

Notice of Meeting

Children, Families, Lifelong Learning & Culture Select Committee

**Date & time**

Wednesday, 26
June 2019 at 10.00
am

Place

Ashcombe Suite,
County Hall, Kingston
upon Thames, Surrey
KT1 2DN

Contact

Joss Butler
Room 122, County Hall
Tel 0208 541 9702

Chief Executive

Joanna Killian

joss.butler@surreycc.gov.uk

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Joss Butler on 0208 541 9702.

Elected Members

Miss Amanda Boote, Mr Chris Botten (Vice-Chairman), Mrs Liz Bowes, Mr Robert Evans, Mrs Kay Hammond (Chairman), Mrs Yvonna Lay, Mr Peter Martin, Mrs Lesley Steeds (Vice-Chairman), Ms Barbara Thomson, Mr Chris Townsend, Mr Richard Walsh and Mrs Victoria Young

Independent Representatives:

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

The following services are included within the remit of the Children, Families, Lifelong Learning & Culture Select Committee:

- Children's Services (including safeguarding)
- Early Help
- Corporate Parenting
- Education
- Special Educational Needs and/or Disabilities
- Adult Learning
- Apprenticeships
- Libraries, Arts and Heritage
- Voluntary Sector

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 6 MARCH 2019

(Pages 5
- 12)

To agree the minutes of the previous meeting of the Children and Education Select Committee as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Members' questions is 12.00pm four working days before the meeting (*20 June 2019*).
2. The deadline for public questions is seven days before the meeting (*19 June 2019*)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 EMOTIONAL WELLBEING AND MENTAL HEALTH (EWMH) TRANSFORMATION PROGRAMME

(Pages
13 - 36)

Scrutiny of the Emotional Wellbeing And Mental Health (EWMH) Transformation Programme.

6 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on 12 September 2019 in the Ashcombe Suite at County Hall.

Joanna Killian
Chief Executive

Published: 18 June 2019

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MINUTES of the meeting of the **CHILDREN AND EDUCATION SELECT COMMITTEE** held at 10.00 am on 6 March 2019 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 26 June 2019.

Elected Members:

- * Mr Chris Botten (Vice-Chairman)
- * Mrs Liz Bowes
- * Mr Robert Evans
- * Mr Tim Evans
- * Mrs Kay Hammond (Chairman)
- * Mrs Julie Iles
- * Mrs Yvonna Lay
- * Mrs Mary Lewis
- * Mr Peter Martin
- * Mrs Lesley Steeds
- * Mr Chris Townsend
- * Mrs Victoria Young

Co-opted Members:

- * Mr Simon Parr, Diocesan Representative for the Catholic Church
- * Mrs Tanya Quddus, Parent Governor Representative
- * Mr Alex Tear, Diocesan Representative for the Anglican Church, Diocese of Guildford
- * Mr Mike Wainhouse, Parent Governor's Association

In attendance

Mary Lewis, Cabinet Member for Children, Young People and Families

Julie Iles, Cabinet Member for All-Age Learning

Meeting ended at: 12:28

Chairman

22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None were received.

23 MINUTES OF THE PREVIOUS MEETING: 16 NOVEMBER 2018 [Item 2]

These were agreed as an accurate record.

24 DECLARATIONS OF INTEREST [Item 3]

Tanya Quddus advised that she was a Children's Centre Governor at Walton and Weybridge.

25 QUESTIONS & PETITIONS [Item 4]

None were received.

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

No issues were referred to the Cabinet.

**27 CHILDREN, FAMILIES AND LEARNING CARE ASSESSMENTS
INTERNAL AUDIT [Item 6]**

Witnesses:

Mary Lewis, Cabinet Member for Children, Young People and Families

Dave Hill, Executive Director - Children, Families & Learning

Rachel Wigley, Interim Director of Financial Insights

David John, Audit Manager

Reem Burton, Principal Auditor

Key points raised in the discussion:

1. After a brief overview of the audit, the auditors advised the Committee that their key wish was to see the Liquid Logic IT system fully implemented in Children's Services alongside basic user processes as this would realise immediate improvements. The cultural issues identified would take longer to change. The Executive Director took the findings seriously but reminded the Committee that it took place during a period of significant staff upheaval.
2. The Executive Director identified two key challenges: quality of social work and the financial controls and systems. The implementation of the IT system had not been good, taking it away from the core product, and this was under review with the supplier. Gateway Teams were now controllers of packages of care costs working with social workers in a break from the past practice of social workers deciding on placements. The result of this was a significant budget underspend.
3. Auditors were questioned as to the culpability of individuals in the poor practice found in the audit report. The Audit Manager explained that this issue was due to poor embedding of the IT system and a lack of understanding around the importance of using the system properly not individual behaviour.
4. The Audit Manager stated that the weaknesses in the use of the IT system were widespread and these problems had been known by historical management but never dealt with. The Executive Director reassured the Committee that there was an almost entirely new leadership team now in place and improvement action was underway.
5. The Vice-Chairman thought that a follow-up audit was required to test the Executive Director's assurances that the situation had improved. The Audit Manager would work with the service to scope and plan a follow-up audit at the optimum time. The Executive Director welcomed input from critical friends, outlining the other ways the Directorate had been challenged including Ofsted inspection, peer review and by the Children's Commissioner.

6. The witnesses clarified the timeline of the audit for the Committee. It was commissioned by the incoming Chief Executive last year and reported informally in May 2018. The Executive Director began in April and independently identified issues with gatekeeping of costs and the quality of placements. New processes were in the planning stage during the summer and were implemented from September. Internal Audit commented that it had been difficult to get the service to engage with the draft findings during this period.
7. A Member queried the role of Finance in helping Children's Services control costs; it had been suggested their role was transactional rather than supportive and it was hoped that this would change. The Director of Financial Insights explained that the Finance Improvement project work was working to develop processes and enable services to improve too. Finance would contribute to the improvements needed in the IT system including the use of ContrOCC, a financial administration package.
8. Internal Audit would like to see set processes and procedures introduced recognised and understood by all staff. The Executive Director envisaged the review of, and improvements to the use of the IT system would take six months to complete.
9. The Cabinet Member reflected that the item had demonstrated to the Committee what a service twice rated inadequate looked like as Ofsted reports can often simplify the problems. The service had been defined by a theme of crisis management and the report showed the implications of this. It would be difficult to change the whole culture but this would start with implementing compliance with basic processes.

RESOLVED:

1. The Committee wishes to see a follow-up Internal Audit scheduled on care assessments in June or July 2019 with findings reported to this Committee at its November meeting.
2. This audit should cover progress on the review and improvement of the LCS system including ContrOCC and commentary on the success of the Gateway Team in improving the quality and cost of placements and the roll out of training to social workers.

28 SPECIAL EDUCATIONAL NEEDS AND DISABILITIES TRANSFORMATION [Item 7]

Witnesses:

Julie Iles, Cabinet Member for All-Age Learning

Liz Mills, Director of Education, Lifelong Learning and Culture
Zarah Lowe, SEND Programme Manager

Key points raised in the discussion:

Tim Evans briefly left the room during this item

1. The Director advised the Committee that the council would co-produce a new Special Educational Needs and Disabilities (SEND) service based on the principles in the consultation. Improvements have been made based SEN inspections but this was not transformative and confidence in the council is still low. A Systems Leaders Partnership Board had been established to take improvement work forward.
2. The Vice-Chairman queried how the service would restore trust and confidence in the council. The Director explained that they wanted to have clear and open lines of communication with families and that complaints were now responded to within 24 hours. Detailed work had also been done with SEN Coordinators in schools involving other partners.
3. The Committee asked how this transformation work would align with the Child and Adolescent Mental Health Services (CAMHS) recommissioning work and were told this was integral to transformation and would align through single pathways, shared definition of need and from a single front door that offered guidance and advice.
4. The Committee commented that it was hearing lots of strategic language - what was the frontline impact? The Director told the Committee that they had created information packages using families' own language to create case studies and young people would be making audio and video diaries too.
5. The experience of many families was that it was hard to see professionals and many Members confirmed this from personal experience. The Director reassured the Committee that this is where investment was being targeted but admitted that it was difficult to recruit and retain in certain professions such as Occupational Therapy. The council would lobby for funding to invest in training people in these professions.
6. The topic of exclusions was raised. The service was working to reduce the number of children affected as last year there 14 permanent exclusions in primary schools and 63 in secondary school with many more fixed term exclusions. Officers undertook a study of what happened in each exclusion and found that problems would arise over a period of just one or two terms. The Inclusion Team's role was to pick up early signs of trouble and was having some effect.
7. A Member asked how Surrey compared with the rest of the country in terms of SEN and the Director advised the county was an outlier in the number of Education, Health and Care Plans (EHCPs) and this situation was the basis for transformation. The Director went on to describe how funding was locked in the statutory services which prompted parents to seek EHCPs for their children. If funding could be redirected to other services it could reduce the need for these plans and reduce costs.
8. The Chairman pointed out that communication and trust were issues for the council and that the consultation showed that parents don't think they will get the right services without an EHCP. The Director

agreed these were important areas of focus. The Programme Manager stated that the service were committed to having a joint plan by the end of April for service re-provision.

9. The Cabinet Member made it clear to the Committee that the transformation work was not about reducing services but about re-provision and that the council needed its partners to help make families' experience better. Transformation work would include upskilling staff in schools and universal setting as well parents to support children with additional needs. The council would aim to develop integrated teams of therapists and had completed a restructure to change to locality teams.

RESOLVED

1. That the service's indicators for measuring performance form part of the information reviewed by the new Performance Sub-Group.

29 FAMILY RESILIENCE PHASE 1: CHILDREN'S CENTRES [Item 8]

Witnesses:

Mary Lewis, Cabinet Member for Children, Young People and Families
Julie Iles, Cabinet Member for All-Age Learning

Jacquie Burke, Director for Family Resilience and Safeguarding
Nigel Denning, Interim Consultant for Early Help

Key points raised during the discussion:

*Liz Bowes and Robert Evans briefly left the room during this item
Victoria Young left the meeting at 12:15*

1. The Director for Family Resilience and Safeguarding covered the rationale for the change to children's services. The critical differences were that the council had to have a coherent offer that everyone, residents, partners and practitioners included, understood. The council's front door would change from the current Multi-Agency Safeguarding Hub (MASH) model to integrated co-located teams based on a family safeguarding hub and early help hub models.
2. The Chairman sought clarification on the early help advisory boards that existed to support the early help offer in districts and boroughs. The consultant advised that these were still part of the transformation plan but needed to be understood as part of the new structure of children's services. The Committee emphasised to officers that Local Members needed to know who the new staff taking on these boards were.
3. A Member of the Committee sought more information on the difference between the existing MASH approach and the new family safeguarding and early help hubs and assurances that this would represent significant change. The Director replied

that there had been criticism of the MASH set up from the Children's Commissioner. It had been overwhelmed by the number of referrals as the council had told its partners to refer in any situation whereas elsewhere partners manage contacts themselves. The Director had reviewed requirements for consent and other Authorities practice. This had led to partners being asked to obtain consent before referral. In February the council's levels of need and what services might be provided were relaunched which was a departure from past practice.

4. The Director further explained that if a child's need met the threshold for statutory services this referral would go to assessment teams therefore bypassing any need to go through the MASH information gathering process. If there was uncertainty about the level of need the case would then go through the Family Safeguarding hub to make a decision.
5. The officers were asked if they were happy with the level of response to the consultation and how they would monitor the implementation of the new family resilience model under different providers. Witnesses reported that the level of engagement provided a rich source of information and that there had been a lot of dialogue with parents and families outside of the consultation too. All providers would work to same contract and service specification including key performance indicators which would allow for consistency.
6. The Committee queried how residents would cope with the loss of other universal services that were provided in children's centres such as breastfeeding clinics and support for those with post-natal depression. The new model was still about providing services across the county without relying on existing buildings. Officers were working with partners to repurpose the departed venues for these kinds of services. The Cabinet Member for All-Age Learning recounted recent discussions on reshaping cultural services including libraries which would be relevant for this transformation work.
7. A Member of the Committee questioned the evidence base for the family safeguarding model and where else it had been successfully utilised. The Director explained that it was developed in Hertfordshire, a county that shared a number of attributes with Surrey so was a useful fit, and the County Council had been rated inadequate by Ofsted and was now outstanding with much of this improvement owing to the adoption of the new model.
8. The Chairman queried whether the action plan from the Equality Impact Assessment (EIA) on children's centres was on track. The Interim Consultant advised that this was a dynamic document that would be updated but the new centre model was not yet complete. Once each provider was known an individual implementation plan would be shared with partners. The Chairman reiterated the need for local Members to understand the plans for their local areas.

9. The Director was asked for assurances that the restructuring of the Directorate was going to deliver savings and better outcomes. The savings attached to the restructure have been achieved, however, assimilating staff into new posts and the development of a new culture would be a longer journey. The recent Ofsted findings showed that the Directorate was more self-aware but the Director cautioned the Committee as the scale of change was not without risk and stated that the council was reliant on good relationships with our partners.
10. The Cabinet Member for Children, Young People and Families closed the item by telling the Committee that the council was looking at examples of best practice rather than inventing our own as had been the case with the MASH. The changes to children's social care model would be a gain for the children and families that need it most.

RESOLVED

1. The recommendation made under Item 7 would include the indicators for measuring performance discussed for Family Resilience.

30 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Key points raised in the discussion:

1. A Member queried whether the proposed item on CAMHS scheduled for June was on track. It was confirmed that this item was expected for the next meeting.
2. The Committee agreed the remainder of the forward plan.

31 DATE OF THE NEXT MEETING: 26 JUNE 2019 [Item 10]

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Children, Families, Lifelong Learning and Culture Select Committee



26 June 2019

Emotional Wellbeing and Mental Health (EWMH) Transformation Programme.

Purpose of report: Scrutiny of EWMH Programme.

Introduction:

1. In March 2019, the Health and Wellbeing Board approved 'A Thriving Community of Children and Young People in Surrey: A Strategy for Their Emotional Wellbeing and Mental Health'.
2. The Strategy recognised that the current system of support for children and young people's emotional wellbeing and mental health is not meeting current demand or need. As a system, we have made a commitment to children, young people and parents to deliver EWMH services differently in the future.
3. This item has been called to the Children, Families, Lifelong Learning and Culture Select Committee to update Members on the progress made as part of the Emotional Wellbeing and Mental Health Transformation Programme.
4. This paper outlines the situation with the current Targeted Children and Adolescent Mental Health Services (CAMHS) contract (jointly commissioned by the six Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council, with the Council as the lead commissioner) awarded to Surrey and Borders Partnership NHS Foundation Trust, including the reasons why this contract has been extended until 31 March 2021. The Specialist CAMHS contract (jointly commissioned by the six CCGs) has also been extended to March 2021. The paper outlines the current national picture and guidance before providing an overview of the current Transformation Programme, its themes and specifically the work being undertaken in the Early Intervention workstream.

Contract Extension

5. There has been considerable number of referrals into the current provider for assessment and clinical intervention over the past three years. Both nationally and in Surrey, there is a consensus that we need to change the way we think about and deliver Emotional Wellbeing and Mental Health services for children.

Please see Appendix One for a comparative analysis of waiting times for the CAMHS provision by clinical pathway.

6. To ensure a robust planning, prototyping and development of services that will work and be most effective the Council and CCGs agreed to extend the contract for a period of two years. This will enable the transformation to be embedded and evaluated prior to the re-design of a new service. The learning will also be implemented into the current service to mitigate the challenges that have been experienced to date. It was not considered feasible to end the contract at the previously agreed date, as this would not have allowed enough time for the necessary procurement exercise nor for the learning required to improve the service to be embedded.
7. Therefore, it will not be an extension of the “as is”, merely allowing the continuation of service shortcomings and areas of poor performance, but rather a journey of transformation and improvement focusing on establishing early improvement that will be delivered throughout the journey of change in preparation for the re-procurement exercise.
8. The extended contract will expire in April 2021. The Transformation Programme, in conjunction with CCG colleagues, is aimed at testing new models of delivery now, to inform and feed into the future procurement of the contract in 2020/21.
9. Commissioners are aware of the risks associated with involving the current provider in a transformation programme that will feed into future procurement. The governance of the programme has been designed accordingly to meet this challenge, including through the designation of governance related to the future contract as commissioner-only. Any legal advice required, to ensure a fair and competitive tender process for the new contract, will continue to be taken as required.
10. Discussions are currently ongoing, between the Council and CCG colleagues, as to the approach for the procurement; once these have progressed further, a timetable and detailed risk analysis for this exercise will be set out and made available to Members if required.

National Context/Guidance:

11. The NHS 10 Year Plan recognises children and young people’s mental health as a priority and re-iterates the focus of the Five Year Forward View with a commitment to increased funding. As outlined in “Transforming children and young people’s mental health provision: a green paper”, national guidance calls for a closer link between clinical mental health services and schools.
12. Our Strategy states that we want to use the nationally-recognised THRIVE framework to help us consider how best to provide

improved support and services for children and young people with both emerging and diagnosable mental health difficulties. Our focus will be more holistic with a focus on prevention, as we move away from the traditional tiered approach in which the only perceived route to getting help is through referrals into targeted and specialist services, and which concentrates resource at the more specialised services.

13. Instead, we will use the THRIVE model, a framework for thinking about and commissioning mental health services for children and young people devised by the Anna Freud Centre, (see Appendix Two) to transform the whole system; to promote good emotional wellbeing and prevent poor mental health as well as providing a range of evidenced-based treatments as necessary. In line with the green paper, we will bring EWMH services closer to children, young people and their families – through schools, community hubs and other local services. There is a growing national evidence base for effective early intervention, including from the green paper pilots, which we are fully utilising in our work.
14. Through the CCGs, Surrey have submitted an Expression of Interest to NHS England to become a Trailblazer site, in Wave 2 of the national programme signalled by the Green Paper.

Engagement:

15. The vision is:
 - 15.1 'Develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life.'
16. We heard during the Dartington engagement events that families feel children are left unsupported if they don't meet very high thresholds or are waiting for an assessment to take place. There is a strong feeling that earlier support would mean fewer crises. Non-specialists (e.g. teachers, youth workers, school nurses, GPs) need support to know how best to deal with children who are struggling. Largely they want to help but don't know how and are resource and time constrained in their ability to do so.
17. Specific feedback from practitioners and professionals during those sessions was that one of the most effective ways the current system could be improved would be to 'Identify and commit an additional proportion of the EWMH budget for early intervention and community support as soon as possible'. The current system is focussed on crisis intervention which does not effectively prevent more lower-level needs escalating to that point.

18. It was reflected that schools and existing community projects are the best mechanisms to deliver a new approach, as they have the reach and are looking for support to do this kind of work.

The EWMH Transformation Programme:

19. The Transformation Programme will accelerate the delivery of new ways of working through testing, establishing 'early adopters' of new models that will be tweaked, amended and developed before rolling them out across the county.
20. A transformation programme based around five themes has been approved by Committees in Common (see Appendix Three). The themes are in response to an extensive series of engagement workshops with professionals from across the system, parents, carers and young people.
21. These themes do not cover all aspects of the service but address key priorities for change. The Themes, and brief descriptions of activity, are as follows (more information can be found in the attached Appendix Three);

21.1 Access

- a) Ensure alignment of the Council, Surrey Heartlands (SH) and Surrey and Borders Partnership (SABP) front door and contact centre with the right professionals offering a graduated response at the right time. The Council and SABP have agreed an action plan for integration.
- b) One Stop has transferred into the Children's Single Point of Access and an improvement plan is in progress to improve decision-making and risk management.
- c) Improve digital access to information and support, such as virtual counselling. Significant uptake of online tools and apps like Kooth (online counselling and emotional well-being platform) has been achieved.

21.2 Early Intervention

- a) Provide new service models in three school clusters (primary, secondary and special) as Accelerator Sites to deliver early help services differently.

21.3 Social, Emotional and Mental Health (SEMH)

- a) Work with a cluster of schools to provide a different model of support for CYP with behavioural, emotional and neurodevelopmental disorders (such as Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder)

21.4 Vulnerable Groups

- a) Work with the new Family Safeguarding Teams to explore a new model of delivery by co-locating a Primary Mental Health Worker and Community Connector within two of these 22 Teams (four members of staff in total).

21.5 Crisis

- a) Ensure that Children and Young People (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.
 - b) Develop a local Tier 4 (crisis support) offer with the potential for in-patient bed provision in Surrey.
22. By moving forward with these transformative ways of working, the system is enabling an innovative model of delivery and the opportunity to deliver meaningful and different outcomes for children and young people, with the confidence that this will take place within the local system that seeks a new, more collaborative approach with parents and children.
23. Given the complexity of the system, and the need to continue to fund existing services, we wish to accelerate the delivery of new ways of working through testing, establishing 'early adopters' (Accelerator Sites) of new models that will be tweaked, amended and developed before rolling them out across the county.

Accelerator Sites:

24. We are establishing four **Accelerator Sites** (three related to Early Intervention, one related to Social, Emotional Mental Health) in school settings to test ways of bringing early intervention, prevention and community support services into schools.
25. Schools were asked to submit their interest, on a cluster or multi-school basis, in becoming an Accelerator Site for either the Early Intervention or SEMH programme themes. The Transformation Programme received a large amount of interest in the programme and developed a set of criteria by which to select locations for these sites. These included;
- The need for **geographical spread** of Accelerator Sites across the count. The four chosen Accelerator Sites cover schools in multiple quadrants and three of the six CCGs;
 - The need to reach into **different types of schools**, to test the model across different educational settings. Proposed locations include a primary school-only Accelerator Site, a secondary school-only cluster and two mixed phase clusters. Two of the clusters include special schools and one of the clusters includes an alternative education provider.
 - The need to test the approach in **areas of most need**. We have drawn together a range of data to compare the potential cluster by, including percentages of students in receipt of Free School Meals (FSM), percentage with an Education and Healthcare Plan (EHCP), percentage of school population identified as having Special Educational Needs or Disabilities (SEND), the deprivation

index score for the geographic area surrounding each school (IDACI) and number of referrals for CAMHS into nearby GP practices.

26. Taken together, all of these criteria are aimed at ensuring the Accelerator Sites are placed in areas of high need, to ensure that this funding is allocated to areas which will be able to benefit from additional support immediately. The sites are as follows;

- 26.1 Spelthorne Cluster (Twelve schools, SEMH Accelerator Site)
- 26.2 Elmbridge Cluster (Four schools, Early Intervention Site)
- 26.3 Waverley/Farnham Cluster (Five schools, Early Intervention Site)
- 26.4 Tandridge Cluster (Five schools, Early Intervention Site)

See Appendix Four for a list of schools involved in these sites.

27. We are working with schools to develop these Accelerator Sites to be responsive to the needs of the local pupil population, with decreased need for referrals into existing provider service provision, via a co-design approach. We will locate additional staff in specific geographic 'cluster' areas, to deliver these services, as well as deliver additional capacity to the local Voluntary, Community and Faith Sector as part of expected increased demand for services in the Accelerator Site cluster areas.
28. Three of these sites, those focussed on Early Intervention, are being funded by CAMHS Transformation Fund monies held by local CCGs. This funding has been confirmed as of June 2019. It is likely that this funding will be enveloped to SCC to be drawn down from as and when required over the next twelve to eighteen months.
29. The fourth site, focussed on Social and Emotional Mental Health, will either be funded by the local Integrated Care System (through its Women and Children's' Workstream) or by Surrey County Council's Family Resilience Transformation Fund. This will be confirmed by mid-July.
30. We will commission an external partner to evaluate all of our transformation work, which will inform the specification for the new contract (to be written in early 2020).
31. The short-term aim is for the children involved in the pilots to have better emotional wellbeing, fewer mental health problems and receive better and timelier treatment for emerging mental health problems.
32. Following evaluation and any necessary changes, the new approaches will be incorporated into the future contract, county wide, to the benefit of all children in Surrey.

Crisis Workstream

33. The Crisis Theme has a mandate to improve the experience of children, young people and their families in Surrey experiencing a mental health and/or safeguarding crisis. The aim is to create a more timely and co-ordinated system response that improves outcomes and wherever possible avoids the need for admission into an inpatient service. For those requiring a bed-based service the aim is to reduce length of stay, avoid readmissions and provide a supported step-up and step-down experience.
34. Initial service mapping has been undertaken to support shared understanding of current crisis provision across settings and agencies in Surrey, as a baseline for our transformation projects.
35. At a June workshop involving stakeholders from across sectors to develop the system vision for a future model, a range of immediate 'quick wins' and 'mid-term' changes to improve the service experience for children, young people and families were identified. These include better access to crisis support out of hours, improved education in-reach, up-skilling universal frontline services, closer working across the statutory and 3rd sectors, joining-up advocacy and CYP Havens to increase consistency of support across the county.
36. The Crisis theme will now develop a detailed plan to take forward priorities identified.

Conclusions:

37. This report outlines the work done to date in establishing the Emotional Wellbeing and Mental Health Transformation Programme, the reasons for this and next steps in the Programme.
38. It describes how the engagement done to date has informed the work we are taking forward in order to address current issues of performance and ensure the best support is delivered for children and young people in Surrey.

Recommendations:

The Children's and Education Select Committee:

- a. note the progress made in the last period.
- b. agree to review the evaluation report (expected to be completed in early 2020) of the transformation work, in order to inform and influence the writing of the new service specification.

Next steps:

June 2019 – January 2020	Work on Accelerator Sites
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July 2019 - January 2020	Drafting of specification, including agreeing principles and reviewing best practice
September/October 2019	Potential market engagement event(s)
January - March 2020	Independent review of Accelerator Sites Documentation preparation/sign offs
April 2020	Publication of tender
August 2020	Tender Evaluation/Moderation
October 2020	Mobilisation of new contact
April 2021	Contract Live

Report contact: Julia Cramp, EWMH Transformation Programme Consultant

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Sources/background papers:

1. A thriving community of children and young people in Surrey: A strategy for their emotional wellbeing and mental health, 2019 – 2022
2. Dartington Engagement Report
3. NHS Long Term Plan
4. Five Year Forward View
5. Transforming children and young people's mental health provision: a green paper

Appendices

1. Comparative analysis of waiting times for the CAMHS provision by clinical pathway (Powerpoint)
2. Overview of THRIVE Model (Pdf)
3. Overview slides of Transformation Programme (PowerPoint)
4. List of schools involved in Accelerator Sites (Powerpoint Slide)

Children and Education Select Committee

Comparative analysis of waiting times for the CAMHS provision by
clinical pathway

Financial years 2017/18 and 2018/19

The following analysis is based on **performance data for Targeted and Specialist CAMHS services** provided by the Surrey and Borders partnership.

The information used for this analysis refers to **financial years 2017/18 and 2018/19**, therefore reflecting waiting lists for the relevant financial year as they appeared at the end of **March**.

The analysis compares **CAMHS waiting lists for assessment and treatment for all treatment pathways**, also including information on the **cases open to One Stop** but not allocated to a pathway. **Average waiting times** to assessment and treatment are also shown.

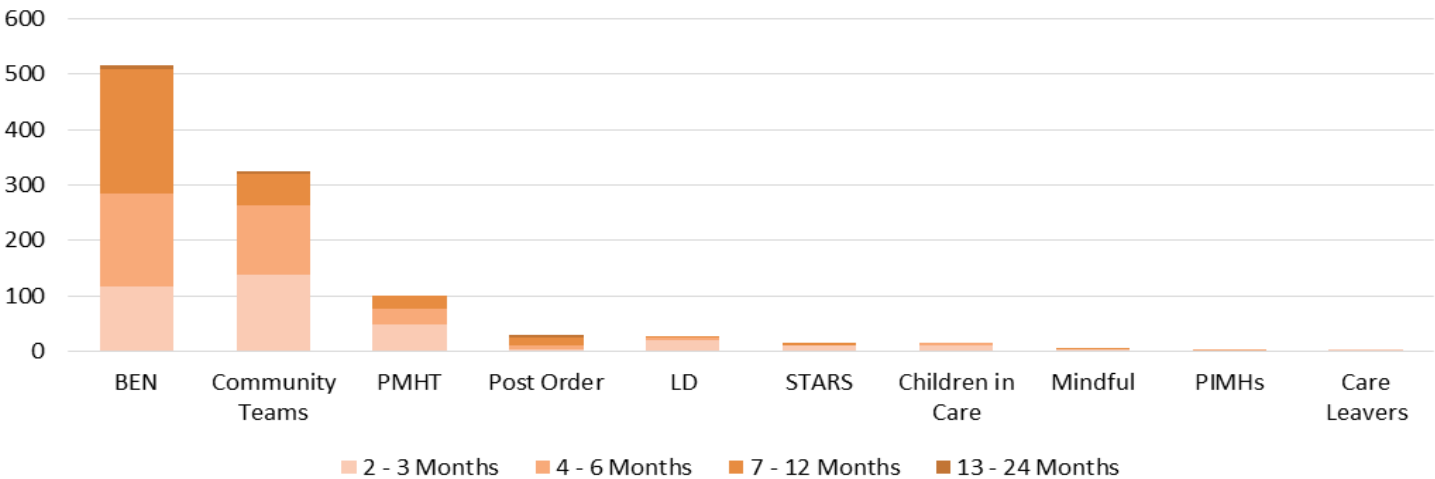
Highlights:

- The overall **waiting list for assessment has increased** since March 2018 by 476 referrals (+21.8%)
- An increasingly **high number of referrals are held in One Stop**, as the front door has not allocated them to a pathway
- Average **waiting time to assessment has fallen slightly** (-4.2%)

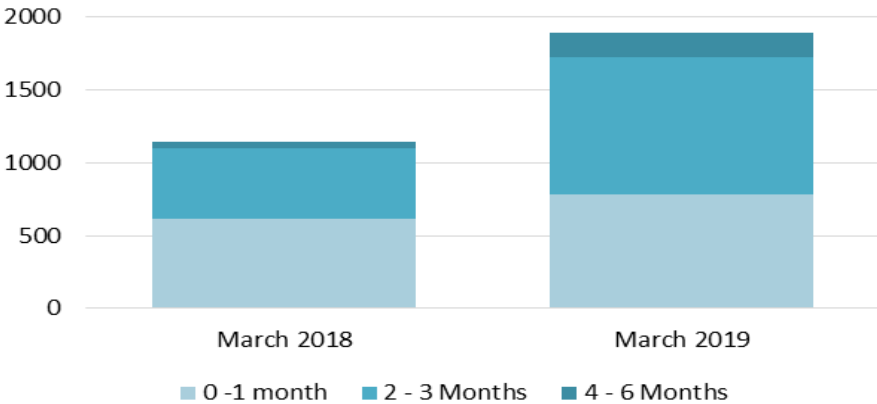
- The overall **waiting list for treatment has increased** since March 2018 by 94 referrals (+12.9%)
- The increase in the waiting list for treatment is **largely down to the BEN pathway**
- Average **waiting time from assessment to treatment has increased** (+29.7%)

Referrals on the waiting list for Assessment

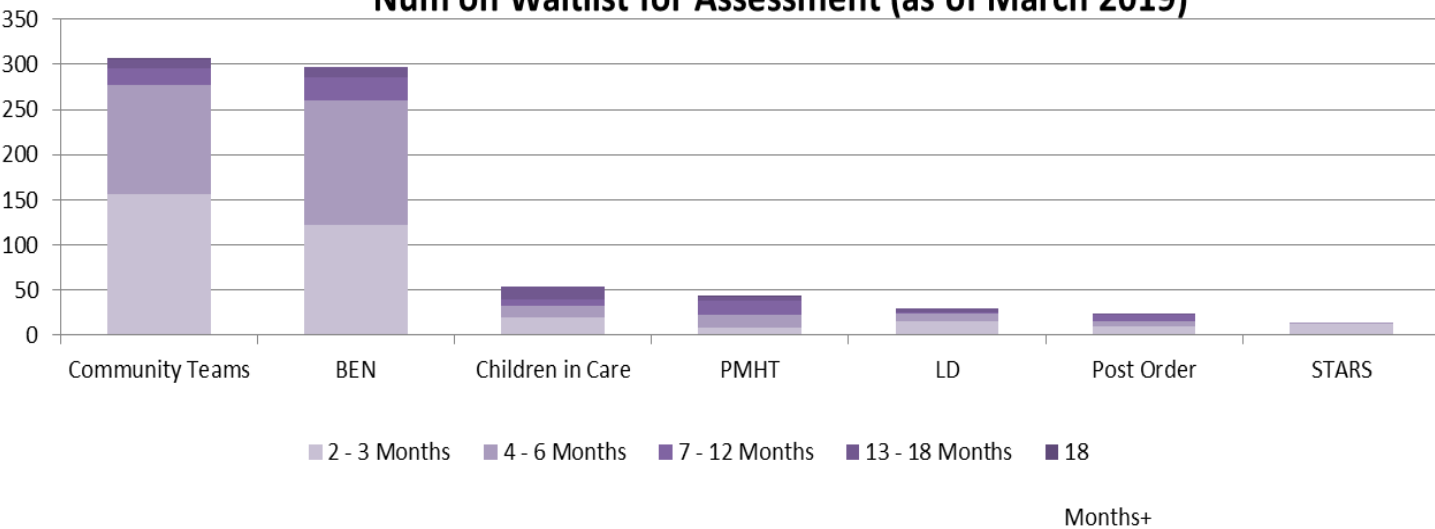
Num on Waitlist for Assessment (as of March 2018)



One Stop Waitlist



Num on Waitlist for Assessment (as of March 2019)



Overall, 769 referrals allocated to a CAMHS pathway were awaiting assessment in March 2019, down from 1,034 in March 2018.

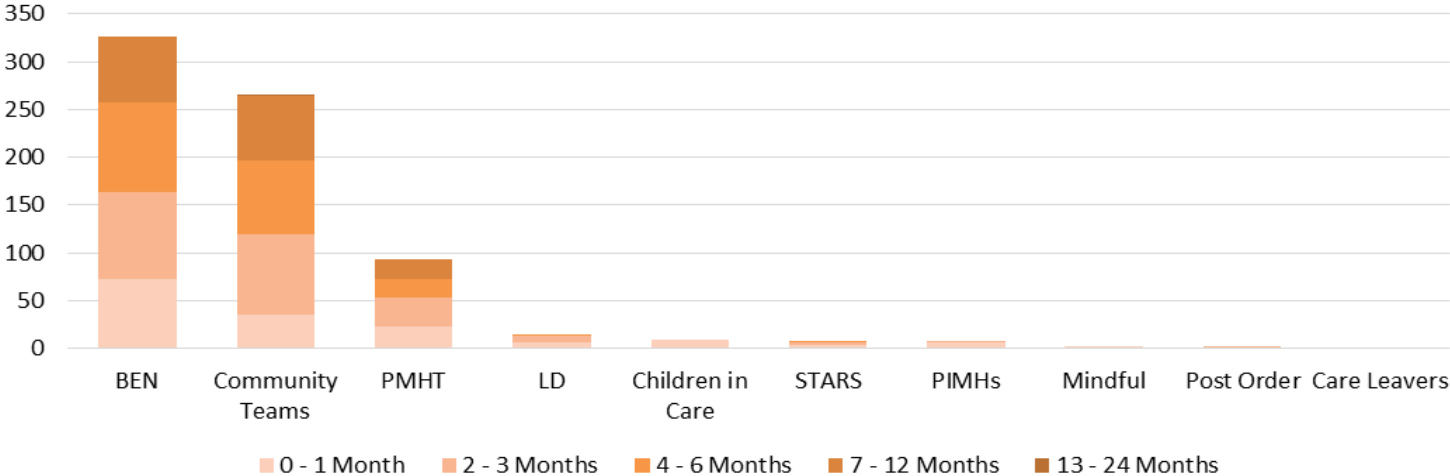
Waiting lists have fallen for BEN and PMHT mainly, while they have risen for Children in Care.

While this portrays an overall positive outlook, **the One Stop waiting list has increased to 1,886 cases in March 2019 as compared to 1,145 in March 2018***, meaning there is a higher number of referrals waiting to be allocated to a pathway, and an overall higher number of referrals waiting for assessment.

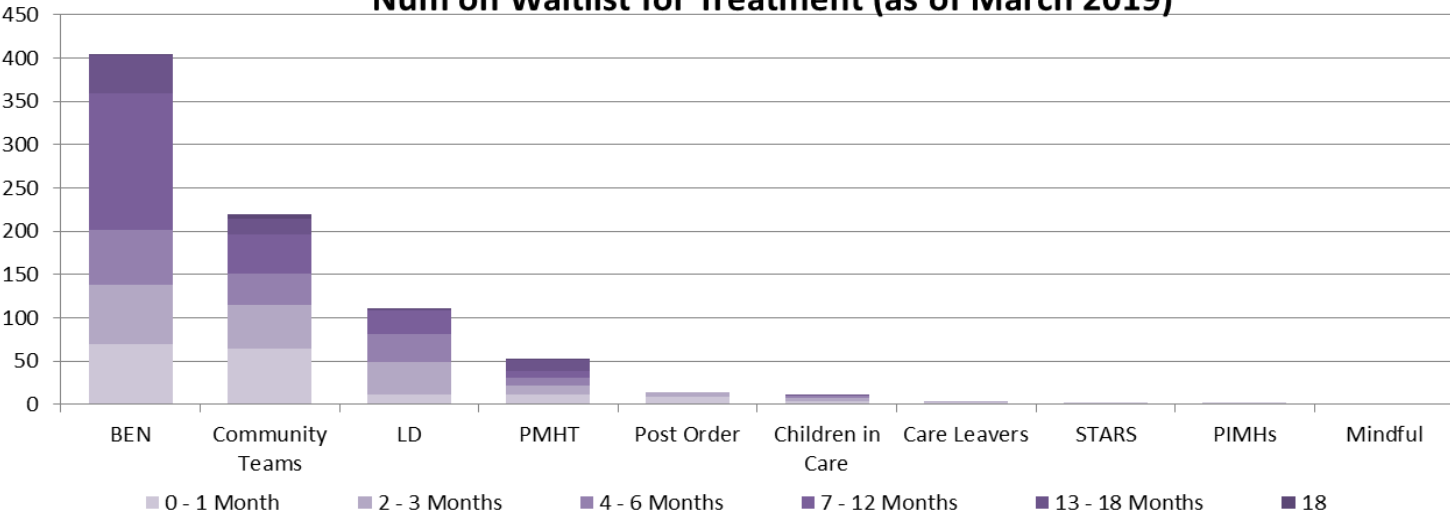
*Data for this chart comes from the unrefreshed dashboards for March 2018 and 2019. as data in the refreshed March 2018 dashboard was corrupted and could not be used.

Referrals on the waiting list for Treatment

Num on Waitlist for Treatment (as of March 2018)



Num on Waitlist for Treatment (as of March 2019)



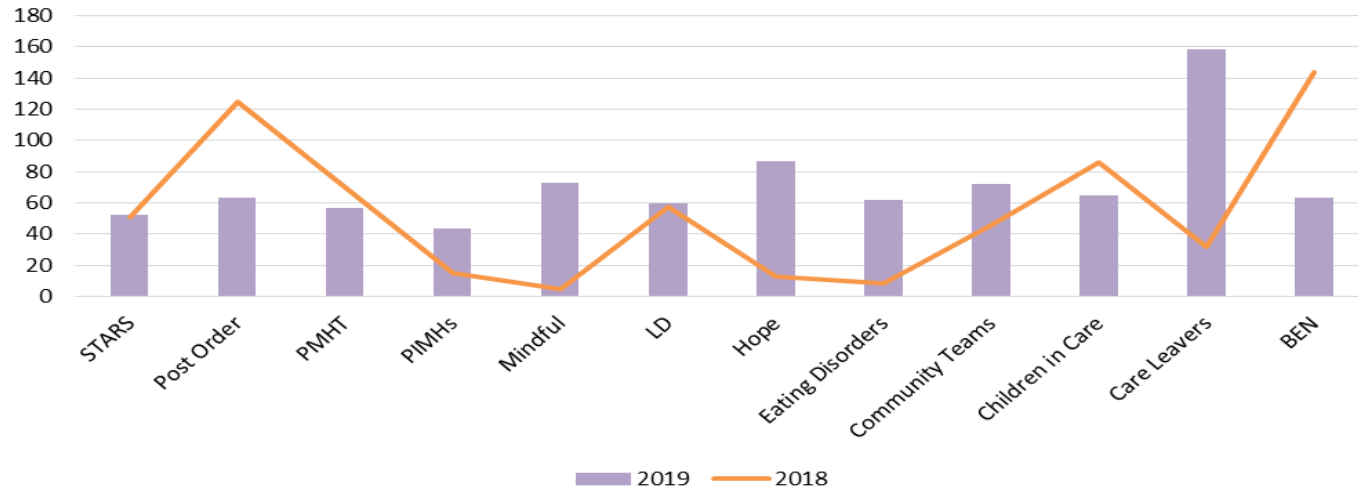
Waiting lists for treatment have increased overall, up to 824 referrals in March 2019 from 730 referrals in March 2018.

The increase is largely down to the BEN pathway, while Learning Disabilities has also been increasing. All other pathways have either seen their waitlist shorten or have remained largely stable.

It is worthy of note that about half of referrals waiting for treatment in BEN have been waiting for over 12 months. Data issues might be influencing this indicator negatively, as some referrals shown as waiting for 12+ months are actually not waiting for treatment, but for a follow-up assessment as appropriate for their pathway.

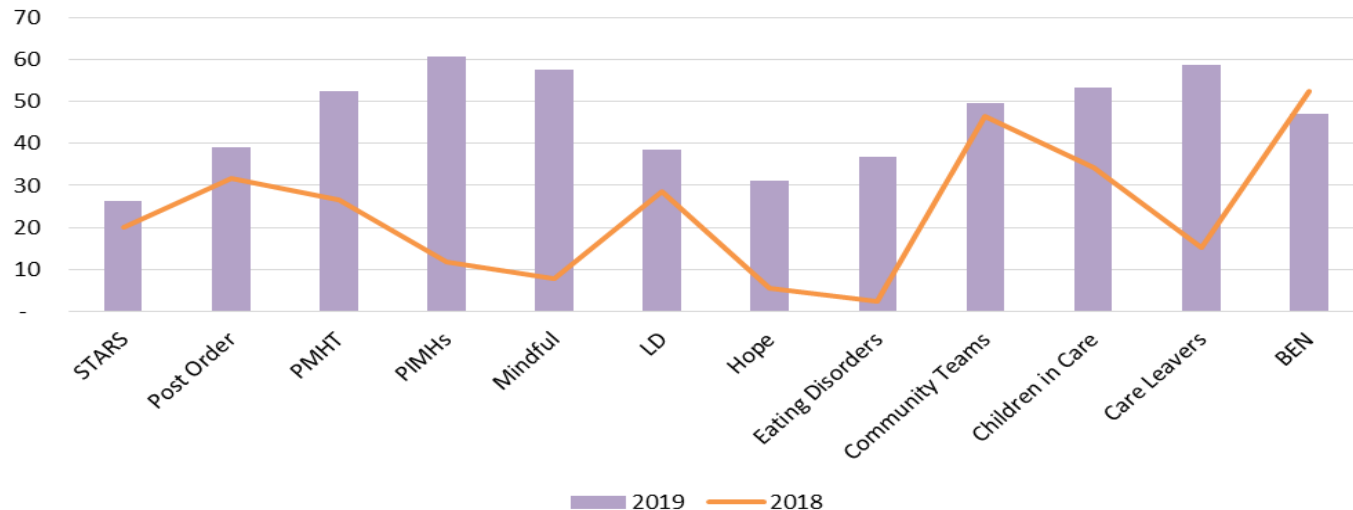
Average waiting times

Average waiting times to assessment



Average waiting times to assessment have fallen for BEN and Post Order, but they have increased for Care Leavers, Eating Disorders, Hope, Mindful and PIMH. **The average waiting time to assessment across pathways has fallen slightly from 71 to 68 working days, in spite of the overall longer waiting list.**

Average waiting times to treatment



Average waiting times to treatment have increased for Care leavers, Children in Care, Eating Disorders, Hope, Mindful, PIMH and PMHT, remaining stable for the remaining pathways. **The average waiting time from assessment to treatment across pathway has increased from 37 to 48 working days.**

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Expected outcomes of the THRIVE Framework

What difference will it make?

- Improve functioning and life chances of all children, young people and families in the area
- Children, young people and families more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues
- Children, young people and families feel more involved in decision making about their help and support
- Children and young people's mental health needs identified earlier and appropriately responded to earlier
- Professionals working to support children, young people and families report more positive experience of partnership working
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help across the system e.g. fewer inappropriate referrals and discharges
- Increased engagement and attendance across the system with greater opportunities for support to be provided within the community where appropriate and preferred
- Reduction in children and young people passed from one place to the other via interagency referrals through a greater interagency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing
- Greater openness and a shared understanding between all target groups about when to end help
- Shared outcomes framework understood by all target groups

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Transforming Our Services: Children's Emotional Wellbeing & Mental Health Children's Community Health Services

**A thriving community
of children and young
people in Surrey**



A strategy for
their emotional
wellbeing and
mental health

2019 – 2022

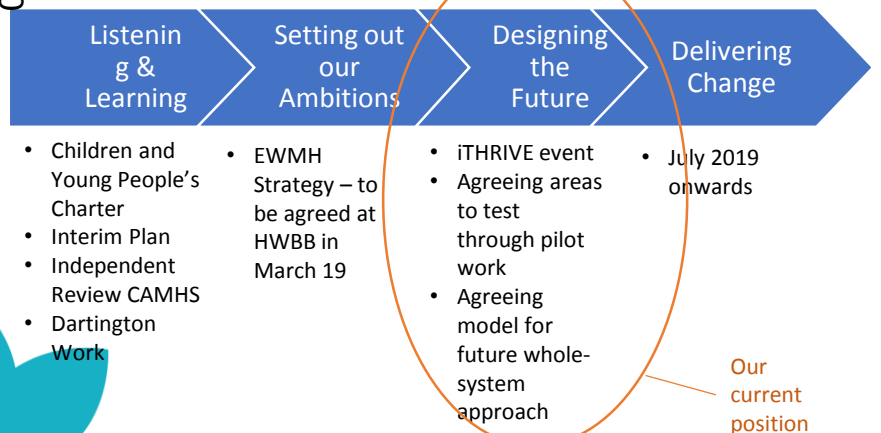
version 8.4, February 2019

National Context

- A Green Paper has been released which sets out ambition for a sea change in the way EWMH services are delivered
- Some authorities across the country are piloting the ambitions of the Green Paper and are offering new models of delivery
- As well as investing earlier in the windscreen of need, the Green Paper suggests offering services to children in schools and community settings
- THRIVE is offered up as a model of delivery which does the above as well as moving away from the traditional medical model of 'refer-assess-treat' to a more 'every conversation counts' model which maximises community assets such as peer support.
- Increased investment in EWMH anticipated from central gov to NHS

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Our current position



Local Achievements

1. An extension of the SABP contract has been agreed in principle by all parties and governing bodies
2. Children's EWMH Strategy completed – signed off by Health and Wellbeing Board 7th March
3. Dartington Design Lab have engaged with more than 250 professionals, 40 parents and 5 young people about the current system and redesign. Final report due 18th February.
4. Children and Young People's Charter co-created with more than 60 young people.
5. Five transformation themes agreed and considerable thinking undertaken as to Accelerator Site ideas for 3 of these themes
6. Initial conversations held with Oxford University to explore potential evaluation models and KPIs
7. EWMH accelerator sites idea developed and shared with schools. Positive response and many expressions of interest to be involved in the work. Head Teacher secondment idea to manage these also shared with schools
8. Body of data to support the redesign developed, including analysis of current system, demand, and mapping of relevant contracts.
9. The national iThrive team have been engaged to run workshops with partners across the system to assess current system, identify priority areas and provide framework for transformation.
10. We have also begun to consider extension and transformation of the Children's Community Services Contract.

Access

- 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

Jacqui Burke/Helen Rostill

Early Intervention

- 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

Julia Cramp

Social, Emotional & Mental Health (SEMH)

- 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

Julia Cramp

Vulnerable Groups

- 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.

Tina Benjamin

Crisis

- 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

Helen Rostill

Seconded HT: Asif Bhatti

Both nationally and in Surrey, there is a consensus that we need to change the way we think about and deliver Emotional Wellbeing and Mental Health services for children:

- EWMH is a national and local priority, and is subject to intense public scrutiny.
- New and emerging government policy calls for services to be brought closer to school settings and emphasises prevention and early help.
- Our current Child and Adolescent Mental Health service (CAMHs), which is jointly commissioned by Surrey County Council and the six Surrey CCGs from SABP, has struggled to keep up with demand.

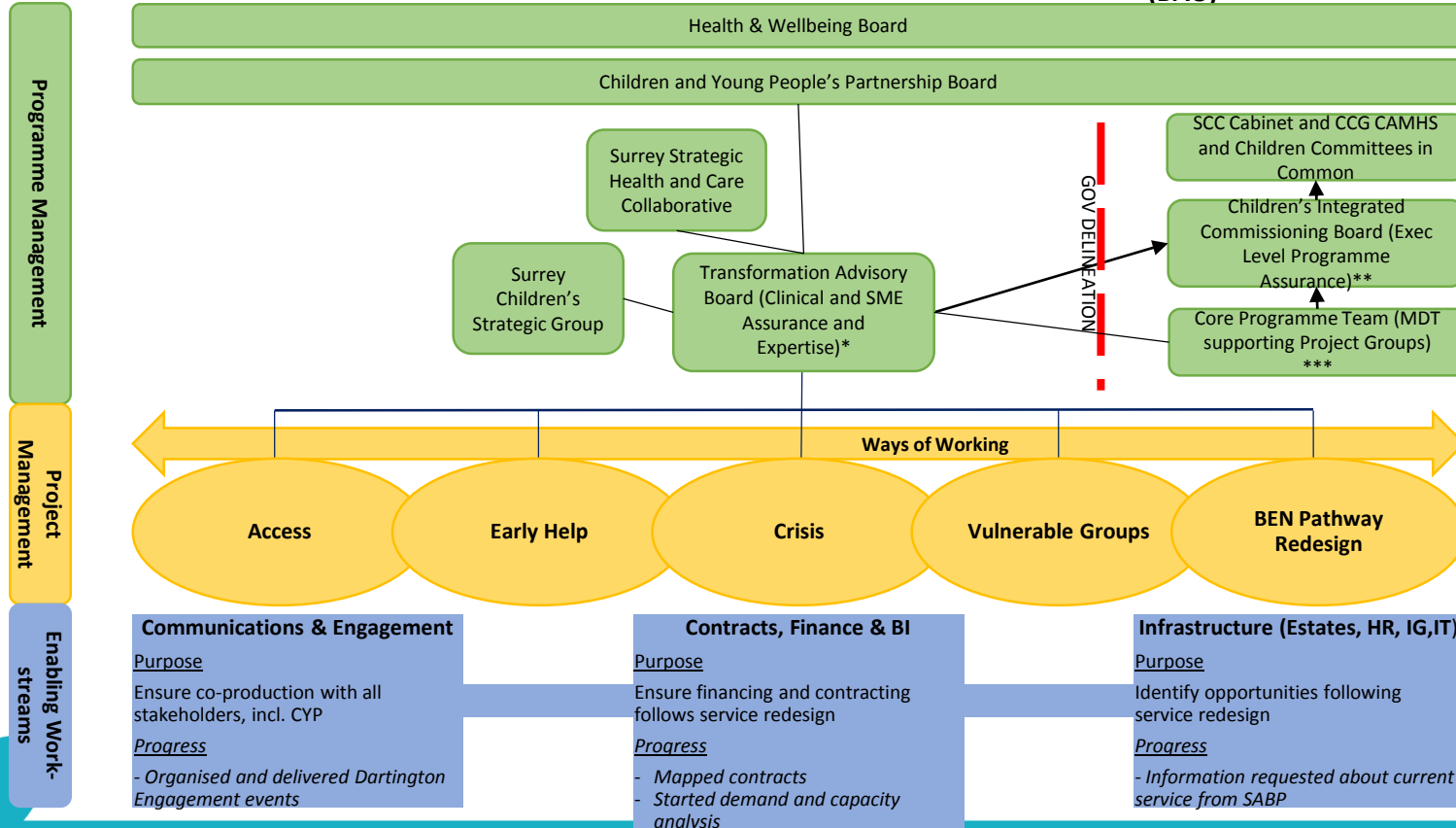
The extended contract will expire in April 2021. Commissioners initially intended to follow a traditional procurement approach but feedback from stakeholders, following an extensive engagement exercise, revealed a need to start changing the service NOW, instead of designing a new service to be brought in when the contract ends. Commissioners also appreciate that, given the complexity of the system, there is a need to bring together key stakeholders to test and improve new approaches instead of imposing a top-down model.

In addition, partners have agreed that rather than restrict developments to the CAMHS service, to effectively transform the whole emotional wellbeing and mental health system of support for CYP and their families. This means including the voluntary, community and faith sectors, social care, early help, schools, GP practices and broader NHS services.

This business case is a call for funding for the testing of new approaches in several priority area. We propose to:

- Establish three Accelerator Sites in school settings to test new ways of bringing early intervention, prevention and community support services into schools;
- Establish one Accelerator Site in a cluster of schools to trial a new approach to supporting children with Social, Emotional and Mental Health (SEMH) needs (current BEN pathway);
- Explore ways of improving the EWMH offer to vulnerable groups and to extend the remit of the service; and
- To bring in a university partner to evaluate all of our transformation work.

**Commissioner only
procurement governance
(BAU)**



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Accelerator Sites:

Name of Cluster	Named Schools	Type of School	Pupils on roll	Postcode	District/Borough	
Spelthorne Schools Together	Ashford C of E Primary School	Primary	412	TW15 2BW	Spelthorne	SEMH Cluster
Spelthorne Schools Together	Beauclerc Infant School	Infant	120	TW16 5LE	Spelthorne	
Spelthorne Schools Together	Chennestone Primary School	Primary	354	TW16 5ED	Spelthorne	
Spelthorne Schools Together	Clarendon Primary School	Primary	210	TW15 2HZ	Spelthorne	
Spelthorne Schools Together	Echelford Primary School	Primary	601	TW15 1EX	Spelthorne	
Spelthorne Schools Together	The Fordway Centre (PRU)	PRU	23	TW15 3DU	Spelthorne	
Spelthorne Schools Together	Hawkedale Primary School	Primary	145	TW16 6PG	Spelthorne	
Spelthorne Schools Together	Kenyngton Manor Primary School	Primary	385	TW16 7QL	Spelthorne	
Spelthorne Schools Together	Meadhurst Primary School	Primary	560	TW15 1LP	Spelthorne	
Spelthorne Schools Together	Riverbridge Primary School	Primary	630	TW18 2EF	Spelthorne	
Spelthorne Schools Together	Saxon Primary School	Primary	420	TW17 0JB	Spelthorne	
Spelthorne Schools Together	Springfield Primary School	Primary	420	TW16 6LY	Spelthorne	
Spelthorne Schools Together	Stanwell Fields C of E Primary School	Primary	380	TW19 7DB	Spelthorne	
Hinchley Wood School	Esher High School	Secondary	1120	KT10 8AP	Elmbridge	Early Intervention Cluster
Hinchley Wood School	Hinchley Wood Primary School*	Primary	600	KT10 0AQ	Elmbridge	
Hinchley Wood School	St Andrews CofE Primary in Cobham	Primary	450	KT11 2AX	Elmbridge	
Hinchley Wood School	Hinchley Wood School	Secondary	1340	KT10 0AQ	Elmbridge	
Sunnydown School	Sunnydown School*	Special Secondary	84	CR3 5ED	Tandridge	Early Intervention Cluster
Sunnydown School	Audley School	Primary	214	CR3 5ED	Tandridge	
Sunnydown School	St Francis	Primary	403	CR3 5ED	Tandridge	
Sunnydown School	de Stafford	Secondary	770	CR3 5YX	Tandridge	
Sunnydown School	Warlingham School	Secondary	1500	CR6 9YB	Tandridge	
Weydon MAT	The Abbey School*	Special Secondary	100	GU9 8DY	Waverley	Early Intervention Cluster
Weydon MAT	Weydon School	Secondary	1490	GU9 8UG	Waverley	
Weydon MAT	Ridgeway School	Special Secondary	82	GU9 8HB	Waverley	
Weydon MAT	Farnham Heath End School	Secondary	900	GU9 9BN	Waverley	
Weydon MAT	Woolmer Hill School	Secondary	1000	GU27 1QB	Waverley	

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