy Howard, SCC														01/10/2019	31/01/2019	Green
MILESTONE 12: Developing a reablement framework																		
12.1	SCC and SyH scope existing reablement offer	Amy Howard, SCC														01/10/2019	01/03/2020	Green
12.2	SCC and SyH explores gaps and interfaces between reablement services	Amy Howard, SCC														01/10/2019	01/03/2020	Green
12.3	SCC launch refreshed reablement framework	Amy Howard, SCC														01/03/2020	01/04/2020	Green
MILESTONE 13: Develop a Surrey integrated intermediate care service																		
13.1	Evaluation of impact of reablement framework on integrated models of care	Amy Howard, SCC														01/04/2020	01/06/2020	Green
13.2	Explore opportunities and agree milestones for districts and boroughs in integrating intermediate care services	Amy Howard, SCC														01/04/2020	01/06/2020	Green
13.3	Roundtable meeting between reablement and rapid response provider leadership to explore impact of framework	Amy Howard, SCC														01/04/2020	01/06/2020	Green
13.4	Agree local milestones for each area to integrate intermediate care services	Amy Howard, SCC														01/06/2020	01/08/2020	Green
Charlotte Canniff, North West Surrey CCG: Project 5 - Improving End of Life Care in Surrey																		
MILESTONE 14: Scoping and mapping																		
14.1	Hold initial stakeholder roundtable event to agree priorities	Dr Charlotte Canniff, North West Surrey CCG														01/05/2019	31/10/2019	Complete
14.2	Mapping work to identify appropriate delivery levels (PCN, ICP, ICS, Surrey wide, Surrey+) to provide opportunities for Surrey wide working	Dr Charlotte Canniff, North West Surrey CCG														31/10/2019	28/02/2020	Green
14.3	Hold local conversations with key partners	Dr Charlotte Canniff, North West Surrey CCG														31/10/2019	28/02/2020	Green

MILESTONE 15: Partnership governance													
15.1	Confirm programme lead and other key roles	Dr Charlotte Canniff, North West Surrey CCG		x							31/10/2019	31/12/2019	Green
15.2	Confirm governance for EoL Care	Dr Charlotte Canniff, North West Surrey CCG				x					31/10/2019	31/12/2019	Green
15.3	Agree outcome metrics and KPIs	Dr Charlotte Canniff, North West Surrey CCG						x			31/10/2019	31/12/2019	Green
15.4	Agree representation on the P1 delivery board	Dr Charlotte Canniff, North West Surrey CCG				x					31/10/2019	31/12/2019	Green
MILESTONE 16: Communications and engagement													
16.1	Identify key stakeholders including district and borough councils	Dr Sian Jones, Guildford and Waverley CCG								x	31/10/2019	31/01/2020	Green
16.2	Develop comms plan and activity for Dying Matters week in May 2020	Dr Sian Jones, Guildford and Waverley CCG								x	31/10/2019	31/01/2020	Green
16.3	Explore link to carers	Chris Tune, SCC	x								31/10/2019	30/11/2019	Green
16.4	Provide opportunities for co-production of action plan with communities/VCFs	Dr Sian Jones, Guildford and Waverley CCG and Dr Charlotte Canniff, North West Surrey CCG	x								31/10/2019	28/02/2020	Green
16.5	Agree actions for EoLC programme plan on the use of home adaptations to improve outcomes	Chris Tune, SCC and Mary Oduleye, SCC	x								31/10/2019	28/02/2020	Green
16.6	Agree activity through the HWB comms groups	Dr Sian Jones, Guildford and Waverley CCG and Amy Morgan, SCC								x	31/10/2019	31/01/2020	Green
MILESTONE 17: Out of hours and crisis response													
17.1	To identify deep dive and model pathway, building on existing work carried out by Jennifer Green	Dr Simon Williams, Surrey Downs CCG	x								31/10/2019	28/02/2020	Green
17.2	Identify solutions for programme plan	Dr Simon Williams, Surrey Downs CCG			x						31/10/2019	28/02/2020	Green
MILESTONE 18: Develop workforce													
18.1	Mapping non-professional workforce offer and considering the implication of professional workforce capacity pressures on non-professional workforce	Nicki Shaw	x								31/10/2019	28/02/2020	Green
18.2	Identify solutions for programme plan	Nicki Shaw			x						31/10/2019	28/02/2020	Green
MILESTONE 19: Develop and agree activity													
19.1	2nd roundtable event to develop detailed programme plan	Chris Tune, SCC and Dr Charlotte Canniff, North West Surrey CCG	x								01/02/2020	01/03/2020	Green
19.2	Complete programme plan	Chris Tune, SCC and Dr Charlotte Canniff, North West Surrey CCG			x						28/02/2020	31/03/2020	Green
MILESTONE 20: End of Life Training for all carers													
20.1	Develop new resources for all carers on End of Life Care	Debbie Hustings, Surrey Heartlands	x								01/10/2019	01/10/2020	Green
20.2	Roll out a Surrey-wide training package for carers on EoLC	Debbie Hustings, Surrey Heartlands	x								01/10/2019	01/10/2021	Green
Lead TBC: Project 6 - Housing adaptations													
MILESTONE 21: Scoping and Mapping													
21.1	Engage with key leads to develop understanding of existing activity and challenges	Jeremy Taylor, SCC and Amy Morgan, SCC	x								17/07/2019	01/03/2020	Green
21.2	Engage with Adaptations and Equipment Steering Group to explore key priorities	Jeremy Taylor, SCC and Liz Uliasz, SCC	x								17/07/2019	31/12/2019	Green
21.3	Surrey Next discussion on which chief executive leads on this area	Katie Jackson, RBBC and Liz Uliasz, SCC				x					31/12/2019	31/03/2020	Green
21.4	Roundtable meeting with senior leaders across health, districts and county on developing a whole of life adaptations service and recycling	Katie Jackson, RBBC and Liz Uliasz, SCC				x					31/12/2019	31/03/2020	Green
21.5	Develop governance, key leads, confirm metrics (KPIs) and reporting	Jeremy Taylor, SCC and Liz Uliasz, RBBC			x			x		x	31/12/2019	01/08/2020	Green
MILESTONE 22: Improving hospital discharge													
22.1	Clarify links to development of reablement framework, and opportunities to identify how and what adaptations are required to do this	Amy Howard, SCC		x							01/10/2019	01/03/2020	Green
22.2	Develop an integrated hospital discharge model with Guildford and Waverley ICP and PCNs	Linda Arnell, GBC		x							01/10/2019	01/10/2020	Green
22.3	Develop an integrated hospital discharge model with North West Surrey ICP and PCNs	Julie Meme, WBC		x							01/10/2019	01/10/2020	Green
22.4	Create an automatic update to consistently map current protocols and approaches across Surrey	Katie Jackson, RBBC and Liz Uliasz, SCC	x								31/12/2019	31/03/2020	Green
22.5	Explore role of district and borough councils in hospital discharge approach for Frimley	Lead tbc		x							31/12/2019	31/03/2020	Green
22.6	Share partnership approach with the prevention board, highlighting key barriers and challenges	Julie Meme, WBC		x							01/10/2020	31/12/2020	Green
22.7	Discuss hospital discharge approaches with East Surrey LJCG and Surrey Downs LJCG, identifying options for delivery	Katie Jackson, RBBC and other leads tbc	x								01/10/2020	28/02/2021	Green
MILESTONE 23: Clarifying financial and legal position													
23.1	Conversation with finance leads with each borough and county about joint and consistent approach to the use of funds for adaptations community equipment	Will House, SCC	x								31/12/2019	01/06/2020	Green
23.2	Agree consistent approach to DFG finance	Will House, SCC	x								01/06/2020	01/07/2020	Green
23.3	Review effectiveness of approach	Will House, SCC	x								31/12/2020	31/01/2021	Green

Workstream Risk Register

Ref.	Risk description	Likelihood (1-5)	Description of consequence	Consequence (1-5)	Risk score (1-25)	Mitigations	Risk owner	Who was risk identified by (individual / group)	Date identified	Status	Any changes to risk	Date closed
FA7 Project 6	There is no project lead identified for the adaptations project	5	This project is focused on adaptations for hospital discharge needs a lead who can work across districts and boroughs and other key partners to lead activity	5	25		Amy Morgan, SCC	Amy Morgan, SCC and Jeremy Taylor, SCC	19/11/19	Open		
FA3 Project 1	There is no project lead identified for the fuel poverty project	5	This project is focused on tackling fuel poverty through targeting vulnerable groups and developing an offer for those in crisis. It requires a lead who can work across districts and boroughs and other key partners to lead activity	5	25		Amy Morgan, SCC	Amy Morgan, SCC	19/11/19	Open		
FA3 Project 2	There is no project lead identified for the rough sleeping project	5	This project is focused on ending rough sleeping in Surrey. It requires a lead who can work across districts and boroughs and other key partners to lead activity	5	25		Amy Morgan, SCC	Amy Morgan, SCC	19/11/19	Open		
FA3 Project 4	There is no project lead identified for the hoarding project	5	This project is focused on supporting people who hoard in Surrey. It requires a lead who can work across districts and boroughs and other key partners to lead activity.	5	25		Amy Morgan, SCC	Amy Morgan, SCC	19/11/19	Open		
ALL	There are no KPIs for any projects	5	We are unable to demonstrate progress without clear KPIs for prevention. These do not need to cover all projects within the priority one programme, but do need to capture the essence of delivery.	5	25	We have built in milestones to review activity and identify key KPIs by the end of December	Amy Morgan, SCC	Amy Morgan, SCC	19/11/19	Open		



Name of group:		Prevention and WDH Programme Board	
Frequency of meetings:		Monthly	
Link to terms of reference on SharePoint (if			
Name	Role(s)	Organisation	Role on group
Ruth Hutchinson	Acting Director of Public Health	SCC	SRO
Rod Brown	Head of Housing and Communities	Epsom and Ewell District Council	Priority One Sponsor
David Fluck	Medical Director	Ashford and St Peter's	Clinical Lead
Jonathan Perkins	Lay Member		Lay Member
Justine Chatfield	Head of Communities	Reigate and Banstead	
Darren Williams	Head of Community Services	Runnymede Borough Council	
Sian Jones	Clinical Chair	Guildford and Waverley CCG	Clinical Lead
Helen Barnsley	Public Health Coordinator	Guildford Borough Council	
Lucy Gate	Public Health Principal	SCC PH	
Amy Morgan	Policy and Programme Manager	SCC PH	Programme Manager Priority One
Debbie Hustings	Partnership Manager	Surrey Heartlands	Carers Lead
Christine Clayton	Cancer workstream Lead	Surrey Heartlands	
Julia Chase	GP and Mental Health Clinical	Surrey Heartlands	
Michelle Bradley			
Yvette Robbins	Lay Member	East Surrey CCG	
Lorna Hart	Deputy Director Urgent Care and	Surrey Downs CCG	
Michael Baker	Consultant in Public Health	PHE	
Campbell Livingstone	Director	Active Surrey	
Tracey Fossaluzza	Diabetes Programme Manager	Surrey Heartlands	Diabetes Lead
Anna Bruin	Partnerships Manager	East Surrey CCG	
Ruth Colburn-Jackson	Director of Delivery &	NEHF CCG	
Nicola Airey	Director of Planning & Delivery	Surrey Heath CCG	
Sarah Robson	Deputy Director of Partnerships	Central Sussex and East Surrey Commissioning Alliance	
Rebecca Brooker	Communities and Prevention Lead	Surrey County Council	

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Jonathan Perkins	Lay Member		Lay Member
Justine Chatfield	Head of Communities	Reigate and Banstead Borough Council	
Darren Williams	Head of Community Services	Runnymede Borough Council	
Sian Jones	Clinical Chair	Guildford and Waverley CCG	Clinical Lead
Helen Barnsley	Public Health Coordinator	Guildford Borough Council	
Lucy Gate	Public Health Principal	SCC PH	
Amy Morgan	Policy and Programme Manager	SCC PH	Programme Manager Priority One
Debbie Hustings	Partnership Manager	Surrey Heartlands	Carers Lead
Christine Clayton	Cancer workstream Lead	Surrey Heartlands	
Julia Chase	GP and Mental Health Clinical	Surrey Heartlands	
Michelle Bradley			
Yvette Robbins	Lay Member	East Surrey CCG	
Lorna Hart	Deputy Director Urgent Care and	Surrey Downs CCG	
Michael Baker	Consultant in Public Health	PHE	
Campbell Livingstone	Director	Active Surrey	
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Ruth Colburn-Jackson	Director of Delivery &	NEHF CCG	
Nicola Airey	Director of Planning & Delivery	Surrey Heath CCG	
Sarah Robson	Deputy Director of Partnerships	Central Sussex and East Surrey Commissioning Alliance	
Rebecca Brooker	Communities and Prevention Lead	Surrey County Council	

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Workstream: Priority Two: Supporting the emotional wellbeing of people in Surrey

Executive Sponsor(s): Giles Mahoney

Strategy lead(s): Andy Erskine, Jana Burton, Diane Woods

Programme manager: Chris Tune

N.B: Please note this document has been converted from its original Microsoft Excel format so it can be printed in A3.

Workstream Programme 5 year plan

Ref	Activity	Accountability	Dependencies										Start date	End date	RAG	
			Internal to workstream	System Capability: Programme Management	System Capability: Digital and Technology	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community Development	HWB Comms Plan					
Develop preventative mental health in-reach offer with schools																
Project: Children's Emotional Wellbeing and Mental Health Transformation																
MILESTONE: Development of Access workstream																
1.1	Backlog reduction to continue as part of Access focus	Trudy Mills	x											01/03/19	01/04/21	Amber
MILESTONE: Development of Early Intervention workstream																
1.2	Early Intervention offer to be developed as part of new service model	Julia Cramp	x											01/03/19	01/04/20	Green
MILESTONE: Development of Social, Emotional & Mental Health (SEMH) workstream																
1.3	Overall delivery of procurement exercise to deliver revised and more effective Child and Adolescent Mental Health Services in Surrey	Hayley Connor	x											01/03/19	01/04/21	Amber
1.4	Engagement with schools to define gaps in current system and test new model of delivery	Julia Cramp	x											01/03/19	01/02/20	Green
1.5	Development of Accelerator Sites to feed into recommissioning	Julia Cramp	x											01/03/19	01/02/20	Green
1.6	Evaluation of Transformation Programme to feed into recommissioning	Sara Dicerio/Albert Gordon	x											01/03/19	01/02/20	Green
1.7	Consultation with children and young people on new service model	Flora Wilkie/Albert Gordon	x											01/03/19	01/01/20	Green
1.8	BEN Pathway group to make recommendations re: service and process	Julia Cramp	x											01/03/19	01/02/20	Green
1.9	Integration of C-SPA with CAMHS Single Point of Access to be explored	Jacquie Burke	x											01/03/19	02/04/21	Green
MILESTONE: Development of Vulnerable Groups workstream																
1.10	Vulnerable groups to be consulted on new service model	Charisse Monero	x											01/03/19	01/04/20	Amber
MILESTONE: Development of Crisis workstream																
1.11	Map as is service	Dr Helen Rostill/Tina Benjamin	x											30/05/2019	30/06/2019	Green
1.12	Design service offer, including engagement with people with lived experience	Dr Helen Rostill/Tina Benjamin	x											31/07/2019	31/11/19	Amber
1.13	Implement existing service improvements	Dr Helen Rostill/Tina Benjamin	x										TBC	30/12/2019	Green	
1.14	Joint workforce planning	Dr Helen Rostill/Tina Benjamin						x					30/09/2019	30/12/2019	Green	
1.15	Implement full range of services	Dr Helen Rostill/Tina Benjamin	x										31/03/2020	31/03/2020	Green	
1.16	Following confirmation on business cases for Extended Hope and Paediatric Liaison – begin implementation of collaborative working processes for CYP requiring social care placements and work on Royal Surrey paediatric liaison pathway	Dr Helen Rostill/Tina Benjamin	x										05/11/2019	30/11/2019	Green	
1.17	Develop full Tier 4 business case and progress through local system gateways ready for submission to NHSE.	Dr Helen Rostill/Tina Benjamin	x										06/08/2019	30/11/2019	Green	
1.18	Explore opportunities to train third sector workforce to deliver better practical help for CYP escalating into crisis.	Dr Helen Rostill/Tina Benjamin	x										05/11/2019	30/11/2019	Green	
1.19	Look at how other areas provide Crisis lines	Dr Helen Rostill/Tina Benjamin	x										05/12/2019	05/03/2020	Green	
1.20	Consider digital offering, working with young people	Dr Helen Rostill/Tina Benjamin			x								05/12/2019	05/03/2020	Green	
MILESTONE: Emotional Wellbeing work with schools																
1.21	Lessons learned from OFSTED evaluation of anxiety and absenteeism	Hayley Connor/Susie Campbell	x											01/11/19	03/04/20	Green
1.22	Mapping around addressing anxiety issues through absenteeism	Susie Campbell	x											01/11/19	03/04/20	Green
1.23	Engagement of partners to develop mapping work and plan way forward	Susie Campbell	x											01/11/19	03/04/20	Green
1.24	Development of plan around addressing anxiety issues through absenteeism	Susie Campbell	x											01/11/19	03/04/20	Green
1.25	Specialist Teachers for Inclusive Practice rollout	Susie Campbell	x											01/11/19	03/04/20	Green
1.26	Further development of TAMHS service, built into accelerator sites	Susie Campbell	x											01/11/19	03/04/20	Green
1.27	Development of existing mapping work around children's emotional wellbeing offer to be carried out	Susie Campbell	x											01/11/19	03/04/20	Red
1.28	Further mapping work to be completed for 0-16 year olds, with input from partners and people with lived experience where possible	Susie Campbell	x											01/11/19	03/04/20	Red
1.29	0-25 years service pathway to be developed, with input from people with lived experience	TBC	x										TBC	TBC		
1.30	Lead to be identified for Mental Health Schools Team bid	TBC	x										TBC	TBC		
1.31	System-wide engagement to shape Mental Health Schools Team bid	TBC	x										TBC	TBC		
1.32	Submission of Mental Health Schools Team bid	TBC	x										TBC	TBC		
1.33	Mental Health Schools Team bid implementation plan developed	TBC	x										TBC	TBC		
Project: Launching of Healthy Schools																
1.34	Embed the Healthy Schools Self Evaluation Framework for Schools	Sarah Lyles	x											01/09/19	01/02/2020	Green
1.35	Engage with youth settings (schools, colleges, universities) to deliver wheel of wellbeing	Sarah Lyles	x											01/09/2019	01/02/2020	Green
1.36	Implementation plan for Emotional Wellbeing and Mental Health aspect of Healthy Schools programme to be developed	Sarah Lyles	x											01/09/2019	01/02/2020	Green
1.37	Development of menu of targeted training	Sarah Lyles						x								
Project: Wraparound Specialist Children Support Offer																
2.1	Transition services requiring multiple agencies across adult/children's mental health, care and education to work together to support young person in transition - particularly for those children in care	TBC	x											TBC	TBC	
2.2	Expansion of substance misuse services for parental support and issues	TBC	x											TBC	TBC	
2.3	AMHPs trained to support CYP as part of wider integrated approach	TBC						x						TBC	TBC	
2.4	Integrated commissioning of services for young person with MH and/or autism across all agencies and including s11 arrangements/continuing health care personalisation for seamless care.	TBC	x											TBC	TBC	
Map and develop preventative mental health support access for Older People																
MILESTONE: Development of upstream, integrated models of care																
3.1	Development of upstream social prescribing model to intervene early	TBC												TBC	TBC	
3.2	Development of social prescribing wraparound to include bereavement counselling, relationship management, debt advice, unemployment advice	TBC												TBC	TBC	
3.3	Putting social prescribing into acute mental pathways	TBC												TBC	TBC	
3.4	Promotion of IAPT access for Older People amongst primary and community care	Diane Woods												05/12/19	01/06/20	Green
3.5	Promotion of IAPT access for Older people amongst Adult Social Care	Diane Woods												05/12/19	01/06/20	Green
3.6	Preventative models of care to be co-designed systemwide, with input from people with lived experience	TBC												TBC	TBC	
3.7	Consider systemwide approach to addressing hearing/sight/mobility loss and impact on MH services	Lucy Gate												01/11/19	07/04/20	Green
3.8	Review of older people community service provided contract (EG. District Nurses) for opportunities to include assessment and referral for Public Health services	Lucy Gate												01/11/19	07/04/20	Green
3.9	Explore existing arts and activity offer for Older People and opportunities to tie into existing pathways, engaging with organisations including Surrey Arts	TBC												05/12/19	01/04/20	Green
3.10	Publicise emotional wellbeing benefits of arts participation	Public Health												05/12/19	Ongoing	Green
3.11	Link in arts opportunities with social prescribing services	TBC												05/12/19	01/06/20	Green
Scale up anti-stigma work, including rollout of the Time to Change training programme																
MILESTONE: Scale up Time to Change training programme																
4.1	Review the reach against need	Maya Twardziki	x											01/11/19	31/12/19	Green
4.2	Review and refresh delivery model	Maya Twardziki	x											01/01/20	25/05/20	Green
4.3	Award contract	Maya Twardziki	x											01/06/20	15/07/20	Green
4.4	Review performance	Maya Twardziki	x											15/07/20	Onwards	Green
4.5	Promotion of Time for Change at strategic level	Maya Twardziki												01/01/20	25/05/20	Green
4.6	Identification of large-scale systematic training opportunities (eg. GP training days in the past)	Maya Twardziki						x						01/01/20	25/05/20	Green
4.7	Review and refresh specification of local Time to change initiative for Surrey to include self harm and attempted suicide	Maya Twardziki	x											01/09/2019	01/02/2020	Green
4.8	Support Primary Care to debunk mental health stigma and prevent diagnostic overshadowing	TBC												TBC	TBC	

MILESTONE: Develop and agree activity															
8.8	Review existing action plan	Dementia Strategy Action Group	x								01/01/2020	01/04/2020	Green		
8.9	Agree priority areas	Dementia Strategy Action Group	x								01/01/2020	01/04/2020	Green		
8.10	Complete full implementation plan	Dementia Strategy Action Group	x								01/01/2020	01/04/2020	Green		
Develop system-wide aligned plans for people with mental health issues who need support in prisons or the criminal justice system															
MILESTONE: Mental Health in Prisons															
9.1	Opportunities to be explored in system around NHSE-provided prisons care	Andy Erskine/Julia Fraser	x								05/12/19	05/06/20	Green		
9.2	Link wider mental health work with Health and Social Care Boards for Prisons where appropriate	TBC	x								05/12/19	05/06/20	Green		
9.3	Explore opportunities to widen Custody Liaison Services emotional wellbeing offer	TBC	x								TBC	TBC			
9.4	Examine current continuity of care around substance misuse for those leaving prisons	Heather Ryder	x								05/12/19	05/06/20	Green		
9.5	Examine current mental health pathways for those leaving prisons	Heather Ryder	x								05/12/19	05/06/20	Green		
MILESTONE: Mental Health support for those within, or at risk of entering, criminal justice system															
9.6	Further develop plans through SE meetings regarding mental health in criminal justice system	Carl Bussey	x								05/12/19	01/04/20	Green		
9.7	Report to be developed to set out around recovery and move-on supported living for Section 117 aftercare	Mike Corrigan/Jana Burton	x								22/11/19	31/01/20	Green		
9.8	Identify emotional wellbeing opportunities with Youth Offending Services	Jacquie Burke	x								05/12/19	01/04/20	Green		
9.9	Map opportunities within wider children's services, including Catch 22	TBC	x								05/12/19	01/04/20	Green		
9.10	Identify emotional wellbeing opportunities with Youth Justice Services	Children's Policing and Justice Partnership	x								05/12/19	01/04/20	Green		
Enable effective system-wide planning ensuring safe discharge into suitable accommodation for people upon hospital discharge															
MILESTONE: ASC discharge teams for MH to be established															
10.1	ASC discharge team(s) for MH established	Jana Burton/Paul Morgan							x			25/11/19	31/01/20	Green	
MILESTONE: Strategic commissioning approach to supported living for people with a mental health problem															
10.2	Commence contracts for Dynamic Purchasing System Agreements for Supported Living	Jane Bremner	x								01/09/2019	01/11/2019	Complete		
10.3	On board providers to ASC e-brokerage system	Jane Bremner	x								01/11/2019	30/11/2019	Amber		
10.4	Allocate commissioning and operational staff as supplier relationship managers to each successful provider	Jane Bremner	x								01/11/2019	31/12/2019	Amber		
Suicide prevention work to be scaled up with existing partners, supporting our zero suicide ambition															
11.1	All partner agencies to have local suicide prevention plan	Suicide Prevention Partnership									x	22/11/2019	31/12/2020	Green	
MILESTONE: Develop an information sharing protocol															
11.2	Set up data and learning group	Nanu Chumber Stanley							x			01/08/19	31/12/19	Green	
11.3	Identify existing data sharing processes and MOUs	Data group							x			01/11/19	31/12/19	Green	
11.4	Data group agree data sharing protocol	Data group							x			01/11/19	31/12/19	Green	
MILESTONE: Set up a suicide prevention database in partnership with Surrey Coroner															
11.5	Map existing data SI and suicide related with Primary Care and Mental Health providers	Judith Eling							x			01/08/2019	31/12/2019	Green	
11.6	Identify existing suicide related data in Surrey Police	Police Lead TBC							x			01/07/2019	31/12/2019	Green	
11.7	Police agree transfer of data	Police Lead TBC							x			01/07/2019	31/12/2019	Green	
11.8	Map existing suicide data in Surrey Coroner	Coroner							x			01/07/2019	31/12/2019	Green	
11.9	Coroner agree transfer of data	Coroner							x			01/07/2019	31/12/2019	Green	
11.10	Data group agree data set to be recorded	Data group							x			01/11/19	25/03/20	Green	
11.11	Data group agree process to collect data	Data group							x			01/11/19	25/03/20	Green	
11.12	Review and analyse data on a monthly basis	Nanu Chumber Stanley							x			01/11/2019	31/03/2022	Green	
MILESTONE: Develop an annual suicide report															
11.13	Agree data for report	Data group							x			01/12/2019	31/03/2022	Green	
11.14	Agree reporting period for report	Data group							x			01/12/2019	31/03/2022	Green	
11.15	Collect suicide data	Public Health Intelligence Team							x			01/12/2019	31/03/2022	Green	
11.16	Update action plans	Suicide Prevention Partnership	x									01/12/2019	31/03/2022	Green	
MILESTONE: Develop a system wide suicide risk log/areas of concern															
11.17	Quarterly collate providers log of perceived risk (IAPT, CC, mental health clinical leads) and district and borough councils	Nanu Chumber Stanley	x									01/08/2019	31/03/2022	Green	
11.18	Agree process to share risk	Suicide Prevention Partnership	x									01/08/2019	01/11/2019	Green	
11.19	Identify actions to reduce/eliminate risk	Suicide Prevention Partnership	x									01/08/2019	31/03/2022	Green	
MILESTONE: Develop a process to learn from suicides and suicide-related incidents															
11.20	Identify staff resources to learn from suicide and serious attempted suicides	TBC	x									TBC	TBC		
11.21	Establish a process to learn from suicides	TBC	x									TBC	TBC		
11.22	Establish a process to implement learning	TBC	x									TBC	TBC		
11.23	Review learning from suicide and suicide related incidents	TBC	x									TBC	TBC		
11.24	Establish communication between primary care and secondary MH services to learn from suicides	Judith Eling	x									TBC	TBC		
11.25	Map the current process for learning from suicides and how this is shared	Judith Eling	x									TBC	TBC		
11.26	Meet with GPs mental health leads and establish what is current practice in primary care once GPs are aware of a patient death	Judith Eling	x									TBC	TBC		
11.27	Develop a process for Primary Care to systematically learn from suicide deaths	Judith Eling	x									TBC	TBC		
11.28	Develop a process for Primary Care to systematically share and embed learning from suicide deaths	Judith Eling	x									TBC	TBC		
MILESTONE: National and Surrey initiatives which target support messages to particular groups.															
11.29	Develop an annual communication and engagement plan that includes national and local campaigns and initiatives	Nanu Chumber Stanley										x	01/08/2019	01/11/2019	Green
11.30	Develop a social marketing campaign (particularly for men)	Nanu Chumber Stanley										x	01/08/2019	01/02/2020	Green
11.31	Develop a social marketing campaign (particularly high risk occupations)	Nanu Chumber Stanley										x	01/08/2019	01/12/2020	Green
11.32	Staff working in MH to be trained in LD and Autism	TBC							x				01/12/2019	01/12/2020	Green
11.33	Staff working in LD to be trained in MH	TBC							x				01/12/2019	01/12/2020	Green
11.34	Raise awareness of the mental health and suicide risk amongst people with learning disability and Autism	LD and Autism PB (TBC)	x										01/08/2019	01/02/2020	Green
11.35	Identify leads in traveller population	TBC	x										01/08/2019	01/02/2020	Green
11.36	Train frontline professionals and members of the community from traveller population on suicide awareness	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
1.37	All staff in key frontline services are trained in suicide prevention and suicide intervention								x						Green
11.38	Raise awareness of the mental health and suicide risk amongst carers	Charisse Monero Carer's Network										x	01/09/2019	01/02/2020	Green
MILESTONE: Carer for people with mental health needs are enabled to care for a person who has experienced suicidal thoughts, or has previously attempted suicide															
11.39	Training and awareness	Nanu Chumber Stanley							x				01/12/2019	01/06/2020	Green
11.40	Risk assessment and managing risk at home	TBC	x										01/12/2019	01/06/2020	Green
11.41	Carers involved in service development co-design	TBC	x										01/12/2019	01/06/2020	Green
MILESTONE: Monitor and respond to emerging methods of suicide															
11.42	Review database every two weeks to identify local emerging methods	Nanu Chumber Stanley										x	01/09/2019	Ongoing	Green
11.43	Work with PHE and regional Suicide Prevention Network, NSPA to learn about and respond to emerging national methods	Nanu Chumber Stanley											01/09/2019	Ongoing	Green
MILESTONE: Gain a better understanding of self-harm															
11.44	Twice yearly analysis of local and national intelligence	Nanu Chumber Stanley										x	01/09/2019	Ongoing	Green
11.45	Twice yearly action plan to address emerging geographical trends in and methods	Nanu Chumber Stanley										x	01/09/2019	Ongoing	Green
11.46	Review and monitor the action plan for understanding self harm	Nanu Chumber Stanley	x										01/09/2019	Ongoing	Green
MILESTONE: Establish an annual coordinated training plan for staff on mental health awareness and suicide prevention targeted to high risk groups															
11.47	Review current training provision	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
11.48	Map needs of training amongst frontline workers	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
11.49	Identify training of GPs	Judith Eling							x				01/08/2019	01/02/2020	Green
11.50	Identify a sustainable model for GP training- led and owned by CCGs	TBC							x				TBC	TBC	
11.51	Develop an annual training plan	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
MILESTONE: Promote the bitesize e-learning on suicide prevention in communities with the highest suicide rates															
11.52	Raise awareness of suicide prevention e-learning training	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
11.53	Promotion of eLearning on websites of partner organisations	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
11.54	Work with five local businesses and raise awareness of the training	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green
11.55	Work with five local employers to raise awareness of training	Nanu Chumber Stanley							x				01/08/2019	01/02/2020	Green

Workstream Programme 5 year plan														
Ref	Activity	Accountability	Dependencies									Start date	End date	RAG
			Internal to workstream	System Capability: Programme Management	System Capability: Digital and Technology	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community Development	HWB Comms Plan			
Develop offer around the emotional wellbeing of mothers through First 1000 Days planning lens														
MILESTONE: Development of First 1000 days strategy														
12.1	Development of First 1000 days strategy	Trudy Mills	x									11/07/19	25/03/20	Green
12.2	Planning piloting of a peer support network for vulnerable mums – this will include mums with EHWP concerns who don't meet the 'threshold' for a specialist service but require additional support all the same	Vicky Williams												Green
12.3	Review of opportunities to further support parent/infant relationships, such as NSPCC Look, Say, Sing, Play programme	Vicky Williams	x									01/01/2020	01/06/2020	Green
Develop a pregnancy Healthy Behaviours Framework														
MILESTONE: Scoping the strategy framework and stakeholders specifically around pregnancy														
13.1	Gap analysis existing work programmes and system approach specific for pregnancy	Lucy Gate/Jenn Smith	x									01/07/19	30/12/19	Green
13.2	Identify key stakeholders involved in these and supporting strategies	Jenn Smith	x									01/07/19	30/12/19	Green
13.3	Identify all JSNA and behavioural insight intelligence relating to pregnancy	Negin Sarafraz-Shekary/Jenn Smith	x									01/07/19	10/10/19	Green
13.4	Develop an action plan for addressing gaps in primary, secondary and tertiary interventions around pregnancy for accessing commissioned services	Lucy Gate/Jenn Smith	x									01/12/19	30/12/19	Green
13.5	Review existing training offer for prevention around pregnancy	Lucy Gate/Jenn Smith						x				26/09/19	26/09/19	Green
13.6	Explore and Develop a How are you Surrey training Hub	Jenn Smith						x				01/11/19	30/03/20	Green
13.7	Develop an action plan for addressing gaps in place and community level interventions (including healthy schools, workplace health and communities system capability)	Lucy Gate	x									01/04/20	30/04/20	Green
Further development of wraparound care and support through Perinatal services														
14.1	Confirmation of appropriate KPIs around supporting the emotional wellbeing of mothers throughout and after their pregnancy	Chris Tune/Dr Helen Rostill								x		05/12/2019	09/04/2020	Green
14.2	New Specialist Perinatal Mental Health Service established - fully integrated with maternity services to ensure that women with existing moderate to severe MH needs or emerging moderate to severe MH needs are supported effectively during the perinatal period	Dr Helen Rostill/Jo Goldsmith	x									01/08/2018	31/12/2018	Complete
14.3	Further development opportunities to be mapped for Perinatal Mental Health Service	Jo Goldsmith										25/11/2019	03/04/2020	Green
14.4	Development work with Maternity and Health Visitor services to ensure IAPT service providing support to women with mild to moderate EHWP needs resource is being effectively utilised	TBC	x									01/11/2019	01/06/2020	Green
14.5	Analysis of acute trust Specialist Perinatal MH midwives for any opportunities for further PNMH support	TBC	x									01/11/2019	01/06/2020	Green
14.6	Perinatal Mental Health Peer Support Network in place to enable women under the care of specialist services to benefit from working with a peer support worker to provide additional non-clinical support in the community	TBC	x									01/11/2019	01/06/2020	Green
14.7	Further development opportunities to be mapped for Parent Infant Mental Health Service	TBC	x									01/11/2019	01/06/2020	Green
14.8	Pregnancy Circles – Clinical Trial to deliver group antenatal care to a cohort of women – enabling them to develop group bonds during their pregnancies & supporting against social isolation	TBC	x									01/11/2019	01/06/2020	Green
14.9	Development of Maternity and Early Years Community Hubs – bringing services together in the community, closer relationships between professionals enables better identification and then support of women and families with additional needs	TBC	x									01/11/2019	01/06/2020	Green
14.10	Further development of Continuity of Care – small teams of midwives who care for women through their pregnancy, labour and post natively	TBC	x									01/11/2019	01/06/2020	Green
14.11	Developing plans for delivery of Maternity Outreach Clinics	TBC	x									01/01/2020	31/12/2024	Green
14.12	Rollout of maternity outreach extended period of care from 12-24 months in community settings	TBC	x									01/11/19	TBC	Green
14.13	Development of plan for increased availability of evidence based psychological therapies	TBC	x									01/11/19	01/01/23	Green
14.14	Further development of co-ordinated responses in crisis mental health situations for mothers in prison and crisis teams	TBC	x									01/11/19	01/06/20	Green
14.15	Further development of patient led/empowering support for mothers who have had traumatic births through Acute Maternity Services	TBC	x									05/12/19	01/11/20	Green
MILESTONE: Perinatal service links with Public Health														
14.16	Explore potential delivery of interventions in Maternity Outreach Clinics, and health visiting for integrated pathway working, identification and referral	Public Health	x									05/12/19	01/06/20	Green
14.17	Development of pathway of care for Maternity Outreach Clinics, particularly for women whose loss was because of care proceedings/child removal.	CFL	x									05/12/19	12/08/20	Green
14.18	Analysis of housing and social care planning/engagement for both children and adults as part of integrated pathway working for specialist perinatal mental health services	TBC	x									05/12/19	12/08/20	Green
14.19	Explore role of community worker for antenatal support	Rebecca Brooker	x									05/12/19	01/06/20	Green
14.20	Development of Breastfeeding Friendly Communities work	Lisa Andrews	x									05/12/19	15/02/20	Green
14.21	Mental health opportunities identified in reproductive health services	Lisa Andrews	x									05/12/19	15/02/20	Green
14.22	Analysis of emotional wellbeing aspect of parenting support delivered through Family Information Services for opportunities	Lisa Andrews	x									05/12/19	04/04/20	Green
14.23	Further develop support for parents with substance misuse problems	Heather Ryder	x									05/12/19	04/04/20	Green
14.24	Planning of Stop Smoking intervention in pregnancy	Jenn Smith	x									05/12/19	04/04/20	Green
Support the new, targeted provision delivered through Family Centres (such as the universal Family Centre offer in development in East Surrey)														
MILESTONE: Opportunities within Family Centres Transformation programme to support emotional wellbeing and mental health														
15.1	Pilot 'test and learn approach' of joint delivery with third sector partners in Centre in East Surrey	Liz Carter	x									03/03/19	03/06/20	Green
15.2	Initial engagement with Health and Wellbeing Board to discuss health and care system-wide opportunities as a result of Family Centres Transformation work	Nigel Denning	x									07/10/19	07/11/19	Complete
15.3	Further engagement with health and care system as a part of Family Centres Transformation programme	Nigel Denning	x									05/12/19	01/04/2020	Green
15.4	Identify linkages and opportunities regarding emotional wellbeing through Family Centres transformation work	Nigel Denning	x									05/12/19	01/04/2020	Green
15.5	Map linkages between Family Centres programme and emotional wellbeing and mental health agenda	Chris Tune	x									05/12/2019	01/04/2020	Green
15.6	Identify further emotional wellbeing and mental health opportunities within Early Help work	Dr Lisa Bursill	x									05/12/2019	04/04/2020	Green
Domestic Abuse support/prevention offer around wellbeing of mothers throughout and after their pregnancy														
MILESTONE: Link in to Domestic Abuse Transformation Programme														
16.1	Map emotional wellbeing and mental health interdependencies in Domestic Abuse transformation work	Charisse Monero/Amy Morgan/Chris Tune	x									05/12/19	31/12/19	Green
16.2	Map specific target cohort of mothers in Domestic Abuse transformation work	Charisse Monero/Amy Morgan/Chris Tune	x									05/12/19	31/12/19	Green
MILESTONE: Wider victims of crime offer														
16.3	Explore support offer for victims of crime and impact on emotional wellbeing	Carl Bussey	x									05/12/19	01/06/20	Green
16.4	Exploring opportunities within the psychology pathway around victims of unreported crimes	Carl Bussey	x									05/12/19	01/06/20	Green
Alcohol and Substance Misuse prevention offer in place prior to pregnancy														
MILESTONE: Care coordination and Public Health contract linkages														
17.1	Care coordination takes place between iaccess; adult substance misuse treatment, maternity teams and/or perinatal mental health team	Public Health	x									25/11/19	05/04/20	Green
17.2	Alcohol screening part of core delivery in all hospital settings including maternity	Martyn Munro	x									01/01/19	01/11/19	Complete
17.3	Engage providers/acutes to ensure links to maternity as a part of substance misuse pathway	Martyn Munro	x									25/11/19	05/04/20	Green
17.4	Update guidelines for working with pregnant women who have substance misuse needs	Martyn Munro	x									25/11/19	05/04/20	Green
17.5	Study day for all maternity and social care teams	Martyn Munro						x				01/12/20	31/01/20	Green
Evaluation and implementation of family support tools (such as Dadpad, and Baby Buddy)														
MILESTONE: Development of family support tools/apps														
18.1	Information for parents on Healthy Surrey and First Steps booklet	Public Health										25/11/19	04/03/20	Green
18.2	Promoting Every Mind Matters to staff involved in ante and post natal care	Public Health						x				25/11/19	04/06/20	Green
18.3	Scoping work to ascertain how apps may further support families	Vicky Williams			x							05/12/2019	05/03/2020	Green
18.4	'Dadpad' App - specific resource for dad's to offer them support in the transition to new parenthood, focus on caring for new baby, mum and dad's mental health and emotional needs, dealing with tiredness and crying etc	Vicky Williams										05/12/2019	05/03/2020	Green

Workstream Programme 5 year plan															
Ref	Activity	Accountability	Dependencies										Start date	End date	RAG
			Internal to workstream	System Capability: Programme Management	System Capability: Digital and Technology	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community Development	HWB Comms Plan				
Further develop an accessible community transport offer that supports people's social connections.															
MILESTONE: Community transport															
19.1	Collaborative working with District & Borough Councils to sustain community transport service provision	Passenger Transport Team, SCC	x										01/11/2019	04/04/2020	Amber
19.2	Specific focus on engagement with Runnymede BC and Surrey Heath BC to ensure efficient use of finance and fleet resources	Passenger Transport Team, SCC	x										01/11/2019	04/04/2020	Amber
19.3	Review and develop SCC Grant Funding to CT Sector, aligned with point above, and also targeted funding at new opportunity areas such as voluntary car schemes	Passenger Transport Team, SCC	x										01/11/2019	04/04/2021	Amber
19.4	Working with Health colleagues to identify and deliver integrated transport solutions across the community.	Passenger Transport Team, SCC	x										01/11/2019	04/04/2020	Amber
19.5	Accelerate the introduction of Ultra Low Emission vehicles into the Community Transport sector by funding the full cost of vehicle replacement or the additional cost of ULEV	Passenger Transport Team, SCC	x										10/04/2021	Ongoing	Red
19.6	Consultation on SEND transport	Mary Burguieres									x		08/09/2019	08/12/2019	Green
19.7	Co-design next steps of SEND transport offer following consultation	Mary Burguieres	x										01/01/2020	01/08/2020	Green
MILESTONE: Rethinking Transport Pilots															
19.8	Identifying opportunities for social connections impact through Rethinking Transport pilots	Strategic Commissioning Team, SCC	x										20/01/20	20/01/2021	Green
19.9	Work with colleagues and residents to co-design an approach	Strategic Commissioning Team, SCC	x										20/01/20	20/07/20	Green
19.10	Develop and implement and shared approach to monitoring progress and evaluating the impact of the pilot.	Strategic Commissioning Team, SCC	x										20/07/20	20/01/2021	Green
MILESTONE: Engaging Communities															
19.11	Embedding of 'mobility as a service' in transport policy processes to ensure street and neighbourhood design is inclusive to allow safe walking routes for all residents to allow them to leave their home and enter the community safely	Transport Policy Team									x		01/11/2019	Ongoing	Green
19.12	Engagement with the third sector including the Disability Alliance Network to identify opportunities for 'mobility as a service' transport policies	Transport Policy Team	x										01/11/2019	10/11/2020	Green
19.13	Further investigation into opportunities and codesign with residents for local place-based demand-response services to improve social connections	Passenger Transport Team, SCC	x										01/11/2019	04/04/2021	Amber
Develop youth social isolation approach, including bullying prevention and social media offer, with schools															
MILESTONE: Rollout of Healthy Schools programme															
20.1	Continue engagement with health, police, CCG, parents, young people, and community group partners	Sarah Lyles	x										01/09/2019	01/04/2020	Green
20.2	Further development and implementation of Prevention of Bullying Strategy	Sarah Lyles/Susie Campbell	x										01/09/2019	01/02/2020	Green
20.3	Further develop prejudice-related incidents work (including focus on social media)	Sarah Lyles	x										01/09/2019	01/02/2020	Green
Support for Surrey Dementia Action Alliance in establishing Dementia Friendly communities, as already seen in Oxted, Woking, and Hindhead															
MILESTONE: Engaging communities															
21.1	Dementia Alliance refresh lead(s) to be identified	Jana Burton/Sophie Norris	x										08/08/2019	31/12/2019	Green
21.2	Engage and refresh dementia action alliances	TBC	x										01/01/2020	01/08/20	Green
21.3	Identify key stakeholders including district and borough councils	TBC	x										02/01/2020	01/08/20	Green
21.4	Develop comms and engagement plan	TBC	x										03/01/2020	01/08/20	Green
21.5	Co-produce activity and review existing action plan with communities/VCFs	TBC	x										04/01/2020	01/08/20	Green
21.6	Co-produce dementia-friendly health premises plans	TBC									x		05/01/2020	01/08/20	Green
21.7	Co-produce dementia-friendly parks plans	TBC									x		06/01/2020	01/08/20	Green
21.8	Explore opportunities for street design/street furniture in Dementia Friendly communities	Transport Policy Team									x		07/01/2020	01/08/20	Green
Establish business links to prevent isolation (such as Walking Friends) and unlock the potential of underutilised community space															
MILESTONE: Accessing green spaces															
22.1	Explore Surreywide approach to Pocket Parks bid opportunity	TBC	x										22/11/19	31/12/19	Red
22.2	Identify emotional wellbeing opportunities through Community Development system capability work	Rebecca Brooker									x		05/12/19	01/08/20	Green
22.3	Engaging with District and Borough Councils to widen current place-based green space approaches to ensure links to emotional wellbeing	TBC									x		05/12/19	01/08/20	Amber
22.4	Embed nature based intervention in strategies for treating and preventing mental ill health	TBC	x										05/12/19	01/08/20	Amber
22.5	Engage with Surrey Countryside Alliance and Surrey Nature Partnership to identify further opportunities to embed nature-based intervention	TBC	x										05/12/19	01/08/20	Amber
22.6	Engage with Surrey Leisure Officers Group to identify opportunities to support those at risk of mental ill health	TBC	x										05/12/19	01/08/20	Amber
22.7	Identify opportunities for nature-based social prescribing	TBC	x										05/12/19	01/08/20	Amber

Develop a wraparound, holistic bereavement support offer

MILESTONE: Bereavement support and information														
23.1	Promotion of Public Health information on bereavement, including channels such as Healthy Surrey,	TBC									x	01/08/2019	01/09/2020	Green
23.2	Evaluation of bereavement support within End of Life Care strategy work	TBC									x	01/01/2020	01/09/2020	Green
23.3	Agreement on future regarding bereavement support bid/local transformation funding	TBC	x									TBC	TBC	
Milestone: Postvention support														
23.4	Identify current data available regarding postvention support	TBC	x									01/01/2020	01/03/2020	Green
23.5	Establish protocols for postvention support in General Practice	Suicide Prevention Partnership	x									01/08/2019	01/09/2020	Green
23.6	Postvention protocol training in General Practice	Judith Eling	x									01/08/2019	01/01/2020	Green
23.7	Promotion of postvention support services	Judith Eling	x									01/08/2019	01/01/2020	Green
23.8	Linking postvention support to Social Prescribing strategy	Public Health	x									01/08/2019	01/01/2020	Green
23.9	Establish protocols for GPs on real-time postvention support	TBC	x									01/08/2019	01/01/2020	Green
23.10	Identify further opportunities/learning in primary care	Judith Eling	x									01/08/2019	01/01/2020	Green
23.11	Co-develop a partnership for commissioning postvention across the South East	Nanu Chumber Stanley	x									01/09/2019	01/09/2020	Green
23.12	Review of current police postvention support activity	Police lead within Suicide Prevention Partnership	x									01/08/2019	01/02/2020	Green
23.13	Explore the use of the NHS PDS (Patient Detection System) by the Police	Police lead within Suicide Prevention Partnership							x			01/08/2019	01/02/2020	Green
23.14	Co-production of protocol between Police and people bereaved by suicide	Police lead within Suicide Prevention Partnership	x									01/11/2019	01/02/2020	Green
23.15	Co-production of the protocol for data transfer between Police, Pharmacy and GP to enable next of kin postvention support	Police lead within Suicide Prevention Partnership	x									01/08/2019	01/02/2020	Green
23.16	Ensure Local Medical Committee and Local Pharmacy Committee sign off as appropriate	GP/Pharmacy Suicide Prevention Partnership leads	x									01/08/2019	01/02/2020	Green

Ensuring meaningful work and volunteering opportunities for those at risk of mental ill health and social isolation

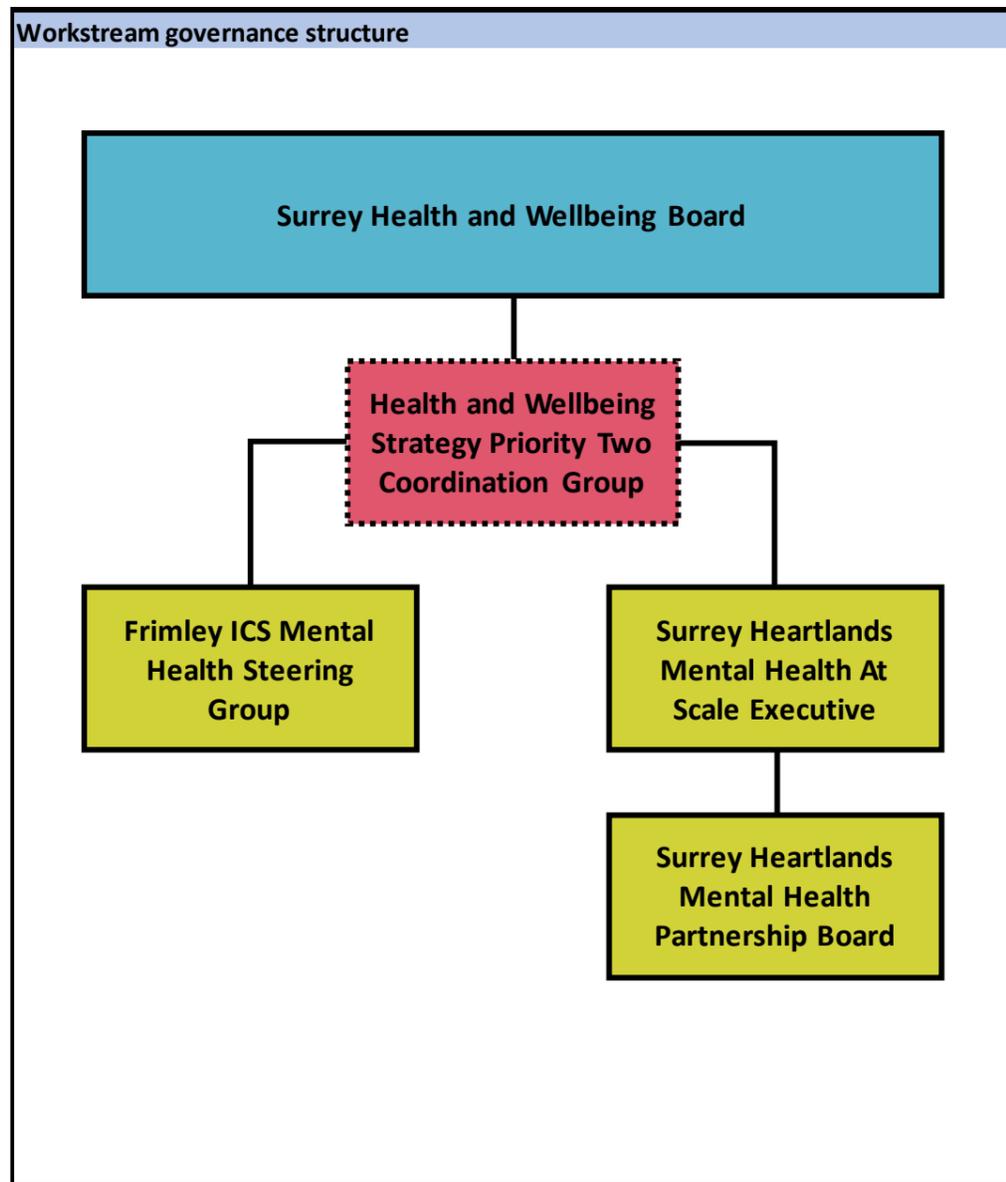
MILESTONE: Volunteering, apprenticeships and supported employment														
24.1	Promotion of benefits of volunteering/employment through Wheel of Wellbeing	Public Health									x	22/11/19	22/11/20	Green
24.2	Explore current performance of emotional wellbeing links with Adult Learning	TBC	x									05/12/19	01/08/20	Amber
24.3	Explore opportunities to develop links between those at risk of mental ill health, and Time Banks	TBC	x									05/12/19	01/08/20	Amber
24.4	System-wide promotion of volunteering opportunities for people at risk of, or suffering from mental ill health	TBC							x			22/11/19	22/11/20	Green
24.5	Ensure apprenticeship activities are aligned with target populations including those at risk of, or suffering from, mental ill health	Victoria Berry/Chris Tune	x									22/11/19	11/11/20	Green
24.6	Review of existing supported employment contract performance data	Diane Woods	x									22/11/19	15/02/20	Green
24.7	Exploration of further opportunities with current Richmond Fellowship supported employment contract	Diane Woods	x									01/01/20	30/04/20	Green
24.8	Engagement with wider partners including those with lived experience	TBC	x									01/01/20	30/04/20	Amber
24.9	Establishment of KPIs within the Health and Wellbeing Strategy	TBC	x									01/01/20	30/04/20	Amber
24.10	Further linking in employment and volunteering/apprenticeship opportunities into social prescribing pathways and advice	TBC	x									05/12/19	01/06/20	Amber
24.11	Embedding employment and wider volunteering opportunities as a part of care plan when discharged from mental health services	TBC	x									05/12/19	01/01/21	Amber
24.12	Analyse emotional wellbeing connections with all-age Learning Disability strategy work, including employment pathways	Eamonn Gilbert	x									05/12/19	01/04/20	Green
24.13	Gain understanding of current work being developed around outreach opportunities within SCC Libraries service	Susan Wills	x											
MILESTONE: Community engagement														
24.14	Exploration of VCFS capacity to further support emotional wellbeing initiatives, including spiritual support from within faith sector	TBC	x									05/12/19	01/11/20	Amber
24.15	Engagement with local faith leaders to look at opportunities to support workstreams such as suicide prevention and wider emotional wellbeing initiatives	TBC	x									05/12/19	01/11/20	Amber
24.16	Maximising the systematic opportunities and linkages being made through Community Connections	TBC	x									05/12/19	01/11/20	Amber
Intergenerational activities														
24.17	Pilot intergenerational pilot to run in Surrey Downs - developing links between schools and isolated older people	Nina Austin	x									22/11/19	15/06/20	Green
24.18	Evaluation of impact on emotional wellbeing from intergenerational pilot project in Surrey Downs	Nina Austin	x									15/06/20	20/08/20	Green
24.19	Explore other existing intergenerational projects across Surrey	TBC	x									22/11/19	31/01/20	Amber
24.20	Explore opportunities to develop further pilots of intergenerational mentoring projects	TBC	x									22/11/19	31/01/20	Amber

Workstream Risk Register

Ref.	Risk description	Likelihood (1-5)	Description of consequence	Consequence (1-5)	Risk score (1-25)	Mitigations	Risk owner	Who was risk identified by (individual / group)	Date identified	Status	Any changes to risk	Date closed
RRXX001	There are no KPIs for any projects	5	We are unable to demonstrate progress without clear KPIs for prevention. These do not need to cover all projects within the priority one programme, but do need to capture the essence of delivery.	5	25	We have built in milestones to review activity and identify key KPIs by the end of December	Chris Tune, SCC	Chris Tune, SCC	25/11/19	Open		
RRXX002	Elements of the NHS LTP response lack implementation detail in the programme	5	The proximity of the NHS Long Term Plan submission to the December Health and Wellbeing Board meeting has meant that the capacity to develop wide-ranging plans has not been available	5	25	A coordinating team is in development, which will ensure the alignment between the NHS LTP submission and Priority Two plan - and that the Priority Two plan becomes the overarching mental health strategy document	Giles Mahoney	Chris Tune, SCC	22/11/19	Open		
RRXX003	Governance is not vested in a single Surrey-wide group, but a Board for each ICS footprint	5	New coordinating groups within governance as opposed to existing structures within Priority One	4	20	A coordinating group is in the process of being established to ensure appropriate reporting is possible, and a Surrey-wide picture is maintained	Giles Mahoney	Chris Tune, SCC	22/12/19	Open		
RRXX004	Surrey-based plan may not land and be owned by Frimley governance group	3	Frimley ICS Mental Health Steering Group includes representatives wider than Surrey (East Berkshire and Hampshire), which should be considered when discussing a Surrey Health and Wellbeing Strategy	3	9	A coordinating team will be established, which will ensure the alignment with both the Frimley ICS Mental Health Steering Group, and the Surrey Heartlands Mental Health Boards.	Giles Mahoney	Chris Tune, SCC	19/12/19	Open		
RRXX006	Project leads are still to be sourced and confirmed for numerous areas of the plan	5	In some areas, a coordinating project does not exist - for most areas, a coordinating project lead does exist and this simply needs to be formalised in the next stage of the Health and Wellbeing Strategy implementation planning	5	25	The coordinating team will identify and work with leads to formalise action ownership for all elements of the programme plan	Giles Mahoney	Chris Tune, SCC	22/12/19	Open		

Workstream Issues Log

Ref.	Issue description	Date raised	Issue raised by (individual / group)	Risk ref. (if applicable)	Impact (1-5)	Status	Resolution	Date resolved



Name of group:	Surrey Health and Wellbeing Board		
Frequency of meetings:			
Link to terms of reference			
Name	Role(s)	Organisation	Role on group
Siobhan Kennedy	Housing Advice Manager	Guildford Borough Council	Member
Dr Andy Brooks	Chief Officer	Surrey Health and East Berkshire CCG	Member
Dr Charlotte Canniff	Clinical Chair	North West Surrey CCG	Member
Dave Hill	Executive Director for Children,	Surrey County Council	Member
Jason Gaskell	CEO	Surrey Community Action	Member
Dr Russell Hills	Clinical Chair	Surrey Downs CCG	Member
David Munro	Surrey Police and Crime Commissioner		Member
Tim Oliver	Leader	Surrey County Council	Chairman
Kate Scribbins	Chief Executive	Healthwatch Surrey	Member
Dr Elango Vijaykumar	Clinical Chair	East Surrey CCG	Deputy Chairman
Simon White	Executive Director of Adult Social	Surrey County Council	Member
Ruth Hutchinson	Interim Director of Public Health	Surrey County Council	Member
Dr Claire Fuller	Senior Responsible Officer	Surrey Heartlands	Member
Fiona Edwards	Chief Executive	Surrey and Borders Partnership	Member
Joanna Killian	Chief Executive	Surrey County Council	Member
Helen Griffiths	Executive Dean of the Faculty of	University of Surrey	Member
Sue Littlemore	Head of Partnerships and Higher	Enterprise M3	Member
Sinead Mooney	Cabinet Member for Adults and	Surrey County Council	Member
Mary Lewis	Cabinet Member for Children,	Surrey County Council	Member
Ruth Colburn Jackson	Managing Director	North East Hampshire and Farnham CCG	Member
Giles Mahoney	Director of Integrated Care	Guildford and Waverley CCG	Member
Rob Moran	Chief Executive	Elmbridge Borough Council	Member
Rod Brown	Head of Housing and Community	Epsom and Ewell District Council	Member
Caroline Reeves	Leader	Guildford Borough Council	Member
John Ward	Leader	Waverley Borough Council	Member

Name of group:	Health and Wellbeing Strategy Priority Two Coordination Group		
Frequency of meetings:	TBD		
Note: Suggested membership below - exact membership TBD			
Name	Role(s)	Organisation	Role on group
Giles Mahoney	Director of Integrated Care Partnerships	Guildford and Waverley CCG	Sponsor
Dr Helen Rostill	Director of Innovation, Development and Therapies	Surrey and Borders Partnership	Member
Jane Burton	Assistant Director for Mental Health	Surrey County Council	Member
Diane Woods	Associate Director Mental Health Commissioning	Surrey Mental Health CCG Collaboratives	Member
Chris Tune	Policy and Programme Manager	Surrey County Council	Programme Manager

Name of group:		Surrey Heartlands Mental Health At Scale Executive	
Frequency of meetings:		Every month initially	
Link to terms of reference			
Name	Role(s)	Organisation	Role on group
Dr Helen Rostill	Director of Innovation, Development and Therapies	Surrey and Borders Partnership	Chair
Rachel Crossley	Director - Strategic Commissioning	Surrey County Council	Member
Andy Erskine	Director of Effectiveness, Innovation and Social Work	Surrey and Borders Partnership	Member
Diane Woods	Associate Director Mental Health Commissioning	Surrey Mental Health CCG Collaboratives	Member
Patrick Wolter	Chief Executive Officer	Mary Frances Trust	Member
Joanne Parkinson	Partnership Lead	Surrey County Council	Member
Graham Wareham	Chief Financial Officer	Surrey and Borders Partnership	Member
Giles Mahoney	Director of Integrated Care Partnerships	Guildford and Waverley CCG	Member
Dr Julia Chase	GP	Surrey Heartlands	Member
Susan Murphy	Chief Executive Officer	Catalyst	Member
Jana Burton	Assistant Director for Mental Health	Surrey County Council	Member
Julie Gaze	Director of Governance and Planning	Surrey and Borders Partnership	Member
Justin Wilson	Chief Medical Officer	Surrey and Borders Partnership	Member
Sophie Norris	GP	Surrey Heartlands	Member
Michaela Lockley	Governance Manager	Surrey and Borders Partnership	Member
Georgina Foulds	SW Associate Director & Mental Health Lead for Surrey Heartlands	Surrey and Borders Partnership	Member
Karen Thorburn	Director of Performance	Surrey Heartlands	Member
Jane Bremner	Senior Commissioning Manager	Surrey County Council	Member
Peter Collis	Lay Member for Corporate	Surrey Downs CCG	Member

Name of group:		Surrey Heartlands Mental Health Programme Board	
Frequency of meetings:		Every month initially	
Link to terms of reference			
Name	Role	Organisation	Role on group
Dr Helen Rostill	Director of Innovation, Development and Therapies	Surrey and Borders Partnership	Chair
Andy Erskine	Director of Effectiveness, Innovation and Social Work	Surrey and Borders Partnership	Member
Clare Burgess	Chief Executive Officer	Surrey Coalition of Disabled People	Member
Diane Woods	Associate Director Mental Health Commissioning	Surrey Mental Health CCG Collaboratives	Member
Faye Murphy	Clinical Network Manager - Mental Health	NHS England	Member
Guy Hill	Independent Mental Health Network Coordinator	Surrey Coalition of Disabled People	Member
Joanna Gavins	Quality Improvement Lead	NHS England	Member
Judi Mallalieu	Interim Director of Transformation & Partnerships	Surrey and Borders Partnership	Member
Dr Julia Chase	GP	Surrey Heartlands	Member
Justin Wilson	Chief Medical Officer	Surrey and Borders Partnership	Member
Lorna Jamison	Darzi Fellow	Surrey and Borders Partnership	Member
Maddy Smith	Area Manager	Richmond Fellowship	Member
Martyn Munro	Senior Public Health Lead	Surrey County Council	Member
Patrick Wolter	Chief Executive Officer	Mary Frances Trust	Member
Richard Wallis	Finance Business Partner	Surrey and Borders Partnership	Member
Sharon Gregory	Director of Older People's and Specialist Services	Surrey and Borders Partnership	Member
Susan Murphy	Chief Executive Officer	Catalyst	Member
Tessa Emery	Senior Carers Support Adviser	Action for Carers	Member
Toby Avery	Chief Digital & Information Officer	Surrey and Borders Partnership	Member
Georgina Foulds	SW Associate Director & Mental Health Lead for Surrey Heartlands	Surrey and Borders Partnership	Member

Name of group:		Frimley ICS Mental Health Steering Group	
Frequency of meetings:		Every two months	
Link to terms of reference			
Name	Role(s)	Organisation	Role on group
Andy Erskine	Director of Effectiveness, Innovation and Social Work	Surrey and Borders Partnership	Member
Bev Searle	Director of Corporate Affairs	Berkshire Healthcare Foundation Trust	Member
Bruce Pollington	RightCare delivery partner	NHS England	Member
Christy Tilney	Commissioning Manager	Surrey Heath CCG	Member
Dr Deepa Deo	Consultant Psychiatrist	Surrey and Borders Partnership	Member
Diane Woods	Associate Director Mental Health Commissioning	Surrey Mental Health CCG Collaboratives	Member
Dr Phil Anderson	Consultant Psychiatrist	Surrey and Borders Partnership	Member
Fiona Slevin-Brown	Director of Strategy and Operations	East Berkshire CCG	Member
Geoff Dennis	Locality Head of Mental Health	Slough Borough Council	Member
Gurmit Sandhu	Senior Relationship Manager UEC	NHS England	Member
Dr Helen Rostill	Director of Innovation, Development and Therapies	Surrey and Borders Partnership	Member
James Carter	Senior Clinical Network Manager - Mental Health	NHS England	Member
Jana Burton	Assistant Director for Mental Health	Surrey County Council	Member
Jane Lynch	ICS Workstream Lead	Frimley Health Foundation Trust	Member
Janine Sanderson	Workstream Lead for Mental Health	North East Hampshire and Farnham CCG and Surrey Heath CCG	Member
Jason Brandon	Head of Mental Health and Substance Misuse Services	Hampshire County Council	Member
Jayne Reynolds	Regional Director - East	Berkshire Healthcare Foundation Trust	Member
Judi Mallalieu	Interim Director of Transformation & Partnerships	Surrey and Borders Partnership	Member
Judith Chapman	Clinical Director	Berkshire Talking Therapies	Member
Dr Katie Simpson	GP Mental Health Lead	East Berkshire CCG	Member
Nadia Barakat	Associate Director of Mental Health	East Berkshire CCG	Member
Nick Parkin	Senior Commissioning Manager - Mental Health and Learning	North East Hampshire and Farnham CCG	Member
Nigel Woods	Health and Integrated Care	Frimley Health and Care ICS	Member
Patrick Wolter	Chief Executive Officer	Mary Frances Trust	Member
Sue Drabble	Mental Health Planning & Assurance Manager	NHS England	Member
Sue McLaughlin	Clinical Director and Nurse Consultant	Berkshire Healthcare Foundation Trust	Member
Susan Murphy	Chief Executive Officer	Catalyst	Member
Susanna Yeoman	Divisional Director for Mental Health Services	Berkshire Healthcare Foundation Trust	Member
Teresa Salami-Oru	Consultant - Public Health	Royal Borough of Windsor & Maidenhead	Member
Tony Dwyer	Locality Manager for Mental Health Services	Berkshire Healthcare Foundation Trust	Member
Tina White	Programme Director	Frimley Health and Care ICS	Member
Holli Dalglish	Service Lead - Public Health Programmes	Royal Borough of Windsor & Maidenhead	Member
Dr Martin Ballard	Clinical Director for Primary Care Workforce, Professional	North East Hampshire and Farnham CCG	Member

Workstream: Supporting people in Surrey to fulfil their potential

Executive Sponsor(s): Rob Moran, Chief Executive- Elmbridge Borough Council

Strategy lead(s): Dave Hill, Executive Director for Children, Life Long Learning and Culture CBE- Surrey County Council
Michael Coughlin, Executive Director for Transformation, Partnerships and Prosperity- Surrey County Council

Programme manager: Victoria Berry, Policy and Programme Manager, Health and Social Care Integration- Surrey County Council

N.B: Please note this document has been converted from its original Microsoft Excel format so it can be printed in A3.

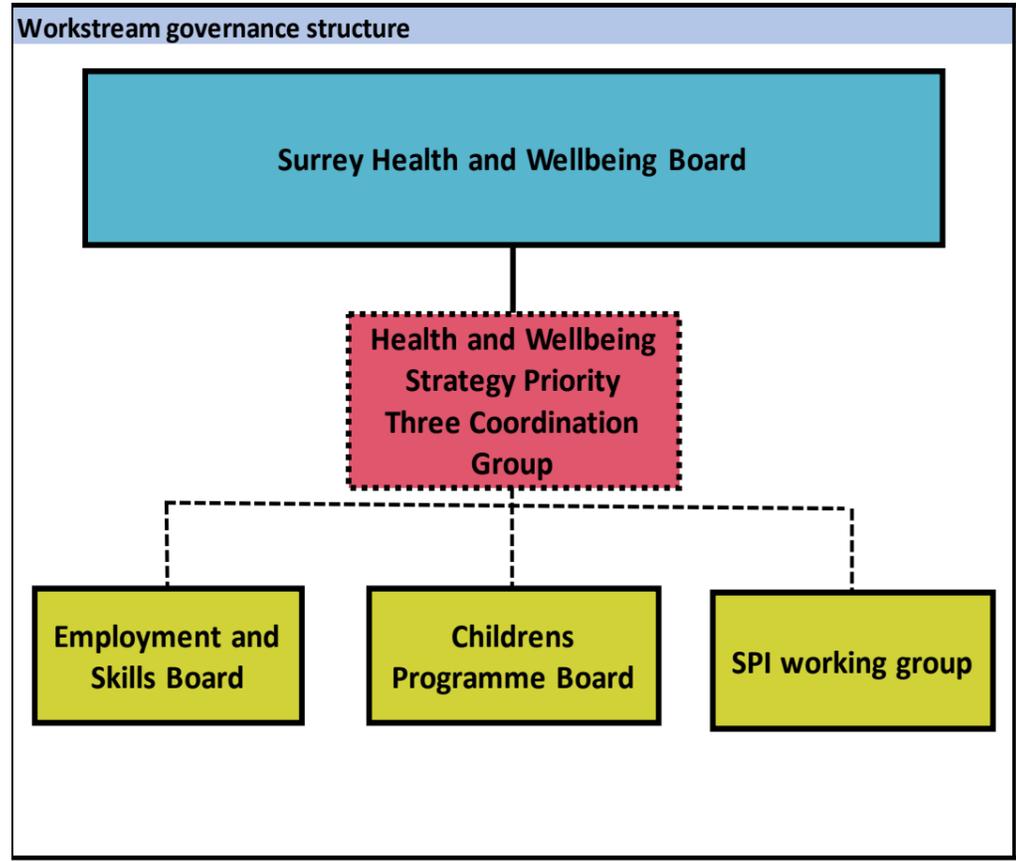
Workstream Programme 5 year plan															
Ref	Activity	Accountability	Dependencies										Start date	End date	RAG
			Internal to workstream	System Capability: Programme management	System Capability: Digital and technology	System Capability: Devolution and incentives	System Capability: Governance	System Capability: Workforce	System Capability: Intelligence	System Capability: Estates	System Capability: Community development				
Identify opportunities through the First 1000 days and Early Years teams to improve school readiness rates for children with free school meal status (Trudy Mills)															
Define and develop activity															
1.1	teams to improve school readiness rates for children with free school meal status	Trudy Mills	x												
1.2	Ensure the multi-agency SEND transformation "systems" plan, in particular the 0-4 SEND System project, is central to and supports the work within this area	Trudy Mills	x												
1.3	Identify lead to populate project plan	Trudy Mills		x									01/11/19	24/12/19	Amber
[PLACEHOLDER] Use the work developed by Surrey Youth Focus in the "think tank" as a conduit for developing a whole strategy for anti-social behaviour															
2.1	To be progressed subject to Community Safety Board merging														
[PLACEHOLDER] Roll out the public health approach to tackling serious youth violence															
3.1	To be progressed subject to Community Safety Board merging														
Build upon existing work with unaccompanied asylum seekers to ensure practice in Surrey is grounded in best practice (Tina Benjamin)															
MILESTONE: best practice															
4.1	Map existing asylum seekers provision, key gaps and challenges	Lead TBC	x												
4.2	Explore opportunities with service users, experts by experience, voluntary and community providers to best support young unaccompanied asylum seekers	Lead TBC	x												
4.3	Raise awareness of unaccompanied asylum seekers pathways through primary and secondary care, emergency services and mental health services	Lead TBC	x												
4.4	Identify process for improving the identification of SEND in asylum seekers	Lead TBC	x												
4.5	Develop KPIs and milestones	Lead TBC		x											
4.6	Confirm project lead	Lead TBC	x										01/11/19	24/12/19	Amber
Review and strengthen infrastructure to best support children missing education due to social, emotional and mental health needs (Pip Hesketh)															
MILESTONE: Review infrastructure and pathway															
5.1	Incorporate SEND strategy targeted work	Lead TBC													
5.2	Ensure alignment with the Healthy Schools Strategy	Sarah Lyles													
5.3	Map out current infrastructure in place	Lead TBC													
MILESTONE: Supporting parents provision															
6.1	Understand the current provision to support parents who's child is missing an education due to social, emotional and mental health needs	Lead TBC	x												
6.2	Workshop with key stakeholders, including voluntary sector colleagues, to scope out gaps and opportunities to strengthen current support mechanisms	Lead TBC	x												
6.3	Develop draft project initiation document for approval from the P.3 Coordination Group	Lead TBC	x	x											
6.4	Identify project lead and governance	Lead TBC		x				x					01/11/19	24/12/19	Amber
6.5	Complete programme plan	Lead TBC		x											
Analysis of current mentoring schemes offered to children and young people across Surrey to identify gaps and opportunities (Tina Benjamin)															
MILESTONE: Mentoring mapping															
7.1	Map existing mentoring provision, key gaps and challenges	Lead TBC	x												
7.2	Desk top research to review international and local case studies to understand impact on outcomes for certain cohorts of children and young people	Lead TBC	x												
7.3	Stakeholder analysis	Lead TBC		x											
MILESTONE: Develop mentoring proposal for Surrey															
8.1	Ensure the multi-agency SEND transformation "systems" plan and Preparation for Adulthood Workstream is central to and supports the work within this area	Lead TBC	x												
8.2	Co-design mentoring proposal with key stakeholders	Lead TBC	x												
8.3	Test mentoring proposal with stakeholders, including residents	Lead TBC	x												
8.4	Develop KPIs and milestones	Lead TBC		x											
8.5	Confirm project lead	Lead TBC		x									01/11/19	24/12/19	Amber
8.6	Complete programme plan	Lead TBC		x											
Joint health and wellbeing approach to explore a 'living independently' programme for both 16/17 year olds and care leavers (Tina Benjamin)															
MILESTONE: Scoping and governance															
9.1	Ensure the multi-agency SEND transformation "systems" plan and Preparation for Adulthood Workstream is central to and supports the work within this area	Lead TBC	x												
9.2	Agree governance via the P.3 Coordination Group	Lead TBC						x							
9.3	Agree KPIs for measuring performance	Lead TBC		x											
9.4	Confirm programme plan	Lead TBC		x											
9.5	Confirm project lead	Lead TBC		x									01/11/19	24/12/19	Amber

Workstream Risk Register

Ref.	Risk description	Likelihood (1-5)	Description of consequence	Consequence (1-5)	Risk score (1-25)	Mitigations	Risk owner	Who was risk identified by (individual / group)	Date identified	Status	Any changes to risk	Date closed
RRXX001	SPI being seen negatively as a tool that highlights poor performance rather than a tool highlighting where things could improve at a local level	1	Could lead to the tool not being viewed and used constructively and effect engagement	2	2	Ensure robust stakeholder engagement and co-design	SPI working group	SPI working group	05/09/19	Open		
RRXX002	The SPI indicators could miss key groups	1	Could impact the usefulness of the SPI and value	5	5	The SPI will be co-designed with stakeholders to ensure that it is representative. Workshops and engagement events have been arranged to mitigate this risk	SPI working group	SPI working group	07/10/19	Open		
RRXX003	The SPI could be seen as a Surrey County Council initiative	2	Impede the success of the SPI and opportunities that it presents. Could lead to challenges collecting data	3	6	Colleagues from a range of organisations are on the partnership working group and an engagement plan is under development	SPI working group	SPI working group	07/10/19	Open		
RRXX004	Initially proposed governance is now unsuitable due to a number of advances in p.3 including the development of the SPI, merger of the CSB and further development of focus areas and metrics.	5	No board to own the implementation plan and monitor progress which inhibits progress, reporting to the h&w board and ownership. There is no place for all strands to be pulled together, recognising the strong interdependencies, or home for the SPI development	5	25	An options paper has been created and will be presented to the Board in November. This proposed a number of ways to overcome this such as identifying and evolving an existing board, creating a dedicated p.3 board, or keeping the 'as is'.	Sponsor	Sponsor/Programme Manager	02/09/19	Closed	The H&W Board were supportive of a P.3 Coordination Group being developed to oversee progress of the priority and report to the H&W Board.	07/11/19
RRXX005	Short/medium term initiatives identified in the plan will not support all target groups. Longer term initiatives need to be developed and owned alongside development of short term plans.	2	Many initiatives identified enable the 'general population' to thrive and/or certain cohorts to reach their full potential but there are some cohorts who will not benefit from these. Further work needs to be carried out to identify support to SEN children and young people and young and adult carers in Surrey.	4	8	Metrics are being further developed to include for SEN and carers working with key stakeholders. Governance being reviewed to ensure there is a group to pull all strands together and develop longer term initiatives	Sponsor	Programme Manager	02/09/19	Open		
RRXX006	Lack of resource to drive initiatives	4	Many initiatives supported at the September workshop will require resource in order to develop, such as a SPI and mentoring scheme.	4	16	Regular updates to the Health and Wellbeing Board and resource opportunities being explored.	Sponsor	Sponsor/Programme Manager	05/08/19	Open		
RRXX007					0							
RRXX008					0							
RRXX009												
RRXX010					0							

Workstream Issues Log

Ref.	Issue description	Date raised	Issue raised by (individual / group)	Risk ref. (if applicable)	Impact (1-5)	Status	Resolution	Date resolved
ILXX001	<div data-bbox="231 226 676 403" style="border: 1px solid black; padding: 5px; background-color: #ffffcc;"> Please use the reference ILXX00 where XX is the workstream reference code and 00 is the sequential risk number. For example, the first issue identified for the maternity and paediatrics workstream </div>							



Name of group:		Priority Three Coordination Group	
Frequency of meetings:		TBD	
Name	Role(s)	Organisation	Role on group
Rob Moran	Chief Executive	Elmbridge Borough Council	Sponsor
Victoria Berry	Policy and Programme Manager, Health and Social Care Integration	Surrey County Council	Programme Manager
Dave Hill	Executive Director for Children, Life Long Learning and Culture	Surrey County Council	Strategy Lead
Michael Coughlin	Executive Director for Transformation, Partnerships and	Surrey County Council	Strategy Lead
Employment and Skills Rep TBD			
SEND, LD and Autism Rep TBD			

Name of group:		Surrey Health and Wellbeing Board	
Frequency of meetings:		Monthly	
Name	Role(s)	Organisation	Role on group
Siobhan Kennedy	Housing Advice Manager	Guildford Borough Council	Member
Dr Andy Brooks	Chief Officer	Surrey Health and East Berkshire CCG	Member
Dr Charlotte Canniff	Clinical Chair	North West Surrey CCG	Member
Dave Hill	Executive Director for Children,	Surrey County Council	Member
Jason Gaskell	CEO	Surrey Community Action	Member
Dr Russell Hills	Clinical Chair	Surrey Downs CCG	Member
David Munro	Surrey Police and Crime Commissioner		Member
Tim Oliver	Leader	Surrey County Council	Chairman
Kate Scribbins	Chief Executive	Healthwatch Surrey	Member
Dr Elango Vijaykumar	Clinical Chair	East Surrey CCG	Deputy Chairman
Simon White	Executive Director of Adult Social	Surrey County Council	Member
Ruth Hutchinson	Interim Director of Public Health	Surrey County Council	Member
Dr Claire Fuller	Senior Responsible Officer	Surrey Heartlands	Member
Fiona Edwards	Chief Executive	Surrey and Borders Partnership	Member
Joanna Killian	Chief Executive	Surrey County Council	Member
Helen Griffiths	Executive Dean of the Faculty of Health and Medical Sciences	University of Surrey	Member
Sue Littlemore	Head of Partnerships and Higher	Enterprise M3	Member
Sinead Mooney	Cabinet Member for Adults and	Surrey County Council	Member
Mary Lewis	Cabinet Member for Children, Young	Surrey County Council	Member
Ruth Colburn Jackson	Managing Director	North East Hampshire and Farnham CCG	Member
Giles Mahoney	Director of Integrated Care Partnerships	Guildford and Waverley CCG	Member
Rob Moran	Chief Executive	Elmbridge Borough Council	Member
Rod Brown	Head of Housing and Community	Epsom and Ewell District Council	Member
Caroline Reeves	Leader	Guildford Borough Council	Member
John Ward	Leader	Waverley Borough Council	Member

Health and Wellbeing Board Paper

1. Reference Information

Paper tracking information	
Title:	Surrey Safeguarding Adults Board Annual Report 2018/19
Related Health and Wellbeing Priority:	<ul style="list-style-type: none"> ▪ Priority one: Helping people in Surrey to lead healthy lives ▪ Priority two: Supporting the mental health and emotional wellbeing of people in Surrey
Author (Name, post title and telephone number):	Please note that the report was written by the previous board manager Amy McLeod. SSAB Independent Chair – Simon Turpitt SSAB Board Manager – Claudine Cox surreysafeguarding.adultsboard@surreycc.gov.uk
Sponsor:	Amy Morgan
Paper date:	5 December 2019
Version:	
Related papers	The Annual Report is attached as Annex 1 or can be accessed here: <div style="text-align: center;">  SSAB Annual Report 201819 -Cabi </div>

2. Executive summary

The Surrey Safeguarding Adults Board (SSAB) is a statutory Board with responsibilities set out in the Care Act 2014.

The Board is chaired by an independent chair, Simon Turpitt.

It is a statutory duty for all Safeguarding Adult Board’s to publish an annual report.

To support the transparency of the work of the Board, the Annual Report is presented to the Health and Wellbeing Board.

3. Recommendations

It is recommended that the Health and Wellbeing Board:

1. Considers and notes the attached Surrey Safeguarding Adults Board Annual Report.

2. Agrees to ensure alignment of both Boards strategy so that there are more focussed work plans that build together and avoid overlap
-

Reason for Recommendations

These recommendations demonstrate that the Council is well placed to fulfil its obligations under the Care Act to have an established Safeguarding Adults Board in its area.

It will support the SSAB to be transparent by providing information to the public on the performance of the Board in the delivery of its strategic plan.

4. Detail

1. Surrey has had a Safeguarding Adults Board (SAB) in place for over a decade. The Board has been statutory since the implementation of the Care Act in April 2015. The primary duty of the SAB is to ensure that the main statutory agencies work together to improve practice which protects and promotes the safety of adults at risk of abuse and neglect in Surrey.
2. Surrey Safeguarding Adults Board has presented its Annual Report to Cabinet for the last nine years. It is a statutory requirement under the Care Act for the Annual Report to be sent to the Chief Executive and Leader of the local authority, the Police and Crime Commissioner, the Chief Constable, Healthwatch, and the Chairman of the Health and Wellbeing Board.
3. The Board would like to support elected Members as community leaders to have a good understanding of the range of abuse and neglect issues that can affect adults and of the importance of balancing safeguarding with empowerment, as required by the Care Act (Section 14.193 of the statutory guidance). It is anticipated the Annual Report will increase that understanding.

Care Act 2014

4. The Care Act states each local authority must establish a Safeguarding Adults Board for its area. The objective of a SAB is to help and protect adults in its area from abuse and neglect. The way in which a SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does. A SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.
5. Section 42(1) of the Care Act describes the adults that must be protected by safeguarding as:
 - a. an adult in the Local Authority area (whether or not ordinarily resident there)
 - b. who has needs for care and support (whether or not the authority is meeting any of those needs) and
 - c. is experiencing, or is at risk of, abuse or neglect, and
 - d. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

5. Challenges

The Annual Report is a description of the Board's activities and challenges faced during the year. It will have been shared with all partner members of the Board and made available to the public. It is not appropriate to consult on the content.

6. Timescale and delivery plan

N/A

7. How is this being communicated?

The Finalised report has been approved by cabinet and is now on the public website and in the newsletter of the Safeguarding Adults Board. It has also been scrutinised by the Adults and Health Select Committee.

Copies will be circulated via member agencies to their organisations. The Board will also ensure that the Children's Partnership, Community Safety Board and the PCC will receive copies.

8. Next steps

The Board's Annual Report has been or will be :

- Placed on the Surrey SAB website
- Circulated with the Surrey SAB newsletter (next edition)
- Sent electronically to all Board members for them to cascade within their own agencies
- Sent electronically to the Police and Crime Commissioner
- Sent electronically to the Chief Constable
- Sent electronically to Healthwatch
- Sent electronically to Health and Wellbeing Board.
- Sent electronically to the Children's Partnership
- Sent electronically to the Community Safety Board



Annual Report

2018/19

Independent Chair, Simon Turpitt

This has been a positive and progressive year for the Board with our new Board Manager in place we have been able to drive new initiatives, with a greater focus on the quality of work and assurance around improved levels of skills for front line staff.

We are seeing a continual increase in Safeguarding Enquiries which is positive as it shows better awareness and stronger reporting systems.

The drive across all partners but especially adult social care to be robust in its analysis of practice and then invest to ensure that areas of improvement are targeted effectively, has started to show through in response and quality of enquiries and section 42 reports. The Board is seeing positive trends in data that gives us assurance that we are measuring the right things and focusses on getting it right first time. This has been supported by better assurance processes at Board.

Our cooperation with the Children's Board has allowed us to build a joint website that is easy to find and more user friendly. We will continue to develop this and our cooperation with the new structure being formalised for Children's Safeguarding.

It is clear there is much to be gained across the formal Boards in Surrey working together more closely and we are seeing some of the benefits with that around the Domestic Abuse agenda.

Our conference and Safeguarding Adult briefings have been a great success and raised the profile of Safeguarding across the county with strong agency engagement.

We have improved our ways of sharing learning across Surrey with more effective and regular briefing documents especially for national Safeguarding Adult Reviews. This includes using learning sessions at meetings to get better engagement and challenge around our own practice.

One other initiative that we instigated at the end of the year but will start to report in 2019/20 is using Healthwatch as an independent forum for people who have been through the safeguarding process to give honest feedback which should allow us over time to hear a stronger voice of the user and inform us around improving practice.

The Board can only function effectively with the strong input from partners and they should all be congratulated for the continual support give us.



About Us

The Surrey Safeguarding Adults Board was established in 2007, bringing together partner organisations to ensure that adults with care and support were kept safe from abuse and neglect. Since 2015, the Surrey Safeguarding Adults Board has been a statutory partnership with specific duties and functions as set out in the Care Act 2014.

These duties include:

- The publication of an annual strategic plan, outlining the objectives for the year ahead and how member organisations will support delivery of this.
- The publication of an annual report, providing details of the work of the partnership to implement the strategy and achieve its objectives during the previous year.
- Commissioning reviews under s44 of the Care Act, in order to learn from cases where an adult with care and support needs has died (or come to serious harm) and there are concerns about how well partners worked together to safeguard the adult.

Our Role

The Surrey SAB has the lead role for coordinating work across the county, ensuring effective partnership working with the aim of protecting adults with care and support needs who may be at risk of abuse or neglect, and who are unable to protect themselves from harm due to their needs for care and support.

This is achieved by:

- Seeking assurance from each partner agency that their leadership, governance, policy and procedure is effective in identifying the risks posed to adults with care and support needs, and that their staff know the steps to take once a safeguarding concern has been identified.
- Coordinating the delivery of preventative programmes of work across multi-agency audiences and joining up with existing campaigns and awareness raising activities.
- Providing guidance across partner agencies enabling there to be a consistent response to adults with care and support needs who are at risk of abuse or neglect.
- Continuously reviewing responses to adults with care and support needs in order to improve practice.
- Reviewing the systems findings published in Safeguarding Adults Reviews, considering local learning and implementing proportionate and necessary change.

Our Vision

The Surrey SAB seeks to ensure that all adults in Surrey live a life free from fear, abuse and neglect.

Our Priorities

During 2018/19 the Surrey SAB has continued to focus on the priority areas as set out in the three year strategic plan (2016-2019), these are:

1. Embrace a culture of learning
2. Communication
3. Training
4. Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.
5. Prevention of abuse and neglect.
6. Assurance of safeguarding practice.

Our Membership

The Board consists of the following membership:

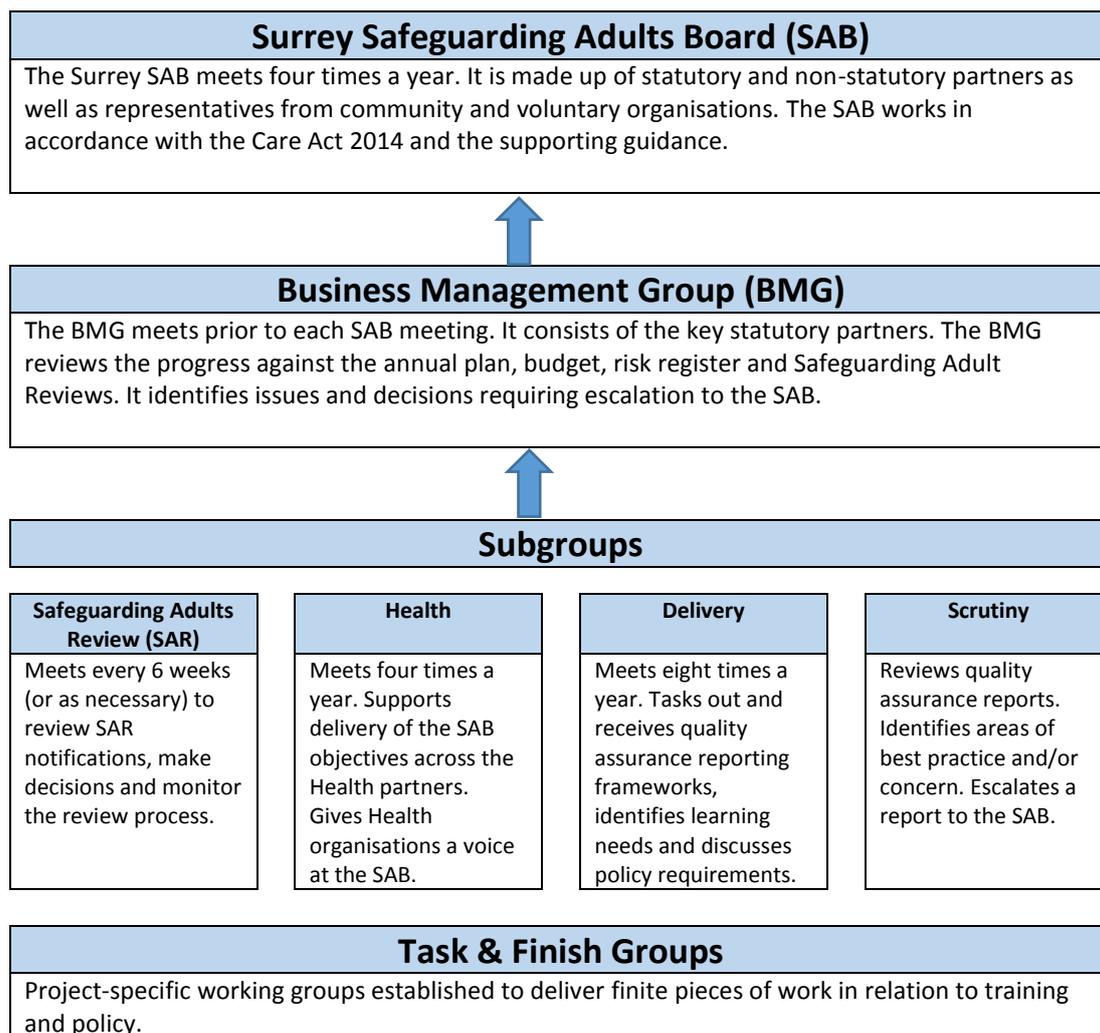
Statutory Partners

- Surrey County Council
- Clinical Commissioning Groups represented by Surrey-wide CCG Safeguarding Team
- Surrey Police

Members

- Public Health
- District & Borough Councils
- Surrey Fire & Rescue
- Ashford and St Peters NHS Trust
- Epsom & St Helier
- Frimley Park Hospital
- Royal Surrey County Hospital
- Surrey & Sussex NHS Trust
- Surrey & Borders Partnership NHS Foundation Trust
- CSH Surrey
- First Community
- Virgin Care
- Care Quality Commission
- South East Coast Ambulance Service
- Trading Standards
- Probation Service
- Kent, Surrey & Sussex Community Rehabilitation Company
- Healthwatch Surrey
- Representatives from the Community and Voluntary Sector





The SSAB also has links with a number of strategic partnerships operating across the county, this includes the Surrey Safeguarding Children’s Board, Health and Wellbeing Board, Community Safety Partnerships, Prevent Management Board, Domestic Abuse Management Board and Domestic Abuse Delivery Group, Sexual Exploitation and Missing Management Board, Modern Slavery Partnership and the Harmful Traditional Practices Group.

This cooperation has led to a stronger focus on collective learning so that these groups have developed forums for learning together this brings added awareness of partnership working and ways that will bring stronger support for those vulnerable people by better awareness of the appropriate actions by the right partnership.

What is Safeguarding?

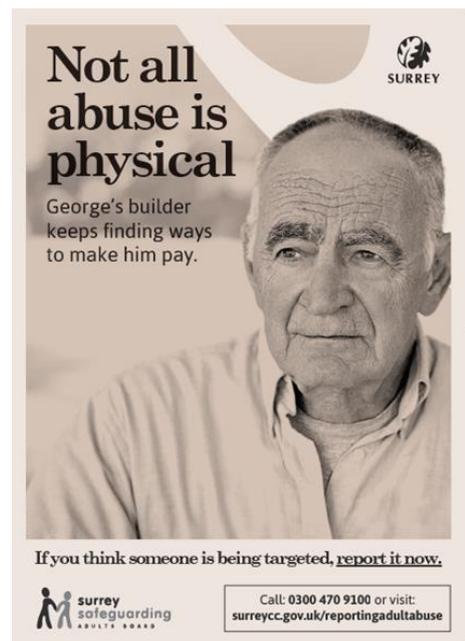
The Care Act sets out the circumstances when safeguarding duties apply. The Act says safeguarding applies to adults who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs) and
- Are experiencing, or at risk of, abuse or neglect and
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Types of Abuse and Neglect

The Care Act lists the following as the types of abuse and neglect requiring a safeguarding response:

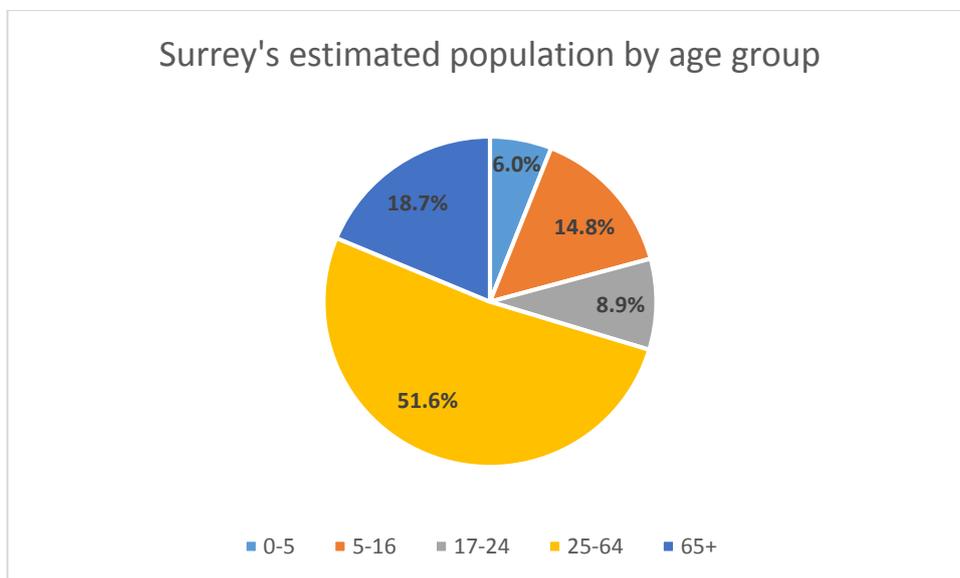
- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect & acts of omission
- Self-neglect



Who is at risk in Surrey? *

Age

The Office for National Statistics (ONS) estimated that the resident population of Surrey at mid 2017 was 1,185,300. The proportion of people in each age group is shown below:



There are estimated to be 222,200 older people aged 65+, making up just under one in five (18.7%) of the population.

The population of Surrey is projected to increase by 11% over the next 25 years reaching 1,309,500 by 2041. The proportion of the population aged over 65 is projected to increase to 25.4% by 2041, with the proportion of over 85s projected to increase from 2.9% to 5.2% over the same period. This will lead to an additional 112,200 over 65s in total with 34,500 more aged over 85.

Ethnicity

83.5% of the Surrey population, reported their ethnic group as White British in the 2011 census. A further 6.9% of the population belonged to other white ethnic groups (Irish, Gypsy or Irish Traveler). The next largest ethnic group was Indian with 1.8% of the population followed by Pakistani with 1.0%. Although the proportion of the population from black and minority ethnic groups is smaller in Surrey than in the country as a whole, this varies between local authorities and clinical commissioning groups. This provides a challenge to ensure that the needs of these small communities and individuals are appropriately met.

* All data taken from Joint Surrey Needs Assessment published on Surrey-i

Care and Support Needs

Of the total Surrey population aged over 17 (938,900)

- 2.3% have a learning disability (21,800) of which it is estimated that 25-40% also have a mental health need
- 1% are autistic (9086)
- 1.75% have Dementia (16,472)
- 18.9% have a common mental disorder
- 7.8% are estimated to have mixed anxiety and depressive disorder
- 0.7% have a psychotic disorder
- 50.8% of social care users report depression or anxiety

8.6% of the Surrey population aged over 65 (222,220) have depression

Based on the 2011 Census and population projections it is estimated that in 2016 there were 115,216 unpaid carers of all ages living in Surrey in 2016, this equates to 1.6% of the population. There are a higher than expected number of carers for people with a learning disability.



Safeguarding Activity in Surrey

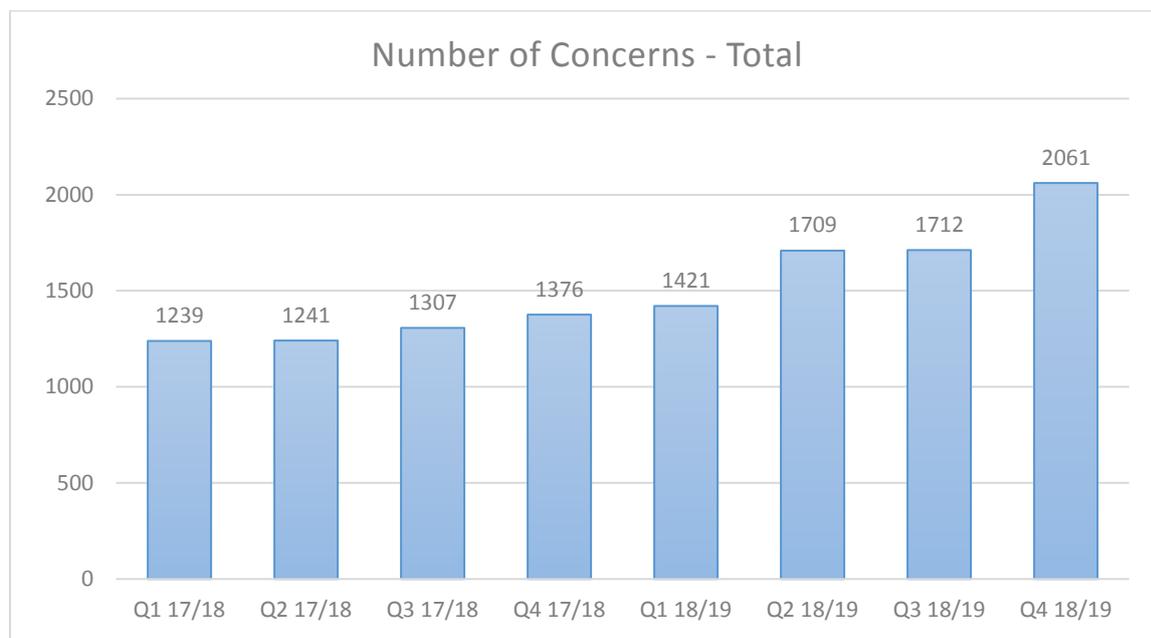
Adult Social Care data **

During the year 2018/19, Surrey County Council:

- received 6903 concerns in relation to adult safeguarding
- conducted a safeguarding enquiry for 58% of the concerns reported to them
- completed 3377 safeguarding enquiries under s42 Care Act 2014
- fully or partially met the persons desired outcomes in 96.4% of enquiries

Safeguarding Concerns

Over the last year, Surrey County Council Adult Social Care have seen a continued increase in the number of safeguarding adult concerns reported to them.



This increase is thought to be as a result of improved policy and procedure, supported by consistent training of staff across partner agencies to improve their understanding of what constitutes a safeguarding concern and the requirement to report it. It is also possible that the prevalence of abuse and neglect is increasing and that people who are experiencing it (or their carers) are more willing to report it.

** Data taken from ASC Q4 performance report dated 20/06/19 and SAC submission

Types of Abuse and Neglect reported

Of the 6903 safeguarding concerns received during 2018/19, the most common reason was due to neglect or acts of omission (32.9%).

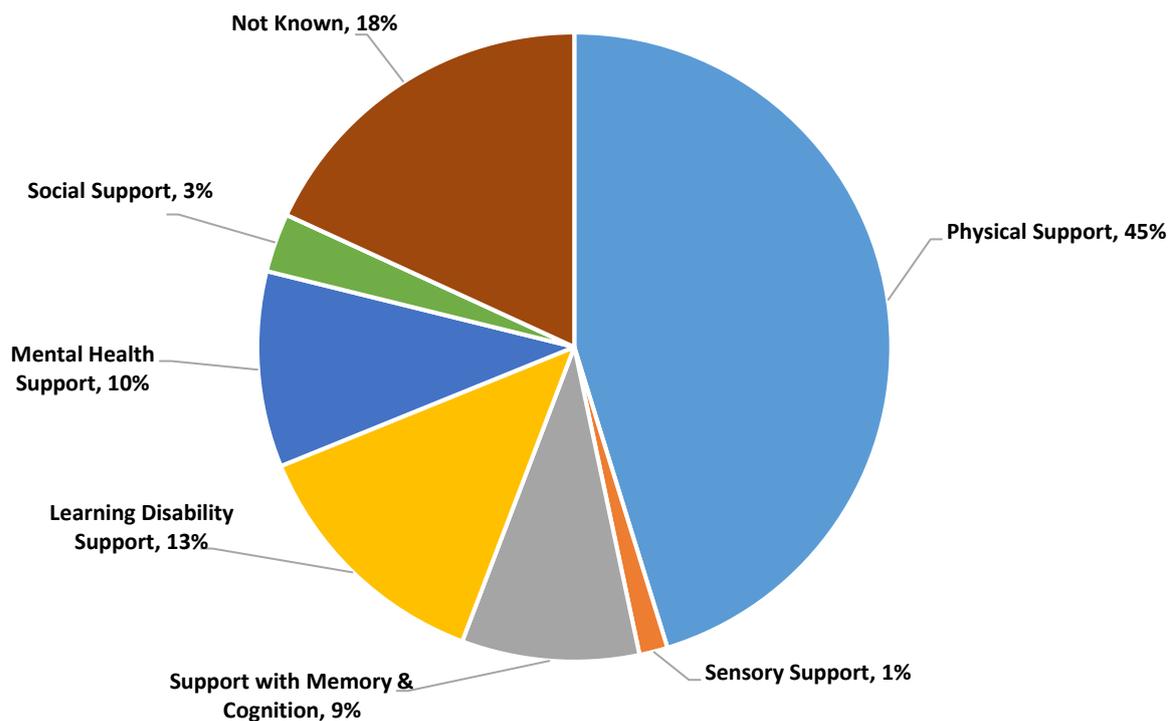
Physical abuse also accounts for a high percentage of safeguarding concerns (20%).

Although the number of concerns raised in relation to domestic abuse has increased since the previous year, it is still thought to be lower than the actual prevalence of domestic abuse for adults with care and support needs and further work is planned with the aim of seeing a further increase of reporting in this area.

Type of alleged abuse	% total
Neglect/Acts of Omission	32.9
Physical	20.4
Emotional/Psychological	13.8
Financial/Material	11.8
Domestic	5.5
Organisational	5.0
Self-neglect	3.8
Not recorded	2.9
Sexual	2.8
Sexual Exploitation	0.4
Discriminatory	0.4
Modern Slavery	0.1

Care and Support needs

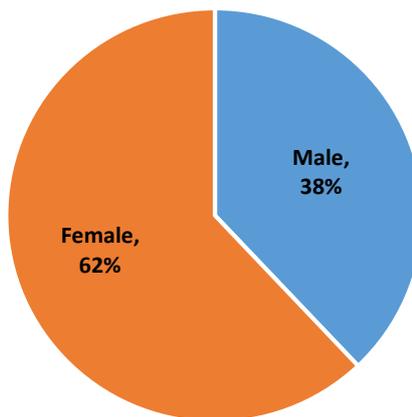
The chart below shows the primary support need for the adult for whom the safeguarding concern relates. The majority of adults who are the subject of a safeguarding have a need for physical support.



Demographics

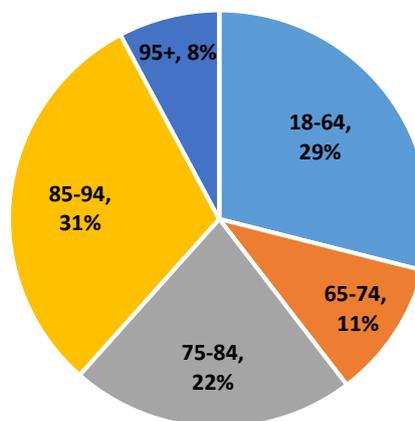
Gender

For both safeguarding concerns and safeguarding enquiries, there are more females at risk than men. This is a consistent picture across both categories with 62% of both concerns and enquiries being for women.



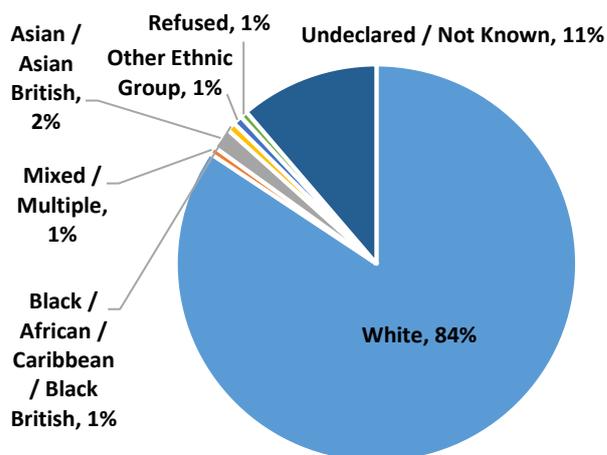
Age

The majority of adults who require a s42 enquiry are over the age of 65. This group represent 71% of all safeguarding enquiries. This is similar to the number of safeguarding concerns reported with 70% of all concerns received being for people aged over 65.



Ethnicity

The largest majority of safeguarding enquiries were for adults who identified their ethnicity as white. The next largest group identified as Asian or Asian British however this group make up only 2% of all safeguarding enquiries completed.



Source of reporting

Referral Source	Grand Total
Police	17.6%
Domiciliary Staff	12.8%
Other Social Care	11%
Residential Care Staff	10.8%
Hospital	10.2%
Other	9.9%
Family Member	6.7%
Community Health Staff	4.6%
Ambulance Service	4.4%
Mental Health Staff	2.6%
Self-Referral	2.4%
Day Care Staff	2.0%
General Practitioner	1.9%
Secondary Health Staff	1.0%
Housing	0.9%
Education/ Training/ Workspace	0.6%
Friend/ Neighbour	0.3%
Other Service User	0.2%
Surrey Fire & Rescue	0.1%
Surrey Trading Standards	0.1%
Social Work/ Care Manager	0.0%

Surrey Police continue to be the main source of referrals into the MASH with 17.6% of referrals originating from there.

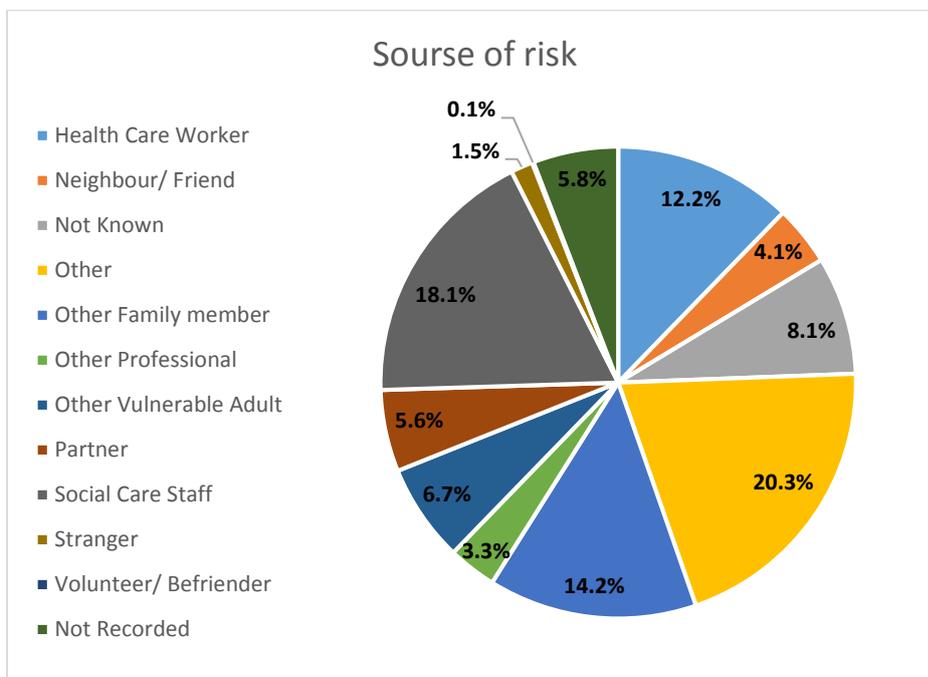
The Ambulance service submitted 4.4% of the total referrals received and hospitals 10.2%.

Family, friends and other service users are responsible for referring 7.2 % of the total concerns. Self-reporting only makes up 2.4%.

GP's have reported 1.9% and Surrey Fire and Rescue and Surrey Trading Standards have each submitted 0.1% of the total. This data will be monitored and ideally there will be an increase in reporting from each of these partners over the next year.

Source of risk

The chart below provides more analysis of where the risk originates from. This data is taken from the safeguarding concern when it is initially reported to the MASH.

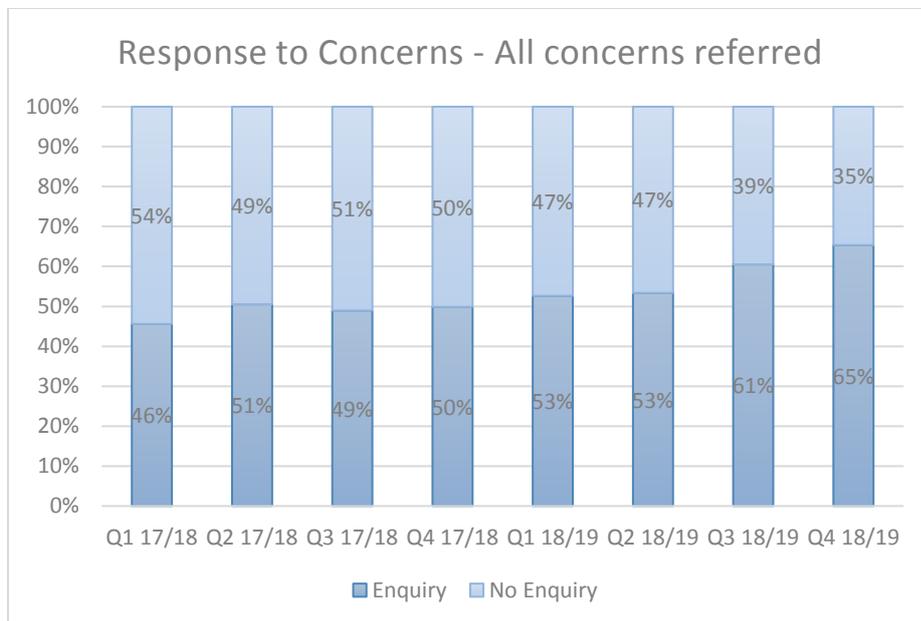


➤ 33.6% of risk is from people in a position of trust (healthcare workers, social care staff and other professionals).

➤ 23.9% is from a family member, partner or neighbour.

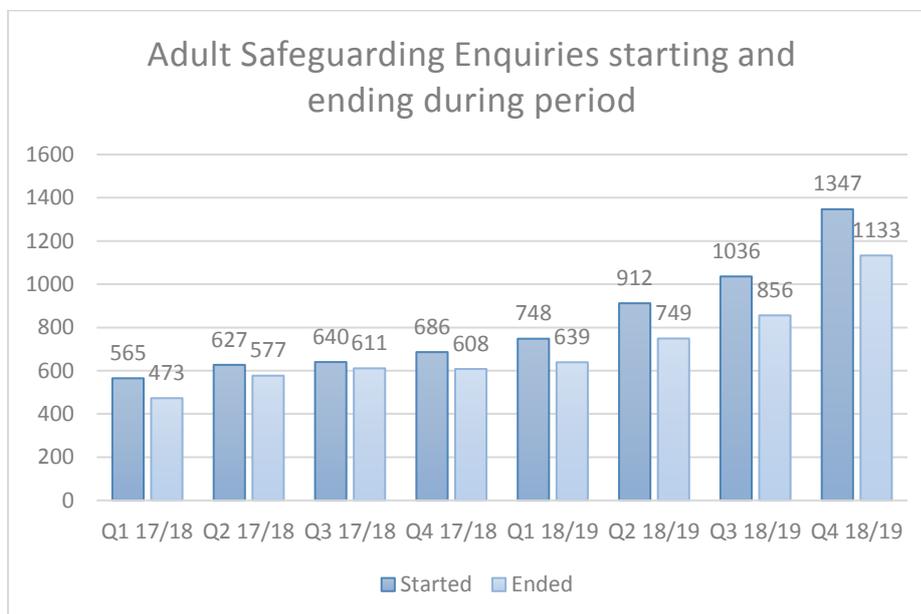
Safeguarding Enquiries

The chart below shows the percentage of safeguarding concerns which subsequently become enquiries under s42 Care Act 2014. During the 2017/2018 financial year, the rate of conversion remained consistent at approximately 50%. Following detailed audits it was found that there were areas for improvement which led to the implementation of new procedures and an increase in the conversion rate.



This significant increase in the conversion of adult safeguarding concerns is the result of:

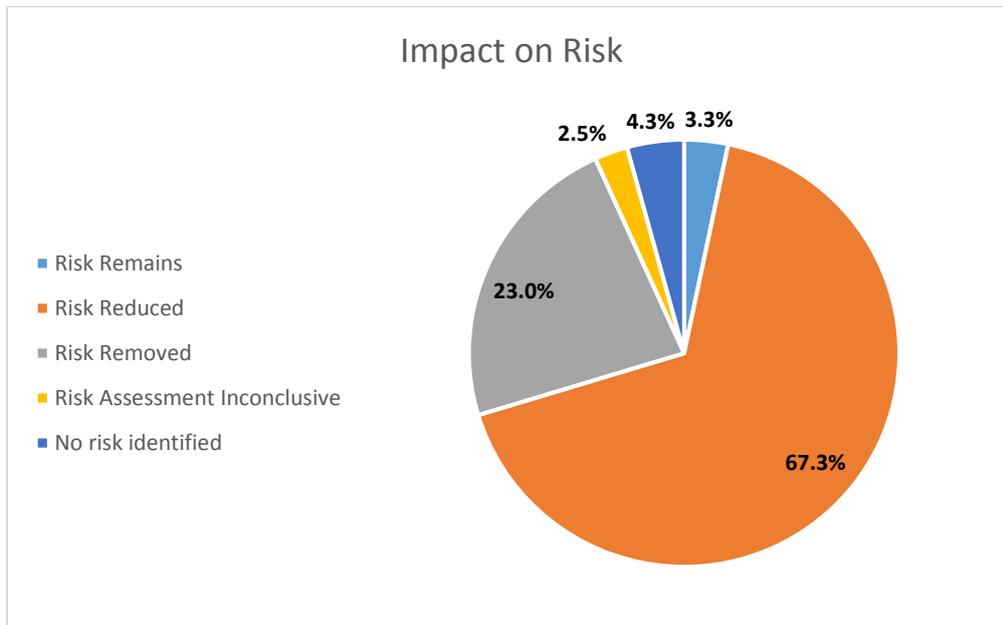
- improvements in reporting;
- the introduction of triage processes in the MASH; and
- more informed practice by ASC teams.
- a focused programme of training



With the documented increase in the number of safeguarding concerns being reported and the improvements in the conversion rate, there has also been a steady increase in the number of safeguarding enquiries being completed.

Outcomes of Enquiries

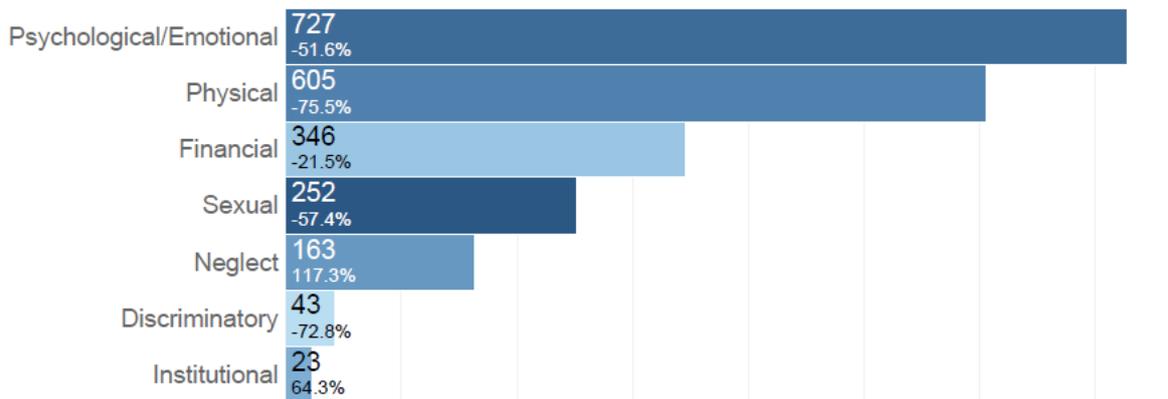
The below chart shows that in the majority of cases (95.7%) the enquiry identifies a risk to the person and that following the enquiry, the risk remains in only 3.3% of cases.



- In 2018/2019, Surrey Police recorded 1,964 adult abuse incidents of which 43.6% were recorded as crimes (858).
- Adult abuse equates to approximately 1.1% of total crime recorded in Surrey during 2018/2019.
- Psychological/Emotional abuse accounts for 37% of incidents in relation to adults at risk followed by Physical abuse (31%).
- 1.9% of incidents/ crimes involving an adult at risk also have a discriminatory flag attached.

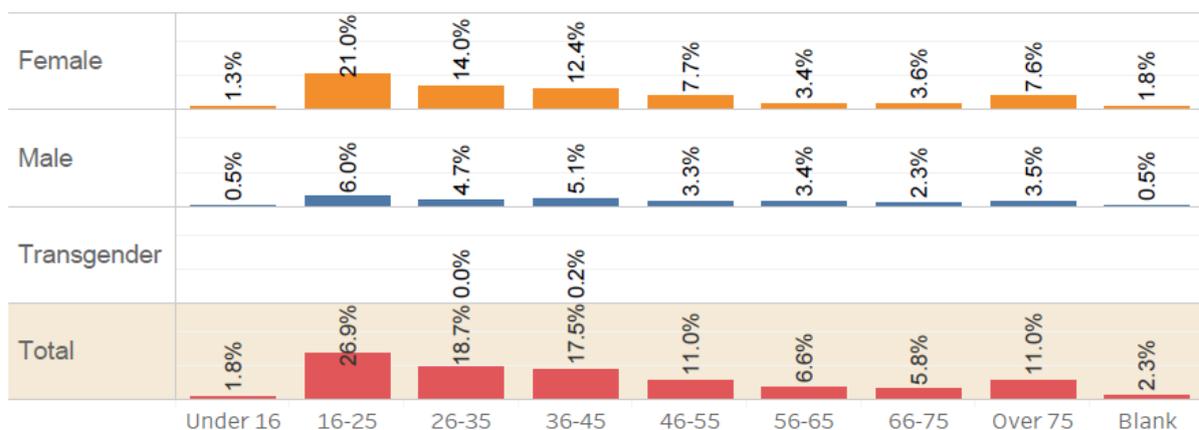
Types of abuse and neglect

Adult Abuse Flags 2018/2019 compared to the previous year



Recording of adult at risk data by Surrey Police is reliant on the application of a ‘flag’ to the incident or crime report. Application of the flag is dependent on the officer’s view of whether the adult is ‘at risk’ and so is not always applied consistently. Over the last year Surrey Police have trained both their front line officers and their call takers to improve their understanding of adults at risk, the aim has been to move towards the Care Act definition and away from a personal view of vulnerability. The improved understanding is evidenced in the reduction of incidents identified under each of the above categories during 2018/19 compared to the previous year.

The below table shows that 72.8% of victims of adult abuse reported to Surrey Police during 2018/19 were female, with the highest proportion being aged 16-25.



*** Data taken from the Surrey Police Adult Abuse problem profile

Source of risk

Police data highlights that when an adult at risk is subject to abuse:

- 47% of offences are committed by a current/ previous partner. The remainder are predominantly committed by someone who has an established or cohabiting relationship e.g. other family member, friend or house-mate.
- Only 7.3% of offences are recorded as having been committed by a stranger.

Breakdown of victim to offender relationships	
Excludes this where no relationship, victim and/or offender has been recorded.	
Current Partner	171
Former Partner	130
Colleague/ Business Acquaintance/ Employer/ Employee	54
Friend/ Social Acquaintance	51
Stranger	50
Child/ Step Child/ Child-in-law	43
Next Of Kin/ Position of trust	31
Other (Various)	27
Parent/ Step parent/ Parent-in-law	24
Other family member	22
Rivals/ Feuding/ Unfriendly	21
Sibling/ Step sibling/ Sibling-in-law	18
Neighbour	14
Cohabitee/ House mate/ Flat mate	11
Estranged Lover/ Other Intimate Relationship	5

This is different to the data recorded as part of the safeguarding concern which shows that the greatest source of risk is from people in a paid capacity providing support.

It is likely that this is due to the different types of abuse and neglect reported to different agencies, for example, missed medication or home care visits would be reported as a safeguarding concern to the MASH and unless it formed part of a pattern of neglect or organisational abuse would not always be reported to the police.

Achievements

The priorities for the SAB during 2018/19 were:

1. Embrace a culture of learning
2. Communication
3. Training
4. Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.
5. Prevention of abuse and neglect.
6. Assurance of safeguarding practice.

Listed below are the ways in which the SAB delivered against these priority areas.

Embrace a culture of learning

2018/19 aim - A review of existing meeting structures will be completed to ensure that the process for sharing learning is effective and efficient. The Board will ensure there are opportunities for operational staff to discuss cases and learn from best practice while making best use of time and resources. The voice of people with lived experience will be used to learn and improve services.

The meeting structure for the SAB was reviewed in May 2018 and realigned with the objective of making more effective use of people's time. The main change that resulted was the amalgamation of the Policy and Procedure sub-group, Quality Assurance sub-group, and Training sub-group into one Delivery group. The Delivery group is responsible for delivering the objectives listed in the annual plan and reports into the SAB on progress, risks and issues.

On International Human Rights day in December 2018, the Surrey SAB hosted a conference entitled 'Back to Basics'. This was attended by 200 people from 30 different organisations. The morning sessions provided a refresher on the importance of safeguarding adults, the types of abuse and neglect they may be exposed to, the processes in place in Surrey and the role of the MASH. The morning was closed with an impactful presentation from Mark Bates, whose son Matthew was harmed while resident in a care home. The lessons from the SAR were shared with the audience highlighting the importance of professional curiosity. The personal account of how it feels to go through a SAR process with and on behalf of a family member was well received and emphasised the importance of involving and listening to families when learning from experience.



The afternoon provided time for the audience to attend smaller workshops on two areas, covering:

- Domestic Abuse
- Neglect in a care setting
- Exploitation
- Mental Capacity Act

Feedback from the conference was positive, with 81% rating the event as excellent or very good.

Next steps

The SAB will continue to ensure a focus on learning from SARs, both national SARs and those that occur closer to Surrey. Engaging with people with experience of the safeguarding process remains a focus and will be formalised during 2019/20.

Communication

2018/19 aim - The SAB will continue to work closely with the Safeguarding Children’s Board, specifically in relation to awareness raising and publicity. The SAB will seek to improve the experience for people wanting to access information about safeguarding in Surrey.

During 2018/19 the Safeguarding Adults Board has worked with the Safeguarding Children’s Board to host a joint website where members of the public and professionals can access information in one place.



Safeguarding in Surrey is everyone's responsibility
 Surrey Safeguarding Children Board & Surrey Safeguarding Adults Board have teamed up to make it easier for residents and practitioners to find the information they need quickly and easily.
 If you have concerns about a child or adult at risk please contact the Multi-Agency Safeguarding Hub on 0300 470 910 (Out of hours: 01483 517898).
 If a crime has been committed call Surrey Police on 101 or in an emergency dial 999

There is now a single landing page at www.surreysafeguarding.org.uk which then directs the user to information on both children and adults at risk. The new website is easier to navigate and the information is far easier to access

Sitting behind both sections is a joint training platform to enable professionals to easily access information about courses, book places and complete evaluations.

Next steps

The focus moving forward is to raise the profile of the website both with professionals and with the public. There are plans to utilise National Safeguarding week (18 -22 November 2019) to promote the awareness of safeguarding in Surrey and to encourage greater use of the website and its resources.

Training

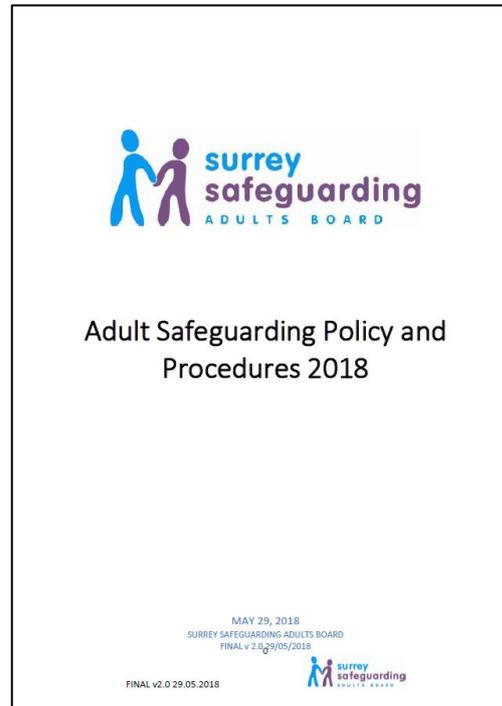
2018/19 aim - To embed the new policy and procedure, a new training strategy will be published to guide staff working with adults with care and support needs in relation to the training they require in order to undertake their jobs effectively.

Training will be relevant, easy to access and commensurate with the skill levels of staff and their organisations capability.

A presentation has been provided to partner organisations for them to use to brief their staff and teams on the SAB policy and procedure that was introduced in May 2018. This includes information on:

- Why the policy and procedure was changed,
- Definitions used in the Care Act and how these apply in Surrey,
- The roles involved in safeguarding adults in Surrey,
- Improving practice through the avoidance of confirmation bias.

In addition to providing the presentation to partners for them to deliver, it has also been presented across the county at Care Home forums and other training events.



The SAB has provided a 'Train the Trainer' course for safeguarding leads in various organisations. The aim is to equip staff knowledgeable and experienced in safeguarding with the skills to deliver training courses.



The members of the SAB Delivery Group have been working on building a learning library, consisting on briefing documents and presentations for use by professionals. These can be used either for personal development or delivered as part of team meetings and development sessions. The Learning Library is accessible via the website and consists of presentations on domestic abuse, neglect in care settings, the Mental Capacity Act, and others.

Safeguarding Essentials course

The Safeguarding Adults Board has piloted the delivery of a Safeguarding Adults Essentials course with two Borough and District councils.

Following positive feedback after the delivery of the pilot of this course at Surrey Heath Borough council and Mole Valley District council, the SAB has now arranged for this one day course to be available for each Borough and District council in Surrey. This will enable front-line workers to understand their role in safeguarding adults at risk during daily activities.

Adult Safeguarding Essentials



What are the benefits?

It raises your awareness and understanding of staff roles and responsibilities in relation to the safeguarding of adults. This course includes all aspects of basic awareness and Surrey's multi-agency approach.

What will I learn?

- Meaning of 'abuse and neglect' in the context of adult safeguarding
- Identify who an adult safeguarding enquiry applies to and the s42 duties
- Types of abuse
- Common indicators of abuse
- The adult safeguarding roles of Surrey County Council, Surrey Safeguarding adults Board and other partners
- How Making Safeguarding Personal (MSP) works in Practice
- Response to disclosures of abuse and neglect effectively
- Correct reporting and recording of adult safeguarding concerns in Surrey
- The relationship between adult safeguarding, child protection and domestic abuse
- What happens when a safeguarding concern is reported to the Local Authority

Who is this course for?

Adult Social Care and Health staff that work as Administrative staff, Finance staff, Social Care Development Coordinators, Support Brokers, Commissioning Managers, Project Managers, Reablement Assistants, Team Leaders, Senior/Residential Support Workers, Support Workers, Community Care Assistants, Support Assistants, Team Administrators and Night Care Assistants.

Will I need to do a refresher?

No.

How is this delivered?

This is a 1 day classroom course.

Contributing to Safeguarding Enquiries course

As a result of feedback from professionals, a small task and finish group has been established to design a course that informs multi-agency practitioners of their role in contributing to safeguarding enquiries. The aim of this course will be to enable a consistent and thorough response from agencies when they are asked to provide information as part of a safeguarding enquiry.

Next steps

During 2019/20 the SAB will continue to populate the Learning Library with topics in response to requests from members of the SAB. The 'Safeguarding Essentials' course will be rolled out to each Borough and District councils and the 'Contributing to Enquiries' course will be finalised and delivered to multi-agency audiences.

Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.

2018/19 aim - The SAB will work closely with the Domestic Abuse Management Board to ensure that work to tackle domestic abuse, reflects the needs of adults with care and support needs.

There will be more engagement with minority communities to understand any specific risks and to ensure that awareness raising materials are accessible to all.

The SAB are a regular attendees at both the Domestic Abuse Management Board and the Domestic Abuse Delivery Group. The SAB Chair and Manager attended and engaged in the DA Deliberation event hosted by The Public Office on behalf of the Surrey Against Domestic Abuse partnership. The day built a collective responsibility to Domestic Abuse and allowed the SAB to ensure that the specific requirements of adults with care and support needs are considered and planned for in the development of domestic abuse services going forward.



In addition to a general 'train the trainer' course (see Training section above), a further 6 adult safeguarding leads were trained to deliver the multi-agency 'Recognising and Responding to Domestic Abuse' course. Their knowledge and experience in adult safeguarding has enabled them to ensure that delivery of the course also brings to light the additional barriers faced by adults with care and support needs and the extra support they may require to disclose abuse and to make changes.

Members of the SAB are also members of other multi-agency partnerships, this includes the Sexual Exploitation and Missing Management Board, the Harmful Traditional Practices Board and the Anti-Slavery partnership. Attendance at these meetings has ensured that there continues to be a focus on the impact of these offences on adults and that training and awareness raising on these subjects reaches a broad audience.

Next steps

Over the next year the Surrey SAB will continue to be the voice for adults with care and support needs when actions are designed and delivered. As the Community Reference group becomes more established (see section on Prevention), it is envisaged that they will be in a position to provide an informed voice to the work proposed by these strategic boards.

Prevention of abuse and neglect.

2018/19 aim - There will be greater opportunities for engagement, both with professionals and with people who use health and social care services to ensure the work initiated by the board is informed by experience. Focus groups with people who use services and with carers will be completed to understand both good practice and areas for improvement. Learning will be used to influence communication and preventative materials.

During the last year the SAB has worked on developing a new range of information guides for the public providing information on different types of abuse and neglect and also information on the s42 process, Safeguarding Adult Reviews and Deprivation of Liberty Safeguards.

These were reviewed by members of the SAB Delivery Group for accuracy before being shared with a focus group made up of voluntary and charity sector organisations, people with lived experience and carers. The focus group were asked to comment on the language used, the tone of the content, the images and how they would like to access the guides. On completion of the workshop eleven guides were produced.



These guides are all available for members of the public to access on the website.

Next steps

An advertisement featuring a photograph of a man in a light-colored shirt looking out a window. The text reads: 'Keeping you safe at home and in the community'. Below this, it asks: 'Are you worried that a person is at risk of harm - and they're unable to keep themselves safe?'. It provides a URL: 'www.surreysab.org.uk' and the Surrey Safeguarding Adults Board logo.

A publicity campaign has been arranged to run during July 2019 to encourage members of the public to visit the Surrey SAB website.

Printed versions of the leaflets and stands for their display will be provided to Borough and District councils, A&E departments and health centres.

Engagement with the focus group members will be formalised to create a Community reference group who can provide informed feedback on a more regular basis.

Assurance of safeguarding practice.

2018/19 aim - The board will embed a new quality assurance framework to reflect the multi-agency audience and their responsibilities in relation to safeguarding adults.

Reporting mechanisms and structures will provide performance products that assure the board of the effectiveness of safeguarding practices in Surrey and drive its agenda and focus going forward.

A new Quality Assurance framework was signed off at the end of the 2018/18 financial year. This ran for the first time throughout 2018/19. The new process focussed on a different area quarter:

- Quarter 1 – The work of the Safeguarding Adults Board
- Quarter 2 – Health
- Quarter 3 – Social Care & Housing
- Quarter 4 – Crime and Community Safety

The templates provided to each organisation request an overarching view of how safeguarding is led by the organisation in terms of governance, strategy, training and day-to-day activity, in addition to a more focussed piece of analysis on the organisations response to safeguarding concerns. The reports received during 2018/19 evidence that safeguarding is seen as an integral part of daily work for all partners.

Feedback on this new process has been varied and there has been learning for the SAB each time the exercise has run. A workshop with colleagues in health has helped to shape the process for the next occasion they are asked to report and a similar event will take place with colleagues from Borough and District councils to improve the reporting process for them.

Quarterly reports from Adult Social Care have helped to inform the SAB of the volume of safeguarding enquiries, where they originate from, the source of risk and the percentage that convert to enquiries. Adult Social Care have also provided data on the objectives of 'Making Safeguarding Personal', specifically whether the person felt that the enquiry took into account the outcomes they wanted to see and whether these outcomes were achieved.

The data provided has introduced an important baseline which has been used to shape the development of the strategic plan from 2019 until 2022.

Next steps

Work with partner agencies is required to ensure that completion of the returns is a productive exercise that informs organisations of what they do well and where they have room to improve. Further development of the reporting templates aims to provide assurance to the SAB of how safeguarding is embedded as part of routine activities. This includes work that takes place to prevent abuse and neglect of adults with care and support needs and also the processes in place to identify, acknowledge and report abuse or neglect when it is recognised as such.

The SAB will work specifically with Borough and District councils to understand the data available and how this can be provided to assure the SAB of the safeguarding practices taking place.

To add further qualitative information to the 'Making Safeguarding Personal' information collected by Adult Social Care, Healthwatch Surrey have been commissioned to undertake a piece of research with people who have had experienced a safeguarding enquiry to better understand the impact on them; their level of involvement; what works well; and whether the process can be improved.

Learning

At each SAB meeting there is a discussion and analysis of the learning and recommendations from national Safeguarding Adult Reviews (SARs). Members of the SAB are asked to consider the learning; how it applies to their organisation; and how they will disseminate any lessons back within their organisations. One of these sessions focussed on the SAR published in West Sussex, a briefing document was produced for agencies to take back to their teams to enhance learning. This is the same case that was the focus of the conference hosted by the SAB in December.

Following the publication of a SAR by the Isle of Wight SAB, the Surrey SAB hosted a workshop to consider the learning from the SAR in more detail and consider the lessons and systems changes that could be introduced in Surrey. Following this workshop some key themes emerged which impact on partners in Surrey. A follow-up workshop will take place during 2019/20 to develop an action plan for Surrey organisations based on the systems learnings contained within the SAR.

SAR Notifications

During 2018/19, the SAR sub-group received four SAR notifications:

- One of these was passed to the funding authority to complete as although the adult had died in Surrey, almost all service provision was from a neighbouring area.
- One required for the s42 enquiry to be completed in order to establish the facts prior to a SAR being commissioned.
- Two meet the criteria for a SAR and will be progressed.

Ongoing SARs

There are three SARs which remain ongoing from 2017/18, two of these are led by NHS England and one has been commissioned by the Surrey SAB. The SAR being led by Surrey SAB has encountered a number of delays due to new information coming to light during the process which required further investigation. The family members have been updated throughout.

The Surrey SAB also requested a review of the Serious Incident (SI) process across the five acute trusts. It was identified that SI's did not always recognise where there were potential safeguarding issues that should have been reported to the MASH as a safeguarding concern. A thematic review of the SI process identified that there was an opportunity to improve the engagement between the team who receive the SI and the trust safeguarding lead. A new process has been implemented which guarantee's safeguarding is considered within 72 hours of an SI being received. A further audit of SI cases will take place during 2019/20 to assure the SAB that the required improvements have taken effect.

A key initiative has been a drive to improve learning across the main boards that support our residents with the right focus by the right team. This has been developed by learning events sponsored by the relevant Board but supported by a shared purpose. These have been relevant and interactive with the participation by users to ensure we hear the voice of reality in our learning. We have also reviewed learning across all agencies and platforms in Surrey and then developed a programme that filled the gaps and did not duplicate partner learning.

We were supportive partners in the excellent Domestic Abuse learning day that was set and hosted by the Community Safety Partnership.

There is an ongoing cooperation to keep partners informed of initiatives such as ensuring the drive to address homelessness in Surrey that there was an awareness that not all homeless people have care and support needs if not that this would be the under the remit of the Health and Wellbeing

Board but the Safeguarding Adults Board needed to support them and would where there are obvious Safeguarding needs and it is our role to highlight this to front line staff.

There are representatives invited to all our Board meetings and where appropriate our Board was represented at partner meetings. We share strategic plans and annual reports so that there is alignment across the County.

Funding

The Surrey SAB receives an annual budget of £288,555. The budget is made from contributions from partner organisations in the amounts and percentages outlined below. Contributions of funds to ensure the SAB can continue to operate shows a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board.

The chart below shows the financial commitment from each partner organisation:

	Contribution 18/19	% split
Surrey County Council	£117,450.00	40.70%
Clinical Commissioning Groups	£117,450.00	40.70%
Surrey Police	£29,000.00	10.50%
NHS Trusts	£13,050.00	4.52%
District & Boroughs	£11,605.00	4.2%
TOTAL	£288,555.00	100%

During 2018/19 the Surrey Safeguarding Adults Board spent £185,651, leaving an underspend of £102,904. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews. The full breakdown of spend can be seen below:

Staffing	£130,978
SAR	£23,940
Independent Chair	£14,513
Publicity	£11,759
Conferences	£3,748
Supplies	£294
Voluntary Sector costs	£269
Meetings	£150
TOTAL	£185,651

The funds in the pooled partnership budget that were not spent (£102,904) have been carried forward to the next year. Agencies that contribute to the budget will therefore be paying a proportionately smaller amount in 2019/20.

Looking Ahead

The priorities identified in the three year strategic plan (2019-22) for the Surrey SAB are to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

As detailed above, over the last year the Surrey SAB has made significant progress in establishing a sound platform from which a number of programmes of work can now take place to meet the Board's priorities. During 2019/20 this will include:

To prevent abuse and neglect
<ul style="list-style-type: none"> ➤ A continued to focus on raising awareness of the SAB, its website and its resources to both public and professional audiences. ➤ Delivery of a programme of activities during National Safeguarding Week. ➤ County-wide delivery of Safeguarding Essentials course.
To improve the management and response to safeguarding concerns and enquiries
<ul style="list-style-type: none"> ➤ Delivery of the multi-agency training course to improve contributions to safeguarding enquiries. ➤ Supporting the work of the Domestic Abuse Management Board to ensure that policies, procedures and training in relation to domestic abuse take into account the needs of adults with care and support needs. ➤ Implementing the lessons identified by Healthwatch to ensure that safeguarding enquiries capture and respond to the needs and outcomes identified by the adult at risk.
Learn lessons and shape future practice
<ul style="list-style-type: none"> ➤ Reviewing the recommendations from SARs and the relevance of systems findings in Surrey. ➤ Reviewing the quality assurance templates used by Borough and District councils to ensure local authorities are able to efficiently evidence their safeguarding adult work. ➤ Development of a community reference group whose role is to ensure that people with lived experience have a voice at the SAB.

Health and Wellbeing Board Paper

1. Reference Information

Paper tracking information	
Title:	Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan
Related Health and Wellbeing Priority:	Priority 2
Author (Name, post title and telephone number):	Diane McCormack Deputy Director Commissioning, Children and Services for People with Learning Disabilities for Surrey CCGs, hosted by NHS Guildford and Waverley CCG Contact details: diane.mccormack1@nhs.net
Sponsor:	
Paper date:	5 December 2019
Related papers	Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan is provided as Annex 1 to this report, or can be downloaded here: http://www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/191031-CAMHS_Transformation_Plan_Refresh_Oct_2019_Final_v1_6_2_Surrey.pdf

2. Executive summary

The Surrey Child and Adolescent Mental Health (CAMHS) Whole System Transformation Plan, updated October 2019, is presented for approval by the Surrey Health and Wellbeing Board.

3. Recommendations

The Health and Wellbeing Board is asked to:

- a. Approve the refreshed Surrey CAMHS Whole System Transformation Plan (2019)
- b. Note “Freya’s Story” on behalf of children and young people in Surrey summarises the impact of this transformational work and demonstrates the outcomes and experience for children and young people.

CCGs are asked to ensure that the refreshed Plan is published on their websites.

4. Reason for Recommendations

The Surrey Children’s Commissioning team, hosted by NHS Guildford and Waverley CCG, have led the development of the Surrey CAMHS Transformation Plan.

Partners and stakeholders have contributed to the Transformation Plan, with input from members of the CAMHS Transformation Board, Surrey Children’s Clinical Leads, CAMHS Strategy Group, Surrey Youth Focus, CAMHS Youth Advisers (CYA) and others. NHS England was also consulted, to ensure the Plan provides the information needed to meet national requirements

“Freya’s story” follows Executive Summary in the attached Plan. This narrative is a young person’s reflection of the impact of this transformational work on their outcomes and experience. NHS England asks that the CAMHS Transformation Plan is published on all CCG websites.

5. Detail

The emotional wellbeing and mental health of children and young people has been identified as a priority for Surrey. Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council jointly targeted Child and Adolescent Mental Health Services (CAMHS). Surrey CCGs commission Specialist CAMHS Services.

CCGs commission further services, using CAMHS Transformation Funding, received from NHS England. The Transformation Plan attached, sets out how this funding is used to develop local services to meet the needs of children and young people in Surrey, including the Accelerator Sites (as part of the Early Intervention workstream of the Emotional Wellbeing and Mental Health Transformation programme)

Since the last refresh a review has been undertaken of the Children and Young People’s Haven to enable more access with a view to provide early support and prevent further deterioration of children and young people’s emotional and mental wellbeing.

A similar review is also being undertaken of the Children’s Intensive Support Service. The Community Eating Disorders services continue to enjoy being one of the top 10 in the country and were cited at a national conference for best practice around crisis support for eating disorders.

All Surrey CCGs submitted their mental health access target for 2018-19 and achieved over and beyond the national target (32%) mandated by NHS England. In March 2019, Surrey completed a workforce audit and has commenced work on the development of a CAMHS workforce transformation strategy. A first draft of the strategy is expected in January 2020. The current CAMHS contract has been extended till March 2021 and will be tendered out for procurement at the end of the period.

6. Next steps

The emotional wellbeing and mental health of children is a priority for Surrey. The CAMHS Transformation Plan sets out how the improvement of services, which began with the new contracts, funded by CCGs and Surrey County Council in 2016, is being further expanded and transformed.

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



Surrey Child and Adolescent Mental Health

Whole System Transformation Plan

version 1.6.2
30th October 2019



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Dear Children and Young People of Surrey,

In 2015 we asked you to tell us what we needed to change in mental health services for children, young people and your families. Having made a number of changes and improvements, we went back to you in 2018/19 to ask for your views and your parents and carers as well of professionals working in the area. We are now letting you know what we have managed to achieve so far, together with other work that we are undertaking in order to further improve services; highlighting what has worked well and recognising areas that still require further improvements. We have updated this plan to reflect what we have achieved so far and what our next steps are.

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

You asked us to:

- Reduce waiting times for services
- Provide more information for self-help and whilst waiting for treatment
- Make CAMHS available in a variety of different locations
- Help to reduce stigma and increase access to CAMHS; more community services that 'normalise ' the access for help
- Reduce waiting times for diagnosis; in particular, for eating disorders
- Improve access for diagnosis and support if you had ADHD, Asperger's and ASD
- Care should be adaptable, flexible and person centred.

We have therefore set out what we have done to address these areas. In line with the NHS Long Term Plan 2019, additional work is being targeted at those areas that require further improvements. We ask for your continued help in letting us know what is working and what is not working.

Yours sincerely,

Surrey NHS CCG Collaborative and System Partners

7 Introduction and purpose

Surrey's CAMHS Transformation Plan is a live and changing document that sets out the transformational journey that we have started on and will continue to be updated as new and innovative projects start to make real differences to the lives of children, young people (CYP) and their families experiencing mental health issues.

We started our transformation journey in 2015/16 on an already improved footing, with considerable additional investment from the CCG and local authority commissioners into the new CAMHS contract. Since then, we have embedded a number of transformation schemes such as the HOPE services and other crisis support services. In early 2019 we conducted a major engagement with CYP, <http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=21&t=4> parents /carers and those working with children (in professional and voluntary sector roles). The feedback we received during the sessions provided the direction for our new emotional wellbeing and mental health strategy: *A thriving community of children and young people in Surrey*. The strategy is guiding our approach.

The Surrey system has a number of transformation initiatives in place, described in subsequent sections. These sections provide an update on progress since our last plan published in 2018.

This year's refresh enables us to draw on:

- The Children and Young People's Emotional Wellbeing Charter (2018)
- Findings and recommendations from engagement with children, young people, families, professionals and community organisations, led by the Dartington Service Design Lab (2019)
- *A Thriving Community of Children and Young People in Surrey; a strategy for their Emotional Wellbeing and Mental Health* (2019 - 2022)
- The work of the five Transformation themes, whose work is currently being developed or is already in progress (2019 - March 2020)

The plan will describe the transformation schemes already implemented and funded through CAMHS Transformation monies and set out new plans for the year ahead.

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

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

What do we need?

The work is under-pinned by priorities given to us by CYP and their families, the Surrey Joint Strategic Needs Assessment, the Dartington Service Design Lab Report and of course, our Strategy.

What have we done?

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

- Five current Transformation themes (2019)
- Crisis care services
 - HOPE and Extended HOPE
 - Children and Young Person's Haven (CYP Haven)
 - Paediatric Liaison
 - Inpatient Commissioning
 - Children's Intensive Support Service (CISS)
- Community Eating Disorder Service (CEDDS)
- Other Transformation Plan Priorities
 - Challenging stigma
 - Building capability and capacity
 - Perinatal Mental Health services
 - Increased Access to Psychological Therapies (IAPT)
 - Early Intervention in Psychosis (EIIP)
 - Youth Justice
 - Unaccompanied Asylum Seekers
 - Looked After Children

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

What difference has it made?

7

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

What next?

In each section we summarise the forward action plans. A summary of our transformation investment and transformation plan can be found in section 7. Section 3.2 describes the leadership and governance structure. Milestones and timelines are appended at the end of the document.

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

A call to action

Working together as a system, Surrey County Council (SCC), the Surrey Clinical Commissioning Groups (CCGs), schools, voluntary sector organisations and community groups have committed to supporting children and young people to have the best start in life at home, in school, with friends and in their community. A fundamental element of having this best start is their emotional wellbeing and mental health. In the words of children and young people:

'I want to feel loved by friends, family and adults in my life'

'I want to have hope that my life can get better'

'I want to have fun'

'I want someone to help me change difficult things in my life'

'I want to have coping strategies for when I am feeling anxious'

In the Surrey Children & Young People's Emotional Wellbeing & Mental Health Charter (2018) children and young people have described what they want:

Children & Young People's Charter

- ❖ I need to know that the right support is there when I need it, that I can access it quickly and that it is age appropriate. It should improve my emotional wellbeing and mental health
- ❖ I want the stigma around my mental health issues to be reduced because this will help me and my family to enjoy more positive mental health, be more resilient and manage challenges more independently
- ❖ I want to have more control over decisions that impact my emotional wellbeing and mental health and any care I receive
- ❖ I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same
- ❖ I need support as soon as I start to feel like I'm struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me
- ❖ I only want to tell my story to the people looking after me once
- ❖ I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community
- ❖ I worry about what will happen to my support when I reach adulthood. To make it easier for me I need to know that when I move into adulthood I will not lose my support
- ❖ I want the people who are supporting me to be competent and confident in supporting my emotional wellbeing and mental health

During early 2019 we completed a series of engagement events where children and young people and their families, teachers, GPs, social workers and care professionals came together with wider stakeholders to tell us more about what is important to them. Five broad themes emerged from these workshops, which helped us develop our Emotion Wellbeing and Mental Health Strategy 2019-2022. The strategy is closely interlinked with the ambitions we describe in the Surrey 2030 Plan, which sets out our partnership and our ambitions to shape a different culture, support and services for children and young people in Surrey. This is a whole system response to a whole system challenge – not just a commissioning strategy for SCC and the CCGs.

We also recognise the need for integrating care and ensuring that emotional wellbeing and mental health are prioritised equally to the physical health needs of children and young people.

Our pledge

7

To the children and young people of Surrey, to the parents, carers and friends in Surrey, to our community and to the committed teachers, social care professionals, health professionals and army of volunteers, we have listened to your feedback and we will focus on:

- Early intervention and community support
- Collaborative working
- Creating a navigable system
- Communication with children, young people and parents
- Environmental design

The strategy is not the last word on the topic, but rather the start of a conversation – a document to enact the Long Term Plan and set out a new direction of travel and something we can build on and evolve as we learn more and co-design the future together.



Whenever I tell my story it generally starts with 'I was always an anxious child'. For as long as I can remember I've gone through periods of having panic attacks and everyone just treated them as part of my personality and said it would settle down after a while, which it did until I turned sixteen. I began having multiple panic attacks a day, and even though I somehow always managed to make it into school, all I could focus on was the absolute terror.

Around this time, my mood was getting lower and lower and I began hurting myself as a way to cope. I was always very secretive about it, as I was about most things regarding my mental health, and this continued for another few months.

I decided to try going to the GP as I knew I couldn't keep going on the way I was. I was with the GP for three minutes, during which time she referred me to a website which, in her own words 'probably isn't very good'. It wasn't a great start to my recovery journey, and it took a good few months after that for me to even attempt to open-up again.

By this point I was struggling with anxiety, OCD, depression and an eating disorder. OCD tendencies I'd had for all my life were getting worse and much more frequent.

Eventually, I managed to speak to one of my teachers at school who was incredible and so understanding. She shared with me some of her own experiences and with her support, I met a mental health outreach nurse who I worked with for about a month. She referred me into the main body of CAMHS where I was put on the waiting list. After eight months, with some support provided along the way, I was allocated a psychologist who worked with me for a year, and quite literally saved my life.

She was the first person I felt able to open-up to about my eating disorder, and I was able to tell her about plans I had made to take my life. I not only managed to sit my A levels but passed them with good enough grades to get into my first choice University. After taking a gap year, I can happily say that I love being at University. I have been transferred to services there, and I know that even though I've come very far, I do still have a fair way to go, but overall, I'm so different to the girl I was four years ago.

I'm so grateful to everyone who's played a part in my journey, and I am genuinely looking forward to seeing what the future holds. I've got some amazing friends and have managed to get onto the highest-level competitive cheerleading team, and I'm looking forward to a life that is no longer dominated by mental illness

What my experiences have taught me about providing emotional wellbeing and mental health support to children and young people:

- having workers who can show empathy to children and young people and let them know that they aren't alone, that people do care, and that there is hope, is so important
- that services need to recognise that a one size fits all approach won't work, and instead a personalised, adapted approach will be so much more effective and helpful – care should be adaptable, flexible and person centred
- having a say in my care was very important to me – making care plans and safety plans is definitely a good idea
- earlier interventions and preventative care should be prioritised over curative care

1. Introduction

Together with our collaborative commissioning partners, this plan has been developed on behalf of the Surrey Clinical Commissioning Groups (CCGs):

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

NHS Guildford and Waverley CCG lead the commissioning of CAMH services for CCGs across Surrey, working in partnership with SCC.

This document is updated annually and provides detail on the work that has been undertaken in the past year, together with further work that is still needed. We asked ourselves the following questions for each of the key areas of work:

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

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

families to ensure the services we provide meet their needs and deliver the outcomes they have identified; building on the excellent engagement of our CAMHS Youth Advisors.

In March 2019 the Surrey Health and Wellbeing Board approved a new strategy: ***A thriving community and children and young people in Surrey - A strategy for their emotional wellbeing and mental health 2019-2022*** (February 2019). This strategy was informed by a series of engagement workshops with children and young people and their families and carers. The workshops comprised of 21 engagement events, in seven locations - Godalming, Dorking, Woking, Farnham, Staines, Ewell and Caterham. Approximately 200 professionals, 50 parents and carers, and 5 young people participated in these sessions. These engagement workshops (<http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>) provided valuable insight into understanding issues with the current mental health and support system in Surrey.

1.1. A summary of the new strategy (2019-2022)

Mental health is linked to every aspect of our lives, including physical health, the quality of our relationships, social inclusion and community safety. Children and young people's mental health is especially important as good mental health in childhood provides the foundations for good mental health later on.

There are over 287,600 children and young people, aged 0-19 living in Surrey and we remain committed to ensuring that Surrey's children and young people, aged 0 to 19 years, have good health (including mental health), are safe, well-educated and develop strong employment prospects.

It is estimated that half of all mental health conditions begin before the age of 14 and that over 10,000 5-15 year olds in Surrey have a mental health disorder. Prevalence of mental health disorders among Surrey's children and young people is estimated at 1 in 10 and 70% of children and young people have not had an appropriate intervention at a sufficiently early age.

Whilst Surrey is the fifth least deprived county in England there are pockets of deprivation within the county and 10% of children and young people in Surrey live in poverty check for [accuracy](#)

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 child or young person experiencing poor mental health. These factors, among others, include being vulnerable and in contact with social care.

Surrey has found recent challenges in delivering good mental health and emotional wellbeing support to children and young people, in line with the national picture there has been an increase in numbers of young people accessing local emotional wellbeing and mental services alongside a complexity of presentations.

The strategy was developed collaboratively between SCC and the six Clinical Commissioning Groups in Surrey. We listened to children, young people, families and our partners who have told us what they want and this strategy aims to promote good emotional wellbeing and mental health in our community and drive change. The strategy sits alongside this Surrey Local Transformation Plan to build our vision for the future for children and young people in Surrey.

The CYP Charter on page 7, developed by children and young people, states what children and young people want us to achieve. We are currently going through a major transformation that will place supporting children and young people well, at the right time and in the right place, at the centre of our future model. This is a model we will continue to develop with and alongside children, young people, their families and our partners.

The Surrey Emotional Wellbeing and Mental Health Strategy for CYP in Surrey, including the Children's Charter was approved by the Surrey Health and Wellbeing Board on the 7th March 2019. The strategy can be accessed at <http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>

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

Surrey aspires to join the schools based **Mental Health Support Teams (MHSTs)** in the Spring of 2020 to provide additional support to CYP through schools and colleges programme. MHSTs will develop models of early intervention on mild to moderate mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting. We recognise the ambitions set out in the **Green Paper- *Transforming children and young people's mental health (2017)*** that comprises of the following three core elements:

1. Incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
2. Fund new MHSTs, which will be supervised by NHS children and young people's mental health staff.
3. Pilot a four week waiting time for access to children and young people's mental health services.

Whilst Surrey is not currently a MHST site, we are none the less embedding the principles and approach into our local transformation work, including much more integrated working across schools, the community, social care and health services in our system.

2. Local Needs: Informing our Transformation Plan Priorities

2.1. What are CYP and families telling us?

The Dartington Service Design Lab report can be found at

<http://www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7>

The feedback from children, young people, their families and professionals was grouped into five key themes:

1. Early intervention and community support.
2. Collaborative Working.
3. Navigating the system.
4. Communication with parents and young people.
5. Environmental design.

CYP and their families and those working with them asked us to address each of the above areas.

1. Early Intervention and community support

- Focus on prevention and early action to help CYP and their family/carers cope whilst making sure the CYP can get specialist care if needed and during times of crisis.
- Allow the CYP to own their emotional wellbeing and mental health.
- Focus on supporting children to support themselves.

2. Collaborative working

- Break down organisational and professional boundaries to provide CYP with the right care.
- Listen and respect one another.
- Provide consistent care. We will do our best to keep the people caring for you the same.
- Support CYP to become adults and access adult services in a smooth and orderly way.

3. Navigating the system.

- Use information that can be easily accessed, understood and followed
- Provide CYP with tools for self-care, and recovery.
- Develop a service that makes the best use of people and places
- Communicate with parents, family/carers and CYP

4. Communicate with CYP and their parents

- Treat everyone as individuals, learn by listening and strive to provide outcomes
- Work with the whole family to support a community of confident, resilient and independent parents and siblings, – and set out what they can expect from the service
- Support parents, siblings, carers and friends to look after their own emotional wellbeing and mental health

5. Environmental design

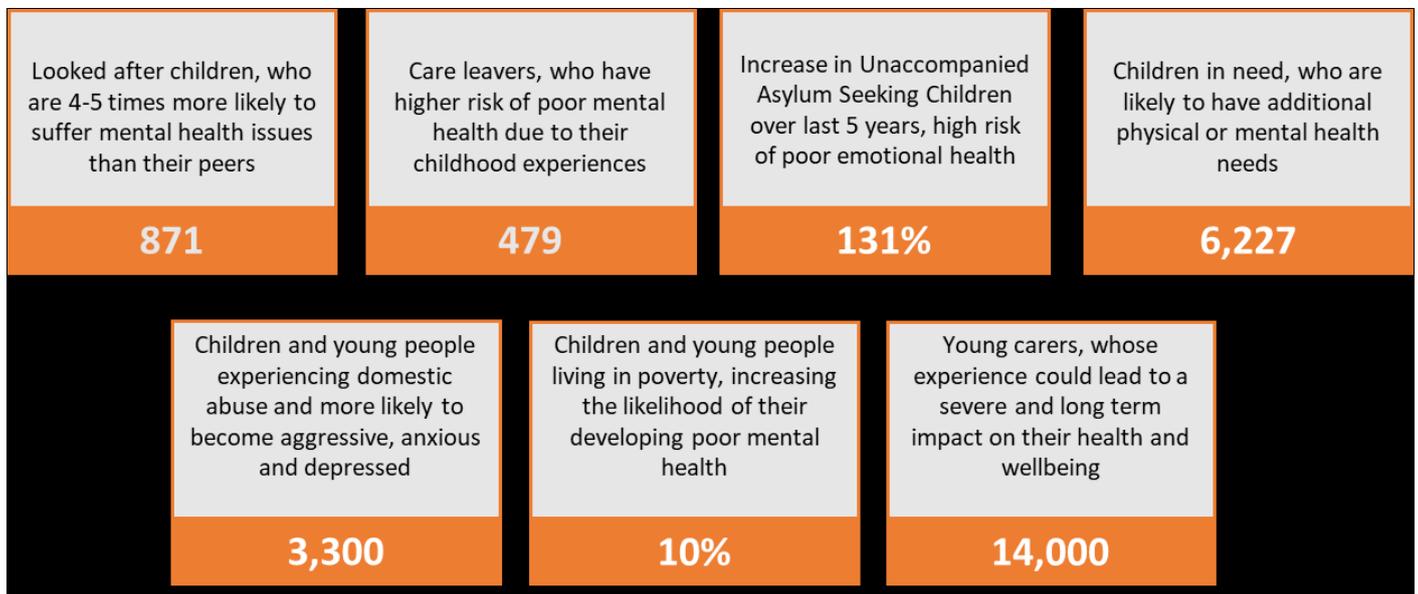
- Provide support and services locally and flexibly, minimising travel as much as possible.
- Make places where care is provided CYP friendly.
- Work with the community to use its strengths and assets to support CYP

Partners agreed to take into account and act on this feedback

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

Drawing on local data from the Joint Surrey Needs Assessment (JSNA/Surrey-i) we know that there are 287,600 children and young people aged 0-19 living in Surrey and it is expected that there will be a 14% increase in children aged between 10-14 years between now and 2022.

Figure 1: High risk group of children



2.2.1. Key factors influencing CYP's Mental Health and wellbeing

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

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

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

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

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

Figure 2: Risk and Protective Factors for Children and Young People's Mental Health

Risk Factors		Protective Factors
<ul style="list-style-type: none"> ✘ Genetic influences ✘ Low IQ, and learning disabilities ✘ Specific development delay ✘ Communication difficulties ✘ Difficult temperament ✘ Physical illness ✘ Academic failure ✘ Low self-esteem 	 Child	<ul style="list-style-type: none"> ✔ Secure attachment experience ✔ Good communication skills ✔ Having a belief in control ✔ A positive attitude ✔ Experiences of success and achievement ✔ Capacity to reflect
<ul style="list-style-type: none"> ✘ Family disharmony, or break up ✘ Inconsistent discipline style ✘ Parent/s with mental illness or substance abuse ✘ Physical, sexual, neglect or emotional abuse ✘ Parental criminality or alcoholism ✘ Death and loss 	 Family	<ul style="list-style-type: none"> ✔ Family harmony and stability ✔ Supportive parenting ✔ Strong family values ✔ Affection ✔ Clear, consistent discipline ✔ Support for education
<ul style="list-style-type: none"> ✘ Bullying ✘ Discrimination ✘ Breakdown in or lack of positive friendships ✘ Deviant peer influences ✘ Peer pressure ✘ Poor pupil to teacher relationships 	 School	<ul style="list-style-type: none"> ✔ Positive school climate that enhances belonging and connectedness ✔ Clear policies on behaviour and bullying ✔ 'Open door' policy for children to raise problems ✔ A whole-school approach to promoting good mental health
<ul style="list-style-type: none"> ✘ Socio-economic disadvantage ✘ Homelessness ✘ Disaster, accidents, war or other overwhelming events ✘ Discrimination ✘ Other significant life events ✘ Lack of access to support services 	 Community	<ul style="list-style-type: none"> ✔ Wider supportive network ✔ Good housing ✔ High standard of living ✔ Opportunities for valued social roles ✔ Range of sport/leisure activities

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

2.3. High Risk Groups

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

- **Parental Mental Health**

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

- **Looked After Children**

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

- **Unaccompanied Asylum Seeking Children (UASC)**

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

- **Care Leavers**

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

- **Children in Need (CiN)**

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

- **Special Guardianship Orders and Adoption**

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

- **Special educational needs and disability (SEND)**

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

- **Sexual abuse, Harmful Sexual Behaviour (HSB) and Child Sexual Exploitation**

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

- **LGBT+ (Lesbian Gay, Bisexual, Transgender and Questioning)**

If a young person identifies themselves to be LGBT+ they are more likely to suffer from poor emotional wellbeing and mental health. According to the mid-2015 population estimates for Surrey there are around 4,000 people aged 11 to 15 in Surrey who are lesbian, gay or bisexual.

- **Gypsy Roma Traveller Families (GRT)**

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

- **Black and minority ethnic (BAME)**

Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. In general, young people from black and minority ethnic groups are more likely to be diagnosed with mental health problems and may experience a poorer outcome.

- **Domestic Abuse**

SafeLives estimates that in Surrey that there are approximately 3,500 children (Operation Encompass) living in homes where there is domestic abuse (DA), with national data indicating that 50% of perpetrators have mental health needs. CYP who experience DA are more likely to become aggressive, anxious, depressed, have poorer educational outcomes and display anti-social behaviour.

- **Substance misuse**

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

- **Bullying**

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

- **Fostered Children, Young People and their carers**

There are currently 982 children looked after by SCC with 697 of those children in foster care. Out of those in foster care, 251 children are placed with external fostering agency carers which could mean the children have been moved out of Surrey.

- **Young People in the Justice System**

Any behaviour that breaks the law and that comes to the attention of the Youth Justice Service is deemed as an offence. About 60% of Young Offenders who are in a secure setting have an

EWMH problem, with some may also experiencing poverty, abuse, trauma, school exclusion or could have been a Looked After Child.

What next?

During the latter part of 2019/20 and into 2020/2 we shall be reviewing uptake of CAMHS services by vulnerable and potentially vulnerable groups of CYP against our population profile. We have agreed a piece of work where public health will support with providing information about our current profile, including proportion of BAME CYP in Surrey so that we can check we are meeting the needs of our population of young people. Our aim is to ensure that we are sighted on and reducing inequalities in the system.

3. Alignment with Surrey's Integrated Care Systems

7

3.1. Background

The Surrey population is served by two Integrated Care Systems (ICS). The majority of Surrey is covered by Surrey Heartlands ICS which includes the following organisations listed in figure below:

Figure 3: Surrey Heartlands ICS partners



The slide titled "Surrey Heartlands Health & Care Partnership" features the NHS and Surrey logos. It defines the partnership as a wave 1, devolved ICS focused on transforming health and care. A list of partners is provided, including Ashford and St Peter's Hospitals NHS Foundation Trust, CSH Surrey, East Surrey CCG, Epsom and St Helier University Hospitals NHS Trust, First Community Health and Care, General practice (represented as a provider), Guildford and Waverley CCG, Local Medical Committee, NHS England and NHS Improvement, North West Surrey CCG, Royal Surrey County Hospital NHS Foundation Trust, South East Coast Ambulance Service NHS Foundation Trust, Surrey and Borders Partnership NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust, Surrey County Council, and Surrey Downs CCG. The slide also mentions other stakeholders like GP Federations and Primary Care Networks, and notes that the Partnership MoU is a formal commitment of all members. A vertical navigation menu on the right includes "Our Plan", "Quality", "Financial Planning", "People", "Innovation", "Risk", and "Growth". A page number "2" is in the bottom right corner.

- NHS Surrey Heath Clinical Commissioning Group,
 - NHS North East Hampshire and Farnham Clinical Commissioning Group
- are part of the Frimley ICS with an approximate population of 850,000 people.

The following figure outlines health, social and voluntary sector partners of the Frimley ICS.

Figure 4: Frimley Health and Care ICS partners

Frimley Health and Care

System partners

- NHS Commissioners
 - Bracknell and Ascot CCG
 - North East Hampshire and Farnham CCG
 - Slough CCG
 - Surrey Health CCG
 - Windsor Ascot and Maidenhead CCG
- Acute care provider
 - Frimley Health NHSFT
- Mental health and community providers
 - Berkshire Healthcare NHSFT
 - Southern Health NHSFT
 - Surrey and Borders NHSFT
 - Sussex Partnership NHSFT
 - Virgin Care
- GP out of hours providers
 - East Berkshire Primary Care
 - North Hampshire Urgent Care
- Ambulance Trusts
 - South Central Ambulance Service NHS FT
 - South East Coast Ambulance NHS FT
- County Councils (including Public Health)
 - Hampshire
 - Surrey
- GP Federations
 - Bracknell Federation
 - Federation of WAM practices
 - Salus GP Federation (North East Hampshire and Farnham)
 - Slough GP Federation
 - The Surrey Health community providers
- Unitary Authorities (including public health)
 - Bracknell Forest Council
 - Royal Borough of Windsor and Maidenhead
 - Slough Borough Council
- District and Borough Councils
 - Guildford Borough Council
 - Hart District Council
 - Rushmoor Borough Council
 - Surrey Heath Borough Council
 - Waverley Borough Council

ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEALTH • WINDSOR

As part of our shared commitment to effective collaborative working the ICSs come together through the Surrey HWBB and the Surrey Strategic Health and Care Collaborative. Collectively all system partners have agreed a new 10-year Joint Health and Wellbeing Strategy for Surrey.

The strategy sets out three priorities and identifies five population groups as outlined in figure 5:

Figure 5: Surrey health and wellbeing priorities

Strategic Priorities - Health and Wellbeing

The 10 year strategic plan for Surrey will play a critical part in achieving the 'Community Vision for Surrey in 2030', focusing on three priority issues: fulfilling potential, leading healthy lives and having good emotional wellbeing. To avoid any cohorts of the population behind left behind, Surrey will focus on tackling these priority areas across the entire population, as well as within some specific target population cohorts which are often overlooked or most at risk.

Priority areas of focus

- Helping people in Surrey lead healthy lives**
 - 1.1 Working to reduce obesity and excess weight rates
 - 1.2 Enabling prevention and treatment of increasing risk and harmful drinking
 - 1.3 Ensuring that everyone lives in good and appropriate housing
 - 1.4 Promoting prevention to decrease incidence of serious conditions and diseases
 - 1.5 Helping people to live independently for as long as possible and to die well
- Supporting the emotional wellbeing of people in Surrey**
 - 2.1 Enabling children, young people, adults and elderly with mental health issues to access the right help and resources
 - 2.2 Enabling emotional wellbeing of mothers throughout and after their pregnancy
 - 2.3 Preventing isolation and enabling support for those who do feel isolated
- Supporting people in Surrey to fulfil their potential**
 - 3.1 Enabling children to develop skills for life
 - 3.2 Enabling adults to succeed professionally

Target Population Cohorts

- General Population
- Children with SEND and Adults with Learning Disabilities and / or Autism
- Young and Adult Carers in Surrey
- People who need support to live with illness, live independently, or to die well
- Deprived or vulnerable people

1

3.2. Leadership and Governance

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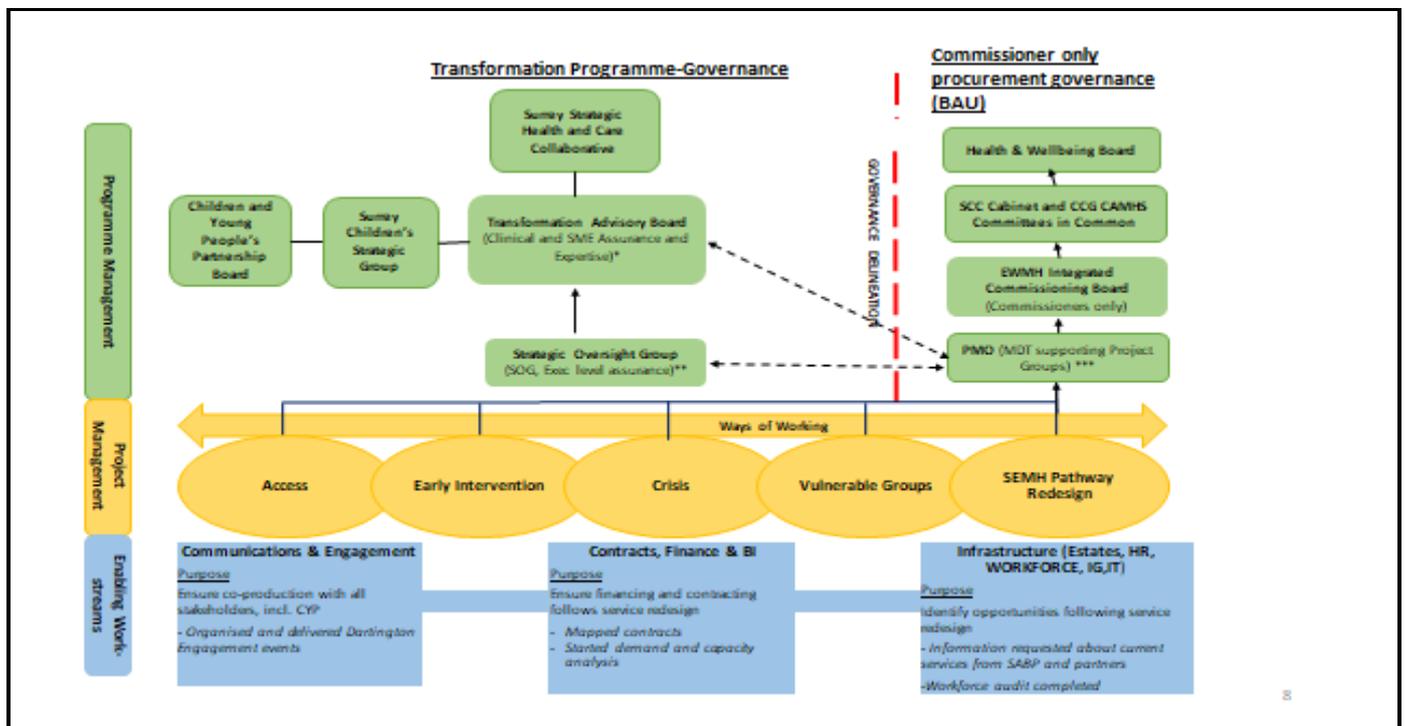
Mirroring the wider system arrangements, Surrey has an effective partnership that supports oversight of performance, delivery and opportunities to improve CAMHS services across the system:

The governance structure for our transformation (Figure 6) enables system oversight of the implementation of all elements of the Surrey CAMHS Transformation Programme. There is wide representation from voluntary and third sector organisations, together with CYP and their families in order to ensure that we fully involve them at all stages. The Transformation Advisory Board provides a forum for scrutiny by the wider system, as a partnership of commissioners, providers, VCS, schools, children’s and family representatives across the system.

System partners have developed action plans for the five transformation themes shown in the diagram, which are described in section 2.1 of this document.

The governance structure is kept under review. The following diagram outlines the governance arrangements of the programme.

Figure 6: Surrey Heartlands ICS governance structure



In addition to the Transformation Programme Governance set out in Figure 6 above, our regular performance and reporting cycle includes review of the Provider dashboard, quality reports and associated documents at the monthly Commissioners Forum, CQRM and CRM meetings.

4. Reflecting on our Transformation Journey to-date

The annual update of our plan gives us the opportunity to review and reflect on our achievements over the past year and look forward in our plans for future developments. This has been an exciting year with the development of our young people's charter, the engagement work and the approval of our new five-year strategy. We have also come together as a system to use the i-Thrive framework

4.1. What do we need?

Section 2 summarised key needs highlighted within our JSNA, in our engagement work and crystallised in our strategy

4.2. What have we done?

During late 2018, SCC, the CCG and SABP commissioned a Joint Independent review of CAMHS in Surrey. The Report recommended the implementation of a CAMHS Interim Plan to start addressing some the most pressing needs including clearing the backlog of children waiting for assessment, whilst longer term transformation plans were developed. The Interim Plan model was based on six key lines of enquiry, including analysis of data from around 200 people. The report then set out a series of findings and recommendations for the future leading to the development of the EWMH strategy.

Following the approval of the emotional wellbeing and mental health strategy in March 2019, system commissioners agreed to an extension of the current contract with our main children's mental health service provider, for a further two years. This would enable system leaders, managers and staff to accelerate the transformation plan prior to any re procurement. With this in mind a new and extensive programme of work has been launched to design and deliver a coordinated whole system transformation.

The transformation phases are summarised in the figure 7.

Figure 7: Our transformation stages

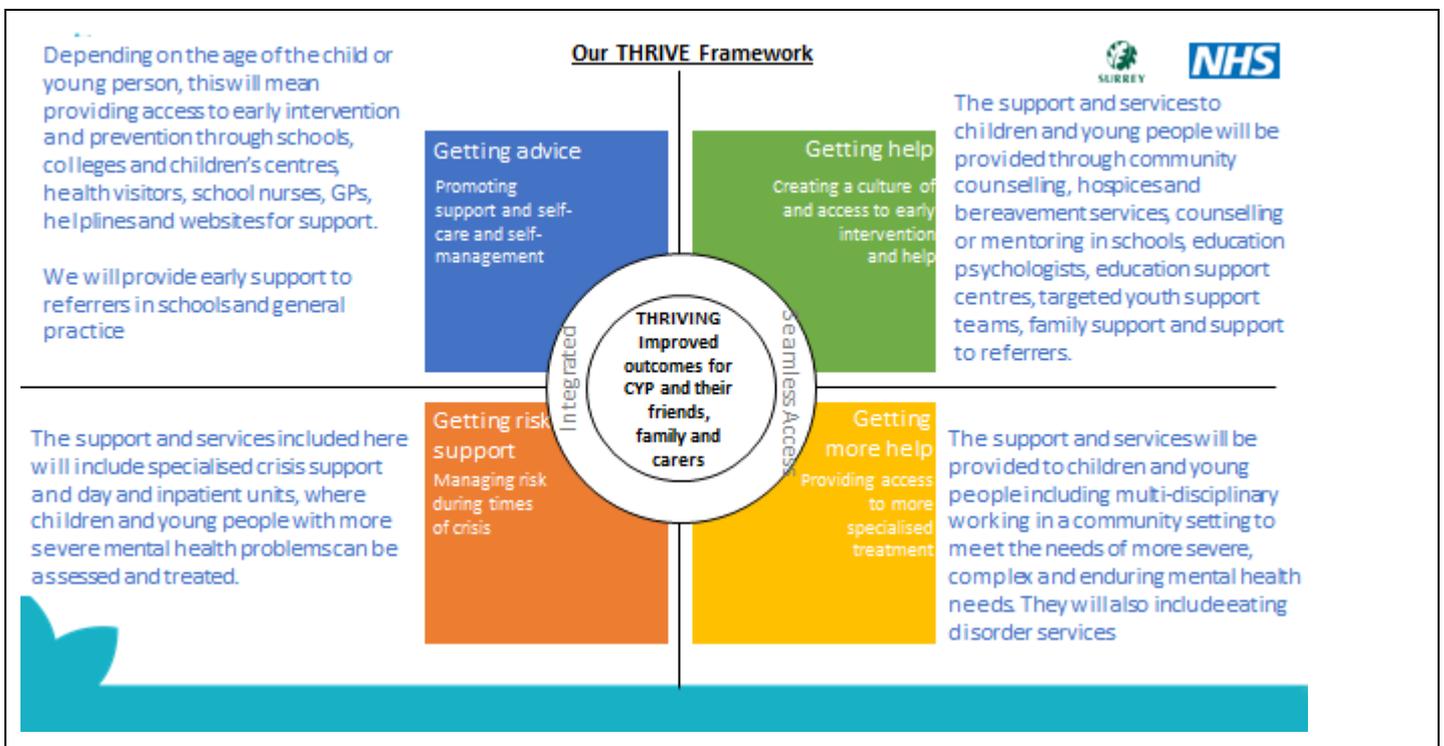


4.2.1. Surrey’s i-Thrive framework

As a system, Surrey agreed to adopt the i-Thrive framework. The i-Thrive framework is an integrated, person-centred, and needs led approach to delivering mental health services for children, young people and their families.

In February 2019 we invited the i-Thrive team from Anna Freud Centre to start working with us on the implementation of the i-Thrive framework and the transformation themes.

Figure 8: i-Thrive framework



We have agreed to focus on the following five transformation themes summarised in figure 9.

Figure 9: Our five transformation themes

Surrey Heartlands HEALTH AND CARE PARTNERSHIP		EWMH Transformation Programme Themes			01Apr19	SURREY	NHS			
Evaluation between December 2019 and March 2020										
Access	Early Intervention	Social, Emotional & Mental Health (SEMH)	Vulnerable Groups	Crisis						
<ul style="list-style-type: none"> Ensure alignment of SCC, SH and SABP front door and contact centre with the right professionals offering a graduated response at the right time This new model will be part of system-wide changes to the front door across the council and health Bring clinical expertise to triage Improve digital access to information and support Ensure swift access to crisis response where needed 	<ul style="list-style-type: none"> Consider links with proposed Early Help and Family Support Hub Identify VCS organisations to work alongside in providing early intervention Provide new service models in 3 school clusters (primary, secondary and special) as Accelerator Sites to deliver early help services differently Support schools to create a culture of promoting resilience Consider digital models of self-help 	<ul style="list-style-type: none"> Work with a cluster of schools to provide a different model of support for CYP with behavioural, emotional and neurodevelopmental disorders (ASD, ADHD) Front-load provision at the early intervention end of the pathway To be run in conjunction with a theme of SCC SEND transformation programme 	<ul style="list-style-type: none"> Expand the remit of the existing service for LAC, Care Leavers, CSA, and post-adoption support to include other vulnerable groups including Children in Need, Work with this expanded cohort using tried and tested methods of support, as well as early intervention services such as music, sports, arts groups. 	<ul style="list-style-type: none"> Review the commissioning of, and maximise opportunities to commission through our ICS rather than through NHSE. Look at expanding HOPE to build on this successful programme which keeps CYP out of long-term inpatient beds Ensure the right response is in place for incoming crisis referrals 						
Workstream Lead	Workstream Lead	Workstream Lead	Workstream Lead	Workstream Lead	Headteacher on secondment			Workstream Lead		
Enabling Workstream: Communications & Engagement, Contracts, Finance & BI, Infrastructure (Workforce, Estates, HR, IG, T)										

4.3. What difference has it made?

4.3.1. Existing transformation schemes

We have a number of established transformation schemes in the service provider’s contract as well as the implementation of the CAMHS Transformation Plan resulting in significant improvements to services, in particular those relating to crises. These are detailed in sections 5 and 6.

- Community Eating Disorders Services
- HOPE and Extended HOPE
- CYP Havens
- Paediatric Liaison Service
- Children’s Intensive Support Services (for CYP with learning difficulties and ADHD/ASD)

4.3.2. Improving access to CAMHS

7

The Five Year Forward View for Mental Health (2015) required that we delivered on increased access to CAMHS around 25% to at least 35% by 2020/2021. Surrey CCGs worked closely with the main provider and their partners, SCC and voluntary sector organisations to flow data into NHS Digital and improve access targets. The CCG has commissioned a third party consultant to offer these organisations guidance and support and enable them flow data without difficulty.

To date all organisations except two VCS (Jigsaw and Disability Challengers) are flowing data into the MHSDS. It is anticipated that these two organisations will commence data flow by end of October 2019.

The following table demonstrates the improvement in access target achieved by each of the Surrey CCGs for 2018/19 against the NHS England mandated target of 32% for that period.

Table 1: 2018/19 CYP mental health access targets of Surrey CCGs (June 2019)

CYPMH Access 2018/19 Performance Summary			
CCG Name	Access	Prevalence	Performance
East Surrey	1344	3248	41.4%
Guildford & Waverley	1255	3409	36.8%
North East Hampshire & Farnham	1308	3750	34.9%
North West Surrey	2332	6052	38.5%
Surrey Downs	1505	2000	75.3%
Surrey Heath	558	1610	34.7%

*NB: Provisional access figures from annual CCG validation submissions to NHSE.
Surrey Downs prevalence reset for 2019/20 (to 4839) inline with PHE based estimates used by other CCGs.
Access - number of individual children and young people aged under 18 receiving treatment.*

Notwithstanding that all CCGs have achieved their access targets, SABP have embarked of a CAMHS Improvement and Development programme. This includes

- Addressing the backlog of referrals:
 - Additional staff trained to score referrals
 - Direct referrals of inter-team referrals
 - Review of routine cases for counselling by partner organisations
 - Additional funding from commissioners

- Digital development for robust triaging
 - Mental Health Triage Scale Priority tool for GP referrals
 - CYP IAPT assessment tool
 - Categorisation of service users
- Improving CAPA approach
 - Pilot to commence in November 2019
- Redesigned workforce model
 - Supported by a MDT team and additional administrators
 - Plans to introduce technological process if appropriate
- Self-help support and digital information including good referral guide
- Collection of feedback
- Future focus areas
 - Self-referral pilot in schools
 - Improved systems integration
 - Collaborative working with SCC

Clinical outcomes and paired scores for service users are captured and reported via Checkware and SystmOne. There were delays relating to software and internal testing resulting in the 'Go-Live' date being postponed to October 2019. On the request of Commissioners work is underway to scope the process for uploading 3 months backdated information.

4.4. What next?

In Section 5, we describe initiatives supporting the CAMHS Transformation programme:

- Five new transformation themes
- Challenging stigma
- Building capability and capacity- developing our workforce
- Perinatal Mental Health Services
- Increased Access to Psychological Therapies (IAPT)
- Early Intervention in Psychosis (EIIP)
- Youth Justice
- Unaccompanied Asylum Seekers
- Looked After Children

5. Our Transformation Programme themes

7

The Surrey system already has a number of existing transformation initiatives in place and these are described in subsequent sections. These sections provide an update on progress since our last plan published in 2018.

Work has commenced on the five transformation themes. The business case for the Early Intervention and Community Support priority has been approved for the establishment of three Accelerator sites. Accelerator sites involve provision of early help and support to CYP. The service model will work with three clusters of schools to deliver early help services differently, promote resilience, consider use of digital self-help as well as provide an opportunity to test the model in the ICSs Children's Hub.

The five themes of the EWMH Transformation programme and the progress of each of these can be found at: www.guildfordandwaverleyccg.nhs.uk/info.aspx?p=7

5.1. Five Transformation themes

We begin this section with what we aim to achieve and where we are with the progress with each of these themes at a point a time. Regular updates are available at:

<http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=21&t=4>

- Access
- Early Intervention
- Crisis
- Vulnerable groups
- SEMH pathway redesign

5.1.1. Access theme

Our ambitions

- Implement one front door that offers multi-agency triage, signposting and advice
- Enable our workforce to provide a graduated and multi-disciplinary response and embed 'getting advice' across services and processes through cross-system leadership
- Ensure that early and emerging concerns are actively identified and families are supported with evidence-based interventions from the first contact including interim support
- Effectively and efficiently deploy skills to manage growing demand, supported by streamlined processes and a shared view of demand, capacity and performance
- Improve digital access to information and support such as virtual counselling
- Establish clear self-referral pathways

Progress so far

- Improvements to the single point of access to improve decision-making and risk management
- Trajectory and action plan to minimise delays at SPA
- Work underway to improve the way information is captured
- SCC working with CYP including apprentices on improvements to digital applications
- SABP achieving significant uptake of Kooth
- SCC/SABP action plan for integration agreed and common language being established

5.1.2. Early intervention theme

Our ambitions

- Increased Primary Mental Health Worker resource for consultation, training and brief interventions linked to schools
- Develop a model to establish all schools to become Emotionally Healthy Schools
- Increase the role for VCS working directly with schools
- Make Schools/GPs more aware of support available for children's wellbeing and mental health within local communities

Progress so far

- Recruitment of PMHWs
- Work with schools to deliver projects within Accelerator Sites using the whole schools approach, commenced autumn term 2019.
- Establish Sharing and Collaboration Networks related to CYP's emotional wellbeing
- Sharing of existing local and national good practice within schools in Surrey

5.1.3. Vulnerable groups theme

Our ambitions

- Promote resilience for this cohort that is established in the community but which Children in Need may need additional support to access CAMHS.
- Provide direct access to therapeutic support for these CYP through our multi-disciplinary teams
- Integrate local voluntary and community sector in collaboration with community connectors

Progress so far

- Bid submitted for funding
- Finalised working methodology and identified interdependencies
- Site selection and finalise service/design roles
- Recruitment of PMHWs and Community Connector/s

5.1.4. Social & Emotional Mental Health theme

Our ambitions

- Revise the existing BEN Pathway
- Link with SCC SEND/LD work
<https://www.surreylocaloffer.org.uk/kb5/surrey/localoffer/home.page>
- Improving support for CYP/Families in Accelerator Site areas.

Progress so far

- Establish SEMH Accelerator Site
- Mobilisation including recruitment
- Co design and develop projects with schools within Accelerator sites
- MDT review of BEN Pathway
- Agree the role of Council school support services to help schools manage behaviour

5.1.5. Crisis care theme

Our ambitions

- Establish a full range of services across all relevant agencies for all CYP to support them including a pathway for trauma and emotional regulation
- Establish a multi-agency approach with joint accountability, integrated pathways, improved communication and information sharing and close working with education and criminal justice.
- Develop innovative models of care build on best practice to avoid unnecessary admission and support discharge.
- Have shared responsibility for planning, decision-making and the financial approach across the whole pathway.

Progress so far

- Business case for Tier 4 specialist commissioning model in Surrey refreshed
- Discussion with New Models of Care team (NCM) and Regional Specialist Commissioning Team about a local Tier 4 offer and a potential business case for bed provision in Surrey
- Engagement with Thames Valley NCM and South London Partnership NCM about joint working

The following sections update progress relating to our existing transformation initiatives, using the same format and we have asked ourselves,

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

5.2. Challenging stigma

5.2.1. What do we need?

We need to challenge stigma. This includes not only the need to talk about and look after our own health, but also the wellbeing and mental health of others. It involves educating and encouraging all young people in Surrey to take practical steps in looking after their own wellbeing as well as supporting others. Work is also being undertaken to ensure continued engagement of CYP in the process of developing new services in order to ensure that they reflect their needs. This includes ensuring their involvement in the evaluation and feedback processes of services that are being set up, to ensure services make a real difference to CYP and their families.

5.2.2. What have we done?

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

services to get more involved in service planning and in the decision making process of the care they receive.

Surrey also offers '*Everybody's Business*' training; an interagency basic child and adolescent mental health awareness for staff and volunteers who work directly with children and young people. This is a two-day course which aims to increase mental health awareness for front-line staff and volunteers, improving access to mental health advice and support for children and young people across Surrey. To-date 200 people have attended the course. In addition to CYA and '*Everybody's Business*' training, Surrey has a cross-sector alliance which recognises Surrey's challenge to change the stigma surrounding mental health problems. The alliance was established after engaging with individuals, groups and organisations in 2012, who told us more needs to be done to tackle the issue, with SCC being the first County Council in England to sign up to the national Time to Change pledge, to ensure we challenge stigma across Surrey.

The team undertake a wide range of projects, focus groups, consultancy services and provide advocacy support in order for children and young people from all backgrounds to have their voices heard including challenging stigma in mental health, providing peer support, aid recruitment, staff training and service development. The aim of the team is to shape and deliver services that work better for all, and to educate and inform frontline workers, from all professions, on ways to achieve better outcomes.

The team ensures that children and young people have an integrated voice in the services that affect them and support children and young people to facilitate service user led projects that ultimately improves the user experience. Due to these experiences the team are extremely passionate and well placed to support both the delivery of the projects, as well as children and young people through the journey of sharing and participating.

The UVP team attend and facilitate CAMHS Transformation workshops, work with the senior management of SCC on the SEND Transformation strategy and are committed to a number of education programmes.

The UVP team staff the four CYP Haven's across Surrey on a seven-day rota, providing advocacy based support to those CYP in an emotional wellbeing and mental health crisis. They facilitate nine focus groups per month for children and young people who access or have accessed Emotional Wellbeing and Mental Health services and/or Special Educational Needs and Disabilities Services to shape and influence service and practice. Their own support comes from a senior supervisor from the UVP team, who provides peer mentoring for CYP attending the CYP's Haven including youth apprentices.

Following is a summary of activities undertaken by the UVP team/CYA since April 2018

- 39 RAISE (Raising Awareness in Schools through Experience) emotional well-being workshops engaging with 2500 students as well as RAISE events with Parents and Carers.
- 15 SSHAW safeguarding and self-harm awareness workshops, including Universities, Clinical Students, School Nurses, Hospitals, Doctors, Nurses, Paediatricians.
- Facilitated 5 'We Can Talk' Training days
- 3 Transition workshops
- 4 Teacher workshops attended by 80 teachers
- 2 Parent and Carer Advisory Network attended by 70 parents
- 3 "Our Perspectives" for 50 professionals, including one dedicated to All Age LD

NHS England invited us to participate in a regional Amplified Programme facilitated by Young Minds to deliver on the NHS Participation standards and Regional goals. The programme helps build participation in every part of the children and young people's mental health system.

5.2.3. What difference have we made?

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

5.2.4. What next?

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

- All mental health providers are asked to mandate their staff to attend 'Our Perspective' delivered by the UVP team and facilitated by CYA. This training aims to change perspectives, practice and culture, promoting a positive awareness of the emotional journey experienced by young people who access mental health services, where professionals experience what it is really like to be 'on the other side'

We will not only continue to realise our partially fulfilled commitments of last year, but also turn to what CYP have told us since. Fortunately, Surrey has an enviable UVP team so this was an opportunity to strengthen our ongoing work by bringing young people and clinical and commissioning staff together to consider how to co-produce a CYP MH workforce strategy with young people so that their needs and preferences are taken in to account when planning the workforce of the future.

5.3. Building capability and capacity in Surrey's universal services

5.3.1. What do we need?

We recognise the need to improve both capacity and capability of universal services to support our prevention and early intervention strategy. Providing help and support to CYP at an early stage through Health Visitors, School Nurses and education, enables this early intervention and helps reduce the need for more specialist CAMHS. The Healthy Child Programme provides a framework for services to assess and support children and their families. Health Visitors alongside School Nurses and partner organisations ensure the delivery of the Healthy Child Programme. A core aspect of the Healthy Child Programme is to ensure good emotional mental health and wellbeing of children and their families. Ensuring good Maternal Mental (Perinatal) Health is one of the 6 high impact areas for health visiting.

5.3.2. What have we done?

The HV offer is 5 universal contacts-

Antenatal contacts take place from 28 weeks of pregnancy. Safeguarding concerns or very serious MH concerns would be seen and HV's liaise with the midwives and safeguarding leads for midwifery and 0-19 teams may also be involved.

New birth contact - Mums and babies are visited 10-14 days post-delivery. This visit is usually at home, but families may be invited into a clinic setting. If issues/concerns are noted at this visit a mum/baby may be followed up.

6-week contact - this contact is usually at home, but are also offered in a clinic or via telephone.

1-year review - Families are sent an Ages and Stages developmental questionnaire and asked to complete it and return. These are triaged by the HV team and appropriate interventions are provided including face to face review if necessary

2.5-year review - Families are again sent an age appropriate Ages and Stages questionnaire and invited in for a face to face review to which they are asked to bring the completed questionnaire.

HV's work closely with PIMH and PNMH services to refer mums and babies as appropriate.

The proportion of maternal mood reviews completed by the time a child is 6-8 weeks of age varies across Surrey from 40-90%. Health Visitors are key to supporting the maintenance of breast feeding which can help with early attachment. They also link and refer to services and groups at children centres that can help mothers access the support they require in the early days of parenting.

Primary Mental Health Workers deliver Targeted Mental Health in Schools (TaMHS) and their offer to schools is currently being refreshed. Really good engagement is being demonstrated, justifying the demand for further support to schools to increase capability.

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

Based on the 5 ways to Wellbeing, Eikon created Head Smart, a peer-led wellbeing ambassador programme funded by Mindsight Surrey CAMHS. For 2018/19 we have worked directly with 400 young people in over 36 primary and secondary schools, with over 1200 students. They received a training programme and resources to develop wellbeing ambassadors in their own schools. Following this they developed their own activities within their schools to help other students think about their own mental health as well as educate others in practical things to promote wellbeing.

5.3.3. What difference it has made?

We want to ensure that mothers and their children receive the support they need to maintain good emotional mental health and wellbeing. The variation in maternal mood assessments will continue to be addressed through Surrey's Community Health Providers. Sign posting and support for mothers, from the outcome of this assessment can then be further improved. All 391 maintained and academy primary, secondary and special schools, colleges and 20% of independent schools

are active participants in the Surrey TaMHS approach, with teaching and non-teaching staff confident and better equipped to support children and young people effectively.

The wellbeing ambassadors programme received positive feedback and helped schools proactively identify and address targeted issues like encouraging students to be more active, talk about feelings and resolve relationship issues. One school has gone on to create a “Sunshine Box” of ideas to help relieve anxiety and stress.

Our intention is to strengthen and extend our statutory Special Educational Needs and Disability (SEND) Local Offer to include a mental health and emotional well-being offer which would enable access to a continuum of support for children and families in and around schools; with 95% of schools publishing their own offer in the course of this plan.

5.3.4. What next?

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

- Working with SCC Area Education Officers to support schools to enhance their emotional wellbeing and mental health offer to children and young people as well as promote good practice
- Working to support schools develop and expand their SEND local offer to include organisations who are accredited through the ACE –V.
- Schools identify a named strategic mental health lead to develop whole school approaches with an operational mental health leads that would be responsible for mental health in schools, signposting to expertise and support where concerns about individual children and young people could be discussed and to identify issues and make effective referrals.

We expect the focus from the Green Paper and our local work with the Accelerator sites to provide additional support to schools, also noting positively the increased emphasis on emotional wellbeing in the OFSTED inspection framework.

During 2020, we will explore joining the Anna Freud Schools Link Programme, to enhance the offer of support to and via schools.

5.4. Perinatal Mental Health services

5.4.1. What do we need?

Universal services work with women in the perinatal period and some roles and pathways have been developed to respond as a priority such as IAPT services. The CCGs and Council jointly commission a parent and infant mental health service to support expectant parents and parents working with health visitors. Additionally, we have Family Nurse Partnership working closely with midwives in maternity services. This service needs to be built upon to help identify and refer expectant parents proactively into the service.

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

5.4.2. What have we done?

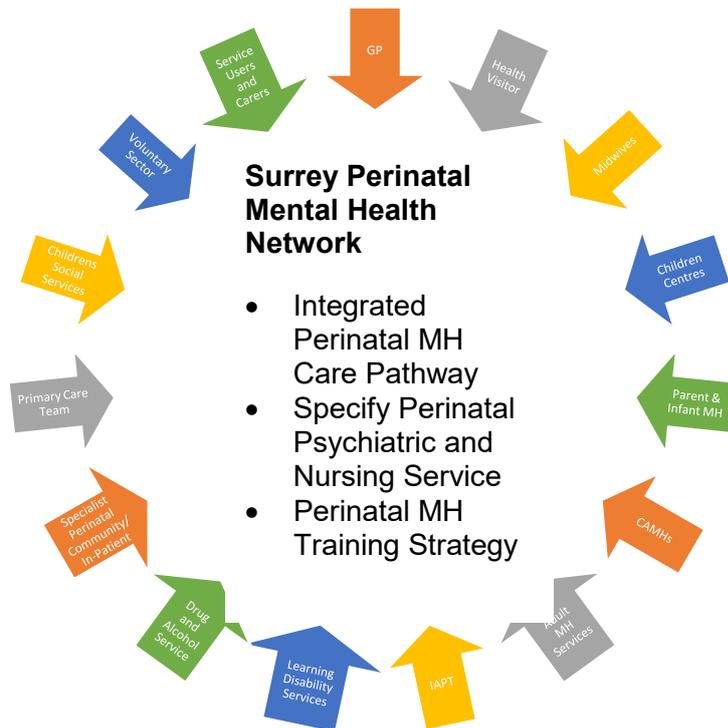
Following the successful bid application, NHSE South East Clinical Network (SECN) allocated non-recurrent funding to SABP in March 2018 to support the establishment of a specialist PNMH service across the Surrey.

The service was established and commenced in October 2018 received 144 referrals in the first quarter of operation - offering treatment to 115 women. Referrals in (March 2019) were of a similar volume. Over year one of operation of the new service is on track to achieve the trajectory of 550 women.

Significant increase in referrals was observed in the first quarter of 2019/20 year and the trend seems to continue. 27 of the 165 referrals in the first quarter were urgent, with 45% of referrals antenatal and 35% postnatal, 2-4% were pre-conception. The service has excellent waiting times between 1 and 35 days in majority of cases. All vacancies including a psychology team have been recruited to, with start dates around the end of quarter 2.

The service works closely with other services (see figure below), especially IAPT services to enable new parents to access talking therapies.

Figure 10: The Surrey Perinatal Mental Health Network



5.4.3. What difference has it made?

The network has brought together key partners across the system and enabled us to agree a model that best meets the needs of women and their families in Surrey.

5.4.4. What next?

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

The service is gearing up to ensure teams are equipped to make informed and risk-assessed referrals with confidence, and in the best interests of mother, baby and their wider family and complete recruitment.

The service has had its first Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) inspection and working towards accreditation.

The team is also working with regional networks in Sussex and Kent to harmonise/standardise care and ensure continuity and smooth transitions of service users

5.5. Increased Access to Psychological Therapies (IAPT) - Children and Young People

5.5.1. What do we need?

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

5.5.2. What have we done?

To date, we have supported a total of ten staff from both statutory and voluntary organisations attend a range of courses, including cognitive behavioural therapy (CBT), counselling and supervision. The CYP IAPT and

Workforce Programme Board was set up to oversee the implementation of CYP IAPT. During the latter part of 2018/2019 the focus of the programme shifted towards workforce development. The CCG and the wider system partners reviewed existing membership and updated the terms of reference. SABP and their partners participated in a workforce audit was undertaken using the Matrix tool kit that led to the development of the Matrix Report along with findings and recommendations. More details of the report can be found in Section 8



5.5.3. What difference has it made?

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

- Value and facilitate authentic participation of young people, parents, carers and communities at all levels of the service
- Provide evidence-based practice and are flexible and adaptive to changes in evidence
- Are committed to raising awareness of mental health issues in children and young people, and are active in decreasing stigma around mental ill-health

- Demonstrate that they are accountable by adopting the rigorous monitoring of the clinical outcomes of the service, and
- Actively work to improve access and engagement with services

5.5.4. What next?

Having done a lot of work over the past 2 years to develop and embed the CYIAPT principles including the use of outcome measures, we are now focussing on our workforce development strategy. In order to further our ambition for collaboration, participation and engagement with this programme, we have agreed an over-arching IAPT programme for Surrey, that that will promoting and **accelerate** the implementation of the IAPT principles across our multiple stakeholders over the next three years. This will further support our aim of raising the profile of children's services, aligning partners and pathways and delivering more effective and evidence based interventions for our children and young people. Our shared learning will help ensure that the implementation addresses the varied needs of our Children and Young People including Looked After Children, under 5s, Learning Disabilities. In order to deliver this, we have set out a detailed programme of work in Appendix 2

Additionally, we are piloting access to the adult IAPT service by those who are 17 years (instead of 18 years) and over. If successful, this pilot will improve the experience of support CYP in transition and help achieve better outcomes should they need to access services in future

5.6. Early Intervention in Psychosis (EIP)

5.6.1. What do we need?

In Surrey we have two EIP teams that are commissioned within the adult mental health services contract, held by Surrey and Borders Partnership NHS Foundation Trust (SABP). We have had investment in the service over the past 3 years to help build the service in order to meet the new national access wait time targets.

There is a further need for training. In order to meet the standard for delivery of CBTp we need to be able to access CBTp top ups for 4 members of staff and also CBTp supervision course. We have been liaising with HEE with regards to this and although money has been released the training provider has not confirmed these modules are available.

We are hoping to appoint a clinical lead for physical health within the service- but this is dependent on having the appropriate level of area coordinators to release the identified member of staff from

her care coordinator duties. We are also hoping to purchase a point of care blood test machine to help with the recording of blood tests- which remains an issue for most teams nationally.

5.6.2. What have we done?

In the past year we have had two staff attend a post graduate diploma in CBT to help us meet our CBTp targets, they have just completed the course and awaiting their results. We have also recruited into 2 band 7 psychology posts (although both are yet to have a start date).

EIIP service leads have worked alongside SABP digital colleagues to ensure that data is able to flow through MHSDS.

Two initiatives outside of the targets have also come to fruition. West EIIP have been working on an allotment project, which is been recognised nationally with a nomination for team of the year at the Nursing Times awards. This helps engage people in meaningful activity and with the service, whilst also helps with an understanding of healthy eating and exercise. East EIIP have worked closely with a charity called Swingbridge- this gives EIIP clients the opportunity to gain valuable work experience as volunteering on a barge project which helps the wider community by cleaning up Surrey's canals and riverbanks.

These helped EIIP as a service to be well represented at SABP CARE awards- winning team of the year and support worker of the year. Both EIIP teams are amongst those that have achieved internal SABP accreditation.

5.6.3. What difference it has made?

We have seen very positive outcomes for the people that have used the service. The service is currently for people from 14 – 65 years of age and offers a multi-disciplinary team of psychiatrist, psychologists, nurses and therapists. Surrey is well represented on the Regional Programme Preparedness Board and work continues on aligning the EIIP data across CCGs for reporting on the access and wait standards.

Whilst we have grown our ability to deliver CBTp we will not see the benefits until the applicants are fully embedded into their roles.

The work on reporting through MHSDS on access wait times means we are almost at a point where the manual reporting and MHSDS reporting are consistent. There are some issues in previous reporting as there has been a lot of historical cases that have skewed the reporting but we have nearly resolved this now. We still have further work to do on reporting on NICE interventions flowing through MHSDS.

5.6.4. What next?

7

Further work on NICE intervention reporting is the main focus – ensuring we are able to flow data through MHSDS and subsequently be able to provide accurate live reporting for the benefit of audit purposes and to support the care coordinators.

5.7. Youth Justice

5.7.1. What do we need?

Children and young people offending and at risk of offending need ready access to services to support their emotional and mental wellbeing, and the local partnership needs to develop a clear profile of this need and to develop a corresponding strategy to enable the right services.

Surrey CCGs are members of the Youth Offending Partnership Board (Children's Policing and Justice Partnership Board) which holds a statutory duty to provide resource for this group of highly vulnerable children recognised as high risk and high vulnerability. A forensic CAMHS service is commissioned to work with young people offending. The Youth Offender Service (YOS) is currently being reviewed to ensure that the pathway and delivery provide access at the right level for this cohort.

Children who end up in custody are three times more likely to have mental health problems than those who do not. We also know they are very likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol and to have experienced a range of other challenges or adverse childhood experiences. Many of these needs go unrecognised and unmet.

A recent analysis (January 2019) of risk factors in 97 Surrey YOS cases found the following typical features:

- Substance misuse issues
- Mental health concerns
- Experience of loss or bereavement
- Experience of familial domestic abuse
- Experience of parental mental health concerns and substance misuse issues
- Accommodation and tenancy issues for the family

This data indicates the high correlation between adverse childhood experiences (notably bereavement and domestic abuse) and emotional ill health and subsequent involvement with the

upper end of the youth justice system. These findings suggest that we need to augment the pathways for children and young people exhibiting the early signs of offending behaviour to ensure there is an early and effective therapeutic response to address their adverse childhood experiences.

An inspection in June 2019 saw that 60% of young people offending have a Special Educational Need and that the service has little information about learning styles and needs and about speech, language and communication difficulties (this despite the evidence that 50% of children with SLCN will become involved in criminal activity (Breakthrough Britain – the Centre for Social Justice) and 60% of young people known to YOTs have an unassessed SLCN; also that 81% of children with emotional and behavioural disorders have unidentified language difficulties (Bercow, Ten Years On March 2018).

Improved engagement and re-offending rates have been seen in certain areas like Milton Keynes where this approach of screening and working to address the issue has been used.

5.7.2. What have we done?

Work has been undertaken within SCC in developing integrated pathways, but a more recent investigation of outcomes shows us that this highly vulnerable group has not received the attention needed or the status as a vulnerable group that could have improved on the services available. As a result, we have given this renewed focus, working with Surrey Youth Offending Service to develop new pathways and to speed up access. A recent inspection notes that health provision for young people who are offending is not strong and notes high waiting times which will prevent support being received within the timescale of any intervention. It also finds that the YOS has not had dialogue with the regional NHSE commissioner to support additional funding to directly benefit the needs of this cohort.

Note: Youth Justice responsibilities in Surrey are undertaken by the integrated Family Safeguarding Team.

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

There is now a Surrey wide Forensic Child and Adolescent Mental Health Service (FCAMHS) in place. The service is a collaboration between three mental health trusts - Sussex Partnership,

Surrey and Borders and North East London, to provide the service across Kent, Surrey and Sussex.

FCAMHS is accessible to all organisations and services that work with CYP who may have become involved in the youth justice system, might pose a risk to themselves or others due to a known or suspected mental health problem, and are displaying behaviour that may get them into trouble in the future. The service also facilitates smooth transitions out of (or into) custody or hospital settings for those young people with risk issues. Where indicated the service complete individual assessment and intervention work with young people (approx. 15% of the caseload). They have a monthly presence on the Prevent Panel, YOS High Risk Panel and offer a consultation clinic to Specialist CAMHS in Surrey.

The Surrey Liaison and Diversion services offer expert assessment of people who are detained in custody and who are thought to have mental health problems. They provide appropriate interventions to those who need support. This includes:

- giving written or verbal reports to courts or the Police
- recommending that a detainee is admitted to hospital
- instigating formal Mental Health Act assessments
- confirming if someone in custody has a learning disability
- The team undertake Positive Case Identification (i.e. they assess all detainees as a matter of course) and also accept referrals from colleagues in Criminal Justice settings.

To date the number of detainees between April 2019 to August 2019 were 14 young people detained by police in Surrey under s136 of MHA. Of these, 11 were referred to alternative mental health services and none of them were taken into custody. All of the young people were taken to a health based place of safety for assessment.

5.7.3. What difference has it made?

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

The rate of first time entrants (criminalisation) to the youth justice system in Surrey has been the lowest against any other local authority area in England and Wales over the last five years. There will be challenges maintaining this following an inspection in June 2019 which found that the diversion processes were not sufficiently robust and that they were over-used.

Surrey has continued very low use of youth custody with fewer than 10 young people sentenced to custody in each of the last three years and performs within the top decile of local authorities in relation to youth custody. The prevalence of serious youth violence linked to criminal exploitation is likely to see a rise in numbers sent to detention accommodation, so that stronger partnership prevention programmes are likely to be needed going forward.

Re-offending rates amongst the small number of complex and vulnerable children and young people who do still enter the formal justice system are increasing and are now similar to the national average.

Early this year Surrey emergency services partners launched a pilot initiative to help people facing a crisis - Joint Response Unit. The JRU comprising of an Ambulance Paramedic and two Police Officers work together, in a designated ambulance and operate between 6pm to 2am Thursday evenings to Sunday mornings. The JRU respond to calls from Surrey Police requesting ambulance attendance, or police assistance for medical calls, with the overall aim of providing a more fitting response to those facing crisis in Surrey.

Initial feedback indicates that approximately 40% of joint incidents attended were calls of a complex health and social care nature, categorised as alcohol related, assault or domestic, mental health, concern for welfare (including Section 136 of the Mental Health Act) or attempted suicide.

The recently launched FCAMHS been also been received well with lot of positive feedback

5.7.4. What next?

We will continue to keep under review the additional services that are targeted at young people with the combination of risks highlighted above and who are at the onset of a potentially serious offending career as a result. We therefore propose working closely with SCC and our partner organisations to focus on:

- The youth restorative intervention scheme (Family Services / Surrey Police) which is responsible for diverting 400 young people from the formal youth justice system each year and providing preventative responses including pathways into therapeutic and specialist services.
- Augmenting the therapeutic work done within the Edge of Care Service (which is working in tandem with Extended HOPE) which already includes a multi-systemic therapeutic approach. The Edge of Care Service (within Family Services) responds to young people at greatest risk of coming into public care and incorporates responses to children arrested at home, homeless teenagers and rapid responses to children and families in crisis, all of

whom are likely to both appear in the youth justice system and require emotional / mental health intervention. The Edge of Care Service will also make use of the CYP Haven in Guildford.

- Surrey has successfully bid for circa £130k additional funding in order to develop services that will support vulnerable children and young people who present in ‘unconventional ways’ such as contact with the criminal justice system or welfare system e.g. police custody, sexual assault referral centre (SARC), A&E, place of safety etc. These services will aim to provide support that will help prevent these CYP from becoming young offenders.
- NHS Specialised Commissioning commencing the re-commissioning of SARC services in readiness to undertake a procurement in 2020 (and a new contract start date of March 2021). Part of the re-procurement includes reviewing staffing models, service elements, locations and premises to help inform and design future services. It is hoped that the current YOS review and the recommissioning of SARC will enable a more joined up approach to addressing the needs of both victims and perpetrators.
- Implement the pilot bike project between Catch 22 and Surrey Police to wean away vulnerable CYP from the fringes of the youth justice system.
- COP event (8th October 2018) the “Impact of Emotional and Mental ill health on CYP’s behaviour”. This event will act as a test bed to understand and address issues like knife crime, child exploitation, county lines etc. faced by CYP in Surrey and target appropriate interventions.
- Setting up additional FCAMHS consultation clinics for YOS/ Care and work with Service managers to understand what they need and how we can best serve the wider CYP cohort.
- Continue the development and true integration of partnership working; work with colleagues in CAMHS, YOS and social care to advise and consult on risk. Explore the FCAMHS’s role as providing training on formulation of risk and clinical supervision for staff to reflect on and debrief around the work and young people they work with.
- Embedding FCAMHS in schools – especially for young people on the edge of exclusion or in alternative learning provisions to help systems understand and respond to the complexity of these young people considered a risk and shift thinking and action to be preventative and pro-active rather than reactive.

It is anticipated that the current service will be further augmented on the basis of the statement of intent issued by NHS England Health and Justice (South East) Team

5.7.5. Statement of Intent for Health and Justice

NHSE Health and Justice will continue to support partners with the development of a range of appropriate services and access points that actively engage with children and young people who are in contact with the youth justice system. This will include:

- **Supporting investment in additional support for the most vulnerable children and young people in, or at risk of being in, contact with the youth justice system.**
Learning from the national NHSE Health and Justice investment in trauma informed healthcare services in the CYP secure estate in the SE will be transferred to community based provision, including partner provided resources and the area based Liaison and Diversion services. NHSE Health and Justice will support the development of services for those vulnerable young people with multiple sub threshold needs, to offer engagement in face to face support that actively maintains contact and supported diversion in to appropriate services.
- **Supporting the justice system to provide healthcare support to victims of sexual assault**
We will support the expansion of provision to ensure children and young people who are survivors of sexual assault in the SE are offered integrated therapeutic mental health support, both immediately after an incident and to provide continuity of care where needed.
- **NHSE Health and Justice SE will develop a Health and Justice regional forum alongside the Clinical Network**
Building on the success of the quarterly SE Clinical Network Health and Justice meetings, NHSE will further develop the agenda to include representation from other specialist health and justice CYP services, enabling effective partnerships and pathways can be developed and implemented, improving the opportunities for vulnerable young people in contact with the youth justice system to access appropriate community based specialist and non-specialist mental health provision.

5.8. Unaccompanied Asylum Seekers (UASC)

5.8.1. What do we need?

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

5.8.2. What have we done?

Following a review of the revised SCC JSNA around the needs of UASC a consultation visit was organised to the Tavistock Clinic in London. This visit entailed a day with their refugee team and network with a like-minded service. Regionally, links have also been established with Kent to better understand the therapeutic work being undertaken in the county.

The service has also engaged with Surrey's Designated Doctor for Looked After Children and a teacher in the Virtual School for Looked After Children with responsibility for UASC, to look at how this role can be integrated to work alongside other professionals. A training and development package is also being undertaken to support this new innovative and exciting Specialist Mental Health Practitioner role. The role was funded from the CAMHS Transformation Fund has now been recruited to and been placed within the CAMHS specialist services which enables support and training for the practitioner within an established and dedicated trauma and attachment service.

5.8.3. What difference has it made?

The post holder has achieved a number of outcomes:

- Reducing stigma around seeking help with emotional and mental health issues,

- Improving outcomes for UASC in Surrey and be able to offer consultation to foster carers and other professionals to improve overall care.
- Utilise the benefits of clinical supervision received from clinical supervision from the UASC Specialist in Kent for UASC CYP in Surrey.
- Enable the provision of 1:1 therapeutic treatment for symptoms of trauma
- Take up new referrals and initial assessments
- Provide training and advice to clinicians on specific needs of UASC client group
- Prepare and facilitate UASC Health Group meetings
- Developed links with UASC GP Lead to see UASC client group in primary care settings and enable easier access and liaison for health, social and 3rd sector interventions and support.
- Provide advocacy and consultation to UASC GP Lead to address the mental health and physical health needs of UASC.
- Provide more intensive support to UASC for symptoms of trauma
- Work closely with clinicians from wider CAMHS Specialist Teams to support UASC clients and also better understand specific mental health needs of this client group.

5.8.4. What next?

Caring for UASC is a national challenge and the picture in Surrey is no different. Although there is a commitment to fund the post from the CAMHS Transformation Fund, the funding status beyond 2020 is still unknown. Future funding of local authorities needs to accurately reflect the costs they incur from caring for these vulnerable children and young people

Future plans of the service include:

- A Graduate Teacher Education Programme GTEP (client trauma focused) research project
- Establish, implement and embed a Health network meeting with GP UASC Lead, UASC LAC Nurse Leads
- Commission a 3 day EMDR (trauma focused treatment) training for the Practitioner

5.9. Looked After Children placed out of county

7 5.9.1. What do we need?

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

5.9.2. What have we done?

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

We have secured for the post a 2 year seconded therapist who has a vast experience of working with Surrey's Looked After Children and has experience of working as a therapist for over 2 years in Surrey's Assessment Consultation and Therapy Service. Since then we have had a number of full time practitioners and the most recent one is a qualified social worker who has had substantial experience working in the management of health care with looked after children. This appointment has enabled:

- Provision of consultation/support to Surrey social workers about out of county children who may need CAMHS support.
- Liaise with out of county CAMHS, CCGs and private providers
- Provide brokerage between Surrey CCG and Out of County CAMHS.
- Ensure Surrey young people are able to access support required.
- Monitor care packages of support and ensure they are regularly reviewed (6-8 weeks)
- Advocate on behalf of Surrey Children who are accommodated outside of Surrey
- Ensure that resources are used appropriately and cost-effective packages are implemented.
- Check pricings in accordance to the NHS Tariff.
- Compare pricing of private providers.
- Check private providers' credentials including registrations

- Offer professional judgments when needed
- Attend consultations to Surrey Social care twice monthly
- Chair Care Education and Treatment Reviews (CETRS)

5.9.3. What difference has it made?

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

5.9.4. What next?

This post is now filled with the worker offering evidence based specialist mental health consultation, assessment and approval for mental health referrals and interventions to CAMHS

This is being offered local to where these young people are placed out of the county of Surrey. We have also put into place clinical outcome measures in order to demonstrate what difference this role makes to young people and professionals involved in their care.

5.9.5. Personalisation (including Personal Health Budgets)

Surrey recognises the potential of personalisation to support CYP referred into clinical CAMHS, awaiting assessment or treatment. With this in mind Surrey has successfully bid to become a Demonstrator site to implement PHBs for Looked After Children.

The ability to offer mental health personal health budgets (PHBs) would both help manage demand for providers' services and enable:

- A recovery-focused approach to mental health services, moving beyond treatment
- Children and young people able to define their own outcomes and design their own packages of care and support resulting in greater self-management
- Greater choice, flexibility and control over their health care

Surrey currently provides PHBs for children with continuing health care needs and learning disabilities. It is our intention to use the existing infrastructure including our 3rd sector to expand our PHB offer to include mental health, aligned to our direction of travel set out in EWMH

Transformation Programme – detailed in our CAMHS Transformation Plan – particularly focusing

on our vulnerable groups of CYP. The PHB pilot is expected to commence in 19/20, with a focus on looked-after CYP who are hard to engage, particularly within the CAMH Children in Care, 3Cs and HOPE services.

5.10. Children in transition

5.10.1. What do we need?

Transitioning CYP to Adult services still continues to be a challenge. There is a clear need to better support young people through transition. We have learned from consultation with CYA locally and National consultation that we need to transform our current transition outcomes and the way transition is currently experienced. We want to increase young people's resilience in managing transition, and to support them to engage and communicate with services to ensure transition is smooth, and to ensure that no one is 'lost in between services'. Transitioning can often be a confusing and daunting time for a young person, with different thresholds for adult services and entry to new services. Consultation data inform us that young people going through transition often struggle to voice their concerns or worries and would benefit from support in liaising with services, signposting and issue based advocacy through the process

Commissioners guide on transition at:

[https://www.rcpsych.ac.uk/pdf/JCPMH%20CAMHS%20transitions%20\(March%202012](https://www.rcpsych.ac.uk/pdf/JCPMH%20CAMHS%20transitions%20(March%202012)

SCIE, Social Care Institute of excellence, guide on transition

<https://www.scie.org.uk/publications/guides/guide44/introduction/>

5.10.2. What have we done?

In line with best practice recommendations, a robust and reliable transition protocol in place for CAMHS services. An audit tool is used by CAMHS clinicians to monitor adherence to the protocol.

Pre and post-transition questionnaires for CYP undergoing transition is used to assess the quality of transition from a service user perspective. Limited data is available from these questionnaires but feedback suggested that best practise recommendations are followed and CYP feel well supported throughout the process.

From April 2019, in order to help young people better adjust to transition; SABP have collaborated with CYA to develop a 'transition into adult services' workshop. This quarterly workshop is an opportunity to discuss adult mental health services, allow young people to express concerns and provide the opportunity for peer support.

Recognising the complexities around transition the CCG held a Community of Practice (CoP) on transition in July 2019. The transition CoP identified a number of actions which could be taken by both, CAMHS and adult mental health services to better cater for the needs of CYP in the 16/18 to 25 age bracket. Action so far includes a pilot reducing the age for access to adult IAPT services to 17. If successful, this pilot will be extended to other providers in Surrey. Please see Appendix 6 for more information on the event.

5.10.3. What difference has it made?

The CoP facilitated by CYP themselves, enabled all stakeholders to feel more confident and empowered to address the needs of CYP in transition. The event was hailed as a major step towards blurring the age barriers between CAMHS and adult services and enable provision of a seamless and smooth transition service. The presence of both adult and CAMHS services enabled meaningful discussions to be had as well as explore the provision of a joined up CAMHS/Adult sessions to transitioning CYP.

The transition CQUIN ensured that young people have a completed care plan. Management plans are in place for all those who have been unable to engage and ensure these young people are appropriately supported. Meetings have been set up at each district general hospital to review A&E attendances for young people on our cohort. We are planning for the protocols from this CQUIN to be embedded within the service as business as usual.

5.10.4. What next?

The feedback from the event will enable both the CAMHS and the Adult services to build and implement their actions for their services;

- Initiate pathway improvements for 18-25/young adults within adult MH services
- Prompt commissioners to incorporate pathway changes in specifications for future procurement of CAMHS.
- Plans for best practice protocols to be embedded across services as business as usual

Our transitions COP and the earlier work on the Transition CQUIN has given Surrey a good platform on which to build its improved pathways for 18-25 year olds with mental health needs, as set out in the NHS Long Term Plan.

These plans will be taken forward in partnership across adults and CAMHS mental health services.

6. Crisis Care – developing the “Crisis Umbrella”

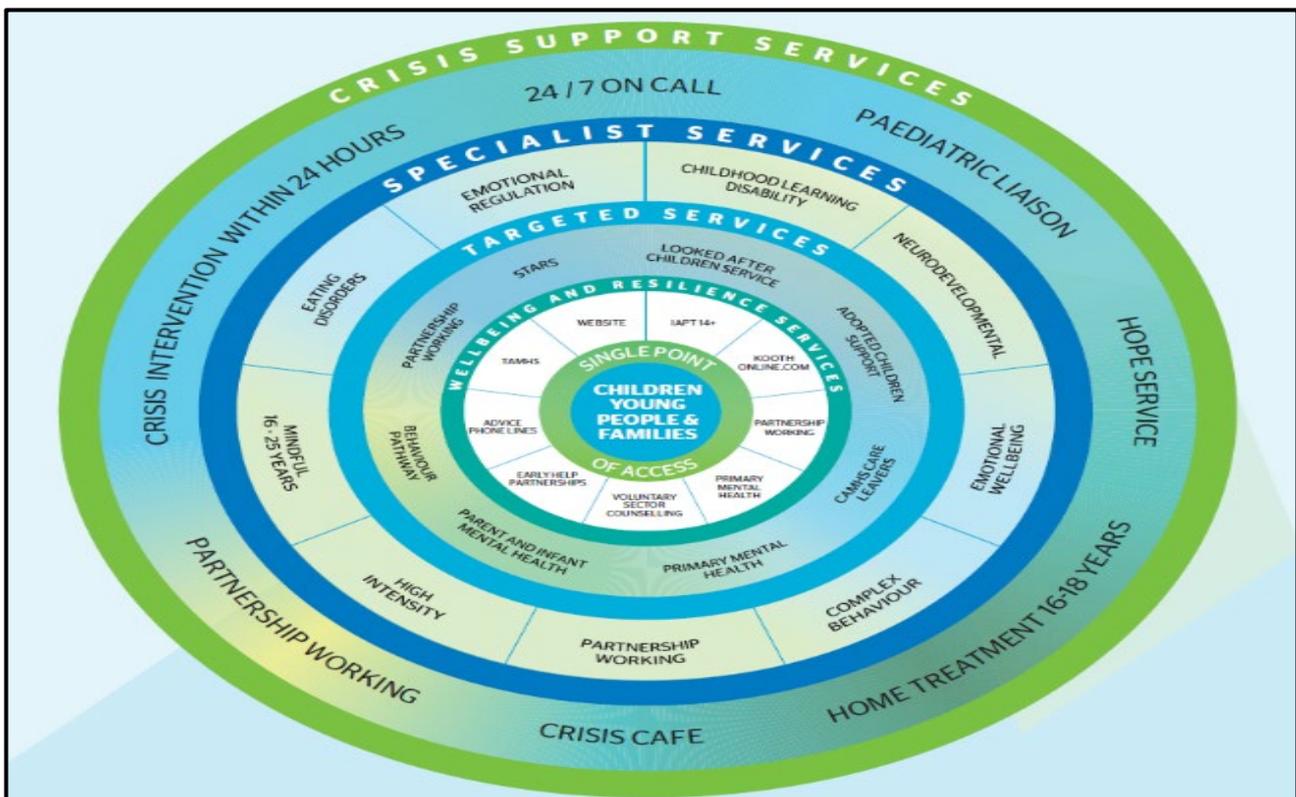
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We are transforming crisis care for CYP in Surrey with a range of new and integrated services that are described below.

6.1. What do we need?

We need an umbrella of support services that help prevent a mental health crisis occurring as well as providing effective and inclusive response services in the event of a crisis whatever time of the day this occurs. This means that we need to ensure that our mental health crisis services and urgent and emergency care services work in an integrated that interlink, providing a seamless range of services according to the changing needs of the CYP. We need to continue our focus on early intervention in order to reduce the number of CYP who require more specialist care; namely admission to hospital or Tier 4 beds.

Figure 11: The Crisis umbrella



6.2. What have we done?

As only the second county in England to have developed their all age crisis concordat multi agency declaration and action plan in 2014, Surrey has been at the forefront of transforming crisis care for mental health. We have used CAMHS transformation investment to expedite these plans, by working together as a system and reinforce our commitment to support children and



young people have the best start in life at home (including joint work with SCC extend a number of services, including HOPE extended HOPE; as detailed in this section).

Recognising that CYP were not getting the appropriate support to manage their emotional and mental wellbeing, we held a series of engagement events with children and young people and their parents and families, teachers, carers, GPs, health and social care professionals along with wider stakeholders to tell us what they need. Surrey has commissioned 3rd sector organisations (Jigsaw & Fountain Centre) to further support CYP facing bereavement and /or suicide ideation. In addition to FLASH/SHINE programmes that are being implemented, Surrey practices have also signed up to Practise HOPE, the regional PACE award programme for reduction in self-harm and suicide prevention CYP aged 10-25.

Supporting CYP in crisis or to avoid crisis is still a top priority for us in Surrey, which is now being taken forward through the Crisis Transformation theme group

6.3. What difference has it made?

The new approach to service delivery will be aligned and complement existing services that are already part of the overarching umbrella of support services. The difference these services have made and will potentially make as part of the transformation of emotional and mental wellbeing of children and young people are listed throughout this section.

6.4. What next?

The Crisis workstream will be building on community crisis services such as Extended HOPE, the enhanced Eating Disorders pathway and the paediatric liaison service with the 3rd Sector

- Extend and develop the HOPE offer and Children's Eating Disorder Services with robust wraparound community arrangements to keep CYP out of long-term inpatient beds Provide more support for schools who are working with children and young people in crisis
- Review the commissioning of, and maximise opportunities to commission through our ICS rather than through NHS England.
- Ensure the right response is in place for incoming crisis referrals
- As part of the Crisis transformation theme (see section 5.1.5) we will continue our discussions with the New Models of Care team around the development of a local Tier 4 (crisis support) offer with the potential for in-patient bed provision in Surrey.
- Ensure that CYP who are approaching or recovering from crisis and their families will be supported through a full range of services across all relevant agencies, building a robust multi-agency approach with joint accountability for outcomes; with integrated pathways and improved communication.

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

7 6.5. HOPE and Extended HOPE

6.5.1. What do we need?

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

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

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

6.5.2. What have we done?

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

We have commissioned **two crisis/respite beds** for stays of up to 10 days where children and young people can be cared for by a team of residential workers with support and consultation with

mental health nurses. Since May 2016 to date more than 100 young people have stayed in the crisis/respice beds. HOPE Day Programme with access to a multi-agency team of professionals has been offered to all young people whilst staying in the respice beds and where needed on-going support has been offered for up to one year within the day programme. In July 2017 the HOPE service received a rating of 'OUTSTANDING' from Ofsted noting the person centred approach and positive feedback from those who have received a service. We have been able to commission the making of a film involving young people and their families to promote and inform about the services we offer. We have also met with and shared learning with many other authorities.

6.5.3. What difference has it made?

Those using the service and partners have reported that greater access to mental health practitioners for support and advice has allowed better decision making within a timely manner, reduction in Tier 4 admissions, reduction in presentations to A & E and 136 suites

Feedback also included better assessment of need, better forward planning for children and young people around appropriate placements needs.

Since September 2017, the HOPE Day Programmes has offered skills workshops facilitated by staff who have completed the second part of Dialectical Behaviour Therapy training. Additional training was commissioned last year with a view to widen the scope of staff skilled in DBT. Early in 2019 Hope Staff completed 3 day NVR (Non Violent Resistance) training.

Staff trained in DBT has supported young people struggling to regulate their emotional state, demonstrating distress and risk taking behaviour including self-harm and active suicidal thoughts. This had enable reduction in risk and strengthening of protective factors for young people whilst they are able to remain in their own communities.

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

The HOPE service <http://www.hopeservice.org.uk/> has received very positive feedback and was rated 'OUTSTANDING' by Ofsted in 2018. This builds on the HOPE Service Care Excellence Award (2017). The Extended HOPE Crisis Service was also the winner of the Crisis Services Award at the National Children and Young People Mental Health Awards in the same year.

6.5.4. What next?

7

HOPE and Extended HOPE will continue to strive to offer an excellent service to children, young people, families and carers and fully support partners and all professionals involved. This will ensure that not only the best outcomes can be achieved, but also learning, good practice and model of care shared, both within the county and nationally. On-going evidence based training will be offered to new staff and good continuing professional development will be offered for all staff, including reflective spaces for group staff support and risk management.

Hope Service has re launched their Parent/carer support groups which run fortnightly from alternate sites. These support groups are open to anyone with children open to CAMHS or Social Care. In January 2019 Hope launched FLASH (Families learning about self-harm) 10 week groups. These have been well attended by parents with children open to the Hope Service or local CAMHS. Feedback has been positive around impact from parents and children and young people. A second group is now underway.

There is also a consideration for larger premises to be sourced and funded to deliver the Extended Hope service and replace the current Hope House. This would provide more space and accommodation for staff and children and young people using the service.

6.6. Children and Young Person's Havens (CYP Havens)

6.6.1. What do we need?

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

6.6.2. What have we done?

The CCG worked with their partners and CYP to develop a model that would best meet the identified needs, enabling CYP between the ages of 10-18, to access support at an early stage and ideally avoid the need for more intensive medical support. Engagement with CYP was undertaken to help develop ownership and to agree the name, logo and opening hours; this being the Children and Young Persons' Haven (CYP Haven). This engagement exercise also highlighted a clear wish from children and young people to have more peer mentoring as part of recovery support available to them, with this being seen as having been successful in supporting dis-engaged and isolated young people to re-engage with services and recovery. Peer mentors

are trained and use a strength and goal based approach, and work with children and young people on their level, and through their knowledge and experience as 'experts by experience', and with an emphasis on the young person's perspective, and advocacy, rather than a best interest approach.

The overall aim of the CYP Haven is to contribute to the improvement of the psychological and emotional health of young people in Surrey

The service model, the first of its kind in the UK, comprising of support from social care/youth support and CAMHS advocacy and specialist CAMHS all in one place as equal parts of the offer was therefore developed to include:

- Children Rights Worker providing advocacy based support to those CYP in an emotional wellbeing and mental health crisis senior peer mentor
- Mental Health Practitioner
- Youth Support Worker

This safe accessible environment provided CYP an opportunity to access

- Clinical services without it feeling like a clinic
- Wider emotional wellbeing services, example a youth club
- CAMHS Advocacy and access to peer support
- Social Care



The first CYP Haven opened in Guildford in May 2017 followed by three further Havens in Epsom, Staines and Redhill. The Havens have been recognised nationally and received awards for their work. Collectively, the four Havens enable provision across the county seven days a week.

In June 2019 the Police and Crime Commissioner for Surrey visited the CYP Haven at Guildford, commended the work of staff and offered further support to address the emotional and mental wellbeing of CYP.

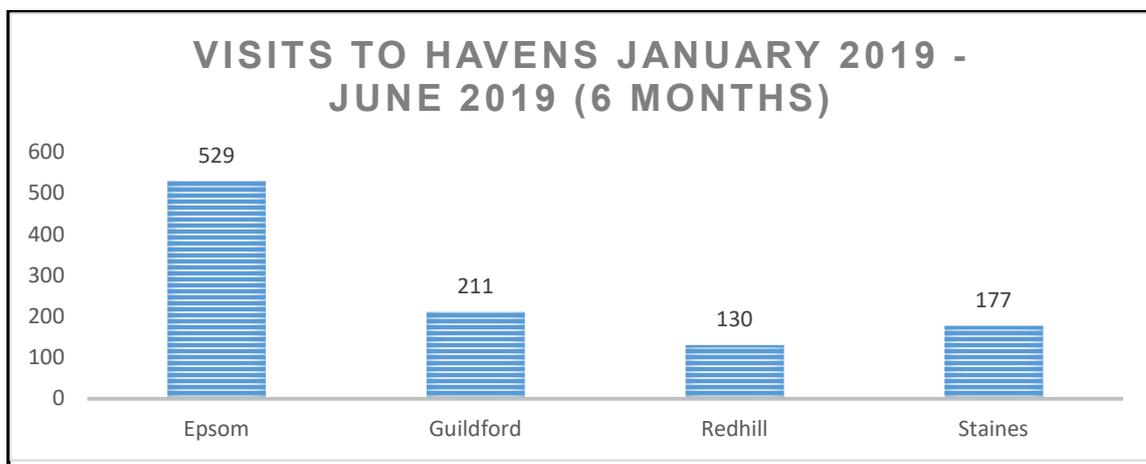
The advocacy team at the Havens facilitate a number of focus groups per month for children and young people who access or have accessed Emotional Wellbeing and Mental Health services and/or Special Educational Needs and Disabilities Services to shape and influence service and practice. This 8 week rolling programme which focuses on common support needs of this cohort of young people that includes: anxiety management, self-esteem and alternatives to self-harm / coping strategies

Keeping in mind the unprecedented demand on the CYP Havens, SCC are currently reviewing the service to ensure that current CYP needs are met. A report on the review is expected at the end of September 2019

6.6.3. What difference it has made?

During the period between January to June 2019, 1029 children and young people were seen at the CYP Havens and the number of preventable actions undertaken by staff was 566. This included 12 preventions to A&E, 5 potential incidents of self-harm and 549 cases of improvement of mental and emotional wellbeing of children and young people.

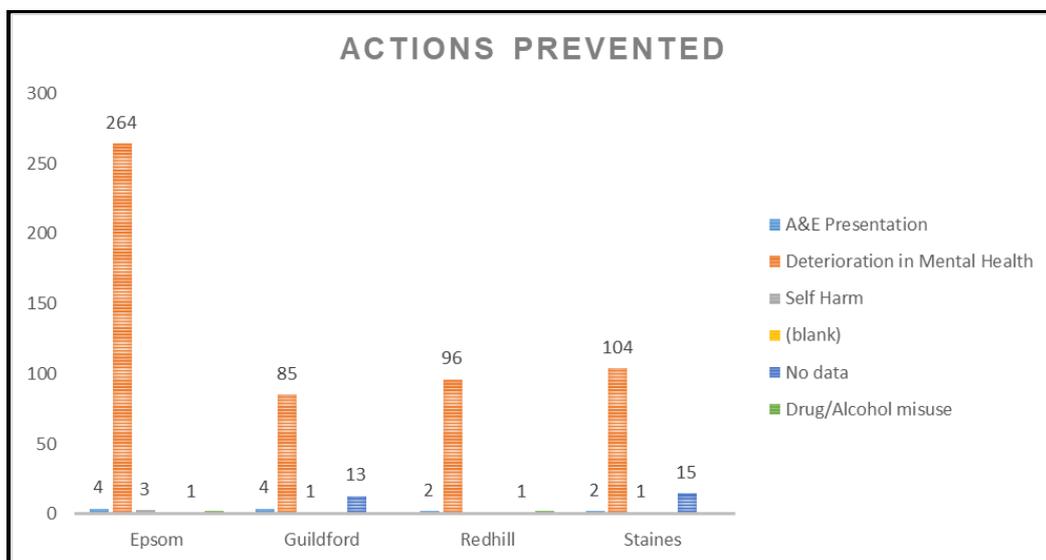
Chart 1: Visits to CYP Havens (January - June 2019)



Source: Survey of CYP attending the CYP Havens

The following chart demonstrates the actions prevented by CYP visiting the CYP Havens

Chart 2: Reported actions prevented (January-June 2019)



Source: Survey of CYP attending the CYP Haven

Feedback from CYP

Young people told us that they found being able to talk to someone supportive and have **face to face support** hugely valuable *'there is always someone you could go to for advice, when you did not feel you could go to your parents, friends or schools'*. They told us that they valued the different options available at the Havens including the arts and crafts and specialist **workshops**.

Young people also told us that they found **peer to peer support** valuable at the Havens *'what I have found most useful is meeting other young people going through similar things'*

They also liked the fact that it is **not a clinical setting** and it is relaxed. They really value the workshops that are on offer and tell us that the Havens are a safe place to go. Young people would like the Haven's to be open for **longer hours** and for more days.

Some young people repeatedly attend Havens. Over a third told us that they accessed the Havens over 15 times in the last two years.

Feedback from parents, carers and families

Parents, carers and families tell us that they value the support offered by the Havens when in need of immediate support. There is a sense of reassurance for parents that a **mental health practitioner** is readily available.

The majority of parents and carers have previously attended the Haven with their child or young person and they found this a useful way to use the Haven and access **parent/carers support**.

Families told us they found the support from the staff at the Haven invaluable. *'It offered a safe haven at a time of crisis and gave invaluable support when waiting many months for counselling which was less effective than the help from Haven'*.

Families told us however that they were sometimes **confused** about what the Haven offered. *'It needs to be clear if it is a crisis service or a social club, it was not suitable for my child in crisis as it felt far more like a social club'*.

Overwhelmingly families told us that they **value the offer** and it has a massive impact on how they support their child or young person. *'Haven is an amazing place and we are incredibly lucky to have free access to one locally. Without access to the Haven my daughter's mental health would have got worse. Having the support of the Haven behind her has given her the confidence to take opportunities and live life to the full'*.

Feedback from professionals

7 Professionals told us that they would like the **accessibility** of the Havens to be improved. They think they should be open for longer hours and in more locations, particularly Woking, Frimley and Farnham. They would like to have an offer in every Borough.

Professionals would like to see primary school aged children and parents be able to access the Havens as they feel there is too little support for **primary aged children**. *'The CYP Havens need to be for younger children too, it is important that young people have a safe space to go that is more than a youth club, run by professionals for them to get away from the problems they have.'*

The offer of **crisis support** is important to professionals; feedback is that young people and professionals no longer feel that hospital is the only option any more. Professionals commented that the holistic approach of crisis support, workshops and support for parents and carers is key to the success of the Haven offer.

6.6.4. What next?

The review of the CYP Havens service will help us evaluate and decide our next steps. The CYP Havens offer an important service and are making a positive contribution to the mental and emotional wellbeing of CYP in Surrey. Our initial review demonstrated:

- Mid-week and weekends appear to be the busiest time for the CYP Havens.
- 82% females and 18% males accessed the service
- High usage at Epsom and Guildford CYP Havens

The service faces challenges of recruitment and retention of staff, prompting the need to explore innovative ways of supporting CYP and achieve better outcomes.

Some key initial recommendations of the review include:

- Robust ownership of the service with overall responsibility for decision making and staff support
- Going forward think about how the Havens can be best used to meet the evidenced needs of CYP both for crisis and early intervention
- Increase CYA groups and wellbeing workshops to more rural parts of the county where transport services are limited e.g. Waverley and Tandridge.
- Explore opportunities for closer involvement of voluntary sector and community groups around each of the Havens
- Open access to younger cohort of children to carry out more preventative workshops.
- Mental Health practitioners should be able to refer directly to CAHMS from the Haven.

- Robust reporting systems need to be implemented to evidence impact.

The CYP Havens will also seek to support CYP who are transition to Adult Services; supporting young people develop relationships with the Adult Havens by slowly introducing them with supported visits and a robust care plan

6.7. Paediatric Liaison in Surrey's acute hospitals

6.7.1. What do we need?

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

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

6.7.2. What have we done?

We used CAMHS transformation funding to enable each of the 5 acute Trusts in Surrey to recruit to two Band 7 nurses for their paediatric wards and/or A&E departments. The service has not only added value in managing the emotional and mental wellbeing of CYP presenting in A&E, but also improved the confidence of hospital based staff involved in the treatment and care of CYP. The funding for the service has been extended until the end of the current financial year for all of five acute hospitals in Surrey.

Our local CAMHS provider (Surrey and Borders Partnership Trust) has agreed to support the nurses by providing them access to their training courses. The CAMHS Youth Advisors (CYA) are working with the acute trusts in order to help ensure that the CYP and parent/carer related outcome measures reflect the needs of CYP. They also train for the ward and hospital staff on the best way of communicating and interacting with CYP with emotional issues. This service has also established links with the existing CAMHS crisis support service and the adult Psychiatric Liaison services in each of the five hospitals.

Ward and hospital based staff have also been provided with “We Can Talk” mental health training co-produced (with hospital staff, young people and mental health experts) a competency framework for hospital staff in children and young people’s mental health and developed, piloted and evaluated a one-day training day linked to the competencies. All “We Can Talk” training is co-delivered with a young advisor with experience of presenting to hospital due to their mental health.

Regular meetings between key stakeholders have been set up to support and streamline delivery, identify training (accredited risk and crisis assessment, suicide prevention etc.) needs, develop improved pathways and achieve better outcomes for CYP

6.7.3. What difference it has made?

The general feedback from all Trusts has been positive; reporting strengthened operational links and communications with CAMHS, leading to smooth and timely services for CYP, together with better and quicker inpatient admissions (when necessary) and discharges.

Ward/hospital based training has helped the teams to view the services through the lens of a CYP. Hospital clinicians feel more confident in understanding the needs of CYP presenting in A&E as well as becoming more aware of other services that are available to CYP.

The service has enabled the development of improved crisis plans agreed by all partner agencies with a view to reducing restraint and detention under S136.

6.7.4. What next?

All Trusts have successfully recruited to mental health liaison nurses. However, recruitment of LD liaison nurses continues to be a challenge, limiting the support for CYP with SEND. The future plan is the development of a common service specification for Surrey and each of the acute Trusts to mainstream the service. This arrangement is to yet be confirmed by the Trusts.

Encourage the recruitment of LD nurses to support children with SEND, or explore options how needs of this cohort of CYP can be addressed with acute hospital services.

A training package has also been commissioned to enable liaison nurses to effectively assess and manage adolescents and children in crisis. This will mitigate unwarranted concerns and make staff feel confident in providing the right support and appropriate intervention.

Honorary contracts are also in the process of being issued to the Paeds Liaison Nurses by SABP. This will enable better synergies as well as sharing and transfer of knowledge and skills between Psych Liaison and Paeds Liaison Nursing teams and support better understanding of transitioning CYP.

Continue to roll out the HEE “We can Talk” training across all Trusts to enable use of common language and consistent understanding of CYP’s needs

Support the workforce plan to deliver a competent and appropriately skilled workforce capable of delivering these services

Implement a formal handover process of CYP presented at A&E by the police to reduce number of CYP going missing from A&E, or indeed without a mental health assessment.

We will evaluate the extent to which the work undertaken with and by our acute Trusts:

- Supports staff to understand and manage inpatients with mental health and learning disability linked behavioural issues
- Improves training and support for acute unit staff working with CYP with mental health (MH) and learning disability (LD) needs
- Improves the management of care for CYP admitted to inpatient wards
- Ensures safe discharge for every CYP presenting with a mental health and LD issues
- Supports the workforce plan to deliver a competent and appropriately skilled workforce capable of delivering these services

The learning from the HEE programme will be shared across the system to help improve the experiences of CYP with mental health issues, their families/carers who attend the wide range of hospital services.

6.8. Inpatient Commissioning – (Tier 4)

6.8.1. What do we need?

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

6.8.2. What have we done?

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

- Working with our local area, NHS England team to utilise learning from past inpatient placements to inform placement practice and manage risk.
- Enhancing support offered by community based services by co-commissioning with NHS England regional team home treatment outreach service
- Working at a system level to develop a better Tier 4 approach for Surrey children as part of wider NHSE New Care Models Provider Collaborative
- Enhancing our local crisis care services as above to pilot care pathways that actively reduce the need for inpatient care and/or reduces lengths of stay successfully. This is being led by a the EWMH Transformation Programme Crisis workstream, made of health and social care leads to improve overall integrated care
- Proactively learn from other models of intensive tier 3 and tier 4 service delivery for both psychosis and eating disorders.

6.8.3. What difference has it made?

The HOPE and Extended HOPE services (including the two beds provided by this service), has significantly reduced the need for tier 4 beds. As there are currently no tier 4 beds in Surrey, this has resulted in far fewer CYP being placed out of county; helping to reduce the impact this has on their families/carers. The HOPE and Extended HOPE services have also enabled quicker repatriation of CYP who need to be admitted to out of area tier 4 beds, reducing their length of stays and getting them back into their local communities as quickly as possible. However, as part of the devolution process in Surrey Heartlands, the lead provider Surrey and Borders Partnership Trust will lead on managing the need for tier 4 services to address future need across Kent, Surrey and Sussex.

6.8.4. What next?

At a system level there has been agreement to further invest in Extended Hope and Paediatric Liaison support to reduce tier 4 admissions and provide appropriate and timely community support. Running in parallel, and working with NHSE, Surrey Heartlands ICS is currently looking to establish delegated commissioning responsibility that will enable the delivery of a locally co-ordinated Tier 4 service ensuring that Surrey children are placed as near to home as possible.

NHSEI have issued the following statement of commissioning intentions;

South East (Kent, Surrey and Sussex) CAMHS Tier 4 In-patient capacity commissioning intentions will support the roll out of Provider Collaboratives where the responsibility for commissioning CAMHS Tier 4 services transfers from NHSIE to Provider Collaboratives.

A recent Selection Process has confirmed that Kent and Sussex will form a Provider Collaborative for CAMHS Tier 4 Services and look to go live from October 2020. Surrey are approaching NHSIE seeking authorisation to proceed as a separate ICS managing their own CAMHS Tier 4 budget.

In the interim of the Provider Collaborative going live in Kent and Sussex, NHSIE is planning to undertake a review of the South East and South West Accelerated CAMHS Tier 4 Bed Capacity plan with its STP, CCG and Local Authority colleagues in order that we ensure timely access to CAMHS Tier 4 services - especially for CYP with Eating disorders and CYP with LD/ASD needs. NHSIE will also be undertaking a review of the capacity and function of existing CAMHS Tier 4 services within the Kent and Sussex geographical footprints. Of late, there are no CAMHS Tier 4 Services in Surrey. All of this work will be undertaken in partnership with STP, CCG, Local Authority and local key stakeholders and Experts by Experience – close working and aligning with the ambitions of the Long Term Plan and local commissioners' aspirations for the care pathways for our CYP will be core to NHSIE s work.

6.9. Children's Intensive Support Service (CISS) Service

Service under review

Children and Young People with a Learning Disability, autism and challenging behaviour often struggle to access the health and social support services they need. Last year we commissioned an Intensive Support Service specifically designed to support this group of CYP and their families. In spite of recruitment challenges, the service has already benefitted over 70 families to date.

Whilst the service aims to support as many families as possible, staffing challenges are a limiting factor because of unsocial working hours. The service adopts strict referral criteria, exploring creative recruitment strategies and working arrangements to fit round the team as well as family preferences

6.9.1. What do we need?

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

developing effective arrangements for children and young people with SEND, highlighting the need for Surrey to:

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

6.9.2. What have we done?

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

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

The service has recruited a LD Nurse that will complement the multi-agency team that will enable assessments of health needs of CYPs impacting on behaviours and offer enhanced interventions to those who need it. The team have also suggested that the inclusion of a sensory therapist will provide increased access as well as reduce waiting times

6.9.3. What difference it has made?

The service has been operational for a year and is fully staffed and provides an evening service
The outcomes we are seeking are:

- Improved health outcomes, including in behaviour, for those with moderate to severe learning disabilities (including autism) by using outcome focused interventions
- improved outcomes for their families by providing early intervention, at times of challenging and escalating behaviours
- maintaining CYP in their home, or local community provision in order to help increase emotional health and wellbeing, thereby aiming to decrease behavioural difficulties

- support to help navigate these CYP to mainstream health services in order to ensure that their needs health is met.

6.9.4. What next?

The service is currently being reviewed in light of NHS England's new service specifications for Intensive Support Services. The review will include assessing the optimisation of the service, understanding of current activity and any need for further development within the next six months. On completion of the review a business case will be developed to establish recurrent funding in an optimised pathway to reduce crisis situations and support families to avoid inpatient admissions. The aim of the pathway will be to optimise time care for CYP at the point of crisis.

Additionally, a self-referral pilot commenced in September allowing parents and carers to self-refer into the CAMHS Learning Disabilities team. This pilot will focus on four schools, one in each locality, and the pilot will help shape how we roll this out more widely across CAMHS services.

6.10. Community Eating Disorder Service (CEDS)

6.10.1. What do we need?

Meet the National Institute for Health and Care Excellence (NICE)-concordant guidelines:

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

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

6.10.2. What have we done?

The service has:

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

The embedding of an Enhanced Pathway entirely devised by CEDS to manage potential Tier 4 CYPs to reduce hospital admissions provides intensive support to young people requiring Tier 4 admission or intensive support following Tier 4 discharge; with 150 young people treated on the Enhanced Pathway since April 2016, 116 of whom were referred due to being at high risk of Tier 4 admission, and 34 of whom were referred following discharge from a Tier 4 service. The Enhanced Pathway intervention has reduced hospital admission rates, with 65 young people referred due to being Tier 4 indicated having avoided a specialist eating disorders inpatient admission. Of those referred onto the Enhanced Pathway due to being discharged from Tier 4 services, 27 young people remained engaged with treatment after three weeks.

The CEDS have also responded effectively to the introduction of the Access and Waiting Times Standard (NHS England 2015) by accepting self-referrals and referrals from any professionals (not just from GP's), thereby improving and increasing access to the service. It may also be worth noting that all treatments offered by CEDS to young people/families since 1st April 2015 are NICE concordant. As a consequence of the AWT standards and response by CEDS, referrals are also made by the 'Onestop' (now known as the Single Point of Access- SPA) referrals team, for suspected eating disorder at any weight (including self-referrals).

Chart 3: CYPS Eating Disorder waiting times – urgent referrals (April 2019)

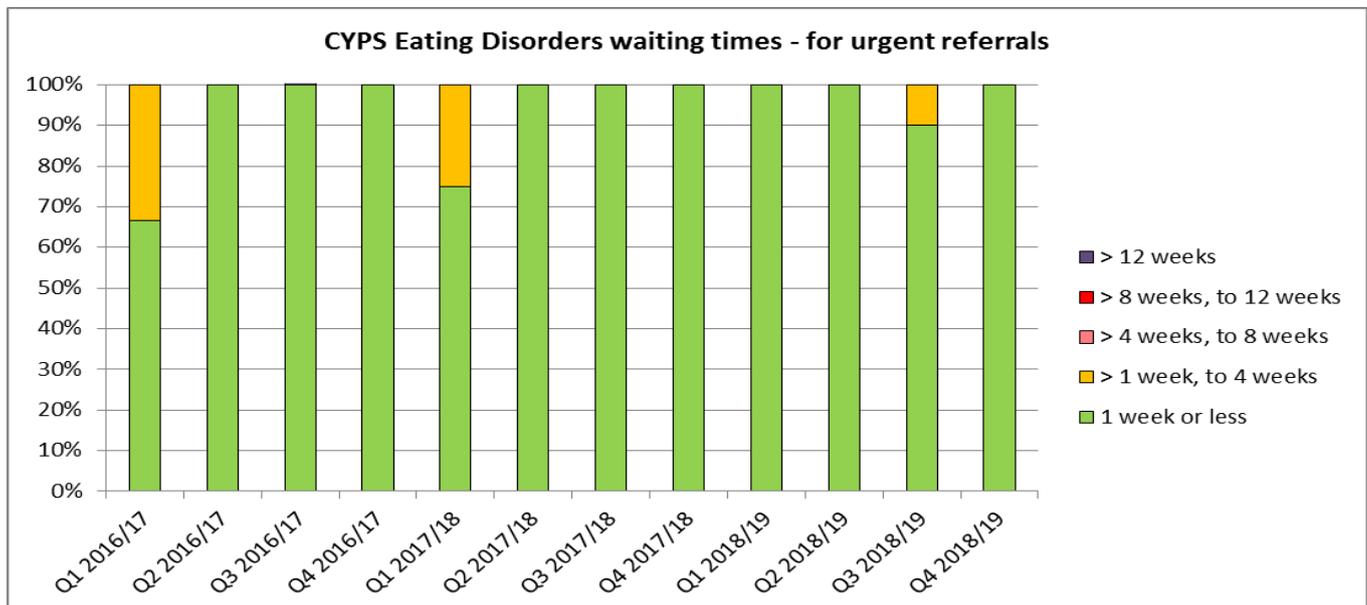
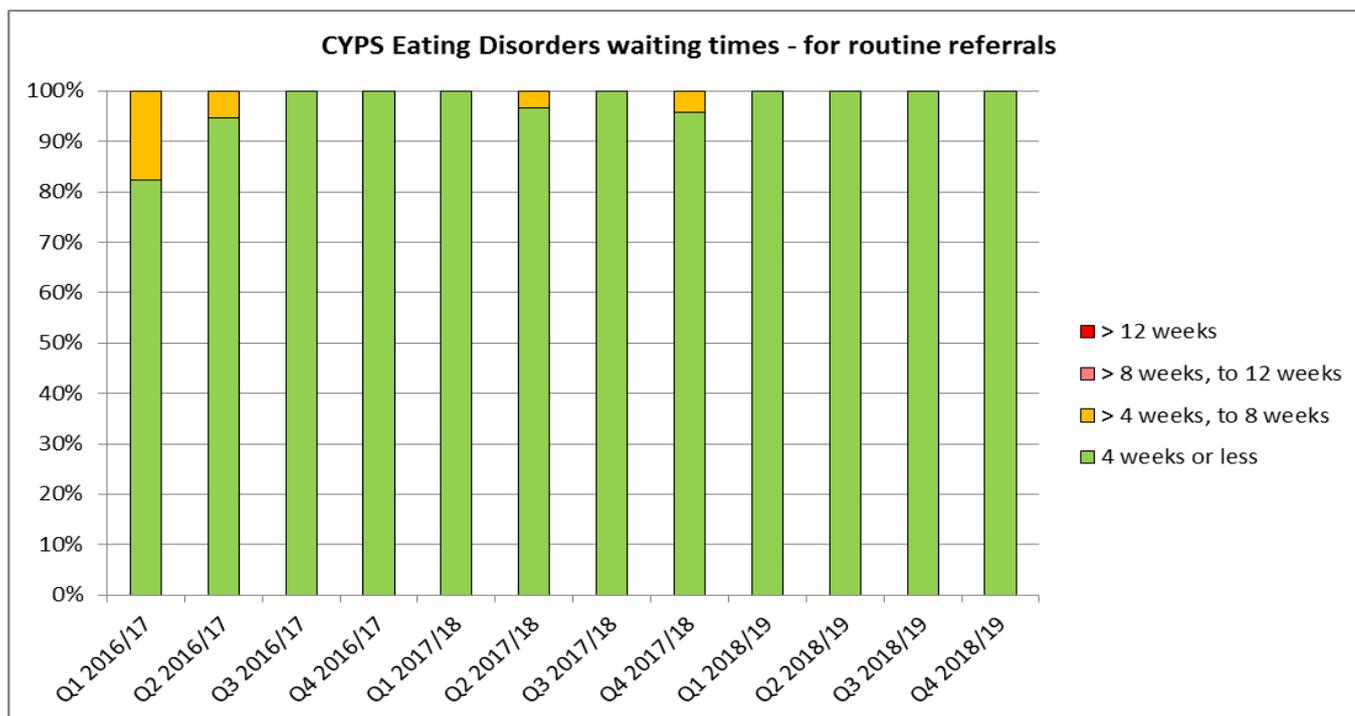


Chart 4: CYPS Eating Disorder waiting times – routine referrals (April 2019)



Two urgent referrals started treatment in Quarter 4 and they both waited less than a week to access treatment (100%). The average wait for urgent referrals was 3.5 days and the maximum wait was 4 days.

24 routine referrals started treatment in Quarter 4 and all of all of those children or young people waited less than 4 weeks to access treatment (100%). The average wait for routine referrals was 6 days and the maximum wait was 13 days.

Table 2: Achievement of waiting time standards by CEDS

Table 2a: Urgent referrals

Urgent referrals	CCG	0-1 Weeks	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Weeks Plus	Total	% waiting 1 week or less
Completed pathways	NHS Surrey Downs CCG	1													1	100%
	NHS Surrey Heath CCG	1													1	100%
	Completed pathways total	2	0	0	0	0	2	100%								

Table 2b: Routine referrals

Routine referrals	CCG	0-1 Weeks	1-2 Weeks	2-3 Weeks	3-4 Weeks	4-5 Weeks	5-6 Weeks	6-7 Weeks	7-8 Weeks	8-9 Weeks	9-10 Weeks	10-11 Weeks	11-12 Weeks	12 Weeks Plus	Total	% waiting 4 weeks or less
Completed pathways	NHS East Surrey CCG		2												2	100%
	NHS Guildford and Waverley CCG	6	2												8	100%
	NHS North East Hampshire and Farnham CCG	3													3	100%
	NHS North West Surrey CCG	3													3	100%
	NHS Surrey Downs CCG	4	2												6	100%
	NHS Surrey Heath CCG	2													2	100%
	Completed pathways total	18	6	0	0	0	0	24	100%							
Incomplete pathways	NHS East Surrey CCG	1													1	
	NHS Guildford and Waverley CCG	1													1	
	NHS Surrey Downs CCG	3													3	
	Incomplete pathways total	5	0	0	0	0	5									

CEDS undertook the following steps to ensure AWT standards:

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- Maintained the increased number of weekly assessment slots at five, embedding two urgent assessment slots into the timetable
- All senior staff have been fully briefed on the actual waiting times standards for self-referrals, as these are slightly different, and have appraised junior staff
- Regular liaison between Service Manager and clinical team with the SPA (Single Point of Access) for allocation within 24 hours
- Developed a care pathway referral flowchart to support the SPA's triage process
- The CEDS staff have attended the Access and Waiting Times national training programme throughout 2017. There are plans for Multi-Family Group Training, CRT, MANTRA and AFT training throughout the year.
- Have a clear system in place to respond to all referrals in a timely way.
- Communicated with CAMHS colleagues about ensuring that they notify the Children and Young Persons Services Eating Disorders service as soon as they detect an eating disorder and that they consult the team before making a referral.
- Revised Interface documents in place across CAMHS/EDS/HOPE to ensure timely completion of transitions within 3 months.
- Continued to increase therapy staff to meet the NICE requirements
- The whole team has undergone the Family Based Therapy (FBT) training and offer the therapy in concordance with NICE
- Embedded an Enhanced Pathway to be able to rapidly respond to young people who are tier 4 indicated, and prevent admissions where possible. The service is working more closely with the Tier 4 Units in 2019 to ensure that admissions are as effective and contained as possible. It is anticipated that any New Care Models work will further enhance the Enhanced Pathway and reduce bed days

6.10.3. What difference has it made?

During 2019, the service further demonstrated further improvement in its waiting/assessment times that are as follows:

- 9 days (compared to 14.6 days last year) average waiting time for assessment of routine referrals between April 2018 – April 2019
- 3.76 (compared to 3.86 days last year) average waiting time for urgent referrals between April 2018 – April 2019.
- 100% of routine referrals have started NICE-concordant treatment (FBT, FT, CBT) within 28 days and
- All staff has had training in Family-Based Treatment (FBT) of eating disorders.

Chart 5: Urgent referrals starting treatment within 1 week

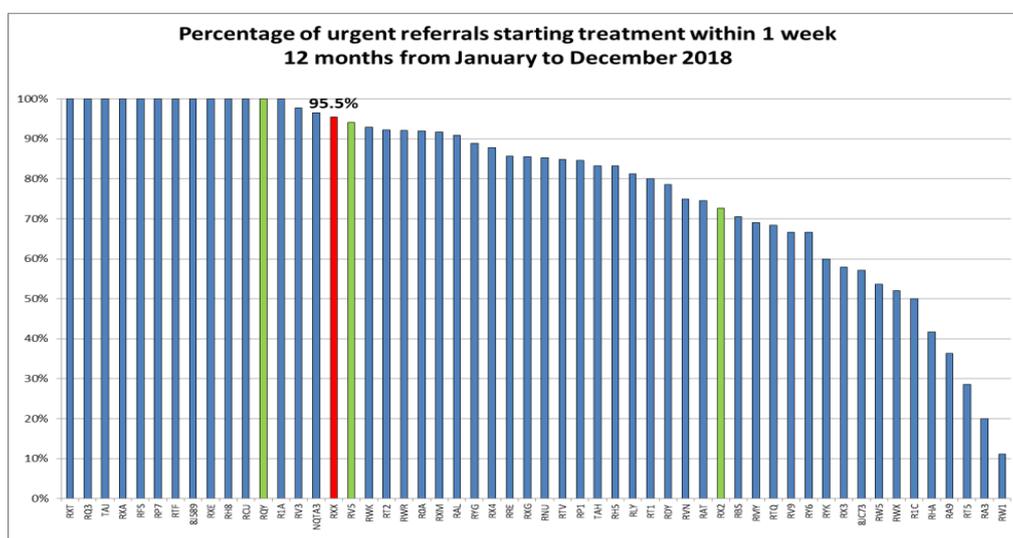
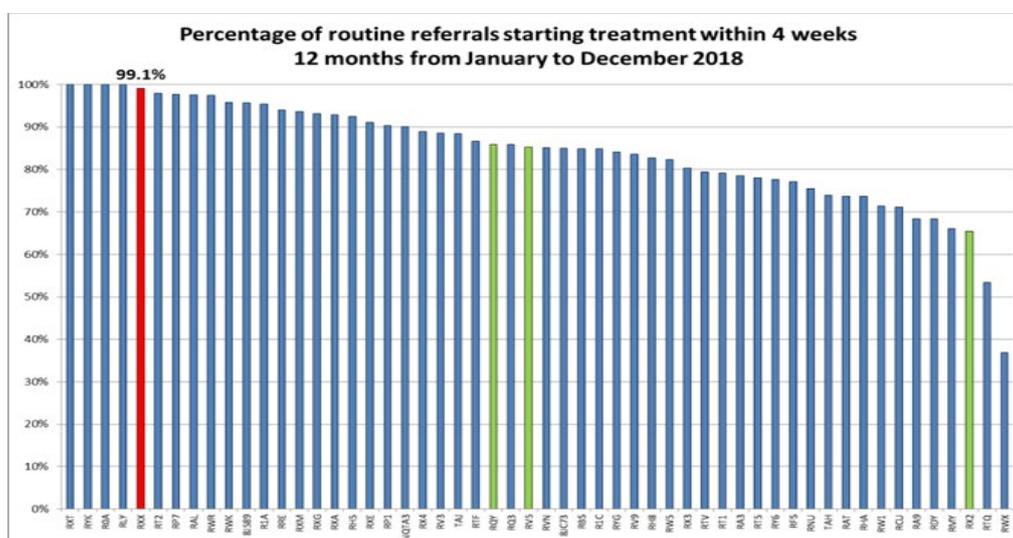


Chart 6: Routine referrals starting treatment within 4 weeks



NHS England publishes our CYPS Eating Disorders waiting times figures alongside other providers' figures (Surrey service in red) The published provider-level figures cover a 12 month period and the most recent figures are for the period January – December 2018:

- 22 urgent referrals to our CYPS Eating Disorders started NICE-approved treatment in the period January to December 2018 and 95.5% started treatment within one week. One person waited more than a week to access treatment.
- 112 routine referrals started treatment in the period January to December 2018 and 99.1% started treatment within 4 weeks. One person waited more than 4 weeks to access treatment.
- Performance against the waiting times standards was better than most other providers in our local peer group (see green columns on charts) and better than most other providers in the rest of England.

Figures reflect people under the age of 18 because this is the age range covered by the CYPS Eating Disorders service

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

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

“We have received exemplary care from the young person's eating disorder clinic at Willow. The standard of care and support has far exceeded our expectations of NHS services. Without their involvement over the past few months we would not have coped and our daughter would definitely have not improved. We are so truly grateful - thank you.”

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

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

“The team is extremely supportive, friendly and welcoming. Good communication between the team.”

“This has been most helpful, open, friendly, excellent service. I'm only sad that at this point we are about to move into adult services with our daughter - the unit at Epsom is a huge blessing.”

I know several people for whom it has been a life-saver! I'm grateful that we have been able to access this at this point and for the help we have received."

"Care was tailored to our daughter's needs. Our views were listened to and accounted for. We were allowed to have input into her care plan and we were supported in our views, even if a different approach may have been the norm. Great support all the way through, particularly at critical times. Very astute at recognising who our daughter worked well with."

"Consistent high levels of care shown to all, supported by clinical evidence based practice."

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

"I was able to trust the care workers and get better quickly. I'm happy again and understand myself better. The groups were excellent and it was great to meet people feeling similar."

6.10.4. What next?

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

New Care Models negotiations are ongoing and are intended to support further reduction in bed days once this is implemented. With regard to early intervention, educational intervention from CEDS in schools, is in place and ongoing with a training video to be made available by August 2019 for roll out across Surrey. This is focussing on how to identify an eating disorder, what to do when you have done and how to support recovery alongside the families and specialist service.

7. Summary of investments and financial plan

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The following table summarise the investments we have made in core CAMHS and Transformation services.

Table 3: CAMHS NHS Expenditure:

(Actual: 2014/15, 2015/16, 2016/17, 2017/18) and (Forecast: 2019/20 and 2020/21)

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
CAMHS Specialist Contract						
£8,004,340	£7,644,186	£7,586,578	£7,785,914	£7,887,225	£8,370,798	£8,370,798
CAMHS Transformation						
	£2,033,922	£2,166,604	£2,802,776	£3,385,583	£4,315,000	£4,710,000
CAMHS Targeted (Pooled)						
£1,696,460	£1,855,743	£2,784,170	£2,754,332	£3,017,543	£3,122,240	£3,122,240
CAMHS NCA						
£89,829	£101,541	£196,582	£166,931	£133,740	£175,127	£175,127
NW Surrey BEN contract						
			£272,273	£816,818	£601,896	£601,896
Clinical Partners						
			£16,442	£171,000	£171,000	£171,000
SCC						
HOPE (delivered in house)				£995,000	£995,000	£995,000
Total						
£9,790,629	£11,635,392	£12,733,934	£13,798,668	£16,406,909	£17,751,061	£18,146,061

Notes:

1. The above table reflects SCC's investments into the pooled budget for targeted services and Hope delivered in house. Limited information is available pre -2018/19 and on other CAMHS related services such as investment in the CAMHS social workers team and other early help services;
2. NWS BEN contract started 1st December 2017
3. Clinical Partners contract started 20th February 2017.

The following tables 4 and 5 highlight,

- Summary of Transformation grants from 2017-2021
- CAMHS Transformation budget for 2020/2021

Table 4: Summary of Grants 2017-2021

Summary of CAMHS Transformation Grant Agreements 2017-2021						
Project name	Provider	Contract period	Contract value 17-18	Contract value 18-19	Contract value 19-20	Contract value 20-21
Music to my Ears	Catch 22	2017-2021	£127,000	£127,000	£127,000	£127,000
CYP Paediatric Liaison	ASPH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	E&StH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	FPH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	RSCH	2017-2020	£106,852	£106,852	£141,622	
CYP Paediatric Liaison	SASH	2017-2020	£106,852	£106,852	£141,622	
Peri-Natal Mental Illness / Mother and baby	ASPH	2017-2020	£59,961	£59,961	£59,961	
CYP Havens	SCC	2017-2020	£360,000	£480,000	£480,000	
Hope Training	SCC	2017-2020	£60,000	£60,000	£60,000	
Extended Hope	SCC	2017-2020	£200,000	£300,000	£200,000	
MH Practitioner UASC Care Leavers LAC	SCC	2017-2020	£65,000	£65,000	£65,000	
MH Practitioner Out of County LAC	SCC	2017-2020	£65,000	£65,000	£65,000	
Everybody's Business	SCC	2017-2020	£14,000	£14,000	£14,000	
CETRS	SCC	2017-2020	£16,000	£16,000	£16,000	
Eating Disorders Service	SABP	2017-2020	£396,653	£620,137	£406,701	
SABP Mindsight	Eikon and Partners	2018-2020		£699,152	£259,600	
Bereavement Counselling	Fountain Centre	2018-2020		£25,042	£21,712	
Childrens Intensive Support Services	SCC	2018-2020		£350,000	£350,000	
Mind waves	Kane FM	2018-2020		£30,000	£30,000	
Smart Moves	Eikon	2018-2020			£60,000	
The Big Chat	Surrey Youth Focus	2019-2020			£10,575	
Disability Challengers	Challengers	2019-2020			£33,844	
SSHAW	CYA	2019-2020			£34,000	
PACA Network	CYA	2019-2020			£36,500	
Transition	CYA	2019-2020			£36,000	
Animal Therapy	Elysian	2019-2020			£22,900	
Bereavement Services	Jigsaw	2019-2020			£43,275	
DBT Training	SABP	2019-2020			£13,280	
Education Psychologists	SCC	2019-2020			£58,000	
Mental Health Practitioner Posts	SCC	2019-2020			£130,000	
CAMHS CT Service	SABP	2019-2020			£300,000	
FLASH-SHINE Project	SABP	2019-2020			£5,750	
CAMHS Accelerator Sites	SCC	2019-2021			£250,000	£320,000
Transition Pathway Manager		2019-2021			£59,303	£59,303
CETRS MH Practitioner		2019-2021			£49,619	£49,619
CAMHS (Eikon+Heads Together)		2019-2020			£48,156	
Bereavement Counselling		2019-2020			£88,281	
Multi Systemic Family Programme		2019-2020			£57,200	
Leatherhead Youth Project (Havens Model)		2019-2020			£120,000	
Total		2017-2021	£1,897,874	£3,445,552	£4,319,767	£447,000

Table 5: Forecast CAMHS Transformation budget for 2020/21

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Draft forecast CAMHS Transformation 2020-21		
Service	Service Provider	£
Enhanced Eating Disorder Service	SABP	800,000
Extended HOPE service	SCC	300,000
HOPE Training Programme	SCC	60,000
HOPE - Care Education Treatment Reviews (CETRs)	SCC	10,000
CYP Psychiatric Liaison - ASPH	ASPH	141,622
CYP Psychiatric Liaison - EPSH	EPSH	141,622
CYP Psychiatric Liaison - SASH	SASH	141,622
CYP Psychiatric Liaison - Frimley	FPH	141,622
Peri-Natal Mental Illness / Mother and baby	ASPH	59,692
Widgit	Symbols Worldwide Ltd	2,400
MH Practitioner UASC Care Leavers LAC	SCC	65,000
MH Practitioner Out of County LAC	SCC	65,000
Safe Haven	SCC	480,000
CAMHS Youth Advisors - Awards	SCC	7,000
Everybody's Business Training	SCC	27,000
Children's Intensive Support Service	SCC	350,000
Care and Treatment Reviews	SCC	6,000
Transition Pathway Development Manager	G&W	66,207
CAMHS Transformation Manager	SD	66,207
MH Services Data Set Submission	Herridge Health Information Solutions Ltd	4,661
CETR Practitioners		57,174
Accelerator Sites		320,000
SHINE & FLASH Programme		5,750
Uncommitted		1,249,799
Total		4,710,000

*Uncommitted funding in the above table relates to the Transformation schemes that are to be confirmed.

8. Workforce Planning

As a system we recognise the recruitment challenges that we face in delivering services and this transformational plan. This challenge is compounded in Surrey by its proximity to London and the additional allowances paid to staff that choose to work in London. Surrey's intention is to develop and support a multi-agency workforce plan by training and developing new and existing staff; including staff from a range of organisations to attend IAPT courses and also ensuring that CYA worked closely with providers both as part of the recruitment process and in providing staff education and information; this also included providing education to staff in other organisations, including hospital EDs and work that is currently being planned with GPs and their staff.

This work will be aligned to the priorities and targets set out in the 'Stepping forward to 2020/21 'Mental health workforce plan for England' (July 2017). The section below highlights the many actions that are being undertaken to support the development of the outline workforce strategy.

Additionally, HEE KSS plan to support the development of a CYP Mental Health workforce strategy that contributes to both the immediate system needs and future expansion. This will be achieved by working with service providers (who know their staff best) to develop a training needs analysis and/or training plan. This will be used as a foundation to discuss intended trainee numbers on courses and the associated financial support required to fund these places.

8.1. The Outline Strategy in Surrey

Our workforce strategy from 2018-2021 has been developed to address the emotional and mental health wellbeing of children. Work is already underway to address the following areas outlined in the strategy.

- CYP mental health and wellbeing is a key part of the Surrey Emotional Wellbeing and Mental Health strategy
- Embed CYP IAPT principles across all commissioned services
- Further develop HOPE and Extended HOPE crisis services and increase support services for challenging behaviour
- Fund and support the establishment of paediatric liaison services across all acute hospitals in Surrey
- Support development of Out of Hospital networks
- Develop wellbeing skills in schools.

The Surrey-wide outline Workforce Strategy for children and young people's emotional wellbeing and mental health services (CYP EWMH) formed the basis for the development of our full

strategy. The full strategy will be informed by our analysis of the Matrix workforce audit and the recommendations from that report.

8.2. An overview of the workforce audit (Matrix)

Supported by NHS England South East Clinical Network, we worked with our counterparts in Kent and Sussex to commission a bespoke workforce audit tool. The Matrix tool had previously been used to audit EIIP and detailed work was needed to develop it for CAMHS. Whilst both Kent and Surrey completed the full audit involving two phases, Sussex deferred their participation in phase 2 to reflect their organisational / provider priorities. The audit culminated with the publication of two region-specific reports combined into one Matrix Report. This enabled shared learning/understanding, benchmarking comparisons and approaches to workforce issues across the two counties.

A total of 10 CAMHS services and 8 Children and Young Peoples Services representing a total of 345 staff members across Surrey participated in the audit. The services included all NHS and joint NHS/Local Authority commissioned targeted and specialist services; crisis and universal services were not included in this phase.

8.3. Findings of the audit (Matrix)

Following is a Surrey specific commentary with an infographic at the end of this section that compare indicators across Kent and Surrey.

There was a 66.6% completion rate for core sections of the matrix audit and varying levels of completion were observed.

On workforce profile compared to the UK national average,

- Surrey CAMHS have a substantial shortage of staff in key roles.
- The workforce is heavily female dominated and compares favourably with the national benchmark
- There are few staff members below the age of 25.
- There are a number of staff approaching retirement age
- 58% of staff members are paid at band 7 and above

On recruitment and retention,

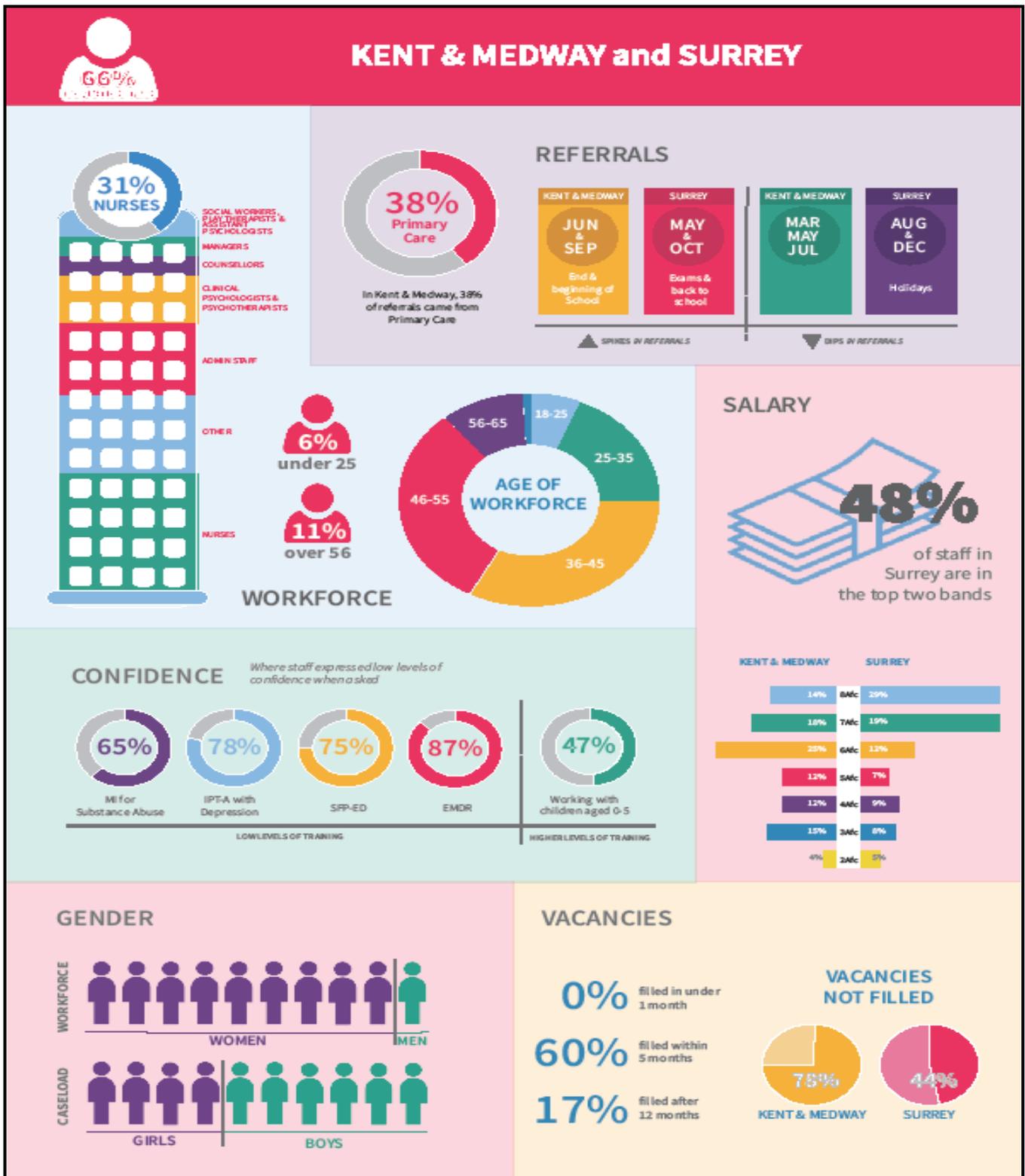
- There are a number of open vacancies within Surrey and difficulty in timely recruitment for key posts such as nursing, clinical psychology and psychiatry has been identified.
- Staff members report imminent intention to leave due to career progression, dissatisfaction and training.

On training,

- Relatively low numbers of staff have training in promoting physical health.
- Few staff are trained in eye movement desensitisation and reprocessing (EMDR), a form of trauma therapy
- There are low numbers of staff who can prescribe medication
- There are very low numbers of staff who are trained in providing interventions for Autism Spectrum Disorder (ASD).
- Support/training for working with parents/carers is indicated.
- Staff report feeling least confident in working with substance use, psychosis and conduct disorder

The detailed report can be found in Appendix 6.

Figure 12: Kent and Surrey workforce comparator



8.4. Recommendations of the audit (Matrix)

Following the completion of the workforce audit a more detailed understanding of the numbers, skills, roles and competencies within the current workforce, matched against prevalence and demand was established. These findings will be utilised to inform the creation of potential new solutions to be incorporated into the development of the final strategy next year.

The following key recommendations were provided by the audit:

- Create a system-wide platform – a collaboration of stakeholders across health, social care, education as well as the various provider sectors including voluntary and independent (could be based on the STP footprint) to coherently bring together the many workforce strands of work, to collectively address workforce capacity and capability challenges and together agree joint solutions and actions.
- Agree which organisation takes this programme forward into implementation – CCGs, STPs, ICS, HEE, CAMHS, etc.
- Conduct facilitated workshops and/or task and finish groups (based on HEE Star) to review findings, agree priorities and make recommendations for actions for implementation.
- Establish what the minimum recommended level of staff is. Providers and commissioners should work together to better understand this picture and use it to inform needs going forward with the clinical and therapeutic model e.g. using the Thrive model.
- Work with the system to review the capacity/demand findings to determine where additional capacity can be built e.g. use Choice and Partnership Approach (CAPA) if appropriate.
- Consider the benefits of re-running or extending the workforce audit using the CYP Matrix during Phase 2 – with improved data sets and better understanding of requirements (learning taken from Phase 1).

8.5. Our workforce development strategy

The publication of the Matrix audit report, which has been widely shared across our system, signalled the start of the developed of a unified workforce development strategy for our system.

Key system wide partners include:

- User Voice and Participation Representatives
- Health Providers and Commissioners
- Local authority providers and commissioners

- Community services
- Educational institutions
- VCS organisations
- Family and Carers Representatives

SABP have developed a workforce strategy and action plan (Appendix 6) to ensure that their workforce is highly skilled and engaged to enable them support the delivery of CYPS Business Plans, Strategic Objectives and Trust Vision and Values whilst maintaining financial stability. It brings together all workforce related strategies, identifying key priorities and actions for the next 5 years that includes

- Integration
- Retention and recruitment
- Organisational development
- Workforce planning and development
- Supporting staff
- Quality and safety

Key initiatives and success measures are attached to each of the priorities.

The Trust's strategy will form the nucleus of our system-wide CAMHS workforce strategy. Supported by the Surrey Heartlands Action Board (SHWAB) we plan to bring in an external resource to define our system strategy. We aim to have an agreed strategy in place by early 2020 to support us in developing and sustainably delivering our system-wide transformation plans over the next 5-10 years. In developing our strategy we will draw on the NHS Benchmarking Network Report (2016) and the Workforce Report (2019) for CYP commissioned by HEE.

Pending the full system's strategy, the CYP IAPT Workforce Programme Board continues to hold system oversight, reporting to the Transformation Advisory Board in relation to the transformation themes.

The Trust and their partners continue to review the demand and capacity for their services. In BEN localities, resource plans are regularly discussed at internal management meetings. Every member of the team has a job planned to have clarity around service provision with the available resource. Rotational placements are being introduced in the SPA and clinicians have been allocated to their teams. 4 CWPs are already in post with a CWP Manager and another 4 CWPs are starting in January 2020. Recruitment to a Family Therapist in our Children's Eating Disorder team is a challenge but a Social Worker with systemic training has been successfully recruited and in post.

An additional Recruit to Train (RtT) placement for ASD/LD has been secured and advertised for recruitment (October 2019).

In response to the difficulty recruiting consultant psychiatrists, plans are underway to reduce the medic caseloads by recruiting other professionals to support the work i.e. Nurse Consultants and HCA's. We are also exploring what training is available specifically in ASD adapted CBT so our BEN staff have the opportunity to train more in treatment options.

8.6. Specific training programmes

8.6.1. CYP IAPT

Surrey is part of the training programme and system partners from different organisational sectors continue to access it. Since 2018/19 eighteen staff are at different stages of course completion (supervision, CBT, SFP, IPT-A etc.) with a further seven confirmed 2018/19.

Themed community of practice learning events are held regularly to promote and share good practice across all sectors.

8.6.2. Child Wellbeing Practitioners (CWP)

Through the CYP IAPT and Workforce Programme, SABP and Partners (Eikon, YMCA East Surrey) have to date successfully trained nineteen Children's Wellbeing Practitioners to be based in schools demonstrating high need. The CWP role is also integral to the transformational Accelerator site supporting groups of schools (Section 5.1)

8.6.3. Compassionate Trauma Informed Schools

SCC Educational Psychologists have been commissioned to deliver workshops

- To promote universal understanding of developmental trauma amongst staff working in early years, school and further education settings. Between the autumn, spring and summer terms 2019-20, each workshop will offer 40 places with an overall capacity of 800 over the 20 sessions
- To offer the Key Adult Programme (KAP) to teachers and TAs working in both primary and secondary schools to enhance their knowledge and skills in providing effective support for vulnerable children. There will be 6 KAPs with 32 participants in each KAP.
- To facilitate two Trauma Informed Schools programme, each for 60 school staff.

8.6.4. The Smart Moves programme

(Eikon) equips teachers to develop positive MH and build resilience skills in students, through evidence-based short sessions. They have rolled out Smart Moves in 82% secondary schools and 62% of Primary schools. The staff training is now available on line to ensure reach and sustainability.

8.6.5. Everybody's Business training

Through the CAMHS Transformation fund and the SCC/CCGs pooled budget. Commissioners have funded Everybody's Business training for a number of years. We have to date trained in excess of 350 staff to recognise signs of emerging mental illness and emotional distress in CYP and to be confident in knowing how/when to support and when to refer.

8.6.6. CYA (User Voice and Participation Team)

Trained young people support and facilitate a range of workshops, assemblies, training and presentations to CYP, peers, teachers, acute hospital professionals.

8.6.7. We Can Talk

Programme designed to support sustainable changes in practice, hospital culture, and relationships between acute hospitals and Child and Adolescent Mental Health Services (CAMHS) to improve patient experience, reduce risk and improve outcomes for children, young people and their parents / carers. Paeds Liaison nurses from all five acute Trusts in Surrey undertaken this programme and shared their learning with wider hospital colleagues.

8.6.8. Evidence based training

Examples include: dialectical behaviour therapy, CBT and systemic family therapy to teams at HOPE and Extended HOPE and Family-Based Treatment (FBT) to all staff in the ED services

9. Managing Risk

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

The CYP IAPT and Workforce Programme risks are managed and mitigated by the CYP IAPT and Workforce Programme Board.

The EWMH Transformation Programme (5 themes) risks are managed, mitigated and overseen by the system wide Transformation Advisory Board.

The following table (6) summarise the key risks identified across a number of programme areas related to CAMHS Transformation

Table 6: Summary of key risks

7

Key Programme Risks					
No	Description of risk/issue	Impact	Likelihood	Risk Total	Mitigating Action
1 Workforce related risks					
1A	Difficulties in recruiting to CAMHS Consultant Psychiatrists impacting on service delivery	4	3	12	Innovative recruitment campaign, creative JDs to attract wide pool of applicants, head hunt competent and skilled./experienced clinicians Recruiting to other professionals including Nurse Consultants and HCAs to reduce Consultant Psychiatrist workload
1B	Delay to workforce transformation if system WF strategy is not delivered on time	3	3	9	CYP WF outline strategy developed, implementation of SABP workforce strategy, links established with SCC Children's Academy and framework for system workplan in development. Discussion with local workforce board to explore sourcing external support Discussion with SHWAB to complete the strategy.
1C	Very limited time to respond to new opportunities for recruitment to new emerging roles (CWP, EMPH, RTT etc)	3	3	9	Stakeholders to broadscan and network effectively to understand availability of potential opportunities
2 Increased demand and referrals					
2A	Build up of backlog at the CAMHS SPA (single point of access) impacts on plans to align the SCC and SABP SPA	3	5	15	System Summit held in September 2019 to agree actions to clear the SPA backlog. Weekly telecons for senior system leaders monitors achievements against planned trajectory, iming to reduce SPA backlog by Mach 2020. Access transformation theme developing plans for alignment with SCC Children's SPA(CSPA). Work with VCS, implement the early access and early intervention work themes of the EWMH Transformation programme. Use of Accelerator sites
2B	Increase in demand and referrals as parents, schools and others become more aware of EWMH issues of CYP	3	3	9	Whole system approach to prevention and early intervention based on the Thrive framework. Second Thrive workshop planned for December 2019. Use redesigned and new staff roles (CWP/RTT) and provide early intervention. EOI schools link programme and MHST Trailblazer sites. Pilot Accelerator sites
3 Financial risk					
3A	Financial impact on system trajectory (control total) of increased demand and reliance on locum/temporary workforce	3	3	9	Use CAMHS Transformation Funding to support clearance of referrals backlog Use underspend from Children's Programme.

10. Five Year Transformation Plan – Key milestones

Access Transformation theme	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Improvements to the single point of access to improve decision-making and risk management • Work underway to improve the way information is captured • SCC working with CYP including apprentices on improvements to digital applications • SABP achieving significant uptake of Kooth • SCC/SABP action plan for integration agreed and common language being established 	<ul style="list-style-type: none"> • Implement one front door that offers multi-agency triage, signposting and advice • Competent workforce in place to provide a graduated and multi-disciplinary response to those accessing services. • Early identification of issues, support extended to families and evidence-based interventions are provided from first contact • Effective skills utilisation to manage growth in demand • Use of improved digital access to information and support such as virtual counselling • Clear self-referral pathways established

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Early intervention Transformation theme	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Recruitment of Primary Mental Health Workers • Work with schools to develop projects within Accelerator Sites using the whole schools approach • Establish Sharing and Collaboration Networks related to CYP's emotional wellbeing • Sharing of existing local and national good practice within schools in Surrey 	<ul style="list-style-type: none"> • Increased resource of PMHWs for consultation, training and brief interventions linked to schools • Develop a model to establish all schools to become Emotionally Healthy Schools • Increase the role for VCS working directly with schools • Make Schools/GPs more aware of support available for children's wellbeing and mental health within local communities

Vulnerable groups Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Bid submitted for funding and approved • Finalised working methodology and identified interdependencies • Site selection and finalise service/design roles • Recruitment of PMHWs and Community Connector/s • Expand existing services for LAC, UASC and CIN. • Work with expanded cohort with a range of early intervention services 	<ul style="list-style-type: none"> • Promote resilience for this cohort that is established in the community but which Children in Need may need additional support to access CAMHS services. • Provide direct access to therapeutic support for these CYP through our multi-disciplinary teams • Integrate local voluntary and community sector in collaboration with community connectors

Social, Emotional and Mental Health Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Establish Accelerator Sites • Mobilisation including recruitment • Co design and develop projects with schools within Accelerator sites • MDT review of BEN Pathway • Agree the role of council school support services to help schools manage behaviour 	<ul style="list-style-type: none"> • Review and revise the existing BEN Pathway • Link with SCC SEND work • Improving support for CYP/Families in Accelerator Site areas

Crisis care Transformation theme

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Business case for Tier 4 specialist commissioning model in Surrey refreshed • Discussion with New Models of Care team (NCM) and Regional Specialist Commissioning Team about a local Tier 4 offer and a potential business case for bed provision in Surrey • Engagement with Thames Valley NCM and South London Partnership NCM about joint working <p>Other services that have already been established will be integrated into this transformation theme and include:</p> <p>HOPE</p> <ul style="list-style-type: none"> • Review and expansion of HOPE to reduce usage of T4 services <p>CYP Havens</p> <ul style="list-style-type: none"> • Review of CYP Havens and development of a more effective model • Risk and crisis training for all Havens staff • Explore the use of VCS to support the Havens <p>Paediatric Liaison Service</p> <ul style="list-style-type: none"> • “We Can Talk” training rolled out across all Trusts • PLN services commence dataflow into MHDS • Access to clinical supervision learning sets developed • Staff trained in DBT skills • Additional (Risk management and Crisis) training sessions for ward staff • PLNs provided with SABP honorary contracts • Invite and review BAU plans for PLN service from 2020 <p>Crisis Intensive Support Services</p> <ul style="list-style-type: none"> • Service current review model • Agree service model • Agree commissioning arrangements • Appoint staff • Commence initial service 	<ul style="list-style-type: none"> • Establish a full range of services across all relevant agencies for all CYP to support them including a pathway for trauma and emotional regulation • Establish a multi-agency approach with joint accountability, integrated pathways, improved communication and information sharing and close working with education and criminal justice. • Develop innovative models of care build on best practice to avoid unnecessary admission and support discharge. • Have shared responsibility for planning, decision-making and the financial approach across the whole pathway.

Other Transformation initiatives

Challenging stigma	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Established a reformed and redesigned User Voice and Participation Team to ensure robust engagement of CYP in service planning and decision making. • UVP representation on SEND Transformation Strategy. • Delivery of “We can Talk Training “ • Ongoing provision of Everybody’s Business Training • Delivery of “Our Perspectives” including one dedicated for All Age LD • Participation in Amplified Programme by Young Minds • Established the Parent and Carer Advisory (PACA) Network (including families) for CYP with mental health issues as well as SEND/LD 	<ul style="list-style-type: none"> • Expand the RAISE programme • Co-produce a CYP MH workforce strategy • Establish a process for CYA to review commissioned services against participation standards. • Co design and commission a mental health advocacy model
Building capability and capacity	
Current milestones	2020-2021 milestones
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Page 198</div> <ul style="list-style-type: none"> • Delivery of universal elements of Healthy Child Programme • Delivery of TAMHS in schools by PMHHS • Continue the delivery of the Head Smart Ambassador Programme • Join the Anna Freud Links Programme </div>	<ul style="list-style-type: none"> • Extend the current SEND offer to include emotional wellbeing and health • Collaborate with SCC Education Officers to enhance emotional wellbeing and mental health in schools • Expand SEND to include organisations supported by ACE
Perinatal Mental Health Services	
Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Well established and effective PNMH service • Successful recruitment to all vacancies • Integrated system wide working established 	<ul style="list-style-type: none"> • Bid for 2nd wave funding to establish a community mental health specialist service across the ICS • Upskill teams to improve confidence in risk assessment • Seek RC Psych accreditation following CCQI inspection • Work across KSS to improve transitions and continuity of care

Other Transformation initiatives

CYP IAPT and Workforce

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Conclusion of IAPT programme Wave 6 • Successfully bid for IAPT programme Wave • CWP cohort 4 training commences • CWP cohort 5 training commences • Successfully bid for RTT • Workforce Audit and Matrix report published • CYP IAPT principles embedded • Pilot the access of Adult MH IAPT by CYP who are 17 years of age • Use of Checkware to embed outcome measures 	<ul style="list-style-type: none"> • Qualified recruits to support implementation of Accelerator sites • Bid for Spring 2020 Trailblazer MHST sites • Development of workforce strategy • If successful roll out access to Adult IAPT to all CYP who are 17 years of age

EIIP

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Service covers 14-65 CYP and WAA offers a MDT assessment • National recognition for the allotment project • Collaboration with Swingbridge to provide work experience on a barge project • Winning team for Care Awards 	<ul style="list-style-type: none"> • Recruit to Clinical Lead • Invest in POC Blood testing equipment • Further work on NICE intervention

Youth Justice

Current milestones	2020-2021 milestones
<ul style="list-style-type: none"> • Service review and redesign of pathways with Youth Offending Services • Ongoing funding commitment from NHSE until 2021 • Monitor outcomes against agreed KPIs • Recruitment to 2nd youth worker • Low custody sentences 	<ul style="list-style-type: none"> • Consider the development of Trauma Informed healthcare services • Develop the Liaison and Diversion services • Offer therapeutic mental health support to CYP subjected to sexual assault

11. Conclusion

7

Our whole system transformation has set out how, supported by additional funding and investment, we will continue to transform and improve our support for CYP, Family and carers and those with working with CYP in Surrey.

This year's refresh of the Plan enabled us to draw together:

- The Children and Young People's Emotional Wellbeing Charter (2018)
- Findings and recommendations from engagement with children, young people, families, professionals and community organisations, led by the Dartington Service Design Lab (2019)
- *A Thriving Community of Children and Young People in Surrey; a strategy for their Emotional Wellbeing and Mental Health* (2019 - 2022)
- The work of the five Transformation themes, whose work is currently being developed or is already in progress (2019 - March 2020),

into one cohesive document describing all our transformation plans.

12. Glossary of abbreviations

ACE-V	Analysis, Comparison, Evaluation, and Verification
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
AWT	Access and Waiting times
BEN	Behaviour and Neurodevelopment
CALMS	Cognitive, Affective, Linguistic, Motor and Social
CAMHS	Child and Adolescent Mental Health services
CAPA	Choice and Partnership Approach
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group
CEDS	Community Eating Disorder Service
CF	Commissioners Forum
CGAS	Children's Global Assessment Scale
CiN	Children in Need
CISS	Children's Intensive Support Services
CORE	Clinical Outcome Routine Evaluation
CQRM	Clinical Quality Review Meeting
CRM	Contract Review Meeting
CRT	Cognitive Remediation Therapy
CYA	CAMHS Youth Advisors
CYP	Children and Young People
EIKON	Surrey based charity for vulnerable young people
EIPP	Early Intervention in Psychosis Programme
EWMH	Emotional Wellbeing and Mental Health
FBT	Family Based Treatment
FT	Family Treatment
FVS	Family Voice Surrey
GRT	Gypsy Roma Traveller Families
GTEP	Graduate Teacher Education Programme
HONOSCA	Health of the Nation Outcome Scale Child and Adolescent
HSCN	Health and Social Care Network
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
KPIs	Key Performance Indicators

LAC	Looked After Children
LD	Learning Disabilities
LGBT+	Bisexual, Transgender and Questioning
LTP	Local Transformation Plan
MANTRA	Model of Anorexia Nervosa Treatment for Adults
MHSDS	Mental Health Services Data Set
Mindsight Surrey	CAMHS Health and social care partnership for children and young people with mental health problems and learning disabilities living in Surrey
NHSE	National Health Service England
NSF	National Service Framework
NICE	National Institute for Health Care Excellence
RtT	Recruit to Train
SaBPT/SABP	Surrey and Borders Partnership Trust
SCC	SCC
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Orders
SLCN	Speech Language and Communication Needs
STP	Sustainability and Transformation Plan
TaMHS	Targeted Mental Health in Schools
UASC	Unaccompanied Asylum Seeking Children
UVP	User Voice and Participation

Key changes to the core CAMHS contract in support of the transformation agenda

- Extension to current contracting arrangements for another 2 years until March 2021.
- A new Single Point of Access (SPA) from April 2019. This functionality transferred from Simplify Health to SABP offers a unique opportunity to improve the quality of the service and better alignment with SCC services with greater influence and oversight of clinical triage processes.
- There is an increased demand for the BEN service and the newly established SPA is better geared to managing this pressure. The Accelerator sites and the expressions of interest made for funding additional counselling and ADOS assessment sessions will further support manage this surge in activity.
- Greater accessibility in the community via schools, GP practices, youth clubs and the Voluntary Community and Faith Sector
- Following the CAMHS Interim Plan the CCG has made an additional non-recurring investment of 1.2 million to manage the significant growth of referrals as well as clear the back log of assessments
- Establishing Professionals and parent/carers advice and consultation lines from 8am - 8pm Monday to Friday and 9 - 12pm on Saturday
- Keeping GPs better informed of child's/young person's mental health needs and progress
- Improved performance reporting by the provider using a performance dashboard and monthly highlight reports, enabled by robust contract management.
- Supporting the provider to encourage their partners and sub-contractors to participate in the access data collection and flow data into MHSDS to achieve access targets
- Implement the Emotional Wellbeing and Mental Health Transformation Programme to enable service transformation across the following five themes:
 - Access, Crisis, Early Intervention, Behavioural Emotional and Neurodevelopmental (BEN) pathway, Vulnerable Groups
- Following a series of engagement events plan re-procurement of CAMHS using Thrive framework with focus on early intervention
- Successful waiting list bid for £100k, further bids submitted for consideration (£181.5k and £114k for additional counselling and ADOS assessments for ASD)
- Contract Variation to introduce CAMHS acute liaison at FPH for NEH&F CCG and East Berkshire CCG patients w.e.f May 2019.

Appendix 2 IAPT Programme of Work

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	Programme	Deliverables
1	Core Operational Team <ul style="list-style-type: none"> - Project Plan - Deliverables - Resource allocation - Stakeholder analysis/communication plan - Reporting 	<ul style="list-style-type: none"> - Programme Manager - Clinical Lead - Outline programme of work - Agreed deliverables - Project Plan - Stakeholder map/communication plan
2	Surrey-wide CYP IAPT Programme Board <ul style="list-style-type: none"> - ToR - Surrey-wide approach to delivering CYP IAPT - LDNSE Collaborative ends (03/19) - New governance arrangements 	<ul style="list-style-type: none"> - Establish Surrey-wide CYP IAPT Programme Board (2017-2020) - Project Workbook (Project Plan, risk log) - TOR /Membership reviewed - APT principles embedded - Alignment to EWMH Transformation Programme
3	Surrey-wide CYP IAPT Community of Practice (COP) <ul style="list-style-type: none"> - Workshops - Events 	<ul style="list-style-type: none"> - Series of planned COP workshops 2018-19 <ul style="list-style-type: none"> - CYP Participation (11/18) - Goals based outcomes (02/19) - Family and Carer (03/19) - Transition (07/19) - Impact of MH on CYP Wellbeing (County Lines +) (10/19)
4	Training Provision (Log) <ul style="list-style-type: none"> - LDNSE Curricula - LDNSE New Curricula (U5s, LD/ASD, Counselling & Combination) + EBBP - PWP (HEE) - LA - HEIs - CAPA - Commissioning Development Programme (NELCSU) <ul style="list-style-type: none"> - Voluntary Sector - Independent Sector - MIND Ed Course registrations (and funding) Future planning	<p><i>Phase 1 (August 2017 - January 2018):</i></p> <ul style="list-style-type: none"> - Training Log - Course registrations (CYP IAPT) and salary support - Course registrations (outside CYP IAPT) <p><i>Phase 2 (February - July 2018):</i></p> <ul style="list-style-type: none"> - Accreditation/validation/quality assurance of non-CYP IAPT courses; - Developing training strategy to commission and sustain CYP IAPT training for local providers once central funding ceases in 2018; - Estimate costs and funding streams for proposed courses (taking into consideration salary support and other incidentals); <p><i>Phase 3 (mid 2018-2020):</i></p> <ul style="list-style-type: none"> - Procure training from local HEIs and other training providers to deliver agreed curricula from 2019; - Facilitate and promote courses across all sectors and provider services; - Monitor take-up of courses and modify plans/budgets for future years. - IAPT Management and IAPT Therapy courses undertaken (2018-2021) - Funding arrangements confirmed by HEE

5	<p>Workforce development</p> <ul style="list-style-type: none"> - to identify training needs (and gaps in service provision) - National audits - SECN/HEE workforce audit - Barry Nixon - LA audits - Local workforce plans/groups - Plan write up of strategy 	<ul style="list-style-type: none"> - Facilitate workforce planning assessment (HEE) - Outreach support package (from LDNSE CYP IAPT Collaborative) - Draw up implementation plan from recommendations from Matrix report - Audit completed and report published (June 2019) - SABP workforce strategy agreed - Draw up system-wide workforce development strategy and implementation plan
	<p>Participation & Young Advisors</p> <ul style="list-style-type: none"> - Participation worker groups - Young Advisors - Parents/Carers - National Participation Support Programme - Young Minds 	<ul style="list-style-type: none"> - Launch 'Participation' Surrey-wide via Community of Practice Forum - Collaborate with CYA, Family Voice etc. to ensure participation is fully embedded in commissioning of children's mental health services - Create a Surrey-wide Participation Hub to bring together those people involved in 'Participation' to share and pool their work and ideas for engaging and involving young people, their parents and carers in the development of new and existing mental health and wellbeing services. - Self-Assessment against Young Minds Amplified audit (April 2019)
7	<p>Quality Monitoring & Data Flow</p> <ul style="list-style-type: none"> - Quality monitoring returns (quarterly) - Completeness of data flow to MHSDS - Review and feedback on returns - Provider response/actions - CORC dashboard & Paperless Outcome System 	<ul style="list-style-type: none"> - Quarterly monitoring returns (for SABP and each sub-contractor and additional member of the partnership e.g. LA) - Quality & Outcomes Masterclass - Revised/agreed key intervention outcome measures - Shared learning (Surrey-wide) via Community of Practice
8	<p>Assurance & delivery</p> <ul style="list-style-type: none"> - Local Transformation Plans (annual refresh) - AWT standard compliance - ICS (IAF) - Ad hoc requests (including meeting attendance and progress updates) 	<ul style="list-style-type: none"> - Estimate LTP reserve allocations for courses/salary support (19/20) - Achieve STP compliance with CYP IAPT IAF - Achieve CYP IAPT compliance against AWT standards - Provide content for both LTP and/or STP reports (on request) - All Surrey CCGs achieve and deliver 2018/19 Access targets (July 2019) - Publish 2019 refreshed LTP (October 2019) <ul style="list-style-type: none"> - For approval by Surrey HWBB in December 2019

<p>9</p>	<p>Meeting Attendance Schedule</p> <ul style="list-style-type: none"> - 4-Way Core Team (monthly) - Community of Practice (bi-monthly) - Commissioners Forum (monthly) - Clinical Quality Review Meetings (bi-monthly) - Surrey Contract Review Meetings (monthly) - SECN CYP themed fora (monthly) - Surrey EWMH Transformation Programme Meetings - Revisions to meetings schedule (March 2019) - IAPT Workforce Programme Board (bi-monthly) - Paediatric Liaison Nurses Meeting (bi-monthly) - CAMHS Transformation Board (bi monthly) - IAPT Workforce planning meeting (bi-monthly) 	<ul style="list-style-type: none"> - Promote wider engagement across Surrey - Share learning and best practice across Surrey - Ensure organisational sign up to support this programme and deliver the improvements in care to CYP - Provide oversight and governance in order to ensure compliance against AWT standards - Increase awareness within Surrey and with the ICS
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Universal Contracted Services

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

Targeted Contracted Services

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

Specialist Contracted Services

- Children and young people Learning Disability Service – Specialist
- Eating Disorder Service – Specialist
- Hard to engage 16-25 years old service– known locally as the Mindful Service – Targeted
- Community Child and Adolescent Mental Health Services – Specialist

Sub –contracted services

- Eikon & Partners
- National Autistic Society
- Barnardos
- Xenzone - Kooth.com

Crisis Support Services

- HOPE
- Extended HOPE
- 365 / 24 / 7 psychiatrist on call
- Paediatric liaison
- Home treatment team for 16-18 year olds
- Safe Haven model for children and young people

System Partners (Primary care, Children’s Community Health Services, Children’s and Families Services, Educational Settings, and Health and Justice/Police)

- GPs
- Occupational Therapy
- Family Information Service
- Community Youth Work Service
- Police
- Midwives
- Health visitors
- School Nurses
- Educational Psychology
- Education Welfare Service
- Surrey Online Service
- School/Early Years (SENCO, HSLW)
- Family Centres
- PSHE Curriculum/TaMHS

Voluntary Community Services (Youth Services)

- Eikon
- Heads Together
- Learning Space
- Relate West Surrey
- Reflex Woking
- Step by Step
- Windle Valley Youth Project

Early Help Offer

- A&E - medical
- A&E - non medical
- Access to Education Non-Medical
- Autism Outreach Service
- Carer's Break Grants
- Catch 22 Substance Misuse Service
- Children's weight management services
- Community Youth Work Service (CYWS)
- Condom distribution scheme and Chlamydia screening

- Cygnet
- Cygnet autism parenting programme
- CYP Havens
- Early Bird
- Early Support Service
- Early years language team
- Early Years Safeguarding Service
- Earlybird autism parenting programme
- Education
- Education Welfare Service
- Education Welfare Service (U, S and T)
- Educational Psychology (U, S and T)
- Emergency Hormonal Contraception and Chlamydia treatment
- Extended HOPE
- Family Information Service
- Family Nurse Partnership
- GUM and contraception services
- Health
- Health Eating in the Really Young (HENRY)
- Home start
- HOPE (+ Health)
- Leap
- Learning Disability Outreach Service
- Leatherhead North and Walton North Early Help Volunteer Support
- Looked after children
- Medical Access to Education
- Merlin Pass lottery
- Neighbourhood prevention
- Nurture Groups
- Nurture groups
- Oasis Family Centre
- Occupational Therapy (U and S)
- One to one prevention
- Out of School Providers
- Outreach services
- Paediatric physiotherapy
- Personal Support
- Personal support Direct payments
- Physiotherapy (T and S)
- Play & Leisure services (community based)
- Play & Leisure services (school based)
- Portage
- Pre-school Settings
- Primary Mental Health Workers (CAMHS community service)
- Residential short breaks
- Residential short breaks (community based)
- Residential short breaks (in house)
- Ruth House
- Safe Havens
- Sandy Hill Estate Volunteer Support (Waverley)
- School nurses (U, S and T)
- School nursing team child, young person and family weight management pilot

- School's Support Team
- Sexual Health Advisors
- Social Care
- Social care transition team
- Specialist Teachers (U, S and T)
- Specialist Teaching Teams
- Speech and Language Therapy ((U, S and T)
- Stop Smoking Service
- Sure Start Children's Centres
- Surrey Domestic Abuse Support Service
- Surrey Domiciliary Care Service
- Surrey Family Support Programme
- Surrey Online School
- Surrey Short Break Carers
- Voluntary sector providers
- Welcare
- Welcare South East Surrey (Redhill)
- Year 11/12 Transition Service
- YMCA Open House (Guildford)
- Young carers
- Youth Support Service

In Surrey we do not have any in patient CAMHS beds and are low users of national CAMHS beds, due to HOPE and Extended HOPE Provision crisis beds which support young people in local community settings.

Nationally associated policy documents

- [Closing the Gap. Department of Health \(2014\)](#)
- [Children and Families Bill \(2013\)](#)
- [Mandate to Health Education England](#)
- [Chief Medical Officer's Annual Report on State of Public Health \(2014\)](#)
- [Behaviour and Discipline in Schools, Department of Education \(2014\)](#)
- [Public Services \(Social Value\) Act 2012](#)
- [Achieving Better Access to Mental health Services by 2020](#)
- [Five Year Forward View](#)
- [Forward View into action: Planning for 2015/16 guidance](#)
- [Mental health and behaviour in schools Department of Education \(Mar 2015\)](#)
- [Future in Mind \(2015\)](#)
- [Green Paper \(2018\)](#)

Health and Social Care

- <http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=675&cookieCheck=true&JScript=1>
- [Surrey Health and Wellbeing Strategy](#)
- [Surrey Emotional Wellbeing and Mental Health Commissioning Strategy](#)
- [CAMHS Engagement report](#)
- [CAMHS Recommendations paper](#)
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413129/2902452_Early_Years_Impact_2_V0_1W.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299268/Emotional_Health_and_Wellbeing_pathway_Interactive_FINAL.pdf NSPCC Harmful Sexual Behaviour Framework - <https://learning.nspcc.org.uk/health-safeguarding-child-protection/>
- [NPSCC- Letting the Future in - https://learning.nspcc.org.uk/services-children-families/letting-the-future-in/](#)
- [The Lighthouse- https://learning.nspcc.org.uk/services-children-families/the-lighthouse/](#)
- [LTP Toolkit- https://learning.nspcc.org.uk/media/1111/local-transformation-plans-toolkit.pdf](#)
- [Council for Disabled Children- a great resource for SEND information, this dashboard may be of particular interest - https://councilfordisabledchildren.org.uk/help-resources/resources/0-25-multi-agency-send-data-dashboard](#)
- [Transforming Care Model service specifications](#)

- www.longtermplan.nhs.uk
- www.longtermplan.nhs.uk/implementation-framework
- [NHS Benchmarking Network Report](#)

Children and young people

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

Equalities and Diversity

- <https://www.surreycc.gov.uk/your-council/equality-and-diversity>
- <http://www.surreyi.gov.uk/GroupPage.aspx?GroupID=31>

The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local community. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) which is a strategy for meeting the needs identified in the JSNA. These are needs that could be met by the local authority, Clinical Commissioning Groups or NHS England.

This JSNA follows a 'life course approach' which recognises that the conditions in which people are born, grow, live, work and age can lead to health inequalities. Sections are more concise and include a more visual way to look at the data which allows users to explore it in detail by selecting geographies or indicators of interest.

The JSNA is a continuous process and is updated as additional information becomes available, as gaps are identified and in response to feedback received.

The JSNA can be accessed by clicking on the link below.

<https://www.surreyi.gov.uk/jsna/>

Appendix 6 List of embedded documents

7

1. Outline workforce strategy



Outline Workforce
Strategy.pdf



SABP CYPS
workforce plan v3.doc

2. Matrix Report



Matrix Workforce
Audit April 2019 .pdf

3. COP Transition Report



Revised CYP IAPT
Transition Day Progra



COP Transition Event
Report 2019.pdf



CYP IAPT CYP in
Transition Feedback.1

4. Link to Surrey Heartlands and Frimley Systems 5-year Strategic Delivery plans-to be added when published. Expected date of publication is December 2019.

Health and Wellbeing Board Paper

1. Reference Information

Paper tracking information	
Title:	Time for Kids - a new approach for working with Kids in Surrey
Related Health and Wellbeing Priority:	Priority 3
Author (Name, post title and telephone number):	Dave Hill – Executive Director – Children, Life Long Learning and Culture
Sponsor:	Dave Hill
Paper date:	5 December 2019
Version:	N/A
Related papers	

2. Executive summary

For the Health and Wellbeing Board to note **Time for Kids**, a new perspective for all agencies working with children, young people and their families in Surrey. This paper sets out a new approach and perspective that will guide how all agencies work with kids in Surrey. The work was initiated by the voluntary sector in Surrey, via Surrey Youth Focus and has involved a ‘think tank’ approach that has included the police, NHS, SCC, Schools and children and young people. The Better Way Network, a national affiliation has brought an outside view to inform this Surrey based piece of work.

The purpose of this item is to begin a programme of socialisation with all agencies about this new perspective and approach.

3. Recommendations

The Surrey Health and Wellbeing Board is asked to:

1. Note this important piece of work.
2. To promote and socialise Time for Kids in the agencies and Networks.
3. Agree to receive an update from time to time on progress.

4. Detail

Surrey Health and Wellbeing priority(ies) supported by this item / paper	Time for Kids will support multi agency working across Surrey. In particular it will support the ambition that no one will be left behind. It will do this by promoting a common perspective and approach across agencies and by looking more innovatively at how preventative and early help services will be organised and arranged. Collaboration and community based working will be at
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	<p>the forefront of Time for Kids the approach has been enabled and supported by the Voluntary Sector in Surrey.</p> <p>Children’s services in Surrey have faced enormous challenges over the past years. Things are getting better and this beginning to be recognised by regulators and government. Those areas in the Country that have outstanding children’s services are likely to have a guiding set of principles that inform and underpin the work of all agencies concerned with children.</p> <p>The outstanding example has been in the City of Leeds where Child Friendly Leeds has underpinned a complete turnaround and transformation of services for children, young people and their families. Whilst transformation in Surrey is well underway, it is hoped that Time for Kids in Surrey will help to us to further improve and then sustain outcomes for our children.</p>
<p>How does the report contribute to the Health and Wellbeing Board’s strategic priorities in the following areas?</p>	<ol style="list-style-type: none"> 1. Centred on the person, their families and carers 2. Early intervention 3. Opportunities for integration 4. Reducing health inequalities 5. Evidence based 6. Improved outcome <p>Time for Kids will support and promote all seven of the Health and Wellbeing Board’s strategic priorities. The core statement and principles are set out below:</p> <p>The road from being a tiny, innocent baby to being an adult in jail, abusing substances, suffering abuse and/or being seriously mentally ill is paved with a million critical moments that can help or hinder taking an alternative road to a healthier more fulfilling life.</p> <p>Whilst the proliferation of choice for children and young people in today’s society brings huge benefits, it can also leave children and young people feeling disorientated – lacking an anchor. As human beings, we are fundamentally all looking for similar things – happiness, safety, fulfilment, hope, purpose, connection, belonging, fun, etc.</p> <p>So, with the absence of strong healthy relationships, or with other major challenges in their life, some children and young people are floundering. When we see a child behaving in</p>

	<p>socially unacceptable ways, we need to look beyond the shouting, the violence, the aggression. We need to look beyond the defiance, the sullenness, the silence. We need to ask ourselves, what is really going on underneath? Are they feeling fearful, angry, lonely? Are they feeling hopeless, disconnected, worthless?</p> <p>We believe that the Surrey system needs to change to provide a better launchpad for young people into successful and fulfilling young adulthood, promoting wellbeing and, ultimately, a sustainable society.</p> <p>We have come up with the following principles that, if used by all agencies to drive cultural and service change, could make a significant difference to children and young people in Surrey.</p> <p>Set out below are the five key principles that will make the difference to all children and young people and provide them the very best opportunity to succeed in life.</p> <p>1.1 Being crazy about the kid</p> <p>Every child needs at least one person who is ‘crazy’ about them, usually this will be a mum or dad, or other family member, but in some situations this is sadly not the case. Where agencies and professionals are involved they need to focus on the human connection and relationship with a child, regardless of their background or circumstances, with patience and passion to achieve the very best for the child or young person.</p> <p>1.2 Every child/young person needs a consistent relationship with at least one adult they trust.</p> <p>Many young people feel lost and without direction, they don’t believe that they have anyone to turn to. Building trust and confidence takes time and a persistent and consistent approach. Often we hear stories of ever changing so-called ‘trusted adults’ in a child/young person’s life. How can we expect any form of ‘trust’ to be built when that person changes frequently and relationships have to start all over again. We need to enable professionals and volunteers working with children and young people to have the time and resources to provide stability and earn and develop the child/young person’s trust.</p> <p>1.3 Every child needs to be able to tell their story and learn to hope.</p> <p>Many children experience trauma or loss. Others have a deeply unpleasant daily lived experience. Those children who have a clear story (their narrative) about what has happened to them are more likely to develop healthy relationships going forward and hence to flourish. Children and young people need to know</p>
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	<p>why they are where they are and to understand that they have choices and the potential to experience a happier life; connection with their peers can often help with this immeasurably. We all need to encourage young people to tell their story, to listen, believe and help the child or young person to make the changes that they need in order to develop a sense of hope about their future.</p> <p>1.4 Every child needs a sense of belonging and encouragement to shine.</p> <p>Children and young people need to have a group of friends, a club, association or school or social network which they look forward to being involved in. Where they can be themselves. Where they feel people have an interest in their welfare and they can ‘shine’. We all need to find ways to build on the strengths of each child, not just those who fit into the traditional mainstream educational systems and exams that are prevalent in our society. In short we need to support and help them to shine.</p> <p>1.5 We all need to believe in the child or young person and what they can achieve.</p> <p>Believing in yourself because others have believed in you is the recipe for success. Professionals need to have faith in young people, to help them explore their individuality and learn the tools and belief that they can do what they set their minds to, with the power to change their world.</p>
<p>Financial implications - confirmation that any financial implications have been included within the paper</p>	<p>There are no direct financial implication arising from this paper. However it might be expected Time for Kids will support collaboration in delivering preventative and early intervention services in Surrey and that this will lead to, over time, budgets and resources being used more efficiently.</p>
<p>Consultation / public involvement – activity taken or planned</p>	<p>The think tank that has led to the development of Time for Kids has at various points undertaken consultation with local organisations working with children, young people and their families and has also spent time talking to children themselves.</p>
<p>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</p>	<p>At the very heart of Time for Kids has been the principle that all children deserve the right to certain basic rights and services. We know that outcomes for children in Surrey are uneven and opportunities are not always available to every child. The core Health and Wellbeing Board principle that no one should be left behind is at the centre of this approach.</p>