

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 16 February 2023 at Woodhatch Place.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 13 April 2023.

**Elected Members:**

- \* Nick Darby
- Robert Evans OBE
- Chris Farr
- Angela Goodwin (Vice-Chairman)
- \* Trefor Hogg
- Rebecca Jennings-Evans
- Frank Kelly
- \* Riasat Khan (Vice-Chairman)
- Borough Councillor Abby King
- David Lewis
- \* Ernest Mallett MBE
- \* Carla Morson
- \* Bernie Muir (Chairman)
- \* Buddhi Weerasinghe

(\* = present at the meeting)

**Co-opted Members:**

Borough Councillor Neil Houston, Elmbridge Borough Council  
District Councillor Charlotte Swann, Tandridge District Council

**Substitute Members:**

Robert Hughes

**1/23 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Angela Goodwin, Neil Houston, Frank Kelly, Robert Evans, and David Lewis.  
Robert Hughes substituted for Rebecca Jennings-Evans.

**2/23 MINUTES OF THE PREVIOUS MEETING: 6 DECEMBER 2022 [Item 2]**

The minutes of the Adults and Health Select Committee held on 6 December 2022 were formally agreed as a true and accurate record of the meetings.

**3/23 DECLARATIONS OF INTEREST [Item 3]**

None received.

**4/23 QUESTIONS AND PETITIONS [Item 4]**

None received.

## 5/23 ACCESS TO NHS DENTAL SERVICES IN SURREY [Item 5]

### **Witnesses:**

Mark Nuti, Cabinet Member for Adults and Health

Liz Bruce, Joint Executive Director, Adult Social Care and Integrated Commissioning

Hugh O’Keeffe, Senior Commissioning Manager Dental

Lillian Nigrelli, Senior Delegated Commissioning Transition Manager, Dental Contracts Surrey Heartlands Integrated Care Systems (ICS)

Rachael Graham, Director of Non Acute and Primary Care Contracts, Surrey Heartlands Integrated Care Systems (ICS)

Nicola Airey, Director of Commissioning and Assurance, SRO

Delegated Commissioning, Frimley Integrated Care Board (ICB)

Rachel Thompson, Associate Director Primary Care Transformation,

Lead Commissioner Dentistry Frimley Integrated Care Board (ICB)

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

1. The Chairman asked what could be done to record information about residents who had tried and failed to access dental services. The Director of Commissioning and Assurance (SRO) explained that a consultation and engagement process with local communities had not yet taken place, however it was expected that the implementation of methods similar to those underway in other areas in addition to collaboration with partners with established links into communities would take place. The Director of Commissioning and Assurance (SRO) added that the link between deprivation and access to dental services required a commitment to engage with communities and welcomed any suggestions from Members regarding this.
2. The Chairman said that understanding the number of people that had failed to access dentistry was essential to recognise the size of the issue and asked why dentists were not required to record the number of people being turned away. The Chairman also suggested that the current opening hours of dental surgeries could result in some people not being able to access treatment. The Director of Commissioning and Assurance (SRO) explained that what could be mandated of dentists was influenced by the national dental contract. The Senior Commissioning Manager, Dental said that dentists were mandated to collect the data of patients treated to record the activities being delivered with no requirement to collect the data of those turned away, however the NHS contact centre did record and report on people that had made contact because of difficulties in accessing dentistry. Following a request from the Chairman, The Senior Commissioning Manager, Dental agreed to provide this data to the Select Committee including surveys of work being

undertaken by partners in this area. **Action – Senior Commissioning Manager, Dental/ Director of Commissioning and Assurance (SRO)**

3. A Member, in referring to the new commissioning arrangements for dentistry outlined in the report, asked how effective the delegation agreement between NHS England and the Integrated Care Boards (ICB) was expected to be. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands Integrated Care System (ICS) explained that the agreement would define the roles and responsibilities of the ICB's with NHS teams continuing to deliver services, impart experience to the ICB's and afford the opportunity to bring commissioning closer to the patient, focusing on the provision and improvement of services for those in greatest need.
4. A Member asked how long it could be expected for NHS England officials to work with the ICB's as referenced in the report. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS confirmed that the delegation agreement would be amended by July 2023 to reflect a single ICB host from the NHS team which would come down to the ICB at a local level. These ICB's would continue to work together to continue to provide consistency.
5. A Member noted concerns about the NHS previously stamping on local initiatives and asked what extent the ICB's would take charge with local initiatives. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS noted that immediate changes would not be possible, however, national contract boundaries in particular those with a level of inflexibility were being challenged.
6. A Member queried how the effectiveness of the new commissioning arrangements for dentistry would be assessed to allow improvements to be made accordingly. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB said that information measures currently in place had proven useful and were being developed adding that ICB and local authority data sources would expand on the information that could be used to measure improvements.
7. The Non-executive Director, Healthwatch Surrey asked if there were intentions to improve the complaints process. The Senior Commissioning Manager Dental said that dental practices were required to follow complaints standards as part of their contracts and asked Members to provide further details if that was not happening. The Chairman suggested that all relevant information documentation include Healthwatch details and clear guidance about the complaints process. The Director of

Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB agreed to follow up on the availability and provision of clear information regarding the complaints process. **Action - Director of Commissioning and Assurance (SRO) Delegated Commissioning, Frimley Integrated Care Board (ICB)**

8. A Member asked to what extent residents were made aware of the dental services available to them. The Associate Director Primary Care Transformation, Lead Commissioner Dentistry Frimley ICB explained that in addition to some practices having their own websites, a dental services section was available on the national NHS website where residents could find information about oral health services and how to access their local NHS dental practice. Under the dental contract reforms, practices had a contractual obligation to keep their information updated and state whether they were accepting new patients.
9. A Member queried the likelihood of residents being able to access dental services. The Associate Director Primary Care Transformation, Lead Commissioner Dentistry Frimley ICB explained that funding was based on 50 per cent of the population attending an NHS dental practice on a regular basis however the current figure was 40 per cent following a significant fall during the pandemic with challenges remaining in the short term. For patients finding it difficult to access dental services, additional access slots were provided at some practices via NHS 111 or through the practices directly. Access to dental services was under review and remained high on the agenda.
10. A Member queried the measures taken to ensure patients understanding of the appropriate charging exemptions for which they may qualify. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS said that the national NHS website dental services section included information about patient charges and eligibility relating to those charges. Another Member emphasised that patients should receive more guidance and advice on charging exemptions.
11. A Member queried how could residents find information regarding their nearest local dental practice and asked how digitally excluded patients could find information on dental services. The Chairman added that the 120,000 digitally excluded residents was in line with deprivation and queried what programmes would help in reaching these communities. The Associate Director Primary Care Transformation, Lead Commissioner Dentistry Frimley ICB said that an online search to find an NHS dentist would bring up the national website where residents could enter their postcode to show all local dentists, with the distance from that postcode and whether they were

accepting NHS patients. Information was available from the Citizens Advice Bureau (CAB) and local libraries; however work was required to make the information available to the digitally excluded. The Senior Commissioning Manager Dental said that the information that organisations such as Healthwatch provided could be considered in the non-digital space and committed to follow this up. **Action – Senior Commissioning Manager Dental**

12. The Chairman asked if mobile dentistry had been considered to provide dental services in areas of need. The Senior Commissioning Manager Dental said that most NHS dental practices were in the most economically diverse and deprived areas to ensure the maximum NHS footfall.
13. The Chairman queried the success and process of identifying the need of dental services through annual health checks conducted on adults and people with learning disabilities.
14. The Chairman, in referencing report item 5.5 and the use of the 0-17 age group to obtain data as they would be more likely to use NHS dental services rather than private care, suggested that parents with private dentistry would include their children on their private policy and queried using this group to obtain the data.
15. The Chairman, in referring the mention of six lost NHS contracts in Surrey, said it would be useful to know their locations.
16. The Cabinet Member for Adults and Health said that prevention was key to avoid expensive treatment in the future and asked if there was scope for dental check-ups and oral health education in schools. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS explained that Surrey County Council (SCC) Public Health was responsible for oral health promotion and surveillance. Surrey Heartlands had reached out to SCC Public Health to ascertain what was happening in this area with the aim to work with teams to focus on initiatives and interventions. The Chairman requested an indication of timelines for rolling out prevention strategies and measures. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS said that there was no aligned budget and further formal work was required to understand the position and support local team initiatives. The Chairman asked if large companies could be approached to donate toothbrushes and related resources to foodbanks. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS agreed that that this was a good starting point in respect of sponsorship.
17. A Member asked what was being implemented to improving the diets of children living in poverty. The Director of Commissioning

and Assurance, SRO Delegated Commissioning, Frimley ICB said that this area would benefit from the dental commissioning coming to the ICS as dental care could be considered on a whole systems level.

18. The Vice Chair asked what measures were being taken to ensure that patients understood the appropriate charging exemptions that they may qualify for and how would this help to reduce fines for patients who have misunderstood their eligibility. The Senior Delegated Commissioning Transition Manager, Dental Contracts Surrey Heartlands ICS explained that dental charges were available on the NHS website which also included dental services and links to an advice tool on how to get help with the cost of dental treatment. Inquiries to better understand process of charges have been made to the NHS Business Services Authority (BSA), who manage NHS charges and a commitment was made to clarify this to Members if required. Work was required to ensure practices were aware that leaflets could be provided in specifically requested languages if required and that a translation service for patients was available.
19. A Member noted that Surrey Heartlands had been considering the accessibility of information since it began and the law said that people should have access to information in the format that they choose which was not the case with NHS England. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB agreed to take away an action to ensure the accessibility of dental services information and other elements were in consideration. **Action - Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB**
20. A Member, in reference to homeless communities noted in paragraph 2.10, page 41 of the report, asked what support would be provided to homeless people to help them access dental care and long-term treatments. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS said that whilst there were no specific services commissioned for homeless people, they were eligible to receive treatment through High Street dental services and homeless people with additional needs could also access community services and self-refer or be referred by support groups on their behalf. The Member asked if data regarding the number of people accessing these services was being collected. Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS advised that resident data was not routinely collected through general practice.
21. A Member asked if the need to see and treat patients was being balanced with the steps being taken to maintain infection control procedures within dental practices, as referred to in paragraph

5.1, page 49 of the report. The Associate Director Primary Care Transformation, Lead Commissioner Dentistry Frimley ICB said that infection control measures had become part of normal operations, resulting in a reduction of the impact on the time required to treat patients.

22. A Member asked what reassurances could be provided that backlogs because of the pandemic could be reduced, how would future backlogs be avoided and were there higher levels of acuity because of these backlogs. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB confirmed that these backlogs were being reduced because of the recent contract changes, however, dentists had reported higher levels of acuity because of the pandemic backlogs. Further contract changes would be expected to ease any future backlogs with the pace of the backlog reduction dependant on the workforce and ensuring that the offer for NHS dentists was attractive.
23. A Member asked if the acuity data was available to Members. Senior Commissioning Manager Dental said that the increase in acuity had been evidenced by contract delivery.
24. The Chairman, in referring to item 5.12, page 53 of the report, and dentists preferring to work fewer days for the NHS queried the possibility of making contract changes to include a minimum number of days for NHS provision. The Director of Non Acute and Primary Care Contracts, Surrey Heartlands ICS explained that the national contracts limited any changes to incorporate a minimum number of NHS working days. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB added that in addition to exploring the extent to which services were commissioned locally within the national framework and pushing the boundaries of these, there were opportunities to feedback to the national contracts process and committed to consider a way of collecting these views. **Action - Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB**
25. The Chairman, in noting the previously mentioned workforce issues, asked if more could be done to promote dental nursing and related roles as desirable careers and asked if there were apprenticeships or on the job training available. The Senior Delegated Commissioning Transition Manager, Dental Contracts Surrey Heartlands ICS confirmed that conversations regarding the promotion of dental nursing as a career had begun with Health Education England and any support they could provide to sign off competencies as part of apprenticeship training. The Senior Delegated Commissioning Transition Manager, Dental Contracts Surrey Heartlands ICS added that there were also

issues around pay not being comparable to the responsibilities of the role.

26. A Member asked if patient satisfaction data was collected and if so, what were the causes of any dissatisfaction. The Associate Director Primary Care Transformation, Lead Commissioner Dentistry Frimley ICB said that information about levels of satisfaction had been obtained from letters to MPs and complaints and confirmed there was evidence of significant levels of patient dissatisfaction around access to NHS dental services were evident, adding that it was clear that the level of satisfaction remained high when patients were successful in accessing services.
27. A Member questioned if exit interviews took place for dentists leaving NHS contracts. The Senior Commissioning Manager Dental confirmed that dentists were asked their reasons for leaving with the most common issues cited being delivering a contract with greater patient needs and difficulties in appointing staff to fulfil the contract.
28. The Chairman in referencing item 5.13 and the loss of six contracts, queried their locations and what had been done to try and replace them. The Senior Commissioning Manager Dental confirmed a total of nine closures at Addlestone, Banstead, Caterham, Cranleigh, Dorking, Epsom, Guildford, Horley and Woking. The Senior Commissioning Manager Dental explained that closures were happening nationally and a national action on contract flexibility was required. Temporary activity to mitigate these closures in the short term included approaching a neighbouring practice to take on extra patients followed by the service replacing the activity lost through a procurement programme.
29. A Member asked if it was becoming more costly to run dental practices and if so, would NHS contracts take this into account. The Senior Commissioning Manager Dental confirmed that it had become significantly more expensive and although phase one of the contract would help the situation, phase two was urgently required.
30. The Deputy Cabinet Member for Children and Families questioned why residents were not being made aware of the reasons for the issues being raised. Director of Commissioning and Assurance (SRO) Delegated Commissioning, Frimley ICB agreed in the need for partners to collectively explain to residents the issues and solutions regarding dental access.
31. A Member suggested the consideration of people from overseas to take roles within the dental profession. The Senior



Commissioning Manager Dental confirmed that many practices were already routinely recruiting from overseas.

**Recommendations:**

*Dentistry Leads at Surrey Heartlands & Frimley ICSs*

1. To improve access to dental care for vulnerable individuals; including the homeless, deprived communities, Domestic Abuse Victims, those suffering ill Mental Health, and residents with Learning Disabilities and Autism.
2. To reduce existing and future backlogs in dental care.
3. To improve communications, vehicles for communications, and work better with partners, to ensure that residents are aware of dental services available to them.
4. To urgently campaign for improvements to NHS Dental Contracts to maximise potential for patient access and to retain and attract dentists to perform NHS treatments.
5. To identify and implement strategies to work with schools to improve dental health.
6. In order to understand supply vs demand for appointments, it is recommended that a log is created, at all entry points into the system, of individuals denied dental appointments at NHS registered practices; and for this information to be centrally collated.

**Actions/ requests for further information:**

1. Dentistry Leads at Surrey Heartlands & Frimley Integrated Care Systems to look into developing mobile solutions for the provision of dental services in geographical areas underprovided for.
2. Dentistry Leads at Surrey Heartlands & Frimley Integrated Care Systems to look into receiving Corporate donations for toothbrushes and toothpastes for deprived communities.
3. Dentistry Leads at Surrey Heartlands & Frimley Integrated Care Systems to provide further details on the support available for homeless individuals on an area by area basis.
4. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB, to feedback to the national contracts process and commit to consider a way of collecting these views.

5. The Senior Commissioning Manager-Dental to provide the monthly reported NHS contact centre data regarding contact made by residents unable to access dentistry, including the survey work being undertaken by partners in this area.
6. The Director of Commissioning and Assurance, SRO Delegated Commissioning, Frimley ICB, to follow up on the availability and provision of clear information regarding the complaints process, including collation and analysis of Issues Of Concern.
7. The Senior Commissioning Manager-Dental to follow up and update the committee on resident's ability to find information regarding their nearest dentist, including the digitally excluded.

**6/23 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH [Item 6]**

**Witnesses:**

Mark Nuti, Cabinet Member for Adults and Health

Sinead Mooney, Cabinet Member for Children, Families and Lifelong Learning

Clare Curran, Cabinet Member for Education & Learning

Maureen Attewell, Deputy Cabinet Member for Children and Families

Rachael Wardell, Executive Director for Children, Families and Lifelong Learning

Liz Bruce, Executive Director, Adult Social Care and Integrated Commissioning

Hayley Connor, Director for Commissioning, Children, Families, and Lifelong learning.

Kerry Clarke, Children and Young People (CYP) Head of Emotional, Mental Health & Wellbeing Commissioning

Lisa Andrews, Public Health Principal

Fadzai Tande, Assistant Director, Learning Disabilities and Autism (LDA) & Transition

Graham Wareham, Chief Executive, Surrey and Borders Partnership NHS Foundation Trust (SABP)

Trudy Mills, Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust (SABP)

Jess Thom, Programme Director, Mindworks

Ann Kenney, Independent Chair of Surrey Wellbeing Partnership

Olivia Davenport – Assistant Manager for the User Voice and Participation Team

Ethan Brooke – User Voice and Participation Apprentice

**Key points raised during the discussion:**

1. The Chairman asked if bullying was dealt with at an early enough stage. The User Voice and Participation Team Apprentice confirmed that common feedback from young people included reports that schools did not take reports of bullying seriously enough and that colleges lacked bullying support.
2. The Chairman, in noting the low participation in Safe Havens, questioned the barriers to people attending and asked if more communications about the Safe Havens was required. The User Voice and Participation Team Apprentice confirmed that feedback had shown that some of those that would benefit from attending the Safe Havens found it difficult and expensive to travel to the existing locations and an Action Card had been raised to incorporate more locations as a result. The User Voice and Participation Team Apprentice agreed that wider communications could increase awareness.
3. A Member questioned how communications about the mental health support available for young people could be improved. The User Voice and Participation Team Apprentice said that awareness could be widened by having frequent and increased communications in schools and colleges.
4. A Member asked what travelling distance to Safe Havens would be appropriate as this could inform decisions about the number of Safe Havens required. The User Voice and Participation Team Apprentice was unsure of the appropriate distance but noted that cost of travel also impacted young people's ability to attend the Safe Havens.
5. The Chairman asked what were the difficulties faced by young people with autism and mental health issues combined. The Assistant Manager for the User Voice and Participation Team UVP Team said that young people wanted their mental health and neurodevelopmental issues or disabilities to be considered holistically and as a whole. The User Voice and Participation Team Apprentice offered to share feedback to the Committee by email if required.
6. A Member queried the level of engagement with young people not in education, training or employment and asked what could be done to increase engagement with this cohort. The User Voice and Participation Team Apprentice said that services reaching out to these young people by text, phone or social media could be used to increase participation of this cohort.
7. The Cabinet Member for Children, Families and Lifelong Learning asked how the Action Card findings were reported back to schools and colleges. The User Voice and Participation Team Apprentice explained that the Action Cards in question were

raised with participation groups rather than schools directly and communication also took place through the schools bulletin.

8. The Cabinet Member for Children, Families and Lifelong Learning asked how the reported lack of support in schools was fed back to them. The Executive Director for Children, Families and Lifelong Learning confirmed that the safeguarding partnership included maintained and independent schools and considered mental health and bullying safeguarding issues with leadership around these issues directed into all kinds of schooling in Surrey.
9. The Vice Chairman noted the omission of information about ethnic minorities accessing services and asked what support was on offer to them. The Assistant Manager for the User Voice and Participation Team said that ongoing surveys are distributed to children and young people to gain the voice of children and young people who do not attend participation groups. Surveys capture information on ethnicity. UVP have an aim for all participation groups to be representative.

## **Governance**

10. The Vice Chairman asked in what respects did the THRIVE framework for system change and children's mental health form the basis of the commissioning model. The Children and Young Person's (CYP) Head of Emotional, Mental Health & Wellbeing Commissioning explained that the THRIVE model ensured that children were central to decisions about their needs and facilitated a move into working collectively to keep children thriving. The framework allowed needs to be identified, the appropriate timing of support and the consideration of children entering through hospitals or in crisis, providing appropriate and timely support based on need.
11. The Vice Chairman queried the effectiveness of the model and asked if effective delivery was anticipated. The CYP Head of Emotional, Mental Health & Wellbeing Commissioning confirmed that improvement had been seen with positive feedback received about the training provision and THRIVE champions and leads informing system change. THRIVE would take five years to embed and change was being seen. The Chairman asked if the training was mandatory and if the numbers of people undertaking the training were recorded. The CYP Head of Emotional, Mental Health & Wellbeing Commissioning explained that the training was not mandatory and although data was collected it was not comprehensive or brought together into one place at the moment.

12. The Vice Chairman asked what feedback about service delivery had been received from front line staff and what were the case numbers of front-line staff.
13. A Member, in referencing page 82 and the reporting outcomes and experiences happening from April 2023 asked why it had taken so long to compile metrics to demonstrate the effect of MindWorks. The Director for Commissioning, Children, Families, and Lifelong learning explained that work to bring data together from a number of partners to form a complete picture was ongoing and had resulted in information available about delivery and how many people were waiting for that delivery. The Member said that the report did not include evidence of reporting outcomes in respect of any of the services by MindWorks. The Programme Director, Mindworks said that partners had agreed to report on eight standard outcomes and the data had not been included in the report as it was currently being collected manually. The Chairman asked if the Mental Health Delivery Board had access to the manual data. The Programme Director, Mindworks confirmed that the data had been shared with the board and could be shared with the Committee. The Member asked for a timeline for the sharing of this data. The Cabinet Member for Children, Families and Lifelong Learning agreed that a succinct timeline was required and would be provided. The Chairman noted the urgency in delivery data to those that needed it. **Action – The Cabinet Member for Children, Families and Lifelong Learning**
14. The Chief Executive, Surrey and Borders Partnership NHS Foundation Trust committed to provide the committee with a summary document within a couple of weeks followed by an integrated outcome measure by April 2023 as outlined in the Select Committee report.
15. A Member, in noting number 7 of the Caldicott principles, asked how information would be consistently shared amongst those that needed it. The Chief Executive, Surrey and Borders Partnership NHS Foundation Trust confirmed the development of all systems currently in place to allow them to feed data using application programming interface (API) protocols into the Surrey Care Record. These developments would allow a mental health practitioner to access 'System 1', and view primary and secondary care documentation. In addition, work was happening to bring voluntary sector colleagues into the integrated health information systems. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust added that voluntary partners and the leadership team had been involved in workshops to consider an

overarching system to pull the data together and provide clear visibility of where a child had been receiving care.

16. A Member asked if patients would also have access to their records. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust confirmed that a patient portal would be developed if the proposed platform developments were signed off. The CEO, SABP summarised the role of the patient app and the local and national implications of the app.
17. A Member in noting the repeated report expectation that "100 per cent of those on neurodivergent pathway get diagnosed within a year" asked how long it took on average on the neurodivergent pathway to receive treatment and would this timeline be considered good under the THRIVE model. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust explained that the neurodiversity pathway was diagnostic with no treatment; rather reasonable adjustments, inclusion and strategies to allow the child to thrive. Data was available for how long children had waited for each element of the four-part NICE diagnosis and the ambition was to provide a diagnosis within 12 months.
18. The Chairman queried if a delay in diagnosis would affect schools due to the funding for staff. The Executive Director for Children, Families and Lifelong Learning explained that schools support of children yet to receive an Education Health and Care Plan (EHCP) was included in the ordinarily available provision and covered by the schools' core funding. Schools with children experiencing delays to their ECHP may encounter a delay in the making arrangements for any additional provision, but the ordinarily available provision for children with additional needs should still always be available.
19. A Member was concerned about the lack of in person diagnoses. The Programme Director, Mindworks said that children would receive a face-to-face diagnosis in most cases and invited the Member to share the details of any circumstances where this was not case.
20. A Member questioned if measures were in place to ensure a late diagnosis would not result in a lack of support. The Programme Director, Mindworks recognised that this may occur and noted the local and national work around awareness which had resulted in an increase in demand.
21. A Member questioned how children and young people qualified for mental health support and asked how could earlier

intervention take place. The Director for Commissioning, Children, Families, and Lifelong Learning said that the Mindworks contract had been set up to focus on early intervention and was set within a programme of intervention that included initiatives such as Healthy Schools.

22. A Member, in referring to the mention of suicide prevention for children and young people, in paragraph 47, page 80 of the report, asked how suicide prevention for this group operated and could suicide prevention be improved. The Public Health Principal summarised a developing suicide prevention strategy for children and young people within Surrey and noted that national guidance was expected to support further development.
23. The Chairman, in referencing item 36, page 77 asked for clarification about mental health support teams. The CYP Head of Emotional, Mental Health & Wellbeing Commissioning confirmed that a mental health support team would be located in clusters of schools, based on an evaluation of need to determine the model required going forward with the value of the teams demonstrated.
24. The Cabinet Member for Children, Families and Lifelong Learning invited Members' input into the business case for the application of further funding to be considered by the ICB noted in paragraph 39.
25. A Member questioned to what extent Social Prescribing had been adopted and in what respects could Social Prescribing prove constructive as part of early intervention measures. The CYP Head of Emotional, Mental Health & Wellbeing Commissioning summarised social prescribing in two Primary Care Networks in one area and the recruitment of a young person's social prescriber and a family health coach. The evidence of the impact of these additions would be considered through a robust evaluation project.
26. The Chairman queried the caseload for counselling support for young people and the lack of continuity. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust recognised the challenges around continuity which had resulted in an increase in workforce to meet needs and a project to improve handovers and induction processes was in place.
27. A Member asked how death by suicide would be reviewed. The Executive Director for Children, Families and Lifelong Learning explained that the safeguarding partnership had conducted a review of suicide in Surrey in response to what appeared to be a

larger number of suicides than expected in the years up to 2020. All information regarding the review and recommendations implemented as a result, which included the drawing together of safeguarding and child death processes were available on the Safeguarding Partnership website. The Public Health Principal gave reassurances that the safeguarding and child death processes were embedded in Surrey.

28. A Member queried what was being done to ensure children and their families did not have to repeat their stories multiple times. The Programme Director, Mindworks confirmed that this was a key principle with shared decision-making being vital to the process. The current process was not streamlined and work continued towards children and their families not having to repeat their stories. The Director for Commissioning, Children, Families, and Lifelong Learning added that progress had been achieved by bringing children into services. The Programme Director, Mindworks, noted that the performance pack had not been included with the report papers and committed to make that available to the Committee. **Action – The Programme Director, Mindworks**

29. A Member asked if there was sufficient funding to deliver the neurodiversity pathway transformation pilot referenced in paragraph 80 in all schools. The Programme Director, Mindworks confirmed that the successful neurodiversity profiles pilot would be rolled out across all schools.

30. A Member queried why a young people's Safe Haven was being piloted in Guildford following the closure of one in Redhill. The CYP Head of Emotional, Mental Health & Wellbeing Commissioning summarised the reduction in Safe Havens because of the pandemic and the current expectation that attendance would be low at approximately 40 per cent. Tough decisions were required to meet the needs of young people and an evaluation would be completed by April 2023 to inform how best to take Havens forward. The Member noted that location and public transport was key to maximising attendance.

31. A Member asked if it were anticipated that demand would reduce and how would that link to the budget. The Chief Executive, Surrey and Borders Partnership NHS Foundation Trust said that whilst future demand was unknown, the model could be changed to work in a care integrated way.

32. The Cabinet Member for Children, Families and Lifelong Learning asked if the Chairman would be minded to liaise with the Chair of the Children's, Families, Lifelong Learning Culture Select Committee (CFLLC) to jointly write to the relevant chairs



of the ICB regarding funding. The Chairman agreed that this would be a positive and helpful exercise.

33. The Executive Director for Children, Families and Lifelong Learning highlighted the lack of parity between physical and mental health.
34. A Member queried the support available for children impacted by disadvantaged backgrounds and experiences and asked to what extent were resources available to help with this work. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust summarised a focus on providing comprehensive support to the most vulnerable children and families which included a deep dive on services and effectiveness. MindWorks were putting to use every form of corporate resource to consider productivity and efficiency. The Chairman suggested it would be beneficial for Mindworks to contribute to the health and inequalities task group.
35. A Member asked were there any challenges expected with the transition towards making more use of technology in the delivery of children's emotional well-being and mental health services. The Executive Director for Children's Community Services, Surrey and Borders Partnership NHS Foundation Trust explained that there were challenges in aligning and integrating the technology of multiple partners in service delivery and added that work was underway with the Academic Health Science Network to identify apps that could balance the personal support currently on offer, however financial challenges could be expected around this.

### **Recommendations**

1. To establish explicit criteria and SMART performance metrics for measuring the outcomes and effectiveness of Children and Young Person's Emotional Wellbeing & Mental Health services in relation to total requirements for mental health support in Surrey; and to report performance against these metrics to the Adults and Health Select Committee and the Children, Families, Lifelong Learning and Culture Select Committee every three months from June 2023.
2. To collate and share data on priorities, areas of need, waiting times for assessment and treatment, and outcomes for treatments as part of Children and Young Person's Emotional Wellbeing & Mental Health services.
3. To ensure that there is accuracy and synergy of patient records, and that all organisations involved in treating patients can access and update these records accordingly.

4. For waiting times to be reduced across all pathways as part of all Prevention and Early Intervention measures, as well as through the process of Transitions.
5. To continue to advance social prescribing County-Wide, and to ensure that there are appropriate initiatives, workable processes, adequate funding, and sufficient resources for this.
6. To conduct a thorough review into training provision for Children and Young Person's Emotional Wellbeing & Mental Health services frontline and managerial staff.
7. For early diagnosis and appropriate mental health support for Children and Young Persons with Learning Disabilities and Autism.
8. To monitor the impacts of waiting times for assessments and treatments on the acuity of Children and Young Person's mental health conditions, including the impact of the proposed reductions in treatment sessions aimed at reducing waiting times.
9. To review strategies across agencies for prevention and intervention surrounding bullying of Children.
10. To bring this item back to a formal Adults and Health Select Committee meeting with an update on all the above recommendations (with representatives from the Children's Select Committee present).

**Actions/ requests for further information:**

1. To write to ICB Chairs with requests for further funding to be allocated for Mental Health.
2. For a meeting to be organised between relevant Cabinet Members, the Executive Director for Children, Families and Lifelong Learning, and the Chair and Vice-Chairs of the Adults and Health Select Committee to formulate a plan to help implement Action 1.
3. The User Voice and Participation team to research and update the Adults and Health Select Committee and the Children, Families, Lifelong Learning and Culture Select Committee on the difficulties experienced by young people with autism and mental health issues combined.
4. The User Voice and Participation team to share their Action Cards with stakeholders relevant to the issues highlighted within these.
5. The Programme Director-Mindworks, to provide the Adults and Health Select committee and Children, Families, Lifelong

Learning and Culture Select Committee with the Mindworks monthly performance packs.

6. The Chief Executive, Surrey and Borders Partnership NHS Foundation Trust, to provide the Adults and Health Select committee and the Children, Families, Lifelong Learning and Culture Select Committee with an integrated and data-informed outcome measure by April 2023.

**7/23 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]**

The Select Committee noted the Recommendation Tracker and the Forward Work Programme.

**8/23 DATE OF THE NEXT MEETING [Item 8]**

The Committee noted its next meeting would be held on 13 April 2023.

Meeting ended at: 3:21pm

---

**Chairman**